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МЕДИЦИНА

Takropik in the complex treatment of Liching plane

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Lichen planus is a common dermatosis characterized by a chronic relapsing course, painful itching, cosmetic defect, and painful rashes in the oral cavity. According to the WHO, the incidence of lichen planus in the general population is 0.5–2.2 %. In recent years, there has been an increase in the incidence of lichen planus, which can be associated with social instability in society in the 1990s and subsequent years, since the development or recurrence of lichen planus is preceded by stressful situations, mental trauma. In modern society, there is a stigmatization in relation to dermatological patients, there are no institutions of social assistance for this category of patients, which makes it difficult to find employment, career growth, interpersonal contacts, and creating a family.

Adaptation of patients with lichen planus in society is difficult for many reasons. In 90 % of cases, the disease is localized in open areas of the skin and is a cosmetic defect that is clearly visible to others. The type of patients causes fear, anxiety, hostility, disgust in relatives, friends, work colleagues, random people. Patients with lichen planus have a hard time experiencing such an inadequate attitude towards themselves, withdraw into themselves, avoid contacts, communication with acquaintances and, especially, with strangers [1]. Defensiveness, which contributes to social maladaptation, is formed, leading to problems both in personal life and in professional activities, in the career of patients.

Medico-social and psychological maladaptation of patients require the help of specialists such as psychotherapists, psychiatrists, psychologists, but it is almost impossible to get such help. Traditional (drug) treatment, which is, in fact, symptomatic in nature, in many cases is ineffective. In this regard, the problem of optimizing medical and social care for patients with lichen planus in modern society becomes relevant.

Lichen planus (LP) is a disease that has been known to dermatologists for over 100 years. The disease can be acute and chronic. Without treatment, the process can last 6–12 months, and in 30–40 % of cases it is recurrent [2]. The etiopathogenesis of LP continues to be completely unexplored, although the existing infectious, neurogenic, and genetic theories have some basis. In recent years, the most significant is the autoimmune theory, according to which a cytotoxic reaction occurs in the basal layer of the epidermis, leading to an increase in Langerhans cells, which are considered as antigen-presenting cells for T-lymphocytes [3]. In the pathogenesis of LP, complex immunological changes and an increase in the level of T-helpers/inducers in the focus are important, so the use of immunomodulatory drugs in the complex of therapeutic measures should be recognized as promising. In parallel, under the influence of antigens, the production of cytokines («cytokine cascade») is enhanced, which leads to the formation of an infiltrate from T-helpers such as Th1 and Th2, which in turn destroy keratinocytes, and pro-inflammatory cytokines are released. Standards of LP therapy include topical, intralesional, and systemic corticosteroids, retinoids, PUVA therapy, and, in persistent cases, cyclosporine [4].

Purpose of the study. The aim of our work was to evaluate the clinical efficacy of topical tacrolimus therapy in patients with LP. The key property of tacrolimus is the suppression of mast cell degranulation and the synthesis of cytokines by them. Tacrolimus inhibits the proliferation and activation of CD4+ helper lymphocytes by binding to a cellular receptor known as the FK506 binding protein. The resulting complex inhibits calcineurin phosphatase, which is involved in the transfer of the nuclear factor of activated T-lymphocytes into the nucleus. This prevents the formation and release of inflammatory cytokines (IL-2, IL-3, IL-4, IL-5, TNF-alpha, etc.) and the proliferation of T-lymphocytes, which occurs when cell receptors are stimulated. Optimization of treatment and provision of medical and social assistance to patients with lichen planus to improve their quality of life.

Materials and methods. We conducted a study, the purpose of which was to study the effectiveness and safety of using the Tacropic ointment (tacrolimus) in patients with lichen planus, and with manifestations on the oral mucosa. We observed 12 patients with LP (4 men, 8 women) aged 22 to 45 years. All patients were diagnosed with the classic form of LP, characterized by the presence of polygonal papules with a shiny surface, umbilical depressions on some elements, and location on the flexor surface of the upper and lower extremities. Almost all patients were concerned about skin itching of varying intensity, 5 out of 22 patients (22.7 %) had manifestations of LP on the oral mucosa (4 patients had erosive formations, 1 patient had erosive and ulcerative formations). The method of treatment of patients with LP was that papular elements were treated twice a day with 0.1 % Tacropic ointment for 3–6 weeks. Some patients were prescribed additional antihistamines and desensitizing drugs. Elements on the oral mucosa were also treated with 0.1 % Tacropic ointment 2 times a day for 2–3 weeks.

Results. Within 2–3 weeks, there was a regression of LP lesions on the oral mucosa. On the skin, the regression of papular elements occurred on average for 2–3 weeks of using the Tacropic ointment.

Scientific novelty of research. For the first time, the quality of life of patients with lichen planus will be studied and an innovative technology for the staged treatment of this group of patients will be developed, which will improve social adaptation.

Regional features of the clinical picture and course of lichen planus, social adaptation of patients will be shown.

The attitude of relatives, relatives, colleagues at work (study), doctors of various specialties (dermatologists, psychotherapists, psychiatrists) and psychologists to patients with lichen planus was studied.

The indicators of social adaptation and quality of life of patients in the process of staged therapy will be analyzed.

An innovative technology will be proposed for the treatment of patients with lichen planus, including psychotherapy and acupuncture, and its effectiveness has been proven.

For the first time, a model of medical and social care for patients with lichen planus was developed on the basis of a clinical and socio-psychological study of patients.

Conclusions. The use of tacrolimus improves well-being to a greater extent. The data obtained by us are consistent with the literature on the efficacy and safety of using Tacropic ointment in the treatment of papular dermatoses accompanied by a hyperproliferative process. Thus, tacrolimus is a highly effective drug that is successfully used in the treatment of chronic dermatoses (atopic dermatitis, psoriasis, LP, etc.). In some cases, the resulting clinical effect is comparable to the results of therapy with strong corticosteroid drugs in the absence of side effects and complications characteristic of the latter. The use of tacrolimus is possible for a long time, which allows to obtain a clinical effect and carry out maintenance therapy, thereby preventing possible recurrences of dermatosis.

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Method of immunogistochemical research of microbial eczema diseases

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Eczema pathogenesis immunological aspect according to take went studies the results account received without, many researchers immunity system deficiency or his violation this disease pathogenesis central joint that proved. Immunity through of eczema endogenous factors for development (endocrine and non-vomiting of systems disorder, genetic defects and others) influence guess it does is done [1]. Modern studies us of the skin to himself special immunological features have is local again work ability demonstration is enough said to the idea take comes. Inside and external antigen signals is the central point, in which local immunity system imbalance or deficiency characteristic clinical to appearances have has been pathological of processes development with manifestation will [2]; With that together, of endogenous share and of the process next in development exogenous factors different to be possible [3].

In eczema immunity blood of cells immune in the process participation reach level determination through learning enough level information giver indicator not. Because main immunity process straight away on the skin and hematological this without indicators only of the body immunity system common the mood reflection makes [4]. The pathogen to understand for big important has eczema process because of affected of the organ of his own skin immune situation evaluation need Peripheral similar to that in the blood indicators with to compare as a result info is taken. To learn such approach of eczema clinical forms pathogenesis not only his options appear of being possible has been conditions to clarify

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