14° Meeting di Aggiornamento Acne e Dermatosi Correlate

ACNE FERRARA (AC FE)

24-25 Novembre 2017

Un Caso Clinico di Difficile Soluzione

Riccardo Forconi

Dipartimento Scienze Mediche, U.O. Dermatologia - Azienda Ospedaliero-Universitaria di Ferrara

(Direttore Prof.ssa M.Corazza)

A.V. 17 anni maschio kg.70

- esordio acne: 13 anni
- peggioramento: 15 anni

- familiarità: positiva; padre acne grave in adolescenza

- trattamenti precedenti:
  tetracicline per os, 2 cicli di 2 mesi ciascuno (L.M.)
  Iso. Orale 30mg/die -> grave flare-up dopo 20 gg

1° consulenza a Fe: VAS disagio acne – 10/10

Leeds: 9-10 volto (grave)

7 dorso (grave)

4 torace (media)

THE SKIN RESEARCH CENTRE,
LEEDS GENERAL INFIRMARY AND UNIVERSITY OF LEEDS

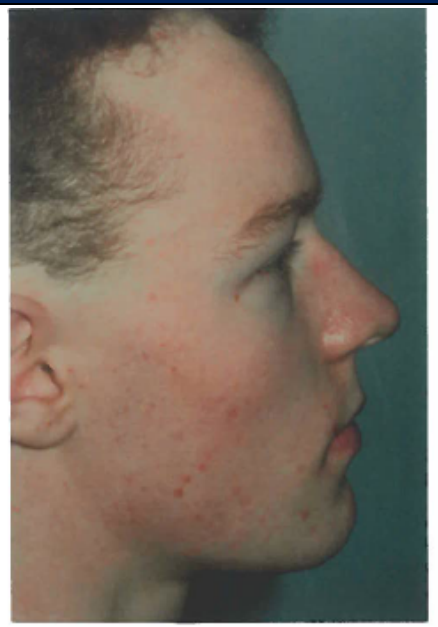
The Leeds Revised Acne Grading System

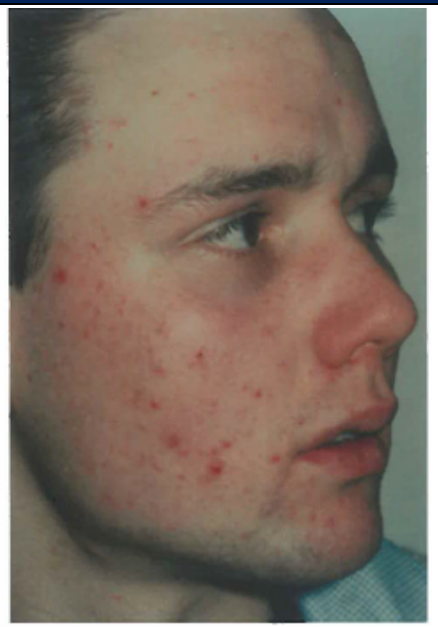
©O'BRIEN, S.C., LEWIS,J.B., CUNLIFFE, W.J., (1998)
'The Leeds revised acne grading system'
Journal of Dermatological Treatment, 9, 215-220.

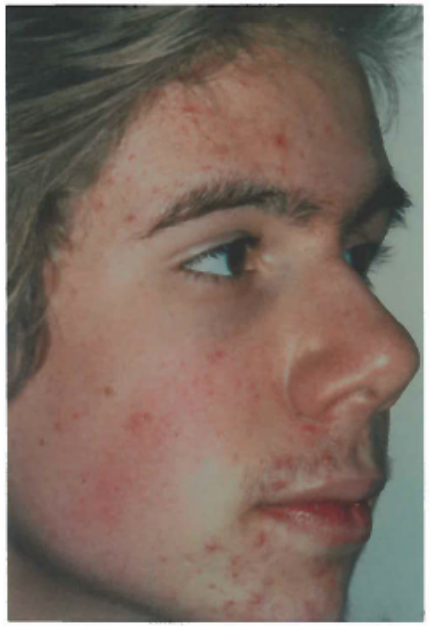
Clinical Trials Unit
Department of Dermatology
Leeds General Infirmary
Leeds LS1 3EX
Tel: (0113) 392 3605
Fax: (0113) 392 8492

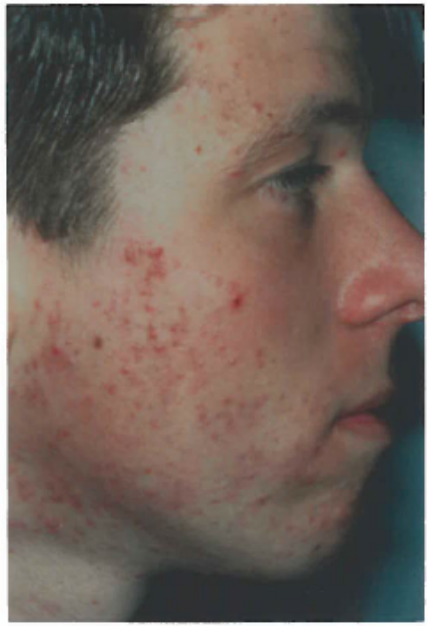
The Leeds Teaching Hospitals NHS
NHS Trust

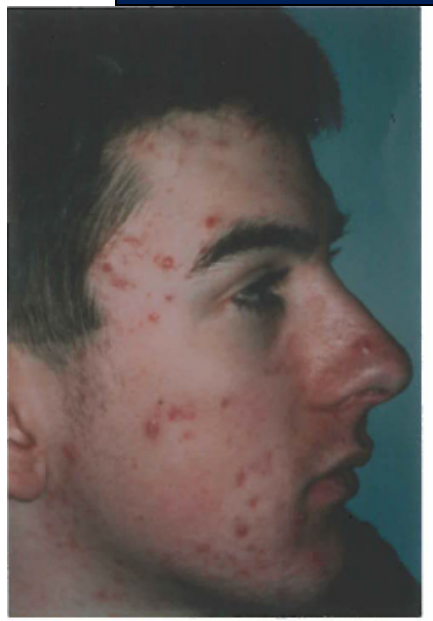
UNIVERSITY OF LEEDS


GRADE 1.0

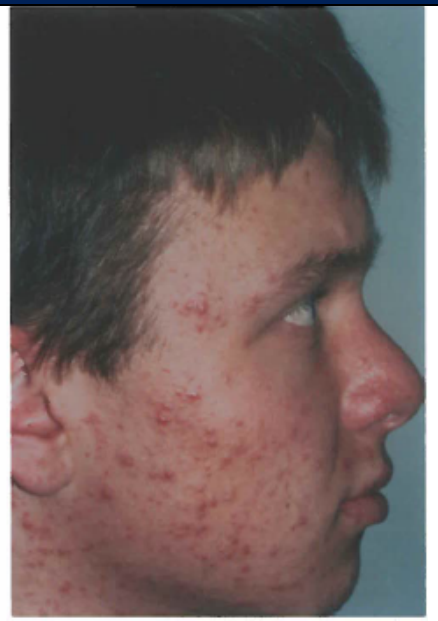

GRADE 2.0


GRADE 3.0

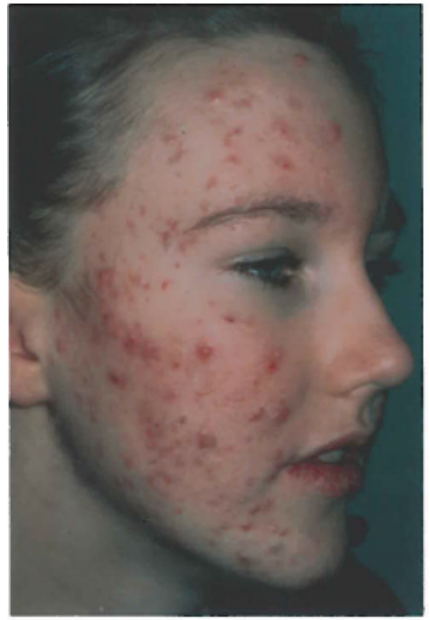

GRADE 4.0



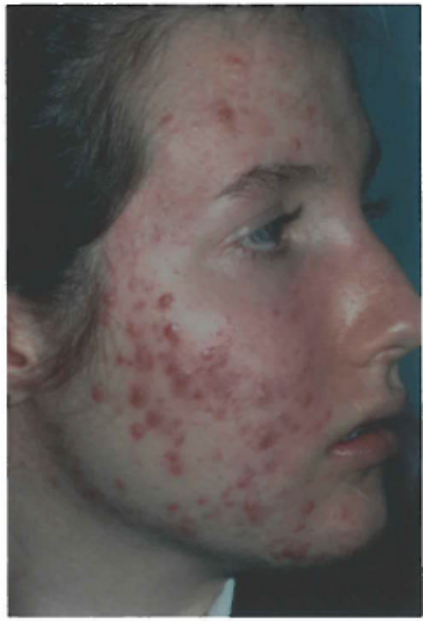
GRADE 5.0



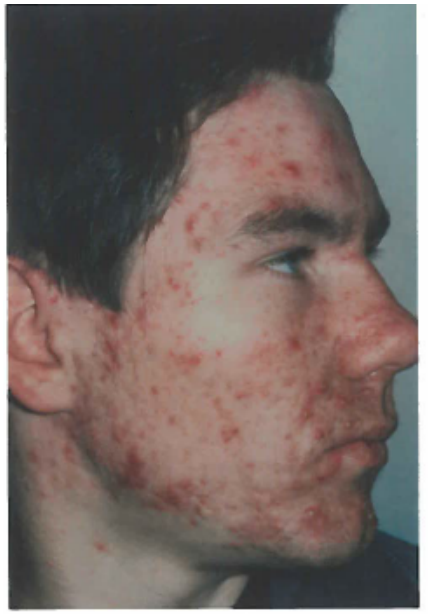
GRADE 6.0



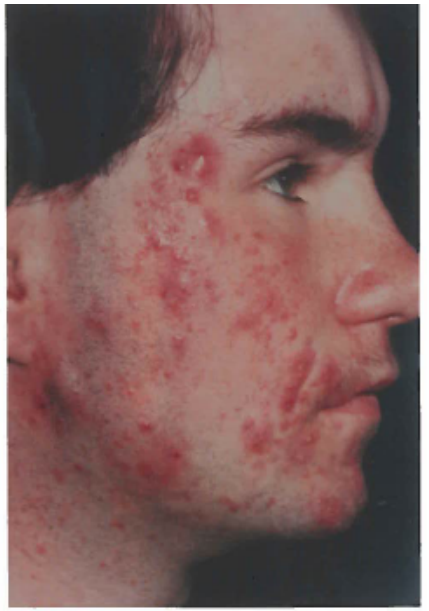
GRADE 7.0



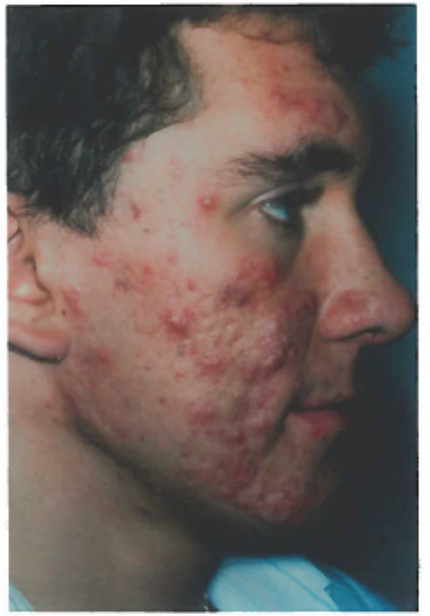
GRADE 8.0



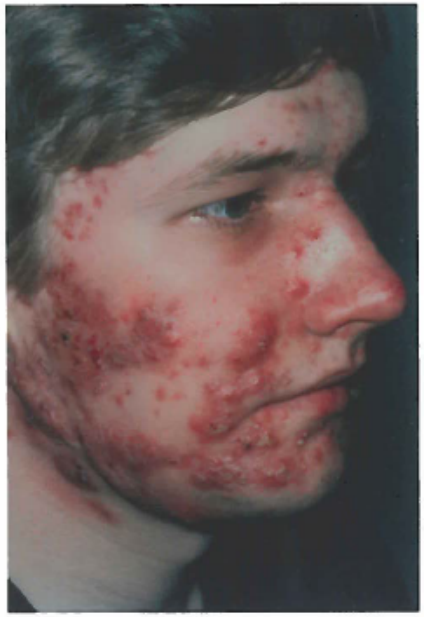
GRADE 9.0



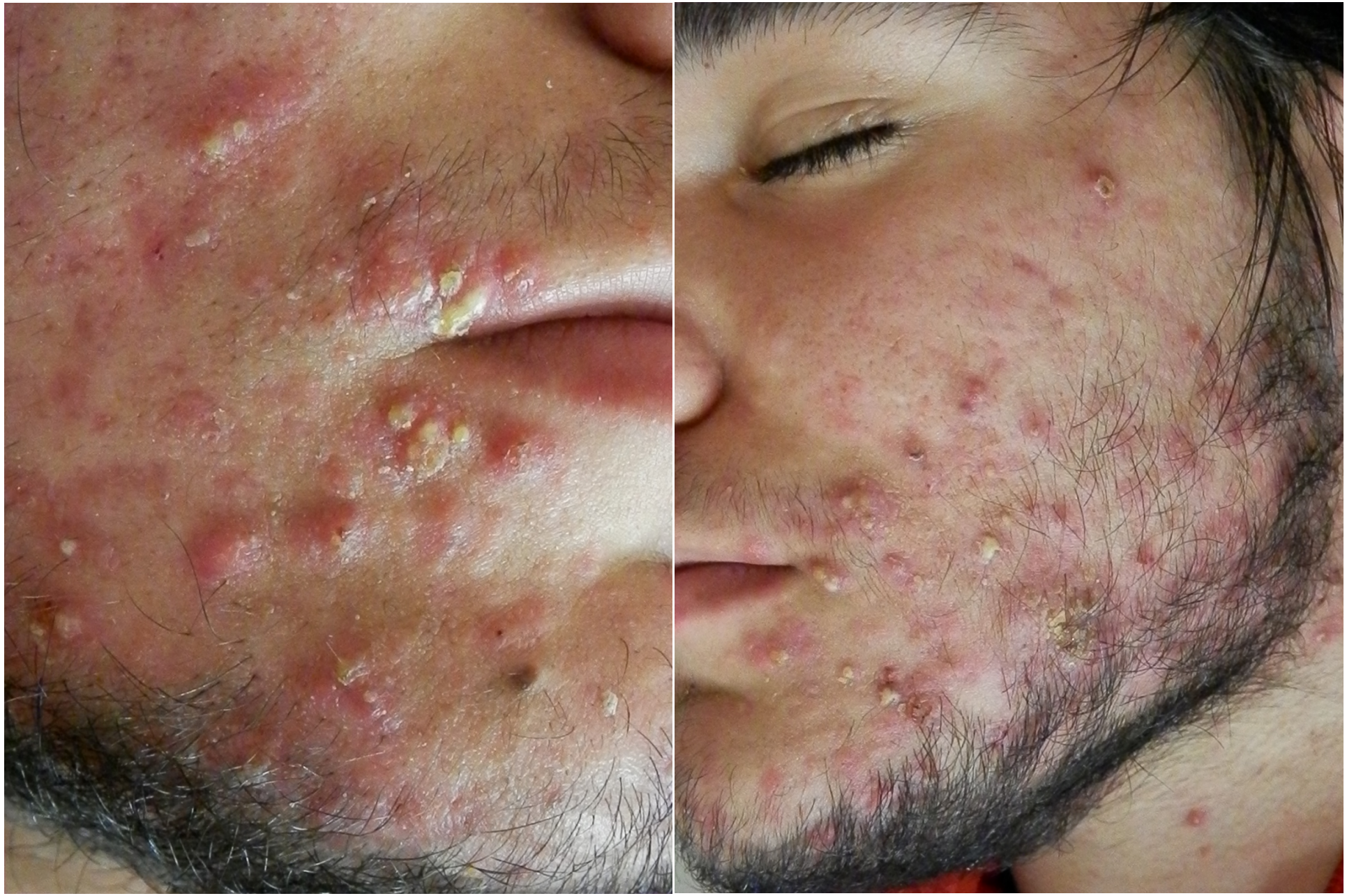
GRADE 10



GRADE 11



GRADE 12



1° consulenza a Fe: VAS disagio acne – 10/10

Leeds: 9-10 volto (grave)

7 dorso (grave)

4 torace (media)

A) - Tampone cutaneo
- Bentelan cp 2mg/die a scalare
- Azitromicina x 3 gg

B) - Tampone cutaneo: pos - S.aureus
- Ciproxin 500mg x 2/die per 10 giorni

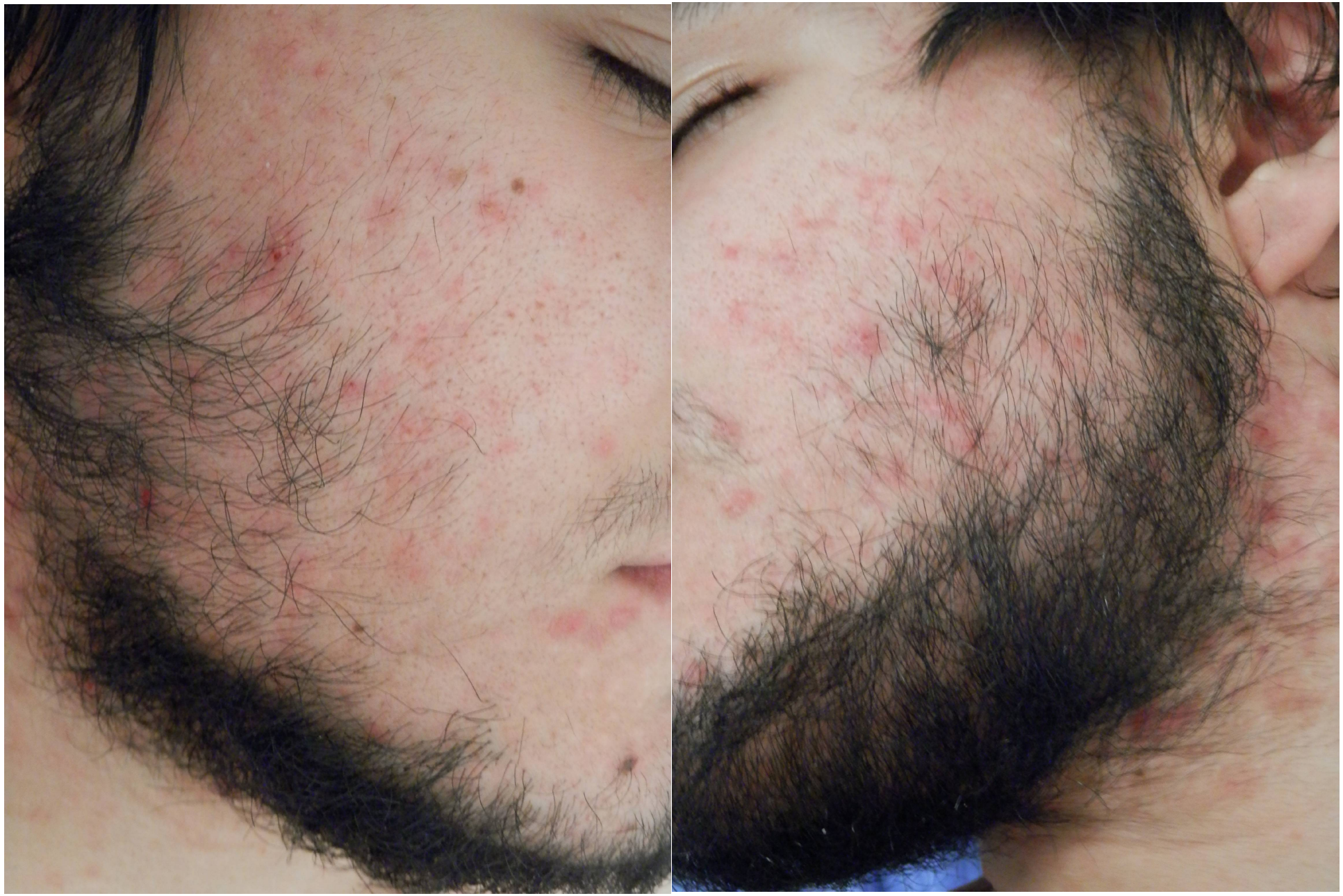
C) - Tampone cutaneo: neg
- Doxiciclina 100mg/die x 2 mesi
- Bentelan 1mg a dì alterni x 10 gg

D) Leeds: 2-3 volto (lieve)
4 dorso (media)
3 torace (media)
VAS disagio: 10/10

Tampone cutaneo: neg

E) Rifampicina 300mg x 2 al dì x 6 settimane
+
Clindamicina 150mg 2cp x 2 al dì x 6 settimane

notevole miglioramento in tutte le sedi



F) Rifampicina + Clindamicina x altre 2 settimane

ulteriore lieve miglioramento clinico

G) Zinco per os x 3 mesi
Retinoide topico + BPO come mantenimento viso
in corso da 1 anno

attualmente quadro clinico silente

1) Rifampicine

Parameter	
Mechanism of action	Inhibits DNA-dependent RNA polymerase activity by forming a stable complex with the enzyme. It thus suppresses the initiation of RNA synthesis. It and acts on both intracellular and extracellular organisms. Bactericidal.
Absorption	Well absorbed from gastrointestinal tract (on an empty stomach).
Tmax	2 hours after administration.
Half-life	3.35 (+/- 0.66) hours.
Excretion	Is rapidly eliminated mainly in the bile. Up to 30% is excreted in urine.
Administration	Oral or i.v. infusion. The recomended dosage for treatment of cutaneous infection is 600 mg/daily in a single dose.
Interactions	Oral anticoagulants, oral contraceptives, oral sulphonylurea, hypoglycaemic agents, corticosteroids and digitoxin.
Indications	Mycobacterium tuberculosis and atypical mycobacteria, Staphylococci, Rhodococcus equi, N. Meningitidis, N. Gonorrhoeae, H. Influenzae,

2) Clindamycine

Parameter	
Mechanism of action	Inhibits bacterial protein synthesis by binding to bacterial 50S ribosomal subunits. It may be bacteriostatic or bactericidal depending on the organism and drug concentration.
Absorption	90% oral, 4–5% topical.
Tmax	T_{max} is 45 min to 3 hours.
Half-life	2.4 to 3.2 h.
Excretion	Approximately 10% of bioactivity is excreted in the urine, and 3.6% in the feces; the remainder is excreted as inactive metabolites.
Administration	150 to 450 mg every 6 h.
Interactions	Cyclosporine, Curarines, Amifampridine, Erythromycin,
Indications	Anaerobic bacteria staphylococci, streptococci, and pneumococci

Perché il quadro clinico è migliorato con Rifa e Clinda ?

- effetto antiinfiammatorio di Clinda ?
- presenza di batteri anaerobi profondi Clinda sensibili ?
- presenza di batteri aerobi non rilevati Rifa sensibili ?
- presenza di batteri commensali induttori di infiammazione Rifa Clinda sensibili (P.acnes)?

Al momento non dati clinici in letteratura

Iran J Pharm Res. 2013 Winter;12(1):223-7.

Efficacy of mupirocin and rifampin used with standard treatment in the management of acne vulgaris.

Khorvash F[1], Abdi F, H Kashani H, Fatemi Naeini F, Khorvash F.

Abstract

The multiple etiologic factors involved in acne make the use of various medications necessary to treat the condition. This study aimed to determine the efficacy of mupirocin and rifampin used with standard treatment in the management of acne vulgaris. In a multicentre, randomized controlled, triple-blinded study, a total of 105 acne patients, with a clinical diagnosis of moderate to severe acne,were randomizedly divided into three groups (35 per group), for treatment of acne. The first group was treated with standard treatment alone, the second group received mupirocin plus standard treatment and the third group received rifampin plus standard treatment.There were three study visits according to Global Acne Grading System (GAGS): at baseline and weeks 6 and 12. The absolute changes of GAGS score from baseline to week 6 and 12 demonstrated a reduction in the mean score of GAGS in the three treatment groups ($p < 0.001$). Due to the difference between GAGS score at the baseline of study, the data were adjusted using the general linear model. The findings showed that all of the treatments significantly improved acne lesions. Nevertheless, none of the treatments was shown to be more effective than the others ($p = 0.9$). The three treatments were well tolerated, and no serious adverse events were reported. These findings provide evidence on the efficacy of combining mupirocin and rifampin with standard treatment in the management of acne vulgaris, although none of the treatments had superior efficacy compared with the others.

Associazione Rifampicina + Clindamicina:

combinazione terapeutica da considerare nei casi gravi non responsivi a terapie indicate da linee guida
(off-label)