

GUEST EDITORIALS

CURRENT ISSUES IN DERMATOLOGY

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The recently held *MaltaDerm '94* illustrates the overlap between contemporary dermatology and general medicine, and presents an opportunity to review recent developments affecting those mundane diseases which are nevertheless important because they form the bulk of dermatological practice.

Armed with synthetic antibodies, *azelaic acid*, *cyproterone acetate* and *isotretinoin*, the modern practitioner can confront the worst case of acne vulgaris with equanimity. Old wives' tales about fatty foods and chocolates can be confidently brushed aside and replaced with scientific explanations based upon the rôle of androgens, sebum production, follicular keratinization and proliferation of *P. acnes* which have been unravelled with painstaking research.

Psoriasis is another major challenge which must be confronted daily. Though the aetiology of this chronic and cosmetically disabling disease remains mysterious, a role for the immune system in its pathogenesis now seems certain. Concern about toxicity precludes wider usage of the highly efficacious *cyclosporine*, *methotrexate* and *etretinate*, but psoriatics (who in Malta have missed out on PUVA - another major recent therapeutic advance) may benefit significantly from the launch of *calcipotriol* ointment, a synthetic derivative of vitamin D which possesses most of the antipsoriatic benefits of fluorinated steroids without their troublesome side-effects. The incidence of eczema is even higher and often symptomatic treatment is all that can be offered. The side-effects of topical steroids in chronic atopic eczema are well recognized, but newer preparations like *mometasone furoate* seem poised to address this problem because they combine high potency with the safety profile of hydrocortisone and the convenience of once daily application.

The newer, long acting and non-sedating antihistamines are a boon in chronic urticaria where a remediable cause is rarely found. Other more recent symptomatic treatments which do seem to make a difference are *metronidazole* gel for acne rosacea and *diphenylcyclopropenone*

immunotherapy for alopecia areata. Infections of the skin are ubiquitous. Newer anti-viral drugs like *acyclovir* and *famciclovir* help to mitigate the burden of herpes and varicella-zoster virus infections. The unveiling of the oncogenic properties of the human papilloma virus was another important achievement. On the other hand the wart virus epidemic marches on, hardly slowed by traditional destructive treatments of dubious merit, whilst newer remedies like *isoprinosine*, *podophyllotoxin* and *interferone* cream still face the test of time.

Staphylococcal impetigo and furunculosis this year gave us a difficult summer, but *mupirocin* ointment seems to be fulfilling its promise as a safe and effective standby for properly selected cases. Also, the new *azole* and *allylamine* oral antifungals are proving effective against a wider range of pathogenic fungi thus opening up new perspectives in the eradication of deep and superficial mycotic infections including those of the nails, whilst ongoing pharmaco-kinetic research points the way to reduced dosage regimens for better compliance, wider safety margins and lower cost.

Regrettably, the battle against skin cancer, which latter, for the most part is due to excessive sun exposure and therefore preventable, is still being lost. Hopefully, the revolution in the local broadcasting media will pay dividends in the future through wider public awareness of risks and preventive measures.

Last, but by no means least, ventures like the Psoriasis Association of Malta are helping patients to overcome the stigma associated with skin disease and to help them help themselves, whilst provision of free medicines under Schedule V is a welcome relief from the financial burden of the malady.

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