ISSN: 2776-0960 Volume 2, Issue 3, Mar, 2021

EXPERIENCE OF USING THE DRUG GEPON IN THE TREATMENT OF PATIENTS FOCAL SCLERODERMA

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Abstract:
We conducted a study of the effectiveness of the drug gepon in focal (localized) scleroderma. The main study group consisted of 19 patients with focal scleroderma aged 22 to 45 years. Among the patients, 11 men and 8 women. The duration of the disease varied from 3 to 10 years. Skin lesions were limited in nature, more often localized mainly on the face, chest, abdomen and lower leg. In addition to Gepon, patients were treated with traditional methods of treatment. We have obtained the following conclusions: the inclusion of the drug Gepon in the complex treatment of focal (localized) scleroderma contributes to a faster resolution of the pathological process and the restoration of skin elasticity.

Key words: Localized scleroderma, combined treatment, gepon,

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Introduction:

To date, from a clinical point of view, scleroderma is usually divided into two main forms: systemic scleroderma (SSD), characterized by the development of skin sclerosis and damage to internal organs (especially the esophagus, lungs, kidneys and cardiovascular system), and localized (focal, limited) scleroderma (LSD), which is classically a benign and limited lesion of the skin and underlying tissues.

Localized scleroderma is a chronic connective tissue disease of unknown etiology, which is characterized by the development of foci of local inflammation (induration) in various parts of the body, followed by the formation of sclerosis and atrophy of the skin and underlying tissues [1]. There are several forms of LSD that have different clinical manifestations and the depth of connective tissue damage [2].

Localized scleroderma is a rare disease that most often affects people of the Caucasian race, but can also occur in representatives of any other race [3, 4]. There is a very limited number of epidemiological studies, according to which the prevalence of LSD is from 0.3 to 3 cases per 100,000 people.

Focal scleroderma is more common in women (female to male ratio 2,6–6 : 1) [3]. The onset of the disease can occur at any age, but with different forms of scleroderma, the peak incidence varies significantly. The most common form of LSD – plaque scleroderma-usually occurs in adult patients (from 40 to 50 years), while linear scleroderma develops mainly in children (in 90% of cases, aged 2-14 years) [5]. In other, rarer forms of LSD, the peak incidence occurs in the 3rd and 4th decades of life.

The pathogenesis of the disease is associated with immune disorders that lead to the activation of profibrotic mediators and excessive production of collagen [6, 7]. Given the significant role of the immune system in the development of the disease, most drugs are aimed at suppressing immune activity [3]. At the same time, the main goal of treatment is to achieve the status of inactive disease, and subsequently-clinical remission (12 months of inactive disease) [8]. The choice of treatment strategy depends on the form of localized scleroderma and the degree of activity of the disease. It is generally recognized that widespread, progressive, deep foci, foci that cross the joints, located on cosmetically sensitive areas, should be treated with systemic immunosuppressive drugs [8, 9]. For the treatment of focal scleroderma (plaque, teardrop morphea) in the early stages of the disease, topical drugs can

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be used (monotherapy, combinations) [6], including calcipotriol, local glucocorticosteroids, imiquimod and calcineurin inhibitors [6].

The use of Gepon for the purpose of immunocorrection has already been widely implemented in clinical practice. However, the use of Gepon in dermatology, especially in the treatment of focal scleroderma, has not been conducted. In this regard, we attempted to include Gepon in the complex treatment of focal scleroderma and conduct a study on the clinical efficacy and safety of this drug.

Aim: To evaluate the effectiveness of the drug gepon in focal (localized) scleroderma.

Materials and methods: The main study group consisted of 19 patients with focal scleroderma aged 22 to 45 years. Among the patients, 11 men and 8 women. The duration of the disease varied from 3 to 10 years. Skin lesions were limited in nature, more often localized mainly in the face, chest, abdomen and lower leg. The sclerosed plaque was a compaction, up to 10-12 cm in size, and cyanosis throughout the skin lesion, which received Gepon 1 mg by pricking the pathological skin lesion once a day for 10 days. In addition to Gepon, patients were treated with traditional methods of treatment, locally prescribed contractubex 2 times a day.

Results and discussions:

Against the background of Gepon therapy and traditional treatment, the disappearance of cyanosis was noted on day 3. On day 5, the sclerosed plaque softened, and the skin in the area of the lesion began to acquire a normal skin color. On the 10th day of treatment, the pathological skin process began to regress. After 40-45 days after the treatment, all patients showed clinical improvement. Deep atrophy at the site of the pathological focus disappeared, elasticity was restored. All patients underwent treatment without adverse reactions and subjective complaints.

Conclusions:

The inclusion of the drug Gepon in the complex treatment of focal (localized) scleroderma contributes to a faster resolution of the pathological process and the restoration of skin elasticity.

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