



13. STUDY ON CLINICAL CASES OF ATOPIC DERMATITIS IN CHILDREN

Author: Iepure Maria

Scientific advisor: Scutari Corina, MD, Associate Professor, Head of Department of Pharmacology and Clinical Pharmacy, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Allergic contact dermatitis (ACD) was once considered a rarity in children, but recent estimates suggest that it affects 4.4 million children in the United States alone. Currently, there is no cure, but an increasing number of innovative and targeted therapies show promise in gaining control over the disease, even in patients with refractory conditions. This has prompted us to investigate clinical cases of ACD.

Aim of study. To evaluate clinical cases of atopic dermatitis in children.

Methods and materials. An analysis was conducted on 43 medical records of pediatric atopic dermatitis cases over a 2-year period in outpatient practice.

Results. Based on the SCORAD score, it was found that 7% of children exhibited a mild form of progression, 43% had a moderate form, and 50% showed severe progression. Many examined children also suffer from other associated allergic pathologies. Thus, out of the total number of allergic dermatitis patients, 24 children have bronchial asthma (9%) and allergic rhinitis (15%), aligning with existing literature. The most common manifestations observed in children were nonspecific dermatitis on the hands and feet (76%), dry skin (63%), itching (57%), facial erythema (44%), eczema (23%), etc. Current guidelines suggest that sedative antihistamines are favored over non-sedative antihistamines for alleviating allergic itching. We analyzed data from the National Ambulatory Medical Care Survey to compare antihistamine use between dermatologists and non-dermatologists. Overall, dermatologists are more inclined to prescribe sedative antihistamines than non-sedative ones compared to non-dermatologists. Patients under the age of 21 were also more likely to receive sedative antihistamines than non-sedative ones. These findings highlight differential prescribing practices for atopic dermatitis among physicians.

Conclusion. Providing appropriate antiallergic medication in conjunction with avoiding the detrimental effects of allergic factors will contribute to reducing the incidence of atopic dermatitis morbidity. Among first-generation antihistamines, the most commonly used are clemastine, chlorpheniramine, and cyproheptadine, which are preferably prescribed in acute forms of atopic dermatitis, while second and third-generation antihistamines are typically used in subacute and chronic forms.

Keywords. Atopic dermatitis, children, treatment.