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The Use of Glucocorticosteroids in the Treatment of Borderline Neurodermitis

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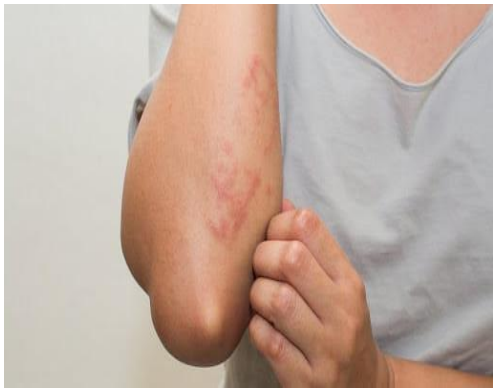
Abstract:

Neurodermatoses are a group of skin diseases that are manifested by constant or paroxysmal itching, aching sensations in a pathological hearth. Neurodermatitis is one of the most common non-infectious diseases. This is an inflammatory reaction of the skin, which manifests itself during certain periods or proceeds in a chronic form. Typical symptoms include itching on the skin, dryness, lichenesia, and strongly itchy nodules. Over time, the symptoms of the disease increase significantly in neurodermatitis. Today, treatment with glucocorticosteroid agents has been effective.

Keywords: neurodermatitis, glucocorticosteroid, inflammation, itching, ointment.

Etiopathogenesis of borderline neurodermitis (Neurodermitis sircumsrinta). The main pathogenetic factor in the origin of the disease is an increased sensitivity of the skin to the effects , which is caused by the growth of nerve endings as well as hyperplasia of the epidermis in response to mechanical effects. As a result of this, as a result of the extremely weak effect, severe itching occurs in the furnace, while such cases are not observed in the area of the skin. Borderline neurodermitis is observed alone or in the case of several itchy foci of lichenization. Lichenization foci are a characteristic boigan symptom of borderline and diffuse neurodermitis. Limited neurodermitis will last for several decades if the skin itches with the help of medications, the wrinkles are not stopped. The disease is often observed in adults and occurs the same in both sexes and lasts from a few weeks to several years. The main complaint of your patients is itching of the skin. The injured furnace becomes a kind of "erogenous zone", as patients from kashinish take a break. Therefore, the sleeping patient also instinctively exfoliates the skin. When the 0 ' leg is located in the area, patients rub the oven with their heels and rub. Over time, constipation becomes more common, which patients themselves cannot notice. The need for tanning arises for trivial reasons: at the time of dressing and undressing, during the period of urinating or rinsing cosmetics, before the touch of clothing and before sleep (the place-the skin on the bed warms up for a while, and the heat calls for a feeling of itching). Clinic. In the skin, there is mainly a lichenization furnace, which is similar to one made up of small, dense elastic nodules. At 0', dandruff is strongly underdeveloped boiadi. When palpating, skinned, thickened, roughened boiib is observed, when examined, the skin becomes less noticeable , the skin picture is increased, and hyperpigmented b O iib is observed, traces of thickening with a thick line on the surface - excoriations, bloody scales. With a cotton swab, a strong itching is observed when slowly wiping, sog4 on the skin this reflex is not observed. The shape of the 0 '

scales is round, suyri, oblong (cho4zed on the fold yo4nail) and the margin is usually distinctly boiadi. 0s are observed in the case of one or more holes, located in the opposite direction. Borderline neurodermitis often settles on the back surface of the neck (women), on the hairy part of the head, on the curving surface of the knee pressure, on the wrist fold, on the writing surfaces of the wrists, on the vulva, in the groin, in the groin, in the perianal areas, on the skin of the larynx. . Diagnosis: Anamnesis is made on the basis of clinical manifestations and comparative diagnoses.



Case. 1. K honey treatment is very painstaking. The patient is constantly warned that the skin does not rub or wrinkle. 2. Occlusive dressings that are laid at night have excellent effect: these types of dressings protect the skin from tanning-peeling and relieve the rubbing of drugs. 3. Local corticosteroid ointmentes are rubbed and dry Marly (gauze) is bonded over. Foci are also effectively affected by the method of injection from corticosteroids. Triamcinolone is administered in an amount of 3 mg/ml, which can invoke high levels of skin atrophy. If the pathological furnace is located on the limbs, a mixture of cattle, zinc oxide and a medium-strength corticosteroid is applied under dry binding. Typically, corticosteroid flavors are rubbed, and Q bound over is thought. But the drug is also an effective method of surtmay binding, the cause of which is obtained by the removal of constipation. In addition to gauze bindings, synthetic bindings are also used. In some cases, applying corticosteroid ointment first and then hydrocolloid to the skin of the furnace also gives a good result. The bandage is placed for 1 Week. Corticosteroid plasticine also works well, it is placed on 1 day. Zinc-gelatin binding. The gauze is impregnated with Unna paste, then tied to a large lichenization furnace, The Binding is placed for 1 Week.

Corticosteroid drugs with topical application corticosteroids are the most effective means in the local treatment of dermatoses, having an anti-yalligianish effect.Glucocorticoids are hormones released from the bark of the adrenal glands in humans and vertebrates. Steroid according to its chemical structure. It is formed from cholesterol under the influence of the pituitary gland. The adrenocorticotropic garmon increases its secretion. When unfavorable conditions occur for the life activity of the body, a lot of Harmon is produced. The main garmon is hydrocortisone, cortisone, corticosterone, 11-dehydrocorticosterone. garmon mainly affects carbohydrate metabolism, promotes the synthesis of glycogen from proteins in the liver and the formation of glucose; prevents the biosynthesis of high-molecular fatty acids. Harmon slows down the activity of connective and lymphatic tissues, preventing the development of various inflammations

Affects the mechanism. Local glucocorticorosteroidlar allergic reactions to Bosnian Straits, yumladan semiz hudjiralarning gusligin posttraumatic, chemotaxis and eozonophyllarnifillarni pasaishuvin, lymphocytlar, monocytlar, semiz hudjiralar and eoznophyllar tomonifillar tomonishalar cyclabilliniollarilarilar, as is known, complex arachidone and mechanism acid metabolism inhibits orcali yallanglanishga Karshi agent atatidid effect of kildi.Topical corticosteroid treatment is undoubtedly effective and safe if the drug is used for the correct and specific purposes, following the rules and principles of their use. In some skin diseases (acne, some zam burugii and purulent diseases), topical treatment with corticosteroids can lead to exacerbation of the disease. That is why the diagnosis of topical glucocorticosteroid drugs is

consistent with a specific Topical corticosteroid drugs are prescribed for treatment purposes only, not in the Prevention of dermatoses. They are left in the form of creams, solutions, aerosols and plasters. The complexes that we present are also popular in nature. Table 1 lists the groups of current corticosteroid drugs according to their effectiveness. In each specific case, the appointment is effective once a day - in the morning-the minimum amount necessary to reverse the process of acute corticosteroid mediation. Usually, the treatment begins with strong corticosteroid agents , with short (week) m uddat in which the q is n and S in a weaker v O Sita in the M um kin. In order to prevent n oxu sh complications, the treatment stage must be short. It is necessary to avoid the appointment of strong corticosteroid agents to children of breast age and young age, especially to the face, to the Burmese as well as to the intermediate soh ASI, and to avoid long use. For rapid sanation of various infectious complications, it is necessary to use additional local and general means. In these cases, it is necessary to apply various corticosteroid agents to the injured area of the skin or treat it in combination with other topical agents. In the treatment of skin diseases in the face area, elocom and 1% hydrocortisone are used, which does not store fluoride. Unlike synthetic corticosteroids, hydrocortisone teleangiectasia, perioral dermatitis, atrophy, and stria invagmaydl in rare cases, injections of corticosteroid suspensions are sent to wound foci, providing a high concentration in chronic foci that are resistant to local staying, corticosteroid. But such injections often call skin atrophy and teleangiectasia in the foci. In order to avoid the risk of complications from this variety being observed, a triamional acetonide suspension with sterile saline solution is administered to the lesion side shaft at a concentration of 2.5-10 mg/ml. High concentrations of corticosteroids can only be used in the treatment of keloids. The relative effectiveness of certain steroid drugs with local effects.1 class weak Gidrokortizon Gidrokortizon G idrokort Latiyeort ointment 0.5-1% Yefkortilan ointment 0.50-1% Deportzolon ointment 0.25-1% Betametazona valerate compound compound 0.05% Dezonide Cream 0.05% Flutsoniola Acetonide solution 0.01% 2 class Perderm ointment 0.05% 0'rtacha Betnoveyt ointment 0.015% Apulein ointment 0.025% yeumoveyt ointment 0.05% Dermatop ointment 0.25% Fluorocort Triacort Aristocort a ointment, cream 0.01% 3 Class strong Beloderm Diprozon Selestoderm Triderm Diprosalik ointment, cream 0.5% Nerizon ointment 01% Flutsinar ointment 0.15% Sinaflan ointment 0,025% Kutiveyt ointment 0.5% Sikorten ointment 0.5% Locoid ointment 0.1% Advantan ointment 0.1% Elacom ointment, cream, lotion 0.1% Deoxymetazone ointment, cream 0.025% 4 class Dermoveyt ointment 0.05% very strong Nerizon-forte ointment 0.3% HELOC ointment 0.1% Clobetazola propionate ointment, creams can be used.

Absorption. Topical glucocorticosteroids can be systematically absorbed through healthy skin that is not damaged. The degree to which topical glucocorticosteroids are passed through the skin is determined by most factors, including skin transport and integrity of the epidermal barrier. Occlusion, inflammation of the skin and/or other skin diseases can also increase the passage through the skin.

A single study found that the mean peak concentration of clobetazole propionate in plasma (0.63 ng/ml) is achieved after 8 hours after repeated application to healthy skin (13 hours after the first Appliqué) in the form of 30 g of clobetazole propionate 0.05%.10 hours after the second dose (30 g) of cream-shaped clobetazole propionate is appliqued, its mean peak concentration in plasma is slightly superior to that used as such in the form of grease. Another study found that the mean maximum concentration of the drug from plasma after 3 hours after one administration of clobetazole propionate in pasients with psoriasis and eczema at 0.05% 25 g of Grease is 2.3 mg/ml and 4.6 mg/ml, respectively. Distribution. The use of pharmacodynamic endpoints to assess the systemic effects of topical glucocorticosteroids is necessary due to the fact that circulating levels in the blood are significantly lower than their locally determined levels. Metabolism. After absorption through the skin, local glucocorticosteroids go through metabolic pathways through which glucocorticosteroids, which are primarily the same systemic applications that are metabolized in the liver. Children are more prone to developing local and systemic adverse reactions caused by taking topical corticosteroids. In general, shorter treatment

courses and less active drug treatment are required in children compared to adult pasient. Caution should be exercised when using MR Dirmoveite. The drug should be applied in a minimum effective amount.

People of old age. In clinical studies, differences in observed response reactions between older age patients and younger patients have not been found. Due to the greater incidence of decreased liver and kidney function in elderly patients, elimination may be slowed when the drug is systematically absorbed. Therefore, in order to achieve a clinical effect for a short period of time, it is necessary to use a minimum amount of the drug.

Patients with impaired kidney/liver function. When the drug is systematically absorbed (applied to the large surface of the body for a long time), the processes of metabolism and elimination can slow down, so the risk of systemic toxicity increases. Therefore, in order to achieve a clinical effect for a short period of time, it is necessary to use a minimum amount of the drug.

Under our watch, there were 30 neurodermitis patients, all of whom complained that their ability to work was also declining in recent years due to intense skin itching, insomnia, rapid irritability and constant fatigue sensations. The age of the patients was between 30 and 50 years, and there was a period of 6-8 years for the disease to develop. 20 of the patients were male and 10 were female, and almost all patients experienced mood depression, stress during the conversation. From Anamnesis, it turned out that all these patients were examined and treated several times by a doctor dermatologist, neuropologists. At the time of treatment, the symptoms of the disease in 20 patients (12 men, 8 women) the disease clinic almost disappeared skin rashes were absorbed, itching sharply reduced sleep also improved, but almost all 20 patients returned symptoms 2-3 months after the end of treatment. The lameness of the lamb is attributed by these patients to the diseases of their other members. Including 8 of the 12 men had circulatory disorders in the brain, 4 had diseases in the gastrointestinal tract: gastritis, gastroenterocolitis, cholecystitis, pancreatitis. 5 out of 8 women had cholecystitis, pancreatitis, chronic colitis and chronic constipation. In 3 women, however, dyscirculatory encephalopathy, intracranial hypertension have been a nuisance. In 10 patients (8 in men and 2 in women), the skin changes characteristic of neurodermitis to the above-mentioned lesion, which have been present with other small pelvic cavity pathologies. That is, all 8 men had chronic prostatitis, vesiculitis, while 2 women had cases of chronic endometritis and adnexitis. Almost no attention is paid to the diseases of the other members mentioned above, which all patients under our observation are complementary to the underlying disease every time they are treated or are the main cause of their underlying disease. Patients were similarly characterized by the course and localization of neurodermitis. For example, in the 20 patients mentioned above (12 men and 8 women), the disease is in the form of diffuse neurodermitis, and the pathological hearth is located on the back of the neck, both sides of the neck, the curving surface of the hands, armpits, waist, sides of the body, against the background of a clear In 10 patients, however, the disease is in the form of limited neurodermitis (8 in men and 2 in women), and the pathological foci are located in the men's thigh-groin, the skin of the groin, while in women the inner surface of the thigh is located in the intermediate areas. Against the background of pronounced lihenification in pathological foci, many flat nodular rashes, dryness of the skin, hyperkeratosis and numerous excoriations are observed. Almost all patients have taken thiosulfate-sodium, lorotadine, lordes, vitamins, glycine, persin, dexamethasone several times so far. As a local remedy, saffron, celestoderm, dermoveite mazlar were rubbed. The laboratory has undergone general blood tests, urine tests, biochemical blood tests and ultra-sound tests. Taking into account the clinical signs and forms of anamnestic and neurodermitis of these patients, we have introduced additional methods of downstream examination with the aim of describing in more detail the clinical course of the disease. All patients were given the following laboratory tests: 1. General blood analysis 2. Biochemical analysis of blood3. Determination of fungal tremor in the blood4. Determination of parasitic titer in the blood5. Check to chelicobacter pylori6. Revmoproba 7. Examination to Immunoglobulin E8. Getting grease from urethra9. Uzi diagnostics of internal organs10. Electroencephologra phyanatics: results were obtained from the above verification methods as

follows. In 20 patients (12 men and 8 women), an umuic blood analysis found high levels of eosinaphils and ECHT, symptoms of anemia. In the case of urine analysis, however, it was observed that the total increased its densiteinig, the amount of uric acid increased. And in the biochemical analysis of the blood, it was observed that in almost all patients bilirubin is out of order, alkaline phosphotase and amylase are increased. 10 patients (6 men and 4 women) were found to have high blood zambrug (pitsellomycosis) titer. 4 men were found to have high levels of lyamblya in the blood, 2 women had high titer in the soldier. 16 of the patients (10 men in 6 women) tested positive for chelicobacter pylori. 4 of the patients tested were found to have elevated s-reactive protein, while 6 were found to be as high. Immunoglobulin E was found to be well above normal in 80% of patients (16). Uzi concluded that 10 out of 12 men were diagnosed with hepatocholysistite, pancreatitis. 5 out of 8 women were diagnosed with cholecyst, pancreatitis, chronic colitis. In electroensopholography, 8 out of 12 men reported circulatory disorders in the cranium, intra-cerebral hypertension. Of the 10 patients (8 men in 2 women), in addition to the above examinations, an analysis of urethral and genital lubrication was recommended, while almost all patients found that the number of leukocytes in surtma significantly exceeded the norm, increased epithelial cells, increased rod-shaped microbes, yeast-like zabrugs and a huge amount of mucus secreted. Similarly, these patients complain of discamfort sensation in the lower part of the navel, a slight aching and itching in the urine. Almost all of these patients were found to have various forms of inflammation of the genitals in Uzi diagnostics, namely chronic prostatitis, vesiculitis in all 8 men, while 2 women had cases of chronic endometritis and adnexitis. Traditional treatment measures for all patients under our observation are diet as a general treatment, antihistamine drugs (loratadine, lordes, erius), sensebilization lowering drugs (tyosulfate-sodium, sodium-salicylation), sedative drugs(valeriana extract, persin, novopassite), vitamins, hepatoprotectors (essensiale, carsil, apcosul), as well as corticosteroid ointments and keratolytic ointments or a combination of them as local treatment, it has been suggested to patients that conducting treatments against additional diseases is an important aspect of effective treatment. Conclusions: from the origin of Neurodermatoses, we must remember that not only exogenous factors but also, mainly, the role of endogenous factorla is high. In this great attention should be paid to how the disease originated, its clinical forms, localization.The correct use of glucocorticosteroids helps a lot to overcome the disease.

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