DMM-01 Etiology in 16 cases of toxic epidermal necrolysis and Stevens-Johnson syndrome admitted within 8 months in a teaching hospital

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Introduction: 8 patients with toxic epidermal necrolysis and 8 patients with Stevens-Johnson syndrome were admitted consecutively to Queen Mary Hospital between August 2001 and March 2002. The objective of this study was to determine the local aetiology, including the possible role of viral infection as a co-factor.
Method: A retrospective analysis of all cases of TEN and SJS treated in Queen Mary Hospital within this 8-month period was carried out. Etiological study including drug, viral serology and PCR was performed in view of the clustering of admissions related to these two conditions.
Results: Majority is drug-induced. The most common drug was allopurinol (TEN, 50%; SJS, 13%), followed by anticonvulsants (25%), antibiotics and NSAID. The mean duration of drug exposure prior to the onset of symptoms was 14 days, with a range of 1-40 days. The drugs potentially responsible for TEN and SJS were largely the same. Two cases were probably attributed to drug abuse for recreational purpose, including inhalation of organic solvent and use of oral phenobarbital. One case of SJS was believed to be caused by "traditional Chinese herbs". Only one case of SJS had no likely responsible drug identified. Possible etiological co-factors were cancers (19%), radiotherapy and renal failure.
All the patients were negative for CMV and parvovirus B19 IgM. None of the 12 tested patients had HHV-6 or HHV-7 DNA detected in the plasma. There was no difference in seroprevalence between patients and controls for EBV VCA IgG, parvovirus IgG, HHV-6 IgG or HHV-7 IgG.
Conclusion: We concluded that drugs remain the most important etiology. No association with viral infection, including human herpesvirus-6 and parvovirus B19, was detected in the present series. Early diagnosis and prompt withdrawal of suspected drugs remain the most important measures in managing this condition.

DMM-02 Efficacy and safety of tacrolimus ointment monotherapy in Chinese patients with moderate to severe atopic dermatitis

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Introduction: Tacrolimus is an effective immunosuppressant in inhibiting T-cell activation. The objective was to evaluate safety and efficacy of topical tacrolimus ointment in treating signs and symptoms of moderate and severe atopic dermatitis in Chinese patients.
Method: This was an open noncomparative multicenter study conducted during the spring and summer seasons in Hong Kong. Treatment of tacrolimus ointment was given to all affected areas twice daily for up to 4 weeks. Topical or systemic corticosteroids were disallowed. Patients were assessed at weekly interval for adverse events and efficacy using the Eczema Area Severity Index (EASI), Physician's Global Evaluation of Clinical Response (PGECR) and Patient's assessment of itch using visual analogue scale.
Results: 43 patients aged 3-23 years of age with moderate to severe atopic dermatitis involving 15-90% body surface area at baseline were recruited and 39 patients completed the study. Compared to baseline, the mean EASI decreased by 49% after treatment for 4 weeks ($p<0.001$) and scale for patients' assessment of itch decreased by 43% at Week 4 ($p<0.001$). 25% of patients showed marked or excellent improvement (>75%) in PGECR at week 1 and the percentage was maintained at the end of treatment. Burning sensation at the site of application was the most common adverse event reported. No patients complained of discomfort related to excessive greasiness at the sites of ointment application.
Conclusion: We concluded that the short-term monotherapy of tacrolimus in an ointment base was well tolerated during the hot and humid seasons in Hong Kong. It was effective in treating the signs and symptoms of moderate to severe atopic dermatitis in Chinese patients. Tacrolimus ointment provides a new therapeutic modality for the topical treatment of atopic dermatitis, especially in patients suffering from steroid-induced skin atrophy. The main limitation for its use as first line treatment is its cost.