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Pimecrolimus cream for atopic dermatitis

At least half of young children who develop atopic dermatitis (AD) do so within the first 6 months of life and there is evidence that early treatment might affect prognosis. Topical corticosteroid preparations are often used but the possible adverse effects are well known. Pimecrolimus, an inhibitor of proinflammatory cytokines, has been used successfully, apparently with minimal systemic absorption after topical application. Now a larger, multicentre trial (Vincent C Ho and colleagues. *Journal of Pediatrics* 2003;**142**:155–62) has confirmed the benefit.

A total of 186 children aged 3–23 months with mild or moderate AD were randomised (2:1) at 25 centres in six countries to pimecrolimus 1% cream or placebo twice daily for six weeks. After that all patients were given open label pimecrolimus for 20 weeks. At the end of the first six weeks 55% (pimecrolimus) versus 24% (placebo) were rated clear or almost clear of AD. By day 8 pruritus was considered absent or mild in 70% versus 37% and by day 43 in 72% versus 33%. Patients transferred to pimecrolimus in the open label phase did equally well and benefit was maintained throughout this phase. Adverse events were usually mild and not thought to be related to treatment.

Pimecrolimus 1% seems to be effective and safe treatment for young children with AD.