

Methotrexate Effective and Safe for Children With Severe Atopic Dermatitis: Presented at AAD

By Bruce Sylvester

SAN ANTONIO, TX -- February 4, 2008 -- Methotrexate is an effective treatment for children with severe atopic dermatitis, researchers reported here at the American Academy of Dermatology 66th Annual Meeting (AAD).

"Overall, we found that the vast majority of patients improved significantly," said presenter and lead investigator Christopher Rouse, MD, Senior Resident, Department of Dermatology, St. Louis University School of Medicine, St. Louis, Missouri, United States.

In their poster, Dr. Rouse and colleagues indicated that atopic dermatitis is the most common cause of severe skin disease in children. Research on systemic treatments is limited. "Case reports have documented the efficacy of methotrexate for the treatment of severe atopic dermatitis in adults, but no information is published on treatment in children with this disease," Dr. Rouse said in a presentation on February 3.

The investigators retrospectively reviewed data on 30 children with severe atopic dermatitis who had been treated with methotrexate.

Patients ranged in age from 2 to 16 years and all had failed topical therapy. Many had been treated with cyclosporine and were successfully crossed-over to methotrexate. All subjects received an initial dose of 0.5 mg/kg/week (maximum 15 mg). Most of the children tolerated the tablet formulation. Of those who received a liquid formulation, most received the concentrated 25 mg/cc parenteral formulation.

Supplemental folic acid (1 mg) was added after the first month of treatment and was taken on non-methotrexate days.

Followup in the clinic and laboratory assessments took place at baseline and monthly for 3 months, followed every 3 months thereafter if the dosing remained stable. Laboratory parameters included complete blood counts with red blood cell indices and a comprehensive metabolic panel.

The investigators reported that elevations in hepatic transaminases were transient and unusual, and were found in blood obtained within 1 to 2 days after methotrexate administration, or following a presumed viral illness. No child underwent liver biopsy.

Dose adjustments occurred every 2 to 3 months as needed.

The investigators found that the majority of methotrexate-treated subjects achieved a partial to complete response, with no serious adverse events occurring among the subjects during an average of 12 months exposure.

"Methotrexate is a useful systemic treatment option for children with severe atopic dermatitis," the authors concluded.

[Presentation title: Methotrexate for Atopic Dermatitis in Children. Abstract P608]