

Terapia hormonal en dermatología

Dr. Juan carlos Diez de Medina
Fundación Piel Bolivia



ACNE

ALOPECIA FEMENINA



HIRSUTISMO



SINDROME METABOLICO CON HIPERANDROGENISMO

50%

SOP



DIAGNOSTICO LABORATORIAL

- Testosterona libre
- DHEA-S
- Androstenediona
- LH
- FSH
- 17-Hidroxiprogesterona
- Prolactina

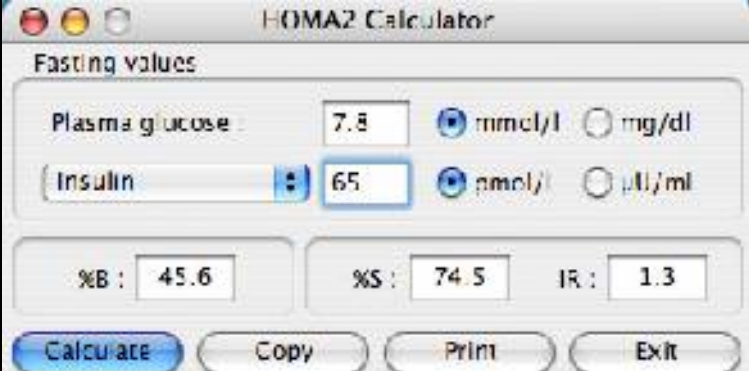
SHBG



EXAMENES OBESIDAD

- PRESION ARTERIAL
- LIPIDOGRAMA
- **INSULINA**
- GLICEMIA
- TOLERANCIA A LA GLUCOSA
- MEDIDAS CINTURA
- HOMA CALCULATOR

Homeostasis Model Assessment



The screenshot shows the HOMA2 Calculator window. It features a 'Fasting values' section with two input fields: 'Plasma glucose' set to 7.8 (with units mmol/l selected) and 'Insulin' set to 65 (with units pmol/l selected). Below these are three calculated fields: %B (45.6), %S (74.5), and IR (1.3). At the bottom, there are four buttons: 'Calculate', 'Copy', 'Print', and 'Exit'.

Field	Value	Unit
Plasma glucose	7.8	mmol/l
Insulin	65	pmol/l
%B	45.6	
%S	74.5	
IR	1.3	

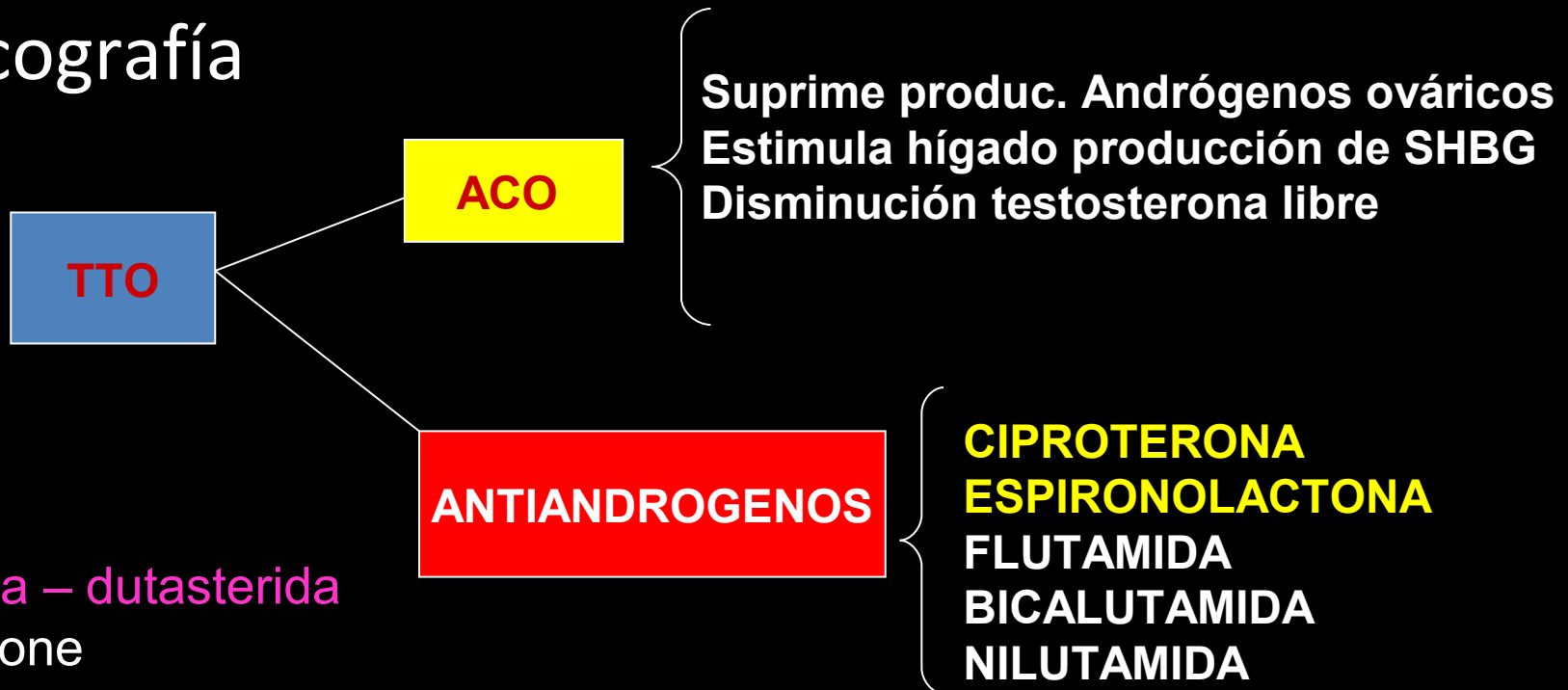


CAUSA HIPERANDROGENISMO

- Hiperandrogenismo ovárico funcional
 - a) Ovario poliquístico
- Hiperandrogenismo suprarrenal
 - a) Hiperplasia suprarrenal congénita
 - b) **Enfermedad de Cushing**
- **Hiperandrogenismo tumoral**
 - a) **TU Ovárico**
 - b) **TU Suprarrenal**
- Sobreproducción periférica de andrógenos
 - a) **Obesidad (síndrome metabólico)**

Hiperandrogenismo ovárico funcional (ovario poliquístico)

- Testosterona y/o androstenediona elevada mas relación LH/FSH mayor a 2
- Ecografía



COMPARACION DE ANTIANDROGENOS EN ACNE

- **AC 2 mg** asociado conj. Estro 60% efectividad
- Resistentes 12,5 mg 10 primeros días ciclo 100% efectividad
- **Espironolactona** 25 – 100 mg día 30 -50 % efectividad
- **Flutamida** 250 mg día 100% efectividad
- **Finasterida** menos eficaz 35% efectividad

Carmina E, Lobo RA. A comparison of the relative efficacy of antiandrogens for the treatment of in hyperandrogenic women. Clin Endocrinol 2002;57:231-4

Yemisc a, Gorgulu A, Piskin S. Effects and side-effects of spironolactone therapy in women with acne European Academy of Dermatology and Venereology (2005) 19 , 163–166

Panzer et al. Impact of Oral Contraceptives on Sex Hormone-Binding Globulin and Androgen Levels: A Retrospective Study in Women with Sexual Dysfunction J Sex Med 2006;3:104–113

Hiperplasia suprarrenal congénita

- DHEA-S elevada

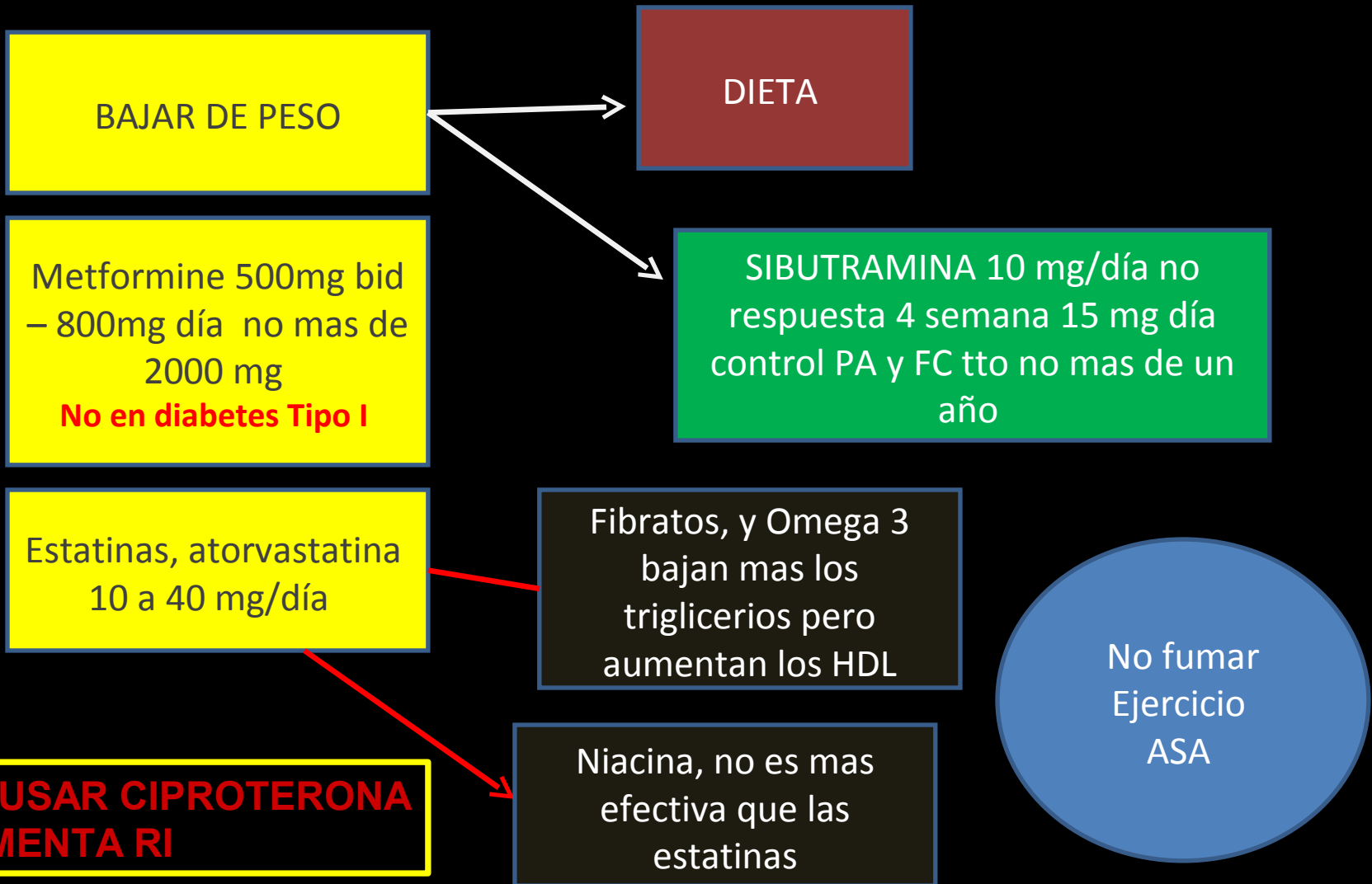
TTO

Dexametasona nocturna

TTO AB + TOPICO



TRATAMIENTO HIPERANDROGENISMO EN LA OBESIDAD





LABORATORIO

- ANDROGENOS
- FIERRO SERICO, FERRITINA SERICA Y TRANSFERRINA
- PERFIL TIROIDEO

CORRECCION

Olsen E, et al. Evaluation and treatment of male and female pattern hair loss J Am Acad Dermatol 2005;52:301-11.

Olsen E. Iron deficiency and hair loss: The jury is still out J Am Acad Dermatol 2006;54:903-6.

TRATAMIENTO

- ALOPECIA + HIPERANDROGENEMIA

Inhibidores alfa reductasa 2
Finasteride
Dutasteride

Antiandrógenos esteroideos
ciproterona
Espironolactona
drospirenone

Antiandrógenos no esteroideos
flutamida
bicalutamida
nilutamida

No aprobado FDA
Trabajos mujeres
pos menopausicas

Olsen E, et al. The importance of dual 5a-reductase inhibition in the treatment of male pattern hair loss: Results of a randomized placebo-controlled study of dutasteride versus finasteride J Am Acad Dermatol 2006;55:1014-23.

Treatment of female pattern hair loss with oral antiandrogens British Journal of Dermatology 2005; 152, pp466–473

Results As there was no significant difference in the results or the trend between spironolactone and cyproterone acetate the results were combined. 35 (44%) women had hair regrowth, 35 (44%) had no clear change in hair density before and after treatment, and 10 (12%) experienced continuing hair loss

Carmina E, Lobo RA. A comparison of the relative efficacy of antiandrogens for The treatment of in hyperandrogenic women. Clin Endocrinol 2002;57:231-4

Los antiandrógenos no esteroideos podrían ser más efectivos que los esteroideos en la alopecia androgenética, aunque deben considerarse en ambos casos los efectos adversos.

Si la paciente tiene síndrome metabólico, se indicara un ACO que no tenga ciproterona por que aumenta la RI, drosperinone en estos casos es la elección

HIRSUTISMO



ACO

+

ESPIRONOLACTONA

CIPROTERONA

FLUTAMIDA

Inhibidores alfa reductasa 2
Finasteride
Dutasteride

Erenus M, Yücelten D, Gürbüz O, Durmus,og̃lu F, Pekin S. **Comparison of spironolactone-oral contraceptive versus cyproterone acetate-estrogen regimens in the treatment of hirsutism.** Fertil Steril 1996;66:216-9.

Grigoriou O, Papadias C, Konidaris S, Antoniou G, Karakitsos P, Giannikos L. **comparison of flutamide and cyproterone acetate in the treatment of hirsutism: a randomized controlled trial.** Gynecol Endocrinol 1996;10:119-23.

Cusan L, Dupont A, Belanger A, Tremblay RR, Manhes G, Labrie F. **Treatment of hirsutism with the pure antiandrogen flutamide.** J Am Acad Dermatol 1990;23:462-9.

Erenus M, Gürbüz O, Durmus,og̃lu F, Demirçay Z, Pekin S. **Comparison of the efficacy of spironolactone versus flutamide in the treatment of hirsutism.** Fertil Steril 1994;61:613-6.

RECIDIVA AL DC TTO ES CASI UNA REGLA

J Am Acad Dermatol 1999;41:64-8

ESPIRONOLACTONA

- PREMENOPAUSICAS 25 a 50 mg día los primeros 10 días del ciclo
- POSMENOPAUSICAS 25 a 50 mg día en forma continua.

Ciproterona premenopausicas 12.5 mg día
Los primeros 10 días del ciclo

OTROS TRATAMIENTOS

- EFLORNITINA CREMA AL 13,9% BID
- 116 pacientes, a las 4 semanas 31,5 % total remisión, a las 12 semanas 43.2% mas remitieron completamente, 4 semanas despues de DC tto 29,8% presentaron remisión, al DC 74% recidivaron
- EFLORNITINA + LASER
- EFLORNITINA + LPI
- **ACO + ANTIANDROGENOS + LASER O LPI**

A randomized bilateral vehicle-controlled study of eflornithine cream combined with laser treatment versus laser treatment alone for facial hirsutism in women J Am Acad Dermatol 2007;57:54-9

Evaluation of the efficacy and tolerability of eflornithine HCl 13.9% cream in adult Indian women with hirsutism Vidyagauri Baliga, PhD