

## Reports on Scientific Meetings

### HKSDV Scientific Live Webinar

Reported by HF Cheng 鄭學輝

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Date: 9 July, 2020  
Venue: Webinar  
Organiser: Hong Kong Society of  
Dermatology and Venereology

#### **Reporting on the state-of-the-art in the management of moderate to severe atopic dermatitis**

Speaker: K Mark

Department of Medicine, The Ottawa Hospital and University of Ottawa, Canada

The off-label use of biologic dupilumab and JAK inhibitor was discussed. The talk started with the Canadian consensus statements using moisturizer, topical steroid, topical tacrolimus inhibitor, systemic steroid, Mycophenolate mofetil, azathioprine, methotrexate, phototherapy and dupilumab. Cyclosporin is reserved for severe acute flare.

Regarding dupulimumab and JAK inhibitors, clinical trials and data from meta-analyses have shown that Dupilumab improved sensation of itch on prolonged use. The risk of infection was found to be low. While there are reports of injection site

reaction and conjunctivitis, most are mild and discontinuation of treatment were uncommon. Dupilumab can be a stand-alone treatment option in severe atopic dermatitis. Abrupt transition from methotrexate to dupilumab will not cause any harm, but gradual tapering of oral prednisolone or cyclosporin across weeks are advised. Appearance of facial dermatitis should prompt evaluation of allergic contact dermatitis or seborrheic dermatitis.

As for Janus kinase inhibitors such as abrocitinib, baricitinib and upatatinib, an excellent clinical response was observed at a higher than usual dosage. There were no reports of infection, malignancy or blood test abnormalities associated with the use of Janus Kinase inhibitors. The risks of lymphoma or vascular thrombosis from prolonged use will likely require further study.

#### **Learning points:**

The efficacy of biologic dupilumab and JAK inhibitor in the treatment of atopic dermatitis seems to be promising. More data is required to delineate further their roles.