

Editorial

Patients suffering from chronic skin diseases had significant morbidity either due to disease itself or adverse effects of treatments given. The disease spectrum is wide, it could be serious and life-threatening such as pemphigus, or could be localised but disturbing such hand-foot eczema.

Pemphigus group of immunobullous diseases are often regarded as serious dermatosis and can be life-threatening. High dose immunosuppressants such as systemic corticosteroid, mycophenolate, azathioprine and sometimes IVIg are the mainstay of treatment traditionally. However, long have we known that all these immunosuppressive therapies had major systemic side effects that sometimes not only lead to discontinuation of therapy but also induce significant morbidity and mortality. In addition, the efficacy of these immunosuppressants is not always satisfactory, there are sometimes cases of pemphigus not under control with more than one immunosuppressants. In this issue, a retrospective review from Tan and Chandran provided us with the experience from use of rituximab in the treatment of pemphigus. Rituximab had been approved for first-line treatment of moderate to severe pemphigus in US and EU. The RITUX 3 study showed a more than three-fold higher rate of complete remission after off systemic steroid therapy and a two-fold decrease in rate of moderate / severe relapse.¹ The experience from the Singapore centre with similar patient background to our population provide us a valuable reference in using rituximab to treat pemphigus.

Eczema is a common dermatosis that affects a large proportion of population in different age group worldwide. The condition is often not serious but

can sometimes cause significant disturbance of daily activities and quality of life when severe disease or flare-up occurred, examples are erythrodermic eczema, severe hand-foot eczema. Topical therapy can only attain partial disease control in severe condition and systemic therapy is often required in this subgroup of patients. Topical therapy is inconvenient for long term application and not without side effects. Systemic immunosuppressive therapy may be required but worrying of significant adverse effects often lead to reluctance to start therapy. Phototherapy with narrow-band ultraviolet-B (NB-UVB) offers a good alternative. In this issue, Dsouza et al presented a study that showed a good outcome of treating chronic foot eczema with NB-UVB. The risk of adverse effects is low but the main concern may be the compliance of therapy as patients will need to attend the phototherapy centre for two-times per week. A convenient location of phototherapy centre and flexible attending schedule may be the solution. With the ease of COVID-19 pandemic, hopefully the clinical service will be normalised and patients will be more willing to attend clinics for treatment in the near future.

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Reference

1. Joly P, Maho-Vaillant M, Prost-Squarcioni C, Hebert V, Houivet E, Calbo S, et al. First-line rituximab combined with short-term prednisone versus prednisone alone for the treatment of pemphigus (Ritux 3): a prospective, multicentre, parallel-group, open-label randomised trial. *Lancet* 2017;389: 2031-40.