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Symposium editorial: Atopic dermatitis

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Atopic dermatitis (AD) is a challenging disease – both for the treating physician and the patients. For the doctor, the challenge is manifold. It begins with the diagnosis and continues through the treatment.

There are a number of manifestations for AD which makes it a difficult diagnosis. It goes without saying that a wrong diagnosis leads to difficulties in management that further adversely affects the outcome of the treatment. As on today, there are no diagnostic tests for AD. Absence of such a test (s) is/are another major problem. This compounds the difficulty in diagnosis. Since there are no tests of diagnosis, a number of criteria were developed, the Hanifin-Rajka criterion is still the gold standard, but none are without problems. Once the diagnosis is made, the treatment poses major test for the physician and the patient. A given treatment may not work in all patients in the same scale. Some may respond favorably, quickly but others may not, even if the same treatment is instituted. This may lead to confusion in the mind of physician and frustration in patient. Since the disease has a prolonged course with remissions and exacerbations, keeping the patient adherent to treatment is another challenge. Often, they change the system of medicine and this, in turn, may result in aggravation of the disease, which itself becomes another major issue. The treatment is another concern. None of these drugs are without problems. Hence, a careful choice of the drug in appropriate dose and duration is a real test for the physician. For a better outcome, a well-balanced use of the drugs is mandatory, which requires knowledge and experience.

For the patient, the disease is quite demanding. Prolonged course of illness, the frequent remissions and exacerbations, the quality of life issues, the economic burden of the disease, absence from the school, and issues in interpersonal relationships can create major problems. All these factors can contribute to patient developing a negative approach to life. This ultimately results in poor outcome of treatment which leads to neglect and hence exacerbation of the disease. Hence, the physician should provide psychological support to the patient. This adds to the responsibility of the physician. Since the dermatologists in general are not well versed in this area, providing adequate care to the patient becomes a major challenge.

Even now, the etiopathogenesis of AD is partially understood. Intense research is going on in this area and it is hoped that at one day, there will be a complete understanding of it. This may help us to provide our patients complete cure from this difficult disease and help them lead a meaningful disease free life. Till that time, we have to manage the disease with the available knowledge in the best possible way.

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Hence, an attempt is made in this symposium to help the treating doctor to meet the above challenges. In etiopathogenesis, Jayamini Seneviratne, a well-known dermatologist with special interest in pediatric dermatology from Sri Lanka throws light on the present scenario and the future prospects. This may help us to understand the disease better and help us to formulate the protocol suitable to the patient. Ram Gulati, a well-known pediatric dermatologist from Jaipur discusses the atypical manifestations of AD. This article will help us to make the diagnosis more comprehensive and plan a better management. In subsequent article, Ramkumar Ramamoorthy from Chennai discusses the newer drugs in the treatment of AD. This will help the readers to familiarize with the new arsenal in the treatment of AD. And in the last article, Geethu G discusses the nonpharmacological treatment, the much neglected aspect of management of AD. Most of the physicians ignore this vital part of management of AD. This should be an integral part of the total care of the patient which may bring out a better outcome.

It is often mentioned about psoriasis that "each patient has his/her own psoriasis." This statement has a lot of implications and points to an individualized care of the affected. It is apt for AD also. It is hoped that the symposium may throw some light on a better management of AD.

Hope this will be an enjoyable reading!

Declaration of patient consent

Not required as there are no patients in this article.

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Conflicts of interest

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