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Allergic Manifestations of Skin Diseases – Atopic Dermatitis

Kristine Breuer^{a,b}, Thomas Werfel^b, Alexander Kapp^b

^aNordseeklinik Norderney, Norderney, ^bDepartment of Dermatology and Allergology,
Hannover Medical University, Hannover, Germany

Abstract

Atopic dermatitis (AD) is a chronic inflammatory skin disease which often becomes manifest in early infancy and is characterized by itchy eczematous lesions with characteristic localization. The cellular infiltrate of allergic eczematous skin diseases (i.e. AD, allergic contact dermatitis) is mainly composed of mononuclear cells. Whereas allergic contact dermatitis is always triggered by allergen-specific T cells, a number of allergic and nonallergic trigger factors appear to be relevant in AD. This article discusses data coming from immunological studies focusing on T-cell responses in AD. The concept of a switch from a T helper type 1 (Th1) to a Th2 cytokine profile in lesional skin of AD is well accepted. Besides CD4+ T lymphocytes, CD8+ cells are likely to play an important role in the pathogenesis of AD. Recent studies point to the induction of apoptosis in keratinocytes by interferon- γ derived from skin-homing T cells as a further important mechanism for the induction and maintenance of the eczema. Recent clinical studies have confirmed the major role of food allergy and infectious microorganisms as trigger factors of AD. New therapeutic strategies for AD include topical calcineurin inhibitors which were introduced as a new therapeutic principle at the beginning of this decade.

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Atopic Dermatitis – A Chronic Inflammatory Skin Disease

Eczematous skin diseases are extremely common with a lifetime prevalence of more than 15% in Western industrialized countries. Atopic dermatitis (AD) may begin in early infancy and is then not as easily diagnosed as the flexural eczema or atopic hand eczema of later childhood. In a recent study, we confirmed in a large cross-sectional study performed in Hannover that the incidence of AD in school entrants is associated with individual lifestyle factors, but not with local environmental factors [1]. The frequency of AD was