

# İKTIYOZİFORM DERMATOZLAR VE KERATODERMALARDA TOPIKAL RETİNOİDLER

## 7. Bölüm

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### ÖZET

Retinoidler, iktiyoziform dermatozların ve keratodermaların tedavisinde kullanılan etkili ilaçlar arasındadır. Tüm vücut uygulaması için ve uzun süreli kullanım için uygun olmasalar da eller, ayaklar, bacaklar ve eklem bölgeleri gibi lokalize keratinizasyon bozukluklarında tedaviye dirençli alanlar için uygundur. Topikal retinoidler, tretinoin, adapalen ve özellikle tazaroten olmak üzere, konjenital iktiyozisde skuamaları azaltmada, dijital kontraktürleri iyileştirmede ve ektropiyonun kısmen düzelmesinde fayda sağlarlar. Palmoplantar keratodermalarda topikal retinoidlerden, tazaroten, adapalen ve tretinoin ile tedavide başarılı sonuçlar elde edilebilir. Tüm retinoidler iritan olduklarından dolayı konsantrasyon, uygulama aralıkları ve uygulama süresi dikkatlice seçilmeli ve her kullanıldıklarında kuruluk için yağlı nemlendiriciler ile birlikte uygulanmalıdır.

### Giriş

“İktiyoz” terimi, farklı etiyojilere sahip çok çeşitli keratinizasyon bozukluklarını kapsar, ancak epidermal hiperkeratoz ile kseroz ve deskuamasyon ortak özellikleridir. İktiyozis genellikle kalıtsal olsa da edinsel de olabilir.

Kalıtsal iktiyozlar, genellikle doğumda veya yaşamın erken dönemlerinde ortaya çıkan heterojen bir grup genetik hastalıktan oluşur.(1) Bu hastalıklarda yapısal proteinler, DNA onarım proteinleri ve kolesterol biyosentez enzimleri de dahil olmak üzere çeşitli işlevlere sahip proteinleri etkileyen 50’den fazla gende

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tosensitivite hastalıkları, egzama ve güneş yanığı olan hastalar ise rölatif kontrendikasyon oluştururlar

İritan topikal ürünler (örn. aşındırıcı temizleyiciler) ile birlikte kullanımından kaçınılmalıdır.

## Sonuç

İktiyozların ve keratodermaların tedavisi spesifik değildir ve semptomları azaltmaya yöneliktir. Nemlendiriciler, keratolitikler veya topikal retinoidler, banyo ve mekanik olarak skuamaların kaldırılması topikal tedavinin temelini oluşturur. İktiyoz ve diğer kornifikasyon bozukluklarında topikal retinoidlerin kullanılması, skuamaları azaltmada ve hem fonksiyon hem de görünümü iyileştirmede etkili olabilir. Özellikle tazaroten, adapalen ve tretinoin antikeratotik etkileri ile kornifikasyon bozukluklarının topikal tedavisinde önemli bir yere sahiptirler. Ancak etkili bir tedavi için nemlendirici, lumbrikan ve keratolitik ajanlar ile kombinasyon gereklidir. Çoğu iktiyoz ve keratodermada, sistemik tedavi uygulanıyor olsa bile, topikal tedaviye yoğunluğu azaltılarak devam edilmelidir. Sonuç olarak, retinoidler, iktiyoziform dermatozların ve keratodermaların tedavisinde kullanılan etkili ilaçlar arasındadır ve geniş bir biyolojik etkiye sahiptir.

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