

A Critical Look at Our Therapy Options for Actinic Keratosis, Psoriasis, and Warts

Our goal is to give you, the practicing dermatologist, an opportunity to reflect on the therapeutic choices you have for your patients with actinic keratosis, warts, and psoriasis.

Dermatologists recently have been the target of a massive publicity campaign for new treatment options for actinic keratosis and psoriasis. These campaigns have promoted the use of new therapeutic agents largely based on new and novel mechanisms of action rather than on efficacy and cost. This supplement offers us a chance as a specialty to reflect on the place of these new products in our therapeutic armamentarium and compare them to agents that have served us well over a number of years.

When it occurs over a large field such as the face, scalp, hands, or arms, actinic keratosis remains a challenge. Dermatologists' experience with 5-fluorouracil (5-FU) has been extensive. This drug has served us well, but the inflammatory reaction accompanying its use is problematic for some patients. Imiquimod recently has been introduced as an agent with good efficacy and possibly with less inflammation. Part of our goal is to critically evaluate the data for both of these drugs and then to prospectively compare their efficacy in a comparative clinical trial. Also, separate articles in this supplement evaluate a new dosing schedule and novel peel combinations with 5-FU.

We have been bombarded with a huge marketing campaign promoting the use of biologic agents for psoriasis. These pitches have focused on the immunologic actions of these drugs in psoriasis. The efficacy of these agents is good but they are not nearly as effective as some of our older agents and treatments such as cyclosporine, and psoralen with UVA, as well as retinoids. The article by John Koo, MD, gives us a balanced perspective on this timely topic. He compares the efficacy of these newer agents with our older and tested therapies.

Plantar warts and warts in children have always been difficult challenges for physicians. In his article, Robert S. Salk, DPM, a podiatrist, shares some interesting new data on the use of 5-FU 5% cream for plantar warts and reviews recent studies performed by dermatologists on the use of 5-FU 5% cream in the treatment of multiple and difficult to treat warts in the pediatric population. This new data will give us more choices for our patients with warts.

Our goal is to give you, the practicing dermatologist, an opportunity to reflect on the therapeutic choices you have for your patients with actinic keratosis, warts, and psoriasis. Hopefully these articles will enable you to better balance cost and efficacy issues to provide your patients with the best therapeutic agents for their needs.

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