

SYSTEMIC DERMATOLOGIC THERAPY

- I. ANTIBIOTICS - Widespread, deep or potentially life threatening infection, (eg. folliculitis, cellulitis, ecthyma)
 - A. Anti-Staphylococcal
 - 1. Erythromycin
 - 2. Beta-lactamase resistant Penicillins (Dicloxacillin, Augmentin)
 - 3. Cephalosporins (Keflex, Duricef)
 - 4. Penicillin and Tetracycline are NOT appropriate.
 - B. Anti-Streptococcal
 - 1. Erythromycin
 - 2. Penicillins
 - C. Acne
 - 1. Tetracyclines, Minocycline, Doxycyclene
 - 2. Erythromycins
 - 3. Amoxicillin
 - 4. Trimethoprim/sulfa (Bactrim)
 - 5. Clindamycin
 - 6. Cephalosporins (Duricef)
- II. ANTI-FUNGALS - Widespread or deep infections; nail infections
 - A. Griseofulvin
 - 1. eg. Gris Peg, Fulvicin
 - 2. Dermatophyte infections only - no yeasts!
 - 3. Potentially hepatotoxic, phototoxic

B. Imidazoles

1. eg. Ketoconazole (Nizoral), Itraconazole (Sporanox)
2. Drug interactions
3. Potential hepatotoxicity

C. Allyl Amines - (Lamisil)

III. ANTI-HISTAMINES

A. Sedating

1. Hydroxyzine (Atarax)
2. Diphenhydramine (Benadryl)
3. Cyproheptadine (Periactin)

B. Non-sedating

1. Terfenadine (Seldane) Interaction with Macrolides
2. Astemizole (Hismanal) and imidazoles
3. Loratadine (Claritin)

C. Mildly sedating

1. Cetirizine (Zyrtec)

IV. STEROIDS - used to control acute flare of eczema, pemphigus, urticaria, and other inflammatory dermatoses except psoriasis

A. Prednisone - usual dose is 0.5 to 1 mg/kg tapering over 3 to 4 weeks

B. Other - equivalence:

Decadron	Triamcinolone,	Prednisone	Hydrocortisone
Methyl Prednisone	Prednisolone		
0.75mg	4mg	5mg	20mg

May be given PO, IM, IV, or intralesionally

- V. RETINOIDS - teratogenic
 - A. Accutane (isotretinoin)
 - B. Tegison (etretinate)
 - C. Artonoids