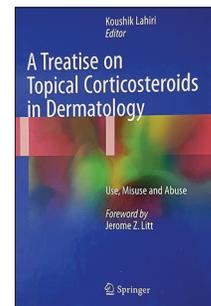


A treatise on topical corticosteroids in dermatology. Use, misuse and abuse

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Following their first use in treating skin diseases more than 60 years ago, topical corticosteroids have revolutionized dermatological therapeutics and have become the most widely used medication in dermatological practice. Corticosteroids possess a multitude of pharmacological actions that modify a large number of biological processes involved in inflammation and immune response, and their valuable role in the management of a plethora of dermatoses is now well-established. However, hailed as a panacea for all skin diseases, the ability of topical steroids to provide dramatic relief from symptoms has led to rampant misuse of these agents by both physicians and patients, resulting in an ever-increasing incidence of adverse effects.

Most importantly, one of the many adverse effects of topical steroids, namely hypopigmentation, became a major reason for self-medication as a skin lightening agent. Dark-skinned people's (particularly of Indian and African origin) pervasive obsession with fair skin are being capitalized by several pharmaceutical companies. Their unfair marketing practices aided by lenient drug regulatory authorities and easy over-the-counter availability of topical steroids provided opportunities for widespread steroid abuse as cosmetic agents for skin lightening. Facial steroid abuse dermatitis and topical steroid "addiction" have now reached an epidemic proportion in India and some other countries. On the flip side, media and word of mouth propaganda regarding adverse effects of steroid therapy have led to a

totally undesirable phenomenon of steroid phobia and aversion among patients and physicians.

In this background, a treatise on the use, misuse and abuse of topical corticosteroids could not have been more timely. Dr Kaushik Lahiri, well known for his missionary zeal for attacking the social menace of topical steroid abuse, has compiled a first of its kind monograph covering all aspects of topical corticosteroids in dermatology.

The book begins with a chapter on the evolution and development of topical corticosteroids. The subsequent sections deal with the pharmacology and dermatological indications, including those in special populations such as in children and pregnant women. One of the most well-written and important chapters in this book is on the evidence base of topical steroid therapy in dermatology. Readers cannot but notice that an overwhelmingly large number of chapters (20 out of 36) have been devoted to steroid (including topical) abuse and misuse from the perspective of several countries. These chapters, however, are largely repetitive and many of them could have been combined into a fewer ones or altogether omitted. Some tables (such as on classification of steroids based on potency and side effects of topical steroids) are repeated in several chapters. The standard of editing could have been better in these respects. The comprehensiveness of the compilation is reflected by the fact that the two contradictory phenomena, topical steroid addiction and phobia, have also been dealt with in two separate chapters.

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Book Review

The useful final chapters are on the management of steroid abuse dermatitis and the ways of preventing this menace.

I congratulate Dr Lahiri for the concept and execution of this very useful and timely treatise and strongly recommend this monograph to all dermatologists and other physicians who prescribe topical steroids on a regular basis or deal with patients suffering from adverse effects of topical steroid use and misuse.

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