SYSTEMIC SCLEROSIS

An Illustrated Guide to Manifestation and Management in Asian Skin

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CRC Press
Taylor & Francis Group

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Management of scleroderma

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INTRODUCTION

The management of scleroderma is essentially aimed at the disease complications as and when these arise. The main components of the disease, the fibrosis and vasculopathy result in specific organ damage. The natural history of the disease is progressive, with acute events in the form of renal and pulmonary complications. The existing therapeutic options are more of symptom-alleviating and do not cause reversal of the disease process. Hence, life-style modifications and other symptom-oriented general interventions play a large role in the management of this disorder. This calls for patient participation and cooperation from family members in a great way in parallel with the therapeutic interventions.

Treatment measures significantly improve the quality of life in these patients and reduce the morbidity. Therapy of localized cutaneous disease and organ-specific managements in diffuse disease have been discussed below.

MANAGEMENT OF MORPHEA

In localized or diffuse morphea, the main aims of treatment are:

- To prevent development of sclerosis in the early inflammatory stage
- To prevent the progression of sclerosis and atrophy in established cases

Treatment of morphea is essentially guided by the disease type, extent, and activity. Circumscribed or localized morphea with limited cutaneous involvement can be managed with topical and/or intralesional therapy; whereas, linear and diffuse morphea require a relatively aggressive systemic therapeutic approach as these may potentially lead to permanent disfigurement. In any case though, the endeavor should be to initiate treatment early in the inflammatory stage of the disease and prevent development of sclerosis rather than attempting to reverse the latter.