

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/inflammatory-pathways-guide-che-treatment/56997/>

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## How Inflammatory Pathways Can Guide CHE Treatment Decisions

### Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Mr. Henry Yu, who's a dermatology surgical physician assistant at West Derm Center in New York. He'll be discussing how underlying inflammatory pathways can inform treatment selection in chronic hand eczema care. Here's Mr. Yu now.

### Mr. Yu:

We understand that atopic dermatitis is driven by the Th2 pathway. So using a drug like dupilumab or tralokinumab is great for targeting atopic dermatitis, and the patient may have a component of just hand eczema too. So it's IL-13, IL-4, and sometimes IL-31 driven.

The patients with CHE are a little bit different. It's not just a Th2-driven disease. It's driven by Th1 as well as Th17, so IL-17, interferon gamma, and IL-1 are key cytokines that play a role in these patients. So if you're using a drug like an IL-4 or IL-13 drug to treat these patients with CHE, it might not be very effective. So ideally, we would want to use a pan-JAK, which can target all the cytokines—not just one particular cytokine—to treat these patients with CHE. So if we can understand the MOD, we can correctly choose the treatment for these patients and not just blindly throw in drugs just because, "You know what? I have some experience with it," which doesn't treat it. We really need to be much more intentional clinicians and treat patients intentionally with the right disease and with the right drug.

I think accurate diagnosis is the most important thing we need to do to be able to target with the right treatment. For so many years, we've been broadly covering these patients with corticosteroids, and we would just use these things and hope that they'll get better. When I go out and have discussions with other clinicians about CHE, we frequently start with a high-potency corticosteroid. But when we write that prescription, we are hoping. It's almost like we're rolling the dice, right? 'Let's hope that when you come back, you'll get better.' But by having an accurate diagnosis and having the right treatment, we no longer have to just put out hope. We know that when we're prescribing that topical pan-JAK, we are going to achieve success in our patients. And we can actually tell a patient, "Hey, we're no longer cycling through another steroid. We're no longer treating you blindly. We're treating you according to what you have based on the knowledge that we understand that your CHE is driven by so many factors besides just a barrier dysfunction." Most of our patients with CHE don't really have a skin barrier dysfunction; their dysfunction is actually caused by contact. So it's not like our AD patient.

So I think we need to get in our mind that we don't have to just tell the patient to mask their hands. That is really not the right way of doing it. I think part of it is avoiding contact, but of course, some of these patients have to work, right? They need to support their family. You can't just say, "Hey, change careers easily." So again, educate them about the contact and protection with gloves and then treat them with appropriate treatment; that's what's going to get your patient better.

### Announcer:

That was Mr. Henry Yu talking about the role of underlying inflammatory pathways in guiding treatment decisions for patients with chronic hand eczema. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!