Lactamide-MEA Gel Looks Good for Cradle Cap

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RHODES, GREECE — Lactamide monoethanolamine, a lactic acid–derived humectant commonly found in over-the-counter lotions and bath gels, appears to be beneficial for the treatment of cradle cap, Virginie Ribet, Ph.D., said at the 15th Congress of the European Academy of Dermatology and Venereology.

A lactamide monoethanolamine–based gel was safe, effective, and well tolerated in a randomized, controlled, open-label phase III study of 124 infants with mild to moderate seborrheic dermatitis of the scalp, Dr. Ribet of Pierre Fabre Research Institute in Ramonville Saint Agne, France, reported in a poster presentation.

Lesional scores, which were based on the area of involvement and intensity of scaling on four zones of the scalp, decreased significantly more in the 63 infants in the treatment group, compared with the 61 infants in the control group, at day 7 (55% vs. 42%), day 21 (81% vs. 70%), and day 42 (96% vs. 86%).

A lesional score of 0 was noted in 73% of infants in the treatment group at the end of the study, compared with 50% of those in the control group, said Dr. Ribet who did not disclose interest in the gel.

Parents of the 63 infants in the treatment group were asked to apply the gel, followed by a soft shampoo, daily for the first week, then two to three times per week thereafter for the course of the study. Only soft shampoo was applied to the 61 infants in the control group.

The gel was safe and well tolerated in both groups. Erythema was significantly improved from baseline to study end in both groups.

Both the investigators and the parents reported satisfaction on overall assessment; the product led to recovery or definite improvement in all treated infants, she noted. ■

Experimental Drug Thwarts Toenail Fungus

PARIS — An experimental antifungal drug appears to significantly reduce toenail fungal infection and encourage clear nail growth, according to a poster presented at the annual meeting of the European Society for Dermatological Research.

AN2690, under development by Anacor Pharmaceuticals Inc., is thought to work by penetrating the nail plate and blocking fungal protein synthesis, wrote Dr. Karl Beutner, chief medical officer of Anacor.

Overall, 67% of patients were considered to be responders (defined as at least 1 mm of clear nail growth by day 90).

He and his associates recruited 60 patients with distal, subungual onychomycosis of at least one great toenail (20%-60% involvement).

The patients were sequentially assigned to be treated with 5% AN2690 or 7.5% AN2690.

Patients underwent a screening evaluation and evaluations at baseline (day 1) and at days 14, 30, 60, and 90. Potassium hydroxide (KOH) wet mounts and fungal cultures were performed on the treatment-targeted great toenail at each visit. Clear nail growth—determined by measuring nondiseased nail in sequential digital photos—was measured only for the targeted great toenails (days 1, 30, and 90).

At day 90, there was a 63% reduction in septate hyphae observed in the 5% AN2690 group and a 60% reduction in the 7.5% AN2690 group, compared with baseline, based on KOH staining of nail bed samples. Likewise, positive culture rates dropped by 97% and 94%, vs. baseline, for the 5% and 7.5% groups, respectively.

For the 5% group, the average clear nail growth was 1.8 mm at day 30 and 2.6 mm at day 90. For the 7.5% group, the average clear nail growth was 1.2 mm at day 30 and 2.0 mm at day 90. Overall, 67% of patients were considered to be responders (defined as at least 1 mm of nail growth by day 90).

Local skin reactions were observed in 10 patients (6 in the 5% group and 4 in the 7.5% group). Resolution occurred between days 12 and 35.

—Kerri Wachter