

**Abstract N°: 5434****Exploring The Therapeutic Role of Ivermectin in Seborrheic Dermatitis**

Alexandra Starica*¹, Daciana Elena Branisteanu^{1, 2}, Yassine Chatri¹, Diana Dirzu¹, Roxana Ciobanu¹, Mihaela Paula Toader^{1, 2}, Andreea Tucaliuc¹, Cristina Muntean¹

¹Hospital CFR, Iași, Romania, ²Universitatea de Medicină și Farmacie „Grigore T. Popa” din Iași, Iași, Romania

Introduction & Objectives:

Topical ivermectin has demonstrated efficacy in treating inflammatory papulopustular rosacea in adults. Given its potential anti-inflammatory properties, it may also be effective in other facial dermatoses, particularly in seborrheic dermatitis (SD), especially due to its significant association with Demodex infestation.

Materials & Methods:

We present a small case series of 3 patients with recalcitrant facial SD. All patients attempted multiple treatments prior, including topical antifungals, dermocosmetic creams for SD, and even topical corticosteroids, with no satisfactory improvement. In all cases, the Wood Lamp examination of the lesional skin revealed white-yellow fluorescence indicative of Malassezia furfur presence, while dermoscopic examination showed yellowish scales and Demodex tails in the follicular openings. We initiated topical treatment with 1% ivermectin cream which was applied once daily on the affected skin for 12 weeks. Clinical follow-up assessments were conducted at four-week intervals for three months. Efficacy was evaluated using a global improvement scoring system ranging from 0 (no improvement), to 4 (complete or almost complete resolution of lesions) and Patient Quality of Life survey. Photography documented clinical response at each visit.

Results:

All patients demonstrated a favorable response to topical ivermectin, with gradual reduction in inflammatory lesions. Complete clearance was achieved in all cases after 12 weeks of treatment. Each patient documented a reduction in symptoms and expressed satisfaction with the treatment. Adverse events were transient and included mild to moderate desquamation, stinging, and burning.

Conclusion:

Multiple studies have shown a significantly higher number of Demodex mites in both lesional and nonlesional areas of patients with SD, suggesting a potential relationship between the condition and Demodex. When other etiological causes are excluded, Demodex mites may play either a direct or indirect role in the pathogeny of SD. Furthermore, SD may create a proper environment for Demodex, as the main food source of these mites is sebum. Additionally, a small study by Barańska-Rybak et al. investigating the possible application of topical ivermectin in SD due to its potential anti-inflammatory activity, reported promising results. Firstly, ivermectin suppresses the production of inflammatory mediators such as NO and prostaglandin E2, and reduces mRNA expression levels of inducible NO synthase and cyclooxygenase-2. Secondly, clinical trials have demonstrated the anti-inflammatory effects of topical ivermectin through decreased counts of inflammatory lesions. Considering the data on the safety and efficacy of topical 1% ivermectin cream, physicians could regard this as a valid treatment option for SD.

