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Real-time Experience of Alitretinoin Use in Skin Inflammatory Diseases and Mycosis Fungoides: A Multicenter Retrospective Study

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Introduction
Alitretinoin is a retinoid that binds to both RAR and RXR receptors, exerting anti-inflammatory effects, promoting epidermal differentiation, and suppressing proliferation of cutaneous lymphocytes. Although initially approved for chronic hand eczema, accumulating reports suggest potential benefits in palmoplantar pustulosis, cutaneous lymphomas, and various inflammatory dermatoses. This study aimed to investigate the real-world use of alitretinoin, identify effective therapeutic groups, and assess any associated challenges.

Materials and Methods
A multicenter retrospective review was conducted using patient records from Daegu Catholic University Hospital and two private dermatology clinics between 2016 and 2023. Diagnoses were confirmed clinically and histopathologically by two dermatopathologists and five dermatologists. Treatment response was assessed using the Investigator's Global Assessment (IGA), and adverse events were evaluated using the Adverse Drug Reaction (ADR) Probability Scale. Statistical analyses were performed with SPSS 28 at a 95% confidence level.

Results
Treated conditions included hand eczema, palmoplantar pustulosis, atopic dermatitis, mycosis fungoides, psoriasis vulgaris, pityriasis rubra pilaris, pityriasis lichenoides chronica, and generalized lichen planus. IGA response rates were: mycosis fungoides (100%), generalized lichen planus (100%), hand eczema (84.7%), psoriasis (75%), palmoplantar pustulosis (68.2%), pityriasis rubra pilaris (66.7%), pityriasis lichenoides chronica (50%), and atopic dermatitis (43.8%). Except for hand eczema and palmoplantar pustulosis, sample sizes were small, limiting statistical significance ($p > 0.05$). The overall response rate was 77.3% (109/141). The mean treatment duration across all cases was 17.1 months. The most frequent adverse events were gastrointestinal symptoms, dyslipidemia, headache, and general weakness. Headache was the most common cause of treatment discontinuation ($p < 0.05$), often associated with perceived lack of effectiveness ($p < 0.05$).

Conclusions
Alitretinoin shows proven efficacy in hand eczema and demonstrates promising therapeutic potential in a variety of inflammatory and lymphoproliferative skin disorders, including mycosis fungoides. While generally well tolerated, careful monitoring of headache and dyslipidemia is recommended during long-term therapy.