1% cream or placebo for initial symptoms, and more potent topical corticosteroids were used for flares not prevented by pimecrolimus 1% cream. Patients were vaccinated at normal scheduled times (4 doses of tetanus and diphtheria and 1 or 2 doses of measles and rubella). Response was evaluated at months 18 and 24 of the 2-year period.

RESULTS. The seropositivity rates of 93.6% for tetanus, 88.6% for diphtheria, 88.5% for measles, and 84.4% for rubella were comparable with those reported in the literature. Seropositivity was not significantly affected by the use of pimecrolimus at the time of vaccinations (±28 days). These seropositivity rates were within the ranges of 87% to 100% for tetanus, 83.3% to 99.3% for diphtheria, 60.5% to 97.1% for measles, and 55.6% to 88.1% for rubella, similar to those reported in age-matched pediatric populations.

CONCLUSION. Topical pimecrolimus in the treatment of atopic dermatitis had no effect on the response to routine childhood vaccination.

REVIEWER COMMENTS. Topical pimecrolimus, similar to topical tacrolimus (J Am Acad Dermatol. 2005;53[2 suppl 2]:S206–S213), had no effect on routine childhood vaccination. These topical calcineurin inhibitors did not affect basic B-cell function as measured by postvaccination titers.

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Efficacy and Safety of Tacrolimus Ointment Treatment for up to 4 Years in Patients With Atopic Dermatitis

PURPOSE OF THE STUDY. To determine the efficacy and tolerability of topical pimecrolimus and tacrolimus compared with other treatments for atopic dermatitis.

METHODS. Randomized, controlled trials of topical pimecrolimus or tacrolimus reporting efficacy outcomes or tolerability from the Cochrane Library, Medline, and Embase were identified. Eligible trials were evaluated for efficacy, identified as investigators' global assessment of response; patients' global assessment of response; proportions of patients with flares of atopic dermatitis; and improvements in quality of life. Trials were also evaluated for tolerability, identified as overall rates of withdrawal, withdrawal resulting from adverse events, and proportions of patients with burning of the skin and skin infections.

RESULTS. A total of 4186 of 6897 participants in 25 randomized, controlled trials received pimecrolimus or tacrolimus reporting efficacy outcomes. Both drugs were significantly more effective than a vehicle control. Tacrolimus 0.1% was as effective as potent topical steroids at 3 weeks and more effective than combined treatment with hydrocortisone butyrate 0.1% plus hydrocortisone acetate 1% at 12 weeks (num-
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