

第3版

皮肤科综合药物治疗学

Comprehensive Dermatologic Drug Therapy

原著 Stephen E. Wolverton

主译 娜仁花



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Comprehensive Dermatologic Drug Therapy, 3/E

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曾任职于北京医科大学第三医院（现北京大学第三医院）皮肤科及丹麦哥本哈根大学 Bispebjerg 医院皮肤科，并在美国华盛顿大学医学院皮肤科、美国佛罗里达州 Hecker 皮肤病诊疗集团等国外机构接受过培训。曾于丹麦 LEO 制药公司皮肤科研中心、德国汉堡拜尔斯道夫公司科研中心及瑞典林雪平大学皮肤科讲学。在许多国际专业杂志发表过科学论著，并参与医学教科书《Evidence Based Dermatology》《皮肤病性病中西医结合治疗学》等的编写工作。



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主编《湿疹皮炎与皮肤过敏反应的诊断与治疗》《特应性皮炎》《接触性皮炎与皮肤变态反应》等专著 10 余部，发表中英文论文 100 余篇，SCI 论文 40 余篇。自 1994 年起，一直主持全国湿疹皮炎与皮肤过敏诊治学习班。研究方向为过敏性皮肤病、免疫性皮肤病及皮肤美容。



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擅长皮肤肿瘤，尤其是皮肤淋巴瘤及 T 细胞介导的其他皮肤疾病（如银屑病和特应性皮炎）的临床、基础和转化医学研究。

曾获得美国皮肤淋巴瘤基金会杰出青年研究奖、美国皮肤科基金会研究基金奖和美国妇女白血病/淋巴瘤协会研究基金奖、美国和日本皮肤科学会奖、美国哈佛大学医学院和美国德州大学 MD 安德森癌症中心 CME 特邀讲者、中国皮肤科医师协会优秀论文一等奖等多项荣誉或奖励。

参编（副主编或编者）多部国家级教材，发表 SCI 文章 20 余篇，总影响因子 120 余分，其中 2 篇文章单篇引用率 100 余次，总引用率 1000 余次。现主持多项国家/省部级科研课题和国际/国内多中心临床试验研究。

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译者前言

药物治疗是皮肤科治疗的最重要部分。虽然随着学科的发展，不断有新的治疗方法加入临床实践，但系统性及局部应用的药物治疗仍然是治疗的主体。大多数皮肤科疾病均有系统性因素在发病机制中起作用，合理的系统性药物治疗便成为疾病治疗和控制的关键。局部药物是皮肤科在治疗上最具优势和特色之处，对局部用药的熟知和应用以及不断的改进和优化可以更好地发挥皮肤科的优势。

几年前看到《Comprehensive Dermatologic Drug Therapy》第2版时就感到这是一本很有特色、对临床实践很有帮助、与时俱进的关于皮肤科治疗的好书，并有了将其翻译成中文的想法。当第3版以更好的版式问世时，在北京大学医学出版社的帮助下，该想法得以实施。翻译过程中北京和睦家医院皮肤科的全体同事在忙碌的临床工作之余付出了大量辛苦的工作，特别是赵娜医生花费了很多心血帮助完成、修改并校对了大量稿件。北京大学第三医院、首都医科大学附属北京友谊医院以及其他医院的专家们也付出了很多的心血和努力。北京大学医学出版社的王智敏编辑和张李娜编辑给了我们大力的支持和耐心的指导，进行了不厌其烦的意见交换和邮件往来。

《皮肤科综合药物治疗学》内容全面丰富，涵盖了皮肤科药物治疗中所涉及的大量药物，并及时收录了最新上市或即将上市的一些新药。编排新颖合理，相关内容便于查找，每章开头以问题的形式列出重点，并将相关内容在文中加了标示；大量的表格和方框中列出了重点信息，如药名、生产厂商、剂量、适应证和禁忌证、常见不良反应、药物相互作用、监测指南及治疗指南等，全面而简洁，非常适于在繁忙的临床工作中快速查找及参考。原著作者们对大量的文献做了回顾和总结，在文中进行阐述，每章文后列出了推荐阅读及参考文献。这使读者得以了解第一手资料，且提示我们知识与信息在不断的变化完善之中，需要我们持续不断的关注和更新。

虽然我们尽了很大的努力，但因水平和时间所限，翻译上有不尽人意之处，还有可能出现偏差乃至错误。请读者不吝指教，我们会及时改进。希望本书对皮肤科同仁们的临床实践以及医学生们的习有所帮助。

娜仁花
2016年1月

原著前言

《皮肤科综合药物治疗学》第3版的编辑是既有挑战性又愉快的过程。具有挑战性主要是指得跟上皮肤科治疗的快速发展和变化。而能够以一种不断完善的方法将大量的皮肤科用药信息以读者喜爱的形式进行总结是个令人愉快的过程。更何况，将传统印刷与电子媒体相结合用于医学书籍的出版是一个如此具有创意的挑战。

回看最初的版本，1991年出版的《Systemic Drugs for Skin Diseases》，原有的17章先是增加为50章（以本书名《Comprehensive Dermatologic Drug Therapy》出版的第1版），而后在第2版增加为60章，直到目前第3版的70章。在继续专注于对本书编写的改进，以帮助临床医生和学生了解皮肤科药理学的同时，我还想就该书第3版中涉及的3方面问题做个简单的交待：新内容有哪些、哪些内容没变。

在此，我还要衷心感谢本书的杰出作者们，感谢他们无私地分享他们的知识、经历和临床经验，以及在编写本书共70章的过程中所表现出来的创造性。感谢你们的杰出贡献！我相信大家也会喜欢这部通过自己的才智和劳动所创造出来的作品。

新内容有哪些？

新的章节：下述可能为全新的章节，或者是从原有的章节衍生、划分而来，以更好地充实和强调相关内容。

- 第4章 药物治疗的依从性
- 第7章 撤市药物：重要教训
- 第11章 系统性抗寄生虫药
- 第15章 吗替麦考酚酯和麦考酚酸
- 第26章 白介素12/23抑制剂
- 第27章 利妥昔单抗及未来的生物治疗
- 第33章 系统性应用抗肿瘤药物：皮肤科适应证和不良反应
- 第39章 外用抗寄生虫药
- 第49章 化学换肤（化学剥脱）
- 第50章 慢性创面的护理
- 第53章 刺激和过敏：何时应怀疑外用治疗药物所致
- 第57章 真皮内及皮下注射用填充剂

第63章 皮肤科药物引起的神经系统不良反应

皮肤科治疗中的生物制剂：新增加的第26和27章同附录I一起继续着重介绍这一快速发展的令人兴奋的、皮肤科治疗的新领域。

与皮肤外科/皮肤科有创治疗相关的章节：新加入的第49章〔化学换肤（化学剥脱）〕和第57章（真皮内及皮下注射用填充剂）关注我们专业不断发展的有创治疗领域。另外介绍用于护理皮肤慢性创面的产品的第50章对旧版中局部麻醉剂以及肉毒杆菌毒素部分的内容做了补充，后两者在皮肤科也是一个飞速发展的领域。

新作者：共有12位新的高年资作者贡献了全新的章节，另有6位新的高年资作者对原有章节进行了更新。

重要的问题：有共将近800个问题（在第2版大约为500个）分别列于每章的开头部分，帮助读者找到本领域具有核心重要意义的、挑战性的内容。

哪些内容没变？

监测指南框：本书一直以来突出重视的药物安全话题在本版中继续保持并有更新。

药物相互作用表格：这些表格的内容提取自下述文献和数据库：《Facts and comparisons》《Epocrates》《The Medical Letter of Drugs and Therapeutics》以及Hansten和Horn的《Top 100 Drug Interactions》，且按照下述原则组成：①相似的药物不良反应种类；②将药物按种类归类和比较。

适应证和禁忌证框：这是本书的另一个传统话题，此版本也进行了更新和完善。

一般原理：我力图在不到800页的文字内，为读者提供尽可能精准、实用和有意义的信息。

重视信息的快速检索：大量的表格和框，加上不同层次的标题的强调使用，对于需要快速检索信息的、忙碌的临床工作者们而言极具价值。

希望各位能享受学习的过程！

Stephen E. Wolverton MD
(娜仁花 译)

献 辞

这本书献给下列人员：

我的妻子 Cheryl，感谢她在本书写作及编辑的 22 个月里给予我的支持和帮助，更感谢我们 32 年的婚姻中她一贯的支持和帮助。

我的儿子 Jay Edward (26 岁) 和 Justin David (24 岁)，他们即将圆满完成研究生和大学的学业。感谢他们在过去的二十多年中有如此广泛的兴趣，以及带给我的持续不断的欢乐和偶尔的一些挑战。

我的母亲 Elizabeth Ann (1924—2000 年) 和父亲

George M. Wolverton Sr. 博士 (1925—2011 年)，感谢他们用一生所付出的激情、睿智、博爱和鼓舞，这些素质仍然每天都在影响着我的生活。

还有我可爱的核心大家庭——三个姐妹 (Anne、Cynthia 和 Pam) 和五个兄弟 [George (1951—1996 年)、Greg、Jeff、Doug 和 Dan]，感谢他们的善良和相互之间的关心，以及我们面对任何挑战时一贯的同心同德。

(娜仁花 译)

致 谢

我想对下列人士表达我衷心的感谢和赞美，他们在《皮肤科综合药物治疗学》一书第3版写作和编辑的过程中给予了我许多积极有力的、好心的支持。对你们所做出的努力我感激不尽。

来自英国 (Elsevier 方面)

Martin Mellor (项目策划编辑) 在过去的18个月内，以他具有外交风度的自信（和温和的执着）频繁地组织电话会议，并给作者们发了无数的电子邮件，使得70章的第1、2稿得以推进。

Sukanthi Sukumar (项目经理) 对细节格外关心且极具效率，从发现重复的或不完整的参考文献到针对内容的深刻的提问，再到合理易读的排版都有她的贡献。

Belinda Kuhn 及其前任 Rus Gabbedy (组稿编辑) 参与了本书早期的策划和监管，在组织协调参与本书出版的许多部门方面做了大量工作。

WB Saunders (本书印刷商) 及 Elsevier 在从早期策划直到最终出版物的市场宣传中发挥了组织监管作用。

来自美国 (印第安纳大学皮肤科方面)

我在印第安纳大学皮肤科的同事们——Nico Mousdicas、Gary Dillon、Lawrence Mark 和 Joanne Trockman——分担了我的许多出诊以及会诊工作，使我有了一些弥足珍贵的长周末甚至整周的时间用于本书的编写。

印第安纳大学皮肤科的一些同事（现在的和过去的）还参与了本书部分章节的编写，他们是：Marc Darst、Anita Haggstrom、Swetha Kandula、Melanie Kingsley、Kathy Lee、Ben Lockshin、George Magel、Lawrence Mark、Ginat Mirowski、Nico Mousdicas、Michael Sheehan、Ally-Khan Somani、Najwa Somani

和 Brandie Tackett Styron.

四位当时是印第安纳大学医学院二年级的医学生（现在已经四年级）就书中许多有矛盾的内容以及困难尖锐的问题做了大量的信息检索工作。他们是 Lina Gordy、Brittany Hedrick、Theresa Tassey 和 Anthony Zabel，他们在本项目早期还帮助我做了大量的组织协调工作。

来自美国以及全世界 (作者们)

本版的132位作者出色地完成了更新原有章节和创作全新章节的任务。这些作者们以杰出姿态应对了赋予他们的挑战。对此，我特别要提到如下人员：

参与了本书全部4个版本（包括最初1991年版的《Systemic Drugs from Skin Diseases》）编写的作者有：Brian Berman、Jeff Callen、Charles Camisa、Loree Davis、Marshall Kapp 和 Carol Kulp-Shorten。

来自加拿大和欧洲的国际作者们：Robert Bissonnette、Tobias Goerge、Malcolm Greaves、Aditya Gupta、Sandra Knowles、Andrew Lin、Thomas Luger、Christian Murray、Jaggi Rao、Lori Shapiro、Neil Shear 和 Nowell Solish。

参与编写超过两章的作者：Andrew Lin 参与了三章，Jeff Callen、Charles Camisa、Seth Forman、Melanie Kingsley、John Koo、Megan Landis、Chai Sue Lee、Ben Lockshin、Andrei Metelitsa、Katherine Roy 和 Neil Shear 均参与了两章。

最后，感谢所有其他的作者们，在忙碌的临床和教学工作之余抽出时间参与编写工作，在《皮肤科综合药物治疗学》第3版的其他章节中贡献了海量的个人经验和专业知识，也提出很多新鲜的观点。

(娜仁花 译)

帮助读者合理使用本书的数个建议

- 如果您需要查找某个具体皮肤病药物治疗的一般信息和参考文献，本书提供三种途径：适应证及禁忌证框、容易查找的相关文字及围绕相关内容组织的参考文献。这三种途径带您找到治疗患者的相关信息。
- 如果您想检索或学习复杂的有关药物相互作用的内容，书中的药物相互作用表格会帮到您。前一版已有的大约 30 个药物相互作用表格沿用至本版，总结了 4 个最广为接受的数据库中的有关内容。格式易于检索，有助于理解药物相互作用的一般原理。
- 如果您是在准备药剂师或者皮肤科医师的执照考试（更不用说有效了解一般皮肤科药物治疗的知识），每一章开头部分精炼出来的问题对您会有所帮助。有了页码的索引和独特符号的标记，每个问题的答案都很容易在文中找到。
- 如果您想知道每个药物是如何起作用的，每个讨论具体药物的章节中都有“作用机制”部分。这些部分重点介绍药物治疗作用及不良反应发生的机制，许多内容以表格的形式做了总结。另外，更加深入的有关药物作用机制的知识可在详细的注解及精彩的图示中查找。
- 如果您想简单了解药物的药理学概念和产品信息，文中有相关药物的表格以及多数系统性药物及外用药物的关键药理学概念的描述。
- 如果您希望在使用系统性治疗时，通过相关的化验及检查最大限度地保证用药安全，监测指南框列出了早期发现最重要的药物不良反应的监测标准。
- 如果您想广泛了解某个药物或一类药物的不良反应，每一章都有“不良反应”部分涵盖主要药物的不良反应。有些章节以框的形式总结、归纳、强调重要的药物不良反应。并且有 7 章（第 60~66 章）用来专门探讨药物不良反应。如果您想了解药物的化学结构，特别是比较同类药物的结构，书中有大约 100 个药物结构帮助您了解相关知识。
- 附录 I 中列出了最新发布的（或获得认可的）、没来得及收入书中的药物。
- 如果您想对代表性药物治疗知情同意书（如氨苯砜的治疗知情同意书）的内容及其作为患者宣教材料的可用性进行评估，附录 II 中给出了例子。
- 如果您想进一步阅读有关某个药物或一类药物的相关信息及药理学内容，每一章最后的“推荐阅读”部分都列出了 6~8 篇最近出版的综述、书籍章节等的信息。
- 或者，如果您只是想全面有效地学习或复习《皮肤科综合药物治疗学》中的相关内容，书中编排良好的章节及相应的表格、框及图示能帮助您最有效地学习。您只需好好享受这个有趣的学习过程。

Stephen E. Wolverton MD
(娜仁花 译)

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