

a 3-month regimen of oral terbinafine (250 mg daily) and amorolfine 5% nail lacquer (Kim *et al.*, 2012).

A novel approach to the topical treatment of onychomycosis has been investigated following the development of commercial cosmetic UV-curable gel formulations. Following a 2-minute exposure to a UVA lamp, these gels polymerize to an amorphous film that remains on the nail for an extended time, which is expected to increase the success of the antifungal treatment. Experimental gel containing amorolfine demonstrated penetration through the nail plate in concentrations considerably higher than *in vitro* minimum inhibitory concentration against dermatophytes (Kerai *et al.*, 2015).

## 7b. Superficial dermatomycosis

Mycological cure was observed in 72% of patients with dermatomycosis (Nolting *et al.*, 1992). A double-blind comparative study evaluating three concentrations of amorolfine cream (0.125%, 0.25%, and 0.5%) indicated that all preparations possessed similar efficacy with regard to cure, improvement rates, and activity against invading pathogens (del Palacio *et al.*, 1992). These results were confirmed in a second study that included bifonazole 1% cream as a comparator. Mycological cure was achieved in 88%, 92%, 91%, and 92% of the patients randomized to amorolfine cream 0.125%, 0.25%, and 0.5% and bifonazole 1%, respectively. The cream was applied once daily for 4 weeks (Nolting *et al.*, 1992). Amorolfine at the concentration 0.25% cream was chosen for commercial development based on the results of the above studies.

## 7c. Vulvovaginal candidiasis

Clinical cure was observed in approximately 90–95% of patients with *Candida* vulvovaginitis 1 week after application of amorolfine vaginal tablets (del Palacio *et al.*, 1991). However, a higher rate of relapse was noted 4 weeks post therapy (del Palacio *et al.*, 1991). Trials comparing amorolfine with various topical and oral agents in the treatment of dermatomycosis and vaginal candidiasis are lacking. The small number of patients and the lack of comparative data do not allow definitive conclusions to be made with respect to these indications.

## 7d. Immunotherapy

Amorolfine is one of several antifungal agents that have been shown to improve symptoms of atopic dermatitis (others include itraconazole, ketoconazole, luliconazole, terbinafine, and butenafine). These agents may block the overexpression of thymic stromal lymphopoietin by epidermal keratinocytes, which causes Th-2–mediated inflammation (Hau *et al.*, 2013).

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