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**Preface to Atopic Dermatitis
Intervention to Control the Atopic March**

Atopic dermatitis (AD) is one of the most common skin disorders seen in infants and children. It is often the first manifestation of the “atopic march” that progresses from AD to asthma and allergic rhinitis. The prevalence of AD in the US childhood population is approximately 17% and is equally common in many other countries worldwide. This reflects a steady increase in the prevalence of AD during the past three decades.

Patients with AD suffer greatly from the ill effects of chronic scratching and skin inflammation that are cardinal features of this skin disease. It is well documented that children with active dermatitis and their caretakers have a reduced quality of life. AD causes distress, anxiety, embarrassment, poor self-esteem, social isolation, and lack of self-confidence. The discomfort from itchy skin leads to significant sleep disruptions and impaired performance of daily activities, including adverse effects on sports activities and social relationships. Caring for a child with AD has been reported to be more stressful than caring for a child with insulin-dependent diabetes.

Several longitudinal studies suggest that AD predisposes to the development of allergic rhinitis and asthma. These observations are supported by experimental data in animal models of AD indicating that epicutaneous sensitization with allergen predisposes to airway hyperreactiv-

ity. These data suggest that AD is an “entry point” for subsequent systemic allergic disease and open up the possibility that effective management of AD could prevent the development of respiratory allergy or at least reduce the severity of asthma and allergic rhinitis.

The current supplement will explore the literature that supports an approach to intervening in the atopic march. The first article by Drs Spergel and Paller reviews the clinical features of AD and describe potential mechanisms for the epicutaneous sensitization that promotes the systemic allergen sensitization that may contribute to the severity and development of asthma. The second article by Drs Novak, Bieber, and Leung reviews immune mechanisms contributing to the pathogenesis of AD. Finally, in the last review article, Drs Boguniewicz, Eichenfield, and Hultsch will describe current concepts for treating AD, examine the role of topical corticosteroids and topical calcineurin inhibitors in managing skin inflammation in AD, and assess possibilities to combine both classes of drugs to optimize long-term management of AD.

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