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Date of Search: 28 January 2026

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Dapsone

1. **The management of Autoimmune diseases in preconception, pregnancy and lactation**

Item Type: Journal Article

Authors: Cozzani E.;Cioni M.;Gariazzo L.;Burlando M. and Parodi A.

Publication Date: 2019

Journal: Giornale Italiano Di Dermatologia E Venereologia 154(4), pp. 299–304

Abstract: Autoimmune skin diseases can occur in pregnancy, and the treatment is often required to control both maternal disease and fetal outcomes. Moreover, the control of mother's diseases and fetal health is a challenge for dermatologists because of the teratogenic effects of many drugs. So it is important to know exactly which drugs can be administrated in the different stages of pregnancy. Authors reviewing the literature and relying on daily dermatological experience agree that during pregnancy effective drug treatment of autoimmune diseases is possible with reasonable safety for the fetus/child and lactation. During pregnancy and lactation patients with autoimmune disorders should be evaluated carefully, and the benefit-risk of continued therapy should be reassessed. The points to consider presented in this review show that, despite limitations, effective drug treatment of autoimmune diseases is possible with reasonable safety for the fetus/child during pregnancy and lactation. Prior to conception it is necessary to explain to the patients what the risks of pregnancy are. It is preferred to avoid a pregnancy in active disease and replace treatment with an allowed therapy. During pregnancy it is necessary to avoid treatment with mycophenolate mofetil, cyclophosphamide and methotrexate. In some very

particular cases, as life saver drug, cyclosporine and rituximab can be used. Finally, some drugs can be used monitoring the patient, in particular, systemic corticosteroid at low dosage, dapsone, azathioprine, iloprost and sildenafil.Copyright © 2019 Edizioni Minerva Medica.

Access or request full text: https://libkey.io/10.23736/S0392-0488.18.06212-0

2. **Dapsone Use in Dermatology**

Item Type: Journal Article

Authors: Lovell, Katie K.;Momin, Rushan I.;Sangha, Harneet Singh;Feldman, Steven R. and Pichardo, Rita O.

Publication Date: 2024

Journal: American Journal of Clinical Dermatology 25(5), pp. 811–822

Abstract: Dapsone, initially synthesized for textile dyeing, gained recognition in the 1930s for its antibacterial properties, leading to its utilization in dermatology for leprosy and dermatitis herpetiformis. Despite US Food and Drug Administration (FDA) approval for these conditions, dapsone's off-label uses have expanded, making it a valuable option in various dermatologic conditions. This review seeks to highlight the common uses of dapsone in its FDA indications and off-label indications. Diseases in which dapsone is considered first-line therapy or adjunctive therapy are reviewed, with highlights from the resources included. An overview of dapsone's pharmacokinetics, pharmacodynamics, indications, dosages, and safety profile are also reviewed. Dapsone's versatility and safety profile make it a cost-effective treatment option in dermatology, particularly for patients with limited access to specialized medications. Ongoing clinical trials are also described exploring dapsone's efficacy in novel dermatologic uses. Dapsone has been a valuable adjunctive therapy across various dermatologic conditions for years and evidence for its use continues to expand. Copyright © 2024. The Author(s).

Access or request full text: https://libkey.io/10.1007/s40257-024-00879-8

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3. **Metabolic, pharmacokinetic, and toxicological issues surrounding dapsone**

Item Type: Journal Article

Authors: Molinelli E.;Paolinelli M.;Campanati A.;Brisigotti V. and Offidani A.

Publication Date: 2019

Journal: Expert Opinion on Drug Metabolism and Toxicology 15(5), pp. 367–379

Abstract: Introduction: In their 70-year history, dapsone and other sulfones have been used as both antibacterial and anti-inflammatory agents. Dapsone has been the main active principle in the multidrug regimen recommended by the World Health Organization for the treatment of leprosy. In addition, dapsone has been successfully used to treat a wide range of dermatological and systemic disorders, mostly characterized by neutrophilic and eosinophilic accumulation and infiltration. Areas covered: The PubMed database was searched using combinations of the following keywords: dapsone, sulfones, pharmacodynamics, pharmacology, adverse events, pharmacokinetics, drug interaction, dermatologic uses, and antimicrobial uses. This article reviews and updates the chemistry, pharmacokinetics, mechanism of action, adverse effects, drug interactions, and clinical application of sulfones. Expert opinion: Dapsone exhibits clinical efficacy in several cutaneous and systemic conditions and is now generally accepted as the therapy of choice for leprosy and for rare dermatosis, as dermatitis herpetiformis. Careful patient selection and close monitoring during treatment are mandatory to provide safe and effective use of dapsone. Familiarity with sulfones and dapsone is crucial because of this agent retains its niche in the clinician's therapeutic armamentarium.

Access or request full text: https://libkey.io/10.1080/17425255.2019.1600670

4. **Pyoderma Gangrenosum in Pregnancy: A Systematic Review of Clinical Characteristics, Treatment Outcomes, and Maternofetal Implications**

Item Type: Journal Article

Authors: Ball G.D.;Romanelli S.;Bodner J.M.;Levy Z.;Hren M.G.;Patton C.D. and Gottlieb A.B.

Publication Date: 2025

Journal: Journal of Drugs in Dermatology 24(7), pp. 676–682

Abstract: Background: Although cases of pyoderma gangrenosum (PG) during pregnancy have been reported, comprehensive data are limited. This review aims to (1) analyze the demographic and clinical characteristics of PG in pregnant and postpartum patients, (2) assess the frequency and effectiveness of treatments, and (3) explore the maternal and fetal implications of PG. Method(s): A systematic review was conducted following PRISMA guidelines, with searches in PubMed, Embase, and Web of Science up to September 27, 2023. Studies were included if they reported PG during pregnancy or within six weeks postpartum. Data extraction and screening were independently performed by 2 reviewers using Covidence. Result(s): Sixty-two studies met the inclusion criteria, comprising 63 patient cases. Most cases (N=55, 87.3%) occurred without inflammatory bowel disease or rheumatologic disease. PG was frequently misdiagnosed (N=45), resulting in treatment delays and Do Not Copy inappropriate interventions. Fifty-six cases (88.9%) were treated with systemic corticosteroids, while 21 (33.3%) were treated with cyclosporine. Emergency Cesarean section was the most common pregnancy complication (N=19). Discussion(s): Increased awareness of PG in pregnant or postpartum patients could reduce misdiagnosis and improve outcomes. Immunological changes during pregnancy may trigger PG in susceptible patients, yet the safety and efficacy of treatment options are not well-established in this population, underscoring the need for research to guide management.

Access or request full text: https://libkey.io/10.36849/JDD.8843R1

5. **Management of pyoderma gangrenosum during pregnancy and breastfeeding: a systematic review**

Item Type: Journal Article

Authors: Wanberg L.J.;Gorman B.G.;Theis-Mahon N.;Goldfarb N. and Alavi A.

Publication Date: 2025

Journal: International Journal of Dermatology 64(1), pp. 11–14

Abstract: Pregnancy is a conjectured risk factor for pyoderma gangrenosum (PG), an autoinflammatory neutrophilic dermatosis characterized by painful ulcers. Even so, there are no available treatment guidelines for those with PG who are pregnant or breastfeeding. To describe existing treatment options, we systematically reviewed the literature on PG treatment in pregnant or breastfeeding patients. A search over four databases was completed in October 2022. Independent reviewers accomplished screening and data extraction. 18 articles met the inclusion criteria. 15 cases involved the treatment of PG during pregnancy, and three cases involved the treatment of PG while breastfeeding. Most patients did not have a history of PG prior to pregnancy (77.7%), and most did not have PG-associated comorbidity (61.1%). Of the cases involving treatment of PG during pregnancy, the majority (73%) found treatment success with a systemic corticosteroid (SCS). Only three cases reported an adverse outcome, including premature rupture of membranes and premature birth (16.7%); all these cases involved treatment with a SCS at >0.5 mg/kg/day during pregnancy. We present a treatment algorithm for pregnant or breastfeeding patients with PG. Our findings suggest prioritizing topicals and TNF inhibitors due to more favorable side effect profiles. However, there is a paucity of data on the safety of PG therapies in pregnancy and breastfeeding, and thus, controlled studies and pregnancy registries must be pursued.

Access or request full text: https://libkey.io/10.1111/ijd.17402

6. **Autoimmune bullous diseases during pregnancy: Solving common and uncommon issues**

Item Type: Journal Article

Authors: Patsatsi A.;Marinovic B. and Murrell D.

Publication Date: 2019

Journal: International Journal of Women's Dermatology 5(3), pp. 166–170

Abstract: Autoimmune bullous diseases during pregnancy pose a therapeutic challenge for medical dermatologists. There are main concerns with regard to the regimen, dose, route of administration, and potential harm to the fetus. Many therapeutic options may be safe during pregnancy despite official classifications. Furthermore, there are always questions regarding management during the lactation period. Additionally, issues exist about male and female fertility and the time of discontinuation of certain medications before conception. In this article, we present an overview of the literature based on answers to these issues to solve common and uncommon management problems that arise about a spectrum of autoimmune bullous diseases before conception, as well as during pregnancy and the lactation period.Copyright © 2019

Access or request full text: https://libkey.io/10.1016/j.ijwd.2019.01.003

7. **Management of rheumatic and autoimmune blistering disease in pregnancy and postpartum**

Item Type: Journal Article

Authors: Wan J.;Imadojemu S. and Werth V.P.

Publication Date: 2016

Journal: Clinics in Dermatology 34(3), pp. 344–352

Abstract: The treatment of rheumatic and autoimmune skin disease in women who are pregnant or of childbearing potential can present challenges to the dermatologist. We discuss the current approaches to treating lupus erythematosus, antiphospholipid antibody syndrome, dermatomyositis, morphea and systemic sclerosis, mixed connective tissue disease, rheumatoid arthritis, and autoimmune blistering disease in such patients. In the appropriate setting, topical and systemic corticosteroids, hydroxychloroquine, dapsone, azathioprine, and ultraviolet B phototherapy may be safely and cautiously used during pregnancy. Considerations about contraception, planned conception, therapeutic options, and disease control are paramount in optimizing pregnancy outcomes and minimizing risks to both mother and fetus. Copyright © 2016.

Access or request full text: https://libkey.io/10.1016/j.clindermatol.2016.02.006

8. **Treatment of dermatologic connective tissue disease and autoimmune blistering disorders in pregnancy**

Item Type: Journal Article

Authors: Braunstein I. and Werth V.

Publication Date: 2013

Journal: Dermatologic Therapy 26(4), pp. 354–363

Abstract: Autoimmune skin disease occurs in pregnancy, and treatment is often required to control both maternal disease and fetal outcomes. Here we present the available safety data in pregnancy and lactation for medications used to treat autoimmune skin diseases, including cutaneous lupus erythematosus, dermatomyositis, morphea and systemic sclerosis, pemphigus vulgaris, pemphigus foliaceus, and pemphigoid gestationis. A PubMed search of the English-language literature using keywords, "pregnancy" "rheumatic disease," and "connective tissue disease" was performed. Relevant articles found in the search and references were included. Reasonable evidence supports the careful and cautious use of topical steroids, topical calcineurin inhibitors, systemic corticosteroids, hydroxychloroquine, and azathioprine in pregnancy. Case reports or clinical experience suggest intravenous immunoglobulin, dapsone, phototherapy, rituximab, and plasmapheresis may be safe. Several treatment options exist for autoimmune skin disease in pregnancy and lactation, and should be considered when treating these patients. © 2013 Wiley Periodicals, Inc.

Access or request full text: https://libkey.io/10.1111/dth/.12076

9. **Do safe and effective treatment options exist for patients with active pemphigus vulgaris who plan conception and pregnancy?**

Item Type: Journal Article

Authors: Lehman, Julia S.;Mueller, Kurt K. and Schraith, Daniel F.

Publication Date: 2008

Journal: Archives of Dermatology 144(6), pp. 783–5

Access or request full text: https://libkey.io/10.1001/archderm.144.6.783

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Search Strategy

Ovid MEDLINE(R) ALL <1946 to January 27, 2026>

1	exp Dapsone/	5160
2	dapsone.tw,kw.	5081
3	1 or 2	7341
4	pregnan*.tw,kw.	687910
5	exp Pregnancy/ or exp Pregnancy Complications/	1113642
6	exp Prenatal Care/ or exp Preconception Care/	37758
7	(prenatal* or pre-natal* or pre-conception or preconception).tw,kw.	145708
8	4 or 5 or 6 or 7	1309847
9	3 and 8	148
10	from 9 keep 25,31,35,53,67,130	6
11	(childbearing or child bearing).tw,kw.	22372
12	3 and 11	3
13	from 12 keep 2	1
14	exp Pemphigus/	9407
15	Pemphigus vulgaris.tw,kw.	4780
16	14 or 15	10608
17	8 and 16	231
18	3 and 17	6
19	from 18 keep 4-6	3
20	11 and 16	4
21	from 17 keep 3,79,84	3
22	10 or 13 or 19 or 21	9
23	exp Family Planning Services/	27407
24	family planning.tw,kw.	45985
25	23 or 24	53649
26	3 and 25	3
27	exp Infertility, Female/	33076
28	3 and 27	0

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Embase <1974 to 2026 January 26>

1	exp dapsone/	22309
2	dapsone.tw,kw.	7669
3	1 or 2	23131
4	(pregnan* or preconception or pre-conception or prenatal* or pre-natal* or childbearing or child bearing).tw,kw.	1020544
5	exp pregnancy complication/ or exp pregnancy/	1274501
6	exp prepregnancy care/	3987
7	exp prenatal period/ or exp prenatal exposure/	60141
8	4 or 5 or 6 or 7	1583518
9	3 and 8	807
10	limit 9 to (english language and "remove clinical trial (clinicaltrials.gov) records")	718
11	from 10 keep 15,160,165,286	4
12	exp prenatal exposure/	44717
13	3 and 12	15
14	exp female fertility/	15448
15	3 and 14	1
16	exp female infertility/	62107
17	3 and 16	26
18	3 and 6	1
19	*pyoderma gangrenosum/	4432
20	8 and 19	100
21	limit 20 to english language	89
22	from 11 keep 1-4	4
23	from 13 keep 3	1
24	from 18 keep 1	1
25	from 21 keep 10	1
26	exp family planning/	42890
27	3 and 26	4