

2023 Elevate-Derm Clinical Insights

Day 1:

Complementary and Alternative Medicine Role in the Management of Atopic Dermatitis (April Armstrong, MD)

- Linoleic acid, found in sunflower seed oil, acts as a physical barrier and has anti-inflammatory effects, that may be helpful in patients with atopic dermatitis
- 1600 IU or more of vitamin D may have a mildly positive effect in atopic dermatitis patients.
- Herbal baths may be more effective than topical steroids in children with atopic dermatitis.

Panel: Medical Dermatology Mysteries (Ted Rosen, MD and April Armstrong, MD)

- When faced with a difficult case, make a list, go back and systematically eliminate potential causes.
- Keep sarcoidosis on your list of differential diagnoses for ulcerative leg wounds
- In a patient with erythroderma, you need to rule out Sezary Syndrome before considering other diagnoses.

Comorbidities in Psoriasis (April Armstrong, MD)

- Seven to twenty percent of patients with psoriasis will develop uveitis with anterior uveitis being the most common.
- Chronic vulvovaginal candidiasis is uncommon in prepubescent females; it is important to consider intertriginous psoriasis in this patient population.
- Increased levels of inflammation can disrupt the blood brain barrier which is one reason why patients with psoriasis have higher levels of depression compared to the general population.

**Panel: Hansen's Disease and Secondary Syphilis in Dermatologic Patients
(Ted Rosen, MD and Victoria Garcia-Albea, NP)**

- The presence of plasma cells on pathology is suggestive of syphilis and should prompt ordering RPR for verification.
- 3 to 7% of syphilis patients will present with ONLY moth eaten or patchy hair loss.
- Doxycycline 100mg taken twice a day for 14 days can be used to treat syphilis as a second line treatment if Bicillin is not available.
- Anesthesia, enlarged nerves, and bacilli seen on biopsy are typical clinical signs of leprosy.
- Skin changes from neuropathy present management challenges in patients with leprosy. Extensive education regarding foot care and special footwear is often needed.

**Highlights 2023 Elevate-Derm Poster Session
(Ted Rosen, MD)**

- Patients using IDP-126 triple ingredient acne topical had a >50% reduction in acne at 12 weeks than all dual ingredient topicals.
- Patients with moderate-severe atopic dermatitis present with heterogeneous disease course subtypes which can guide therapy choice and implementation
- The majority of psoriasis patients who treated for 52 weeks with deucravacitinib maintained or lowered cholesterol and triglyceride levels.

Day 2:

Skin of Color Literature Review 2023

(Heather Woolery-Lloyd, MD)

- Blue light from electronic devices does not affect melasma.
- Patients with central centrifugal cicatricial alopecia need to be advised that the goal of treatment is to stop the progression of disease and hair regrowth is not typically expected.
- Kratom, a popular herbal supplement, can induce photo hyperpigmentation.

Evaluation, Work-Up and Management of New Onset Dyschromias: Defining A Treatment Paradigm

(Heather Wollery-Lloyd, MD)

- Patients can be allergic to sodium metabisulfite, a preservative in hydroquinone. If a patient has any irritation with hydroquinone use they should stop using it.
- Chemical peel protocol for melasma requires a series of superficial peels starting with the lowest concentration and titrating up with each peel, treating every 4 weeks for a total of 5-6 peels.
- Lichen planus pigmentosus is associated with frontal fibrosing alopecia and is found on the face, neck and occasionally on forearms.

Oral Squamous Cell Carcinoma and Salivary Gland Neoplasms

(Bryan Trump, DMD)

- Standard of care for oral lichen planus requires a biopsy so that precancerous lesions are not missed/misdiagnosed as it may evolve to squamous Cell carcinoma
- An ulcer that has not healed on its own in 2-4 weeks needs a biopsy to rule out atypia.

Sjogren's Syndrome **(Bryan Trump, DMD)**

- The most common cause of burning mouth is xerostomia.
- Complications of xerostomia include candidiasis, susceptibility to caries, and altered taste.
- 80-90% of Sjogren's syndrome patients are female.

Panel: All Things Atopic **(Brett King, MD and Brittany Craiglow, MD)**

- Skin pain can be a prominent feature of atopic dermatitis, so do not forget to ask about it
- Atopic dermatitis is associated with hidradenitis suppurativa, depression, suicidal ideation and learning disabilities.
- These days with so many effective treatments, we can not settle for getting patients "better". We owe it to our patients to get them clear!
- Emerging data suggests that treating atopic dermatitis early with dupilumab may prevent or slow the atopic march.

Head and Neck Pathology **(Bryan Trump, DMD)**

- Traumatic ulcerative granuloma with stromal eosinophilia is a chronic traumatic ulcer that is caused by trauma to the tongue muscle. It can mimic malignancy.
- If treating infection inside the mouth, swish. If treating inflammation, hold it in the mouth and "soak" the area x 5 min TID, and decrease frequency as pt improves.
- There are three types of aphthous ulcers minor, major and herpetiform. They are caused by allergy or immune dysfunction.
- HSV occurs on keratinized, bound down mucosa, gingiva or palate. Aphthous ulcers occur on movable skin. Patients usually have HSV on the gingiva OR palate, but uncommonly can have it in both locations.

- If a patient complains of bleeding, painful, burning gums, think desquamative gingivitis. This needs a biopsy.

Pearls in Derm Rheum
(Jennifer Soung, MD)

- A positive ANA on its own is of no diagnostic value. Only order an ANA if there are signs and/or symptoms of Cutaneous Tissue Disease.
- Remember, malar rash of lupus spares nasolabial folds.
- Presence of + ANA without signs of Cutaneous Tissue Disease does not require periodic rheumatic check ups

What You Need to Know About JAK Inhibitor Safety
(Brett King, MD)

- The most common adverse effects of JAK inhibitors include: upper respiratory tract infection, headache, nasopharyngitis, nausea, and acne.
- The boxed warning on JAK inhibitors was based on a single study with rheumatoid arthritis patients that were 50 years old or older, with at least one additional cardiovascular risk factor and were on concomitant methotrexate, systemic corticosteroids and had an average BMI of 30.
- The safety profile of JAK inhibitors is almost certainly better for the usual patient with skin disease versus patients with rheumatoid arthritis.
- There are no other drugs (other than prednisone) that are as effective as JAKi inhibitors across so many different diseases.

Approach to PsA From a Dermatologist (Jennifer Soung, MD)

- In psoriatic arthritis, 75% of patients present with skin involvement prior to symptoms of joint involvement (an average of 10 years prior).
- Dermatology providers should actively seek signs and symptoms of psoriatic arthritis to inhibit structural damage, alleviate symptoms and improve physical function.
- Scalp psoriasis, nail pitting and inverse psoriasis are associated with psoriatic arthritis.
- The Psoriasis Epidemiology Screening Tool (PEST) is an excellent tool to screen for psoriatic arthritis.

Treatment of Psoriasis in Special Locations (Jennifer Soung, MD)

- Cumulative Life Course Impairment (CLCI) is when the physical, psychological, and social effects of psoriasis that occur over a lifetime potentially interfere with an individual's full potential.
- In meta-analysis studies the IL-17s and IL-23s had the most efficacious treatment results in psoriasis.
- Inverse/intertriginous psoriasis areas present with smooth, well-demarcated patches with erosions and maceration, and minimal scale.
- Roflumilast is the only topical approved to treat inverse psoriasis.
- For patients that have psoriasis on other parts of the body, a genital biopsy is not necessary for diagnosis of genital disease.

Day 3:

JAK Inhibitors in Pediatric Dermatology Patients (Brittany Craiglow, MD)

- Primary reasons to consider an oral JAK inhibitor include: debilitating anxiety related to injections, comorbid disease (Alopecia Areata, Vitiligo, Irritable Bowel Disease), dupilumab adverse effects, and dupilumab failures.
- Patients with alopecia areata consistently demonstrate poorer health related quality of life than controls, impact similar to atopic dermatitis and psoriasis.
- Consider using the term alopecia areata for totalis and universalis, as it is a continuum of the same disease.
- Tofacitinib is approved for Juvenile Idiopathic Arthritis ages 2+
- SALT score is a measurement of alopecia areata severity. The higher the score the worse the disease on a scale from 0-100.
- Consider adding oral Minoxidil when treating alopecia areata patients with a JAK inhibitor.

New Updates in the Management of Vitiligo (Brett King, MD)

- There are three classifications of vitiligo: nonsegmental, segmental, and mixed type. Segmental is considered the most refractory.
- Vitiligo is associated with autoimmune comorbidities, with thyroid disease being the most prevalent comorbidity.
- Treatment response in vitiligo is best on face and neck and least effective on hands and feet.
- Goal of vitiligo treatment is 75% improvement.

- Presence of a hair follicle is needed in order for vitiligo to repigment. Patches with majority white hairs and glabrous skin (lips, wrists, fingertips) do not repigment.

Panel: Challenging Pediatric Dermatology Cases
(Brittany Craiglow, MD, Jim Treat, MD)

- Be sure to ask about diet in pediatric patients, there has to be severe malnutrition for scurvy.
- Over the counter N-acetylcysteine can help with excoriation disorders (600 mg-1200 mg twice a day).
- Bilateral port wine stains in infants is suggestive of neonatal lupus.
- Tips for pediatric injections: keep your tools hidden, control then distract, involve the parent, keep the child in their "comfort position", and acknowledge anxiety.
- In pediatric patients, dermatopathology of dermatomyositis and lupus look the same, but the diagnosis is much more likely to be dermatomyositis.
- In psoriatic pediatric patients, scalp involvement is very common.

Panel: Challenging Cases in Alopecia
(Brittany Craiglow, MD and Heather Woolery-Lloyd, MD)

- Central Centrifugal Cicatricial Alopecia is an autosomal dominant condition that can be exasperated by hair styles.
- Don't forget to ask about glue use in women with hair loss. It can cause irreversible alopecia and the ingredients have been associated with anaphylaxis.
- Tinea capitis is often associated with occipital and/or postauricular lymphadenopathy. When you see recurrent tinea corporis, check the scalp for tinea capitis.
- Loose anagen hair syndrome is characterized by painless hair plucking but in young girls age 2-6 and should improve over time. Parents report hair that just doesn't grow.

- Lab testing is not required for patients with the diagnosis of alopecia areata unless they have symptoms of autoimmune disease.
- Patients with alopecia areata often describe a sensation of tingling or burning. This can be a clue to diffuse alopecia areata.
- N-acetylcysteine 1200-2400 mg QD can be helpful for hair pulling and skin picking. Caution for GI side effects.

Tips for a Variety of Alopecias (Heather Woolery-Lloyd, MD)

- In women, androgenetic alopecia presents with frontal hairline thinning and widening of the hair part.
- Ketoconazole shampoo has been shown to help with androgenetic alopecia.
- General anesthesia can lead to telogen effluvium.
- Lichen planopilaris presents with erythema, follicular prominence, tenderness on palpation and intense pruritus.
- Traction alopecia will have the "fringe sign", where the shorter hairs at the frontal hairline are spared because they cannot be pulled back with the other hairs involved in the tight, pulled-back hairstyle that leads to traction alopecia.
- Consider anemia as a cause of hair loss

Pediatric Dermatology Infection (Jim Treat, MD)

- Cimetidine is an option for treatment of facial molluscum lesions. It is dosed 8-10 mg/kg per dose up to 800 mg 2-3x per day, but efficacy is highest in atopic dermatitis patients.
- "BOTE" sign- Beginning Of The End. Molluscum inflammation causes a gianotti-crosti reaction just before resolution, (typically resolves within two months of this phenomenon).

- For pediatric patients with exuberant infections of molluscum and/or warts, consider a possible immune deficiency.
- Herpes infections in a patient less than two months old should be considered a medical emergency and seek immediate treatment as it can be life threatening.
- A large meta analysis study showed that topical salicylic acid and liquid nitrogen had the highest cure rates for common warts.

Panel: Stump the Experts

(Brett King, MD and Brittany Craighow, MD)

- Consider combining Spironolactone in women taking Minoxidil because it may help offset facial hypertrichosis.
- Oral Minoxidil, in a patient with alopecia areata, may enhance a patient's response to systemic JAK inhibitors.
- Make sure the compounding pharmacy you use is accredited, is licensed in your state and all its active ingredients are designated for humans from a FDA registered manufacturer.

Day 4:

HS Panel: Surgical vs Medical Management

(Jennifer Hsiao, MD and Jim Treat, MD)

- When diagnosing hidradenitis suppurativa and double comedones are not present, take an initial bacterial culture to rule out staph furuncles.
- Faecal Calprotectin is a test you can order if you suspect inflammatory bowel disease.
- If using Bactrim, long term, to treat Hidradenitis Suppurativa check a CBC every 2 months since it can cause significant marrow suppression.

- Hidradenitis Suppurativa patients being treated with surgical excision of scar tissue/tunnels should still remain on their biologic medication and not taken off medication prior to the procedure.

Beyond AKs - Field Cancerization of the Skin (Christine Cornejo, MD)

- Studies have shown that nicotinamide 500mg twice daily led to 23% reduction in new non-melanoma skin cancers at 12 months in immunocompetent patients with at least two non-melanoma skin cancers in the past 5 years.
- Fluorouracil topical is the preferred treatment for immunocompromised patients and patients who are treatment naive.
- If using fluorouracil and calcipotriene in combination, patients will have a more intense inflammatory reaction than fluorouracil alone, therefore the combination treatment requires a shorter course. Combination therapy is not as good for immunocompromised patients, they should use fluorouracil alone.
- Capecitabine is an oral medication that gets broken down in the body to fluorouracil and can be used in patients with significant field cancerization.

CTCL: How I Do It (Christine Cornejo, MD)

- "Double covered" areas, like the buttock and groin are the most common sites for CTCL.
- The most effective way to biopsy a patient with suspected mycosis fungoides is to take a punch biopsy of the site with the most scaling and induration.
- An elevated LDH in a patient with mycosis fungoides has a worse prognosis.

Panel: Clinical Pearls from My Career
(Christine Cornejo, MD, Jennifer Hsiao, MD and Jennie Clarke, MD)

- In dermatomyositis, the heliotrope rash often involves the sides of the nasal bridge.
- The rash also includes the nasolabial folds and sometimes periorbital edema.
- Redness of the proximal nail fold and hypertrophic cuticles should narrow differential diagnoses to either dermatomyositis or systemic sclerosis.
- With regards to hidradenitis management, phrases such as "I wish things were different" or "I hope we can achieve good control" and "I can see you are suffering" coupled with having different sized gowns for the visit all can increase comfort for the patient and build provider/patient trust.

Merkel Cell Carcinoma: How I Do It
(Christine Cornejo, MD)

- Initial management and staging work-up after Merkel Cell diagnosis includes: complete skin and lymph node exam, whole body PET CT, and labs for AMERK (antibody titers for MCPyV oncoproteins) and ctDNA (circulating tumor DNA).
- Lymph node biopsy is always required after Merkel Cell diagnosis unless the biopsy results would not change the treatment (for example if that patient had many other comorbidities).
- Frequent follow-up after definitive therapy is recommended due to high rates of recurrent disease. Merkel Cell Carcinoma recurs in ~40% of patients within 5 years and 90% of recurrences occur within the first two years.

Dermatomyositis: How I Do It
(Jennie Clarke, MD)

- Patients with dermatomyositis typically see a dermatology provider for their symptoms prior to any other healthcare provider.
- 20 percent of people with dermatomyositis do not have muscle disease.

- Dermatomyositis is a high stakes diagnosis, as it is associated with cancer and interstitial lung disease. Risk of malignancy is highest in the first 3 years after dermatomyositis symptoms begin.
- If ulcerations occur over Gottron's papules, have high suspicion for lung disease.

ANA Q 'n' A (Antinuclear Antibodies)
(Jennie Clarke, MD)

- It is NOT recommended to order an ANA for patients without signs/symptoms/history suggestive of a specific rheumatic skin disease or if you do not have high suspicion for rheumatic skin disease.
- ANA detection by IFA (indirect immunofluorescence assay) is the gold standard.
- If ANA IFA positive in a patient with signs/symptoms of rheumatic disease, then order disease specific antibodies (ENA) testing.

Melanoma Updates
(Christine Cornejo, MD)

- Pigmented lesion assay (PLA) is used to non-invasively detect the presence of 3 genes associated with melanoma (LINC, PRAME, TERT).
- For melanomas, prognostic gene expressing profile testing is not currently recommended for clinical use per the Melanoma Prevention Working Group.
- Immune-related cutaneous adverse events occur in 70-90% of patients treated with immune checkpoint inhibitors. Dupilumab is an effective treatment option.

Gut Instincts: Skin Signs of Inflammatory Bowel Disease
(Jennie Clarke, MD)

- 20-50% of patients with inflammatory bowel disease will have a cutaneous manifestation.

- Cutaneous manifestations of inflammatory bowel disease fall under one of four categories: nutritional deficiency, associated conditions, Crohn's-specific and/or treatment related.
- Erythema nodosum is the number one associated condition seen in cutaneous manifestations of inflammatory bowel disease.
- If a patient has neutrophilic dermatosis, keep inflammatory bowel disease in mind.
- One third of patients with epidermolysis bullosa acquisita will have inflammatory bowel disease, so they need a GI workup.

Difficult HS Cases: How I Do It
(Jennifer Hsiao, MD)

- Spironolactone can be used as hormonal therapy for women with Hidradenitis Suppurativa (50-200 mg daily). Finasteride can be used as hormonal therapy for males (2.5-10 mg daily) with Hidradenitis Suppurativa.
- If a Hidradenitis Suppurativa patient being treated with adalimumab is well-controlled initially, but starts to flare, increase the dose to 80 mg weekly.
- Always send tissue from Hidradenitis Suppurativa deroofing or scar excision to pathology because Hidradenitis Suppurativa has an elevated risk for Squamous Cell Carcinoma.

Cutaneous Lupus: How I Do It
(Jennie Clarke, MD)

- There are 3 major subtypes of lupus erythematosus-specific skin disease: acute cutaneous lupus, subacute cutaneous lupus and chronic cutaneous lupus (discoid lupus).
- Acute cutaneous lupus erythematosus is almost always associated with active systemic lupus erythematosus.
- The presence of scale and erythema in discoid lupus is indicative of active disease.

Dermatoses of Pregnancy

(Jennifer Hsiao, MD)

- There are 5 dermatoses of pregnancy: pemphigoid gestationis (PG), polymorphic eruption of pregnancy (PEP), atopic eruption of pregnancy (AEP), intrahepatic of pregnancy (ICP), and pustular psoriasis of pregnancy (impetigo herpetiformis).
- Pemphigoid Gestationis is characterized by the abrupt onset of urticarial papules or plaques around the umbilicus, vesicles may also be present.
- In intrahepatic cholestasis of pregnancy, up to 25% of patients develop jaundice, typically 1-4 weeks after the onset of pruritus.