THE BEST OF JAAD

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No relevant financial relationships to disclose
Cost-effective Medicine

- Ogbechie-Godex OA, et al. 5 laboratory tests to reconsider. JAAD 2018; 78: 1232-5
  - Potassium testing in young healthy women on acne doses of spironolactone
    - For hirsutism doses or those with renal impairment watch kidney function, K, and possible sulfa interaction
  - Monthly labs for isotretinoin
    - If no bump in 6 – 8 weeks, unlikely to bump
  - LFTs for healthy people on terbinafine
    - Those with elevations were symptomatic
Cost-effective medicine

- Random TSH in vitiligo
  - Testing should be driven by signs or symptoms
  - Counsel patients about signs and symptoms
- Screening ANA for biologics
- CBC, metabolic panel for biologics
  - Even for Tb, signs and symptoms are key
Hidradenitis suppurativa

- Retrospective study of 67 female patients
- Average 75 mg of spironolactone daily over 7.1-month
- Significant improvement in
  - pain \([P = .01]\)
  - inflammatory lesions \([P = .02]\)
  - HS-PGA score \([P < .001]\)
Hidradenitis suppurativa

- No difference between <75 mg and >100 mg
- Lower doses appear to be effective and may be an appropriate option for patients with tolerability concerns

20 patients with moderate HS, 3:1 ratio blinded treatment with apremilast 30 mg twice daily or placebo for 16 weeks

- Clinical response 8 of 15 patients in the apremilast group (53.3%) and none of 5 patients in the placebo group (0%) (P = .055) at week 16.

Hidradenitis suppurativa

- Apremilast-treated patients
  - significantly lower abscess and nodule count (mean difference, e2.6; 95% confidence interval, e6.0 to e0.9; P = .011)
  - NRS for pain (mean difference, e2.7; 95% e4.5 to e0.9; P = .009)
  - itch (mean difference, e2.8; 95% confidence interval, e5.0 to e0.6; P = .015)
Hidradenitis suppurativa

- There was no significant difference in the Dermatology Life Quality Index

Recalcitrant facial dermatitis during the dupilumab treatment

ACD: Most frequent clinically relevant allergens
- cocamidopropyl betaine (CAPB) (40%)
- nickel (33%)
- oleamidopropyl dimethylamine (27%)
- Myroxylon pereirae (20%)
- fragrance mix 1 (20%)
Inflamed atopic skin is predisposed to the development of TH2-mediated contact sensitization to weaker potency allergens, such as fragrances, emulsifiers, and surfactants.

Prevalent nickel sensitization was expected given the hapten’s ubiquity and atopic hand dermatitis association.
Atopic patients may also have allergic contact dermatitis

Untapped potential of IL-4 inhibitors in the treatment of recalcitrant and systematized ACD to certain allergens

Methotrexate in alopecia areata

- A systematic review and meta-analysis performed according to recommended PRISMA [Preferred Reporting Items for Systematic Reviews and Meta-Analyses] guidelines.
- Reasonable efficacy
- Adults appear to be more responsive
- Combination treatment better
Methotrexate in alopecia areata

- Best evidence for adults
- Combination (methotrexate plus corticosteroids)

Paraneoplastic granuloma annulare

- Solid organ malignancies -- lung cancer (4/7)
- More often generalized disease, refractory to treatment, and perivascular inflammatory infiltrate
- HbA1c and age-appropriate screening

Vibration to reduce injection pain

- Use of a vibrating kinetic anesthesia device reduces the pain of lidocaine injections
- Buffering and use of warm lidocaine.

- William C. Fix, Zelma C. Chiesa-Fuxench, Thuzar Shin, Jeremy Etzkorn, Nicole Howe, Christopher J. Miller, Joseph F. Sobanko

- https://doi.org/10.1016/j.jaad.2018.08.011
Psoriasis

- Psoriatic arthritis
  - TNF
  - IL-17
  - IL-12/23 (Ustekinumab) - less reliable

Psoriasis

- Psoriatic arthritis
  - Tofacitinib
  - Methotrexate (radiologic progression)
  - Cyclosporine (radiologic progression, modest peripheral, not axial)
  - Acitretin (modest at best)
  - Apremilast
  - Abatacept

Psoriasis

- Inflammatory bowel disease
  - Infliximab, adalimumab, certolizumab, and ustekinumab approved for the treatment of patients with CD.
  - Golimumab is approved for UC but not for CD

Psoriasis

- Inflammatory bowel disease
  - Methotrexate
  - Cyclosporine
  - IL-23 inhibitor use in CD has promising results
  - Etanercept is not as effective as other TNF-α inhibitors for CD.
  - A direct causal relationship between IL-17 inhibitors or retinoids and CD has not been established but . . .

Psoriasis

- Malignancy
  - Acitretin has preventative effects on NMSCs and is preferred
  - Best to avoid anti-TNF agents
  - Ustekinumab with caution - carcinogenic potential in animal models
  - Data are limited for apremilast and IL-17 and IL-23
  - Avoid methotrexate and cyclosporine

Psoriasis

- Obesity
  - Infliximab and ustekinumab dosed based on weight
  - IL-17 inhibitors better clearance rates in nonobese patients
  - Apremilast can cause weight loss
  - Methotrexate carries a higher risk of fatty liver and hepatic fibrosis in obese patients

Psoriasis

- Demyelinating disease
  - TNF-α inhibitors contraindicated
  - Ustekinumab can be used – neutral
  - IL-17 inhibitors - some benefit in MS symptoms
  - Data limited for apremilast and IL-23 inhibitors

Psoriasis

- Lupus
  - Ustekinumab – safe
  - Methotrexate and acitretin - good options
  - Anti-TNF agents - watch for lupus induction and flare
  - Data are limited for apremilast, IL-17, and IL-23 inhibitors

Psoriasis

- Pregnancy
  - Certolizumab - minimal transplacental transfer
  - Etanercept - placental transfer less than infliximab and adalimumab
  - Ustekinumab and secukinumab both category B
  - Minimal data available on ixekizumab, brodalumab, apremilast, and IL-23 inhibitors
  - Methotrexate and acitretin absolutely contraindicated

Dermoscopy

Fig 2. Pigmented lesion showing an overall reticular pattern with an off-centered area of atypical blue and gray dots and globules (A, upper circle) and an area with scar-like depigmentation (A, lower circle). Histopathologically, the area with atypical globules revealed a higher degree of atypia (B) as opposed to the area depicting scar-like depigmentation on dermoscopy (C). Dermoscopy can be useful in identifying the areas with higher degree of atypia.

Fig 3. Dermoscopic images showing multiple melanoma specific structures. A. Melanoma arising in a nevus presenting with negative network (arrow) and irregular globules (arrowhead). B. Lentigo maligna depicting angulated lines (arrow). C. Invasive melanoma showing blue-white veil (asterisk), streaks (arrow), and irregular globules (arrowhead). D. Regressed melanoma presenting with atypical network (arrowheads), scar-like depigmentation and peppering (asterisk), and an irregular blotch (arrow).
FROM THE ACADEMY
Guidelines of care for the management of primary cutaneous melanoma

https://doi.org/10.1016/j.jaad.2018.08.05
Winthrop KL. T-cell-mediated immune response to pneumococcal conjugate vaccine and tetanus toxoid during tofacitinib treatment. JAAD 2018; 78: 1149-

Most patients mount a response
Nonbullous pemphigoid: A systematic review


- Erythematous, urticarial plaques (52.3%) and papules/nodules (20.5%)

- The mean age at presentation was 74.9 years.
CARD14-associated papulosquamous eruption: A spectrum including features of psoriasis and pityriasis rubra pilaris

- Early age of onset;
- Prominent involvement of the cheeks, chin, and ears;
- Family history of psoriasis or PRP;
- Minimal response to conventional topical and systemic psoriasis therapies
- Improvement with ustekinumab

CARD14-associated papulosquamous eruption: A spectrum including features of psoriasis and pityriasis rubra pilaris
Pathologist characteristics associated with accuracy and reproducibility of melanocytic skin lesion interpretation


- Rates of diagnostic reproducibility and accuracy were highest among pathologists with
  - Board certification in dermatopathology
  - 5 or more years of experience.
Changing antimalarial agents after inefficacy or intolerance in patients with cutaneous lupus erythematosus


- Of the patients changed because of inefficacy, 56% were responders at month 3; however, the response decreased over time.

- For patients switched because of adverse events, the second AM agent was well tolerated in 69% of cases.
Subclinical sensitization with diphenylcyclopropenone is sufficient for the treatment of alopecia areata.


- 46 (28.9%) showed a complete response and 59 (37.1%) showed a partial response.
Dose escalation of doxepin for intractable pruritus

- JAAD ONLINE: THERAPEUTIC PEARL
- Optimal range in the plasma concentration 150-250 g/L, with risk for toxicity at 500 g/L
- Intractable pruritus where doxepin was considered a treatment failure,
- Dose can be titrated up to 300 mg/day, by using trough plasma levels to give doxepin a fair clinical trial
Clinical and histologic features of Mycoplasma pneumoniae related erythema multiforme


- M pneumoniae EM has a distinctive presentation with diffuse atypical targets and severe and extensive mucositis.

- Histology is similar to toxic epidermal necrolysis.
Anti-MDA5 dermatomyositis


- Mucocutaneous ulceration, palmar papules, nonscarring alopecia, panniculitis, arthritis, and interstitial lung disease
Sweet syndrome in patients with and without malignancy


- Leukopenia, anemia, thrombocytopenia
- Absence of arthralgia
- Histiocytoid or subcutaneous histopathology were associated with malignancy

Pruritic, fine monomorphc papules and pustules on the face and back in patients previously treated with antibiotics suggest a diagnosis of Pityrosporum folliculitis.
Topical nitrates in the treatment of primary and secondary Raynaud’s phenomenon


- Meta-analysis shows that topical nitrates are effective in treating both primary and secondary RP
SPF 1001 sunscreen is more protective against sunburn than SPF 501 in actual use.


- Natural sunlight, randomized, double-blind evaluation, SPF 1001 sunscreen was significantly more protective against sunburn than SPF 501 sunscreen.
Efficacy and tolerance profile of thalidomide in cutaneous lupus erythematosus


- Pooled rate of response was 90%, with similar response rates between severe cutaneous lupus erythematosus subtypes.

- Pooled rate of thalidomide withdrawal related to adverse events was 24%
Relative efficacy of systemic treatments for atopic dermatitis

- Strongest evidence currently exists for dupilumab and cyclosporine
- Clinical trials for lebrikizumab and tralokinumab

- Seger, et al. JAAD 2019; Volume 80, Issue 2, Pages 411–416.e4
A systematic review of evidence-based treatments for prurigo nodularis

- Topical agents
  - corticosteroids, calcineurin inhibitors, calcipotriol, and capsaicin
- Photo- and photochemotherapy

- Qureshi et al. JAAD 2019, Volume 80, Issue 3, Pages 756–764
A systematic review of evidence-based treatments for prurigo nodularis

- Thalidomide
  - 6 reports, only 2 of which were rated level 2b or greater
- Cyclosporine and methotrexate
  - 4 combined studies, albeit with level 4 evidence.
- Pregabalin, amitriptyline, paroxetine, fluvoxamine, and neurokinin-1 receptor antagonists
  - 5 level 2b studies
- Qureshi et al. JAAD 2019, Volume 80, Issue 3, Pages 756–764
Tick bites and red meat allergy

- Hideo et al. Repeated *Amblyomma testudinarium* tick bites are associated with increased galactose-alpha-1,3-galactose carbohydrate IgE levels. JAAD 2018; 78:1135-41

- Basophils serve as antigen presenting cells
- Allergy to beef, pork and lamb
Rethinking Biotin supplements

- Lipner, Shari R. Rethinking biotic therapy for hair, nail and skin disorders. JAAD 2018; 78:1236-8
  - Biotin: 30 microg/d from egg yolk, milk, nuts, grains, intestinal bacteria
  - Biotin deficiency: neuromuscular dysfunction, alopecia, dermatitis
  - Supplementation needed in holocarboxylase synthetase and biotinidase deficiency
Do we need extra?

- Average Western diet: 35 – 70 microg/d

- 5 mg/d may improve atopic dermatitis

- 2.5 - 5 mg/d may improve brittle nails, trachonychia uncombable hair
Downside

- Falsely elevated or depressed lab tests
- Troponin