TIPS AND TRICKS IN PEDIATRIC DERMATOLOGY

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DISCLOSURES

• SPEAKER
  • ALMIRALL
  • AMGEN
  • LILLY
  • JANSSEN
  • ORTHO DERMATOLOGICS
  • PFIZER
  • SANOFI REGENERON

• ADVISORY BOARD MEMBER
  • JANSSEN
  • LILLY
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AND I’M SURE YOU ARE TIRED OF HEARING THAT.
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EMILY: DO YOU HONESTLY THINK I HEAR THAT A LOT?
SHELDON: AND EMILY, I’M SORRY FOR SAYING DERMATOLOGISTS AREN’T REAL DOCTORS…

AND I’M SURE YOU ARE TIRED OF HEARING THAT.

EMILY: DO YOU HONESTLY THINK I HEAR THAT A LOT?

SHELDON: WELL, WHEN YOUR JOB IS POPPING ZITS AND SQUIRTING BOTOX IN OLD LADY FACES…

- BIG BANG THEORY
VASCULAR TIPS AND TRICKS
INFANTILE HEMANGIOMAS
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PROPRANOLOL IS STILL GREAT!

• SUSPENSION IS 20 MG/5 ML
• 2 MG/KG/DAY DIVIDED TID
  • IF YOU ARE DOING THE MATH CORRECTLY, THE DOSE ENDS UP BEING AROUND 1 ML TID FOR MOST BABIES
• ALWAYS GIVE WITH FOOD
  • TO PREVENT HYPOGLYCEMIA
• DON’T BE AFRAID- IF THE HEMANGIOMA NEEDS IT, USE IT!
• TYPICALLY USED DURING GROWTH PERIOD (1ST 8-12 MOS OF LIFE), BUT CAN WORK EVEN BEYOND THE PROLIFERATIVE PHASE (SPD MAY/JUNE 2015)
I'M HAPPY TO COACH YOU!
WHICH HEMANGIOMAS NEED PROPRANOLOL?

- LARGE HEMANGIOMAS
- ULCERATING HEMANGIOMAS
- HEMANGIOMAS IN FUNCTIONAL LOCATIONS THAT WILL INTERFERE WITH CRAWLING, WALKING, ETC
  - KNEES, HANDS, ELBOWS
- SPECIAL SITE HEMANGIOMAS
  - EYELIDS, NOSE, LIPS, PAROTID GLANDS, GENITAL AREA
- DOME SHAPED HEMANGIOMAS
  - EVEN WHEN THEY INVOLUTE, THERE IS USUALLY RESIDUAL FIBROFATTY TISSUE
INFANTILE HEMANGIOMAS

• Long term studies show no risk of developmental adverse effects or growth impairment at age 4 in pts treated with at least 6 mos of propranolol (JAAD July 2016)

• More recent study shows the same at age 7, specifically no cognitive impairment (SPD Sept/Oct 2017)

• Topical timolol 0.5% gel forming solution can work for superficial hemangiomas - applied BID
PYOGENIC GRANULOMAS

- “LITTLE BALL OF CAPILLARIES”
- COMMON IN KIDS AND PREGNANT WOMEN
- SOME PEOPLE REMEMBER TRAUMA TO THE AREA PRIOR TO ITS GROWTH
- 2 TREATMENT OPTIONS
  - SHAVE REMOVAL
  - TOPICAL TIMOLOL BID
PYOGENIC GRANULOMAS

• INITIAL STUDY IN MARCH/APRIL 2014 SPD JOURNAL USING TIMOLOL 0.5% GEL FORMING SOLUTION BID

• GREAT RESULTS WITH CLEARANCE AFTER 2-3 MOS

• BLEEDING STOPPED RELATIVELY INSTANTLY

• LIKELY WORKING BY VASOCONSTRICTION

• IMPORTANT TO FOLLOWUP THESE PATIENTS TO ENSURE IMPROVEMENT (SPITZ NEVI, EVEN MELANOMA IN DDX)
PYOGENIC GRANULOMA
PYOGENIC GRANULOMA
VIRAL TIPS AND TRICKS
WARTS

• COUNTLESS TREATMENT OPTIONS
  • LIQUID NITROGEN
  • CANTHARIDIN
  • OTCS
  • CANDIDA
  • LASER
  • BLEOMYCIN

• BEST THING EVER- WARTPEEL!
  • NUCARA PHARMACY- IOWA
  • SAL ACID + 5FU
  • MAGIC IN A BOTTLE
  • APPLIED AT BEDTIME UNDER “STICKY TAPE”
  • $89 AND WORTH EVERY PENNY!
WARTPEEL - WOW!
WARTPEEL- AMAZING!
RING PHENOMENON

- Typically associated with cantharidin
- Can happen with liquid nitrogen
- The treated wart may or may not go away and then a ring of warts develops around the initial wart
- If you continue that treatment, the ring gets bigger
- I feel it is happening more and more commonly with cantharidin these days
WARTS AND HPV VACCINATION

- MOUNTING NUMBER OF CASE REPORTS SHOWING THAT WHEN PRE-TEENS AND TEENS ARE GIVEN HPV VACCINE, THEIR WARTS GO AWAY

- IT WILL BE INTERESTING TO SEE IF WE NOTICE A DECREASE IN INCIDENCE OF WARTS OVER TIME AS MORE AND MORE PEOPLE GET IMMUNIZED
INTRALESIONAL VS INTRAMUSCULAR HPV VACCINE FOR WARTS (JAAD JAN 2020)

- 44 ADULT PATIENTS
- 22 WERE TREATED WITH IM 0.5 ML HPV VACCINE (CERVARIX) AT MONTHS 0, 1, AND 6
- 22 WERE TREATED WITH 0.1-0.3 ML OF HPV VACCINE INTO LARGEST WART AT 2 WK INTERVALS UNTIL CLEARANCE OF MAX OF 6 SESSIONS

RESULTS
- IM VACCINE- 63.3% SHOWED COMPLETE CLEARANCE, 6 PTS HAD PARTIAL RESPONSE
- IL TREATMENT- 81.8% SHOWED COMPLETE CLEARANCE, 2 PTS PARTIAL RESPONSE; FASTER
MOLLUSCUM CONTAGIOSUM

• CAUSED BY A POXVIRUS

• VERY COMMON IN KIDS- PRETTY MUCH ALL KIDS GET THEM

• SPREAD BY DIRECT CONTACT AND SPREAD LIKE CRAZY IN WATER (INCLUDING SWIMMING POOLS)

• TREATMENT IS NOT MANDATORY AS THEY WILL GO AWAY WITH TIME
  • CAN TAKE UP TO 2 YRS TO RESOLVE ON THEIR OWN
  • 2015 STUDY OF 170 KIDS- HALF TREATED, HALF NOT TREATED
    • MOLLUSCUM RESOLVED IN THE SAME AMOUNT OF TIME
MOLLUSCUM TREATMENT OPTIONS

- **IMIQUIMOD?**
  - MWF AT BEDTIME
  - A LITTLE IRRITATION- GOOD, A LOT OF IRRITATION- BAD

- **ZYMADERM**
  - ALL NATURAL OTC PRODUCT, BOTANICAL BASED
  - APPLIED BID

- **CANDIDA ANTIGEN INJECTIONS**
  - INJECTED INTO 1-2 OF THE MOLLUSCUM EVERY 3 WKS
  - TOLERABLE; TYPICALLY 3-5 TREATMENTS
  - SIDE EFFECT PROFILE FAVORABLE

- **CANTHARIDIN**
  - NEVER USE IT IN THE AXILLA
  - BLISTERS CAN BE BAD
  - 50% RESOLUTION WITH EACH TREATMENT IS SUCCESS
  - HARD TO GET THESE DAYS

- **WARTPEEL?**
  - TEENY DAB MWF AT BEDTIME
  - JUST TREAT 3-4
  - NO STICKY TAPE

- **CURETTAGE**

- **LIQUID NITROGEN**

- **TOPICAL RETINOIDS?**

- **KOH 10% DAILY?**

- **PICATO?**
  - JAAD JAN 2020
  - 19 PATIENTS; 12 WEEK STUDY
  - 10 TXED WITH PICATO 0.015 QD X 3 DAYS A WEEK- 90% CLEARANCE
  - 9 TXED WITH IMIQ X 5 DAYS A WEEK- 33% CLEARANCE
MOLLUSCUM TREATMENT OPTIONS ON THE HORIZON

- VERRICA- 0.7% CANTHARIDIN
  - DUE FOR APPROVAL SHORTLY

- SB206- NITRIC OXIDE PRODUCT APPLIED DAILY
  - COMPLETE CLEARANCE AT WEEK 12 FOR MOST PATIENTS IN PHASE 2
  - PHASE 3 TRIALS IN 2019
MOLLUSCUM DERMATITIS

• SOME KIDS WILL GET AN ECZEMA LIKE RASH AROUND THE MOLLUSCUM

• IMPORTANT TO TREAT IT AS IT ITCHES SO KIDS SCRATCH AND THEN SPREAD THE MOLLUSCUM

• USING TOPICAL STEROIDS WILL NOT SPREAD THE MOLLUSCUM
PSEUDOFURUNCULOID MOLLUSCUM

• LOOK LIKE PIMPLES/BOILS
• DUE TO BODY’S IMMUNE SYSTEM RESPONSE
• NOT INFECTED, JUST INFLAMED
• BOTE SIGN- BEGINNING OF THE END
PSEUDOFURUNCULOID MOLLUSCUM
PF MOLLUSCUM AND ID REACTION
PF MOLLUSCUM AND ID REACTION

• TREAT THE ID REACTION WITH TOPICAL STEROIDS
• TREAT THE PF MOLLUSCUM WITH ORAL ANTIBIOTICS OR BLEACH BATHS
• F/U 2-3 WKS
• USUALLY EVERYTHING IS “ALL BETTER”
HERPES ZOSTER

• SINCE THE CHICKEN POX VACCINE HAS BEEN MORE REGULARLY ADMINISTERED TO CHILDREN, CASES OF HERPES ZOSTER IN CHILDREN HAVE BEEN ON THE RISE (CUTIS AUG 2016)

• WE DON’T KNOW WHY IMMUNITY SEEMS DIFFERENT WITH THE VACCINE VS HAVING THE CHICKEN POX

  • ONE THEORY- LESS VARICELLA AROUND IN SOCIETY ALLOWS IMMUNITY TO WANE AND SHINGLES GETS A CHANCE TO BLOSSOM
HERPES ZOSTER

• PATIENT IS CONTAGIOUS TO PEOPLE WHO HAVE NOT HAD THE CHICKEN POX (CAN’T CATCH SHINGLES FROM SHINGLES)
  • NEED TO AVOID UNIMMUNIZED KIDS AND PREGNANT WOMEN

• TREATMENT WITH ACYCLOVIR 30-50 MG/KG/DAY DIVIDED TID (VALTREX IF OLD ENOUGH TO TAKE PILLS)
HERPES ZOSTER
HAND FOOT AND MOUTH DISEASE

- Causes somewhat annular red-purple-gray patches on hands, feet, and around the mouth sometimes with intraoral lesions.
- Previously, Coxsackie A16 and Enterovirus 71 were the most common causes.
- Coxsackie A6 has emerged over the past 4-5 years as the primary causative agent.
- Produces more severe rash with prominent diaper area involvement.
- Adults have been getting it.
- Commonly produces onychomadesis 1-2 months later (SPD July/Aug 2016).
HAND, FOOT AND MOUTH DISEASE
HFMD AND ONYCHOMADESIS
ECZEMA COXSACKIUM

- When a child with history of eczema gets HFMD, it can cause a widespread worse rash called eczema coxsackium
- Similar to eczema herpeticum
- The eczema allows the virus to spread more easily; the virus flares the eczema and you get a bad rash
- Favors face, hands, arms, feet, legs, diaper area
- Very impressive
- Sudden onset
- Treatment: treat the eczema. The HFMD will pass
ECZEMA COXSACKIUM
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NEVUS TIPS AND TRICKS
ECLIPSE NEVI
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• VERY COMMON ON THE SCALP OF CHILDREN

• FREQUENTLY BIOPSIED BECAUSE OF SOMEWHAT ATYPICAL COLORING, LARGE SIZE, HISTORY OF CHANGING

• OFTEN READ OUT AS ATYPICAL ON PATHOLOGY, BUT THESE ARE KNOWN TO BE COMPLETELY BENIGN

• PROBABLY A “SPECIAL SITE” THAT ISN’T CURRENTLY RECOGNIZED AS A SPECIAL SITE
BIRTHMARK TIPS AND TRICKS
THE FUTURE OF BIRTHMARK TREATMENT

• PORT WINE STAINS ARE DUE TO MUTATIONS IN GNAQ > GNA11 AND PIK3CA (JAMA DERM APRIL 2019)
• GIANT CONGENITAL NEVUS RESPONDS TO TRAMETINIB (MEK INHIBITOR) (DERM NEWS MAY 2019)
• EPIDERMAL NEVUS WITH ACANTHOSIS NIGRICANS FEATURES RESPONDS TO TOPICAL SIROLIMUS (SPD JULY/AUG 2019)
• LYMPHANGIOMA CIRCUMSCRIPTUM RESPONDS TO TOPICAL SIROLIMUS
• DEEP NEUROFIBROMA IN NF-1 PATIENT TREATED WITH TOPICAL SIROLIMUS- HAD COMPLETE RESOLUTION AFTER 18 MONTHS AND IT DID NOT RECUR. THEY USED 5 MG OF SIROLIMUS COMPOUNDED INTO 30 GMS LIPOPHILIC GEL AND APPLIED BID (SPD MAY/JUNE 2019)
TOPICAL SIROLIMUS

• SYSTEMIC SIROLIMUS LEVELS ARE NOT DETECTABLE WHEN USED TOPICALLY FOR VASCULAR MALFORMATIONS (SPD JULY 2019 POSTER)

• CHEMISTRYRX IN PHILADELPHIA- $139 FOR 30 GRAMS IF INSURANCE DOESN'T COVER
RASH TIPS AND TRICKS
LICHEN NITIDUS

• MEAN AGE OF ONSET- 9 YRS OLD
• MEAN DURATION- 13 MONTHS (1-48 MONTHS IN STUDY)
• MOSTLY BOYS
• 41% GENERALIZED
• PRURITUS IS RARE
• NO TREATMENT IS NEEDED, BUT IF GENERALIZED, LIGHT THERAPY AND TOPICAL STEROIDS ARE OFTEN EFFECTIVE

• PEDS DERM MARCH/APRIL 2019
LICHEN NITIDUS
HYPERKERATOTIC PAPULES OF THE KNEES AND ELBOWS
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• LIKELY A VARIANT OF KERATOSIS PILARIS
• COMMON IN BOYS>GIRES; TYPICALLY AGE 4-12
• CAUSES FLAT TOPPED PAPULES ON ELBOWS AND KNEES
• OFTEN MISTAKEN FOR MOLLUSCUM AND WARTS BUT DEFINITELY NOT
• NO TREATMENT NEEDED; CHILDREN WILL OUTGROW IT
MISCELLANEOUS SPOTS TIPS AND TRICKS
PINE TAR CALLUS

• A MIMICKER OF MELANOCYTIC NEVI AND/OR WARTS ON THE HANDS
• BASEBALL PLAYERS
• PINE TAR IS USED IN BASEBALL
• SPD MAY/JUNE 2019
RETENTION HYPERKERATOSIS
(TERRA FIRME-FORME DERMATOSIS)

• ISOPROPYL ALCOHOL WORKS, BUT CAN BE IRRITATING
• AN ALTERNATIVE- 5% SALICYLIC ACID COMPOUNDED IN PETROLATUM AND APPLIED DAILY FOR 2 WEEKS
• SPD JULY/AUG 2019
MANIC

• “MIDLINE ANTERIOR NECK INCLUSION CYST”
• GIANT MILIA IN THE SUPRASTERNAL NOTCH AT BIRTH
• BENIGN
• CAN BE REMOVED OR CAN RESOLVE ON OWN
• SHAVE CAN BE USED TO REMOVE
Reserve an Unforgettable VACATION EXPERIENCE
Tour Her Kingdom In Style
MAM AIR PACIFIER

• FOR KIDS THAT HAVE PERSISTENT DERMATITIS AROUND THE MOUTH, DROOL AND IRRITATION FROM PACIFIERS ARE A COMMON CAUSE

• RECOMMEND THE MAM AIR PACIFIER WHICH IS MORE OPEN THAN MOST
THE END!

• FEEL FREE TO CONTACT ME WITH ANY QUESTIONS
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