Доверяй, но проверяй
{Doveryai, no proveryai}
Trust, but Verify

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Disclosure (previous 12 months)

• Consultant – Biogen/IDEC, CSL inc., Abbvie, Lilly, Argenx

• Editorial Boards – UpToDate (editor-in-chief, Dermatology), JAMA Dermatology (Associate Editor), Journal Watch Dermatology (Deputy Editor), Journal of Rheumatology, Cutis, emedicine.com, Journal of Drugs in Dermatology, Journal of the European Academy of Dermatology and Venereology, Medicine, Psoriasis Forum, Australasian Journal of Dermatology

• I will discuss “off-label” uses of some of the currently available agents and will identify which are labeled v. off-labeled uses.

January 2017
Learning Objectives

• Following this talk, the attendee will be able to:
  – Identify some of the common pitfalls that occur in the practice of medical dermatology
  – Develop a plan to avoid perils
  – Recognize some pearls in medical dermatology
“The power of making a correct diagnosis is the key to all success in the treatment of skin diseases; without this faculty, the physician can never be a thorough dermatologist, and therapeutics at once cease to hold their proper position, and become empirical.”

Louis A. Duhring (1845-1913)
Доверяй, но проверяй {Doveryai, no proveryai}*

- Trust, but verify
- Quote used by Ronald Reagan in dealing with the Soviet Union and the arms treaty
- This generally applies to my approach to information sent to me as summaries of cases with recalcitrant dermatoses

* From an old Russian Proverb
Skin Ulcers Misdiagnosed as Pyoderma Gangrenosum

- Review of 240 patients with a presumed diagnosis of PG
- 49 had a different diagnosis
  - Vasculopathy – livedoid vasculitis, APS, venous ulceration, etc.
  - Vasculitis – WG, PAN, LCV, Cryo-assoc.
  - Malignancy – lymphoma/leukemia
  - Infection – deep fungal, Tb, HSV, etc.
  - Miscellaneous – NLD, Crohn’s, hydroxyurea-induced, spider bite

» NEJM 2002; 347: 1412-8
General Principles of Evaluation

• Confirm diagnosis
  – Create a differential diagnosis
  – Assess what tests are needed to distinguish among your top choice from others on your list
• Assess for associated conditions
• Assess for etiologic factors
Peril/Pitfall

- Failure to wait long enough for patients to note response to medical therapy
  - Antimalarial therapy needs at least 2 and perhaps more than 3 months for full effect
  - Azathioprine or mycophenolate mofetil therapy need up to 3 months at full dose to see effect
  - Methotrexate therapy has a delay in its onset of action
Peril/Pitfall

• Failure to rethink your working diagnosis despite evidence that a different disorder is the more appropriate diagnosis
  – Diseases have life spans and may not be able to be diagnosed at initial presentation

• Failure to recognize that drug-induced toxicity is potentiating or causing the disease
Peril/Pitfall

• Monotherapy is better for our patients
  – Combinations of therapies with different mechanisms of action, in potentially lower doses, is likely to enhance effectiveness and lessen toxicity

• Some therapies should not be combined without support in the literature
  – Combination of anakinra and etanercept did not lead to enhanced efficacy, but did lead to an exponential increase in infectious toxicity
Pearls

• Combinations therapies that make sense:
  – TNF antagonists, particularly antibody-based therapy, with methotrexate or apremilast
  – Combination antimalarial therapy – e.g. hydroxychloroquine or chloroquine with quinacrine
  – Continuation of antimalarial therapy for patients treated with thalidomide
  – Multiple anti-coagulant therapies/antiplatelet therapies in patients with thrombophilic disease (e.g. livedoid vasculopathy)
Pearl

• Some systemic therapy may limit the risk of cardiovascular disease in patients with chronic inflammatory skin diseases
  – TNF and MTX for the psoriasis
  – Antimalarials for LE
Conclusions

• Steps in assessing a “recalcitrant” dermatosis:
  – Correct diagnosis
  – The dynamic nature of skin diseases
  – The appropriate selection and use of therapy
  – The potential for therapy to induce disease
  – The need to develop a plan for selecting a therapy and for evaluation of its effects and potential toxicity.

• Make certain that you have seen and confirmed all the data about diagnosis, evaluation, and therapies used.
Approach to the patient with “recalcitrant” disease

Is the diagnosis correct?

- Yes
  - Why is the patient worsening?
    - Is the patient compliant?
      - Educate and facilitate compliance
    - Are there absorption or drug interaction issues?
      - Educate patient about how to optimize
    - Is the therapy ineffective or itself worsening the disease?
      - Consider discontinuation of therapy
    - Are there other factors exacerbating the disease?
      - Treat intercurrent illness
      - Reduce environmental exposures
    - Is it simply severe disease?
      - Layer additional therapies

- No
  - Infection, drug, other mimic