Psoriasiform Dermatitis in Children: Calling in the Troops

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DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

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F016 - Pediatric Dermatology for the Adult Dermatologist

DISCLOSURES

Regeneron Pharmaceuticals – clinical researcher:
Dupilumab use in adolescents with atopic dermatitis – no compensation
Objectives

• To distinguish between various psoriasiform eruptions in children and those features of psoriasis that are more specific to children than adults

• To appropriately treat psoriasiform dermatitis depending on its cause and association

• To identify cutaneous and extracutaneous signs and symptoms that may suggest that a psoriasiform eruption is associated with a genetic cause
Extracutaneous co-morbidities

- Psoriatic arthritis: early (JIA-like) vs. late (spondyloarthritis)
- Increased risk of IBD

- Children with psoriasis are more likely to have increased central adiposity
  - Overweight/obesity, metabolic syndrome
- Diabetes Mellitus?
- Dyslipidemia?
- HTN?
- NAFLD?
- Psychosocial
Pediatricians and dermatologists do a poor job of counseling and screening for psoriasis risk factors and co-morbidities
Screen for **obesity** yearly using **BMI**, from 2 y.o. onward

Screen for **DM** q3yrs using **fasting glucose** from 10 y.o. onward if obese OR if overweight + other risk factors

Screen for **dyslipidemia** at 9-11 y.o., then at 17-21 y.o. using **fasting lipid panel**; more frequently if other CV risk factors

Screen for **hypertension** yearly using **BP** from 3 y.o. onward
  - Arrhythmia, valvular heart disease

Screen for **NAFLD** q2-3 yrs using **ALT** at 9-11 y.o. if obese or overweight + other risk factors

Screen for **PsA** at each visit using **ROS**
  - Jt swelling/redness, stiffness, limp, heel pain, swollen digit

Screen for **depression/anxiety/substance abuse** at 11 y.o. yearly using **ROS**
Therapy

• Education – chronic disease
  • www.psoriasis.org

• Causes?: meds (corticosteroids, lithium, beta blockers, anti-malarials, interferon, TNF inhibitors), strep infection, Kawasaki

• Topicals: steroids, vitamin D derivatives, TCIs, anthralin, tar
• Phototherapy
• Retinoids
• Methotrexate (0.3-0.6 mg/kg per week) +FA
  • Helpful for psoriatic arthritis, too
• Cyclosporine (4-5mg/kg/day)
FDA-Approved Biologics for Children with Psoriasis

• Etanercept (4 y.o.)
  • 0.8 mg/kg subQ weekly (up to 50 mg weekly)

• Ustekinumab (12 y.o.)
  • 45 mg (≤100 kg) or 90 mg (> 100 kg) at 0, 4, q12 weeks

• Other biologics approved for alternate indications in children and can be considered (adalimumab, infliximab)

• Apremilast, IL-17 blockade, IL-23 blockade, other anti-TNFs (golimumab, certolizumab): unclear
Tonsillectomy?

• RCT
  • Tonsillectomy → dec PDI and PLSI scores compared to controls & with time

• Systematic literature review:
  • Variably improved severity, longer disease free intervals or more treatment-responsive
  • No uniform recommendation for tonsillectomy if possible association with tonsillitis

• “In certain cases, the procedure may be reserved for selected patients with recalcitrant and recurrent psoriasis exacerbations clearly associated with chronic tonsillitis.”

CARD14-associated Papulosquamous Eruption

• Early, prominent facial involvement
• Variable truncal involvement
• PPK

• FH of psoriasis or PRP

Conclusions

• Psoriasis often has a slightly varied presentation in children compared to adults, but treatment modalities are the same
• Extracutaneous screening for co-morbidities is recommended
• Consider CARD14 mutation in patients with prominent facial involvement and psoriasis/PRP overlap
• Consider IPEX syndrome if psoriasiform dermatitis is accompanied by enteropathy or endocrinopathy