Forum F024: Pearls: Diagnostic and Therapeutic
7/31/2016, 10:00 AM - 12:00PM

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Springfield IL
DISCLOSURES

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DISCLOSURES

Investigator: Celgene, Genentech, Janssen, Pfizer, Polynoma, Xoma
Advisory Board: Celgene, AbbVie
Off Label Alert

Just about everything I talk about today is an off label use...

That’s what makes them “pearls”!
PHOTOGRAPHY & VIDEOTAPING ARE STRICTLY PROHIBITED IN ALL EDUCATIONAL SESSIONS
CELL PHONES MUST BE PLACED ON VIBRATE OR TURNED OFF

Violations of this policy will result in removal from the session and possible revocation of meeting registration. Session directors will be closely monitoring such occurrences.
First 60 slides are in the handout (uploaded)...

_all the slides_ I use today will be available by sending me an email at:

drpstone@gmail.com
the Sams-Shelley test

(described independently by Wiley Sams and Walter Shelley)

"A double-blinded, paired-comparison study is not needed when the patient returns pleading for a refill of a previously prescribed therapy."
Does anyone here use Atopiclair®?
I have had two men whose pruritus scroti and one lady with vulvodynia who have responded very well with Atopiclair. : > ))

Skee Smith
TREATMENT OF PRURITUS ANI, VULVAE AND SCROTUM

M. P. Moorer, M.D.

ABSTRACT

Under thorough infiltration of the skin and subcutaneous tissue extending one half inch beyond the area affected, with 0.5 per cent. quinin and urea hydrochlorid solution, itching is at once arrested; excoriations rapidly heal, and within a few days the skin resumes its normal smoothness and luster. Anesthesia, however, persists for several days to as many weeks, and, at the expiration of this period, a second and sometimes a third infiltration is or may be required. It has not been necessary to employ a fourth infiltration in any case thus far treated, as the causative factor is searched for, and, if found, eliminated during the days of freedom from itching produced by this simple measure. Occasionally, one injection suffices, and the patient remains away for months; but he finally returns to have skin tags removed or other operative rectal procedure which he was told in the first instance would be
ABSTRACT

Under thorough infiltration of the skin and subcutaneous tissue extending one-half inch beyond the area affected, with 0.5 per cent. quinin and urea hydrochlorid solution, itching is at once arrested; excoriations rapidly heal, and within a few days the skin resumes its normal smoothness and luster. Anesthesia, however, persists for from several days to as many weeks, and, at the expiration of this period, a second and sometimes a third infiltration is or may be required. It has not been necessary to employ a fourth infiltration in any case thus far treated, as the causative factor is searched for, and, if found, eliminated during the days of freedom from itching produced by this simple measure. Occasionally, one injection suffices, and the patient remains away for months; but he finally returns to have skin tabs removed or other operative rectal procedure which he was told in the first instance would be
Burning Mouth Syndrome

Behavioral therapy
- Cognitive behavioral tx
- Group psychotherapy
- Electroconvulsive therapy

Topicals
- Benzodiazepine: clonazepam (swish and spit)
- Anesthetic: lidocaine (viscous)
- Antidepressant: doxepin (cream)
- NSAID: benzydamine (oral rinse)
- Antimicrobial: lactoperoxidase (oral rinse)
- Mucosal protectant: sucralfate (oral rinse)

Systemic medication
- Benzodiazepine (low dose): clonazepam, chlordiazepoxide
- Anticonvulsants: gabapentin, pregabalin, topiramate
- Antidepressants (low dose): amitriptyline, imipramine, nortriptyline, desipramine, trazodone
- SSRI: paroxetine, sertraline, trazodone
- Selective norepinephrine reuptake inhibitors: milnacipran, duloxetine
- Antioxidant: α-lipoic acid
- Antipsychotics: amisulpride, levosulpride
- Atypical antipsychotic: olanzapine
- Dopamine agonist: pramipexole
- Histamine₂ receptor antagonist: lafutidine
- Herbal supplement: Hypericum perforatum (St. John's wort)
- Salivary stimulants: pilocarpaine, sialor, cevimilime, bethanechol
Suck a clonazepam tablet 3 minutes after every meal

- ↓ pain, paresthesia, dry mouth, and altered sense of taste
- Retrospective study.
- 72 pts: 1-mg clonazepam ➔ holding saliva in the painful areas of the mouth w/o swallowing.
- P 3 min tablet and saliva spit out,

At 2 mos, 31% of pts reported a > 50% reduction from baseline in pain scores, and an additional 10% had a 30%-50% reduction in pain.

At 6 mos, 39% of pts reported a > 50% reduction in pain,
Clonazepam Tablet For Burning Mouth Syndrome

- Oral medicine clinic at Brigham and Women’s Hospital from 2008 to 2011
- “Oral dysesthesias used topical clonazepam solution (0.5 mg/5 ml)
- 5 ml 5 minute swish and spit, two to four times daily
- Overall response rate 61.0%
"... Half of everything you learn in medical school is wrong. The problem is figuring out which half."

1. In pts with widespread back dermatitis, patches can be applied to the chest (if not too hairy,) the anterior thigh and even the upper outer arm.

2. Patch testing is acceptable even if the patient is taking a daily prednisone dose of 10 mg.

3. Methotrexate, TNF inhibitors and ustikinumab do not appear to inhibit contact patch testing
- Imiquimod nightly
- Start with occlusion
- Maintain minimal rxn
Molluscum Contagiosum

35 children

- topical 10% KOH aqueous solution
- applied by the parents
  - inflammation, superficial ulceration.

32 of 35 pts
  - complete cure, avg 30 days

Three children discontinued treatment

- Two reported severe stinging, refused further rx.
- 1 giant MC lesions, developed 2° infection with prolonged treatment

KOH ➔ effective and safe in the treatment of MC in children

Evaluation of the effectiveness of 5% potassium hydroxide for the treatment of molluscum contagiosum

It works, too.

Griseofulvin for Molluscum

- Credit: Hines Ely
- 250 mg Ultra/day
Zinc – not more than 120mg/day of *elemental* zinc

Zinc Sulfate, 10 mg per kg by mouth (remember about 1/3 of the zinc sulfate is elemental zinc – check labels)
Safe And Speedy Cantharidin Application

Melissa Lao, BS, Anne Weissler, PA, Elaine Siegfried, MD

Journal of the American Academy of Dermatology
Volume 69, Issue 2, (August 2013)
Molluscum Contagiosum: To Treat or Not to Treat?

- 170 Children in an Outpatient Setting
- Retrospective chart review and telephone survey
- <16 years of age - Pedes Derm @ Hopkins
- 51.8% were female and 77.1% Caucasian.
- Median age at diagnosis was 5 years
- 46.5% had AD, and AD kids had sig more lesions $p < 0.05$
- 72.9% ⇒ no rx

Basdag H, Rainer BM, Cohen BA Pediatr Dermatol. 2015 Jan 30
Complete clearance w/in 12 mos in 45.6% of treated vs. 48.4%

W/in 18 mos in 69.5% of treated vs 72.6% of untreated

Treatment did not shorten the time to resolution.
The *only* evidence based study of wart therapy showed duct tape works.

Apply and leave in place for a “prolonged period.”

File down hyperkeratosis between applications.
Warts

Want a little more “active” therapy?

5% FU cream with Duct tape

- 3 children with hand warts treated with daily applications of 5% FU cream covered with duct tape
- In 1-3 weeks warts disappeared with no scar or pain.
- Careful ➡️ I’ve seen necrosis
Baby Foot Deep Exfoliation For Feet peel, lavender scented, 2.4 fl.oz. from Baby Foot

List Price: $25.00
Price: $18.00 & FREE Shipping on orders over $49. Details
You Save: $7.00 (28%)

In Stock. Sold by OXKOM and Fulfilled by Amazon. Gift-wrap available.

4 Sizes: Pack of 1
Pack of 1: $18.00
2 Pack: $30.94
3 Pack: Price Hidden

Want it tomorrow, April 19? Order within 7 hrs 42 mins and choose One-Day Shipping at checkout. Details

About the Product
- Baby Foot easy pack 30ml per foot x 2
- Remove dead skin
- 1 pair
Randomized trial of vitamin D supplementation for winter-related atopic dermatitis in children

Carlos A. Camargo, Jr, MD, DrPH, FAAAAI,a D. Ganmaa, MD, PhD, a, b Robert Sidbury, MD, MPH, a
Kh. Erdeneedelger, MD, b, c N. Radnaakhand, MD, PhD, b and B. Khandsuren, MD, PhD b, c

Boston, Mass, Ulaanbatar, Mongolia, and Seattle, Wash

- 107 Pediatric pts: RDB study
- Vitamin D 1000 IU vs placebo
- Significantly more improvement in Vit D group
- Limitation – Study performed in Ulaanbatar, Mongolia
Long-Term Efficacy of Oxybutynin for Palmar and Plantar Hyperhidrosis in Children Younger than 14 Years

Nelson Wolosker, M.D., Ph.D.,∗,+ Marcelo P. Teivelis, M.D.,∗ Mariana Knutman, M.D.,∗ Rafael P. de Paula, M.D.,∗; Claudio Sant'arman, M.D., Ph.D.,‡ Paulo Kaufman, M.D., Ph.D.,∗ José R. de Campos, M.D., Ph.D.,∗,+ and Pedro Pacheco-Leão, M.D., Ph.D.,‡

∗Department of Vascular and Endovascular Surgery, Hospital Israelita Albert Einstein, São Paulo, SP, Brazil; †Department of Vascular and Endovascular Division, Department of Surgery, School of Medicine, University of São Paulo, São Paulo, SP, Brazil; ‡Hospital das Clínicas, University of São Paulo, São Paulo, SP, Brazil.

Abstract: Oxybutynin for treating hyperhidrosis in children has been evaluated only in short-term studies. We aimed to investigate the long-term effects of oxybutynin in treating children with palmar and plantar hyperhidrosis who had not undergone surgery and who were monitored for at least 6 months (median 19.6 mos). A cohort of 97 patients was evaluated retrospectively, with particular attention to 59 children (ages 4–14 yr) who were treated for longer than 6 months. Their quality of life (QOL) was evaluated using a validated clinical questionnaire before and after 6 weeks of pharmacologic therapy. A self-assessment of hyperhidrosis was performed after 5 weeks and after the last consultation. By their final visit, more than 91% of the children with hyperhidrosis treated with oxybutynin experienced moderate or great improvement in their level of sweating and 84% experienced improvement in QOL. More than 90% of children reported improvement of hyperhidrosis at other sites. Dry mouth was the most common side effect. Oxybutynin appears to be an effective treatment option for children with hyperhidrosis, and positive results are maintained over the long term (median 19.6 mos).

Hyperhidrosis usually begins during childhood. The palmar and plantar regions are the most commonly affected sites in this age group (1), which may lead to serious emotional problems, significantly affecting quality of life (QOL) (2).

Topical agents, botulinum toxin, and iontophoresis have shown poor effectiveness (3,4). Surgical sympathectomy (5) provides significant relief but is associated with compensatory hyperhidrosis (6).

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DOI: 10.1111/j.1527-0952.2014.02085
2.5 mg of oxybutynin HS for 7 days.
Increased to 2.5 mg BID days 7 to 21
Then 5 mg twice daily from day 22 onward.

pts weighing < 40 kg received the same
treatment for the first 3 weeks, but their dose
was not increased after day 21.
Small basal cell carcinoma

- How do you treat it?
- Can use vigorous curettage
- Other ideas?
Clindamycin Phosphate & Benzoyl Peroxide Gel

- 5%/1% (Benzaclin®)
- 5%/1.2% (Duac®)
- 2.5%/1.2% (Acanya®)
- 3.75/1.2% (Onexton ®)
5%/1% (Benzaclin®) $264
5%/1.2% (Duac®) $78.40 (at Walgreens*)
2.5%/1.2% (Acanya®) $451.65 (at Walgreens*)
3.75/1.2% (Onexton ®) $451.65 (at Walgreens*)

* With Coupon
Indigent Patient Program
Only one manufacturer
Helps find alternative payers or will provide gratis
Promius Promise Patient Assistance Program
Working with AmeriCares (nonprofit) www.AmeriCares.org
Do you treat it or refer?
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Cutaneous Lupus
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If nonresponder to hydroxychloroquine or chloroquine...
- Consider noncompliance
- Consider adding quinacrine
- Thalidomide
- MMF or MTX
- Biologics
- SMOKING CESSATION
Revised recommendations on screening for chloroquine and hydroxychloroquine retinopathy

- Toxicity risk sharply toward 1% after 5 to 7 yrs of use, or a cumulative dose of 1000 g, of HCQ.
- Risk increases further with continued use.

**SCREENING SCHEDULE:**
- Baseline as a reference point and to r/o maculopathy
- Annual screening should begin after 5 years
  - sooner if there are unusual risk factors
SCREENING TESTS:

- Newer objective tests, such as multifocal electroretinogram (mfERG), spectral domain optical coherence tomography (SD-OCT), and fundus autofluorescence (FAF), are more sensitive than visual fields.

- Amsler grid testing is no longer used.
Angiofibromas
Angiofibromas
Tuberous sclerosis complex (TSC)

- Autosomal dominant
- Multiple hamartomas.
- Treatment of TSC lesions with mammalian target-of-rapamycin inhibitors is effective.
- Left–right comparative study between rapamycin 0.2% topical and vehicle
  - 11 pts with TSC.
  - ointment and gel,
  - in vitro percutaneous absorption of rapamycin was determined.
Percutaneous absorption of rapamycin significantly > w/gel vs ointment

Rapamycin-treated cheek ➞ significant improvements vs vehicle-treated cheek after 12 weeks of treatment

No side-effects were noted, and rapamycin was not detected in the blood of the pts.

Br J Dermatol 2013 Dec 01;169(6)1314–1318, M Tanaka, M Wataya-Kaneda, A Nakamura, S Matsumoto, I Katayama
Baseline (A & B) and 12 wks post start of rapamycin therapy (C,D). A, B ⇒ multiple angiofibromas confluent on the cheeks. C,D, Post 12 wks topical rapamycin ⇒ angiofibromas reduced in number and size, sustained effect and cont improvements in skin texture.
First reports:

Hidradenitis suppurativa and Crohn's disease: response to treatment with infliximab

*Dramatic improvement after treatment with infliximab was achieved for both refractory fistulizing CD and axillary HS.*

Etanercept: effective in the management of hidradenitis suppurativa.
Hidradenitis suppurativa

- Infliximab - first several reports with Crohn’s - then without
- Etanercept - easier to use - several case reports
- Adalimumab - Now FDA Approved
And while we’re on the subject...
Studies on hormonal mechanisms in HS suggest altered end-organ sensitivity, probably related to the enzyme 5α-reductase that converts testosterone to DHT.

Finasteride has been reported to be effective in recalcitrant HS.
Hidradenitis suppurativa

- 7 pts (5♀ and 2♂) not responding well to antibiotics.
- Finasteride 5 mg/day - monotherapy.
- Evaluated at regular intervals for 8 mo to 2 yrs.
- → Six pts imp significantly - three CR
- Two remissions lasting 8-18 months.
- Generally well tolerated
- Two women complained of breast enlargement
- Convince the pharmacist.
- Preliminary - but anecdotal support - on the net

Finasteride and HS


antimicrobial washcloth and essential oils (frankincense and melaleuca oils). She feels this is working better than anything she has tried in the past.
First 60 slides are in the handout (uploaded)...

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