FRM F011 - Pearls: Diagnostic and Therapeutic
I have uploaded these slides as a handout, and will replace them with the ones actually used in the presentation when I get home…

…or you can email me at sstone@siumed.edu
Clinical Office Pearls

Stephen P. Stone, MD, Professor
Southern Illinois University School of Medicine
Springfield IL
Plan of the Day

FRM F011 - Pearls: Diagnostic and Therapeutic
3:30 – 5:30

3:30 – 4:00  Stephen Stone – Introductions and Off Label Pearls

4:05 – 4:35  Sacharitha Bowers
Dr Bowers is an Assistant Professor at SIU School of Medicine in Springfield IL, and Director of the Dermatology Residency Program and A veteran of 5 years in Private Practice
Plan of the Day

FRM F011 - Pearls: Diagnostic and Therapeutic
3:30 – 5:30

4:40 – 5:10 Rebecca Larson
Dr. Larson is an Assistant Professor at SIU School of Medicine and
Associate Director of the Residency Program and
A Mohs Surgeon
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."
Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell

Abstract

Objectives To determine whether parachutes are effective in preventing major trauma related to gravitational challenge.

Design Systematic review of randomised controlled trials.

Data sources: Medline, Web of Science, Embase, and the Cochrane Library databases; appropriate internet sites and citation lists.

Study selection: Studies showing the effects of using a parachute during free fall.

Main outcome measure Death or major trauma, defined as an injury severity score $> 15$.

Results We were unable to identify any randomised controlled trials of parachute intervention.

Conclusions As with many interventions intended to prevent ill health, the effectiveness of parachutes has not been subjected to rigorous evaluation by using accepted intervention was a fabric device, secured by strings to a harness worn by the participant and released (either automatically or manually) during free fall with the purpose of limiting the rate of descent. We excluded studies that had no control group.

Definition of outcomes

The major outcomes studied were death or major trauma, defined as an injury severity score greater than 15.

Meta-analysis

Our statistical approach was to assess outcomes in parachute and control groups by odds ratios and quantified the precision of estimates by 95% confidence intervals.

We chose the Mantel-Haenszel test to assess heterogeneity, and sensitivity and subgroup analyses and fixed effects weighted regression techniques to explore causes of heterogeneity. We selected a funnel plot to assess evidence of publication bias.

Gordon C S Smith

Professor

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Jill P Pell

Consultant

Department of Public Health, Greater Glasgow NHS Board, Glasgow G3 8YU

gess2@cam.ac.uk

BMJ 2003;327:1409-61
Results

Our search strategy did not find any randomized controlled trials of the parachute.
What is already known about this topic

Parachutes are widely used to prevent death and major injury after gravitational challenge

Parachute use is associated with adverse effects due to failure of the intervention and iatrogenic injury

Studies of free fall do not show 100% mortality

What this study adds

No randomised controlled trials of parachute use have been undertaken

The basis for parachute use is purely observational, and its apparent efficacy could potentially be explained by a “healthy cohort” effect

Individuals who insist that all interventions need to be validated by a randomised controlled trial need to come down to earth with a bump

technology to provide effective protection against
I have had two men whose pruritus scroti and one lady with vulvodynia who have responded very well with Atopiclair.  : > ))

Skee Smith
(J. Graham Smith)
TREATMENT OF PRURITUS ANI, VULVAE AND SCROTUM

M. P. Moor, M.D.

[+/-] Author Affiliations


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 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
Pruritus Ani

- SLU GI Study: 75% are 2°
- Consider inflammatory, infectious, systemic, neoplastic, and anorectal disorders
- 25% idiopathic
Pruritus Ani

Causative Factors

- Inverse psoriasis
- Contact dermatitis (ICD & ACD)
- Atopic dermatitis
- Bowen’s
- Paget’s

- STDs
  - Condyloma
  - Herpes
  - Syphilis
  - Gonorrhea
  - Candida
  - *Enterobius vermicularis*
- Perianal Warts or tags
- Erythrasma
Pruritus Ani
Causative Factors

- Systemic diseases
  - diabetes, cholestasis,
  - lymphoma, leukemia,
  - pellagra, renal failure,
  - thyrotoxicosis, hypothyroidism
  - HIV dis Vitamin defs
  - A, D, iron

- Dietary triggers
  - coffee, tomatoes
  - beer, cola, tea
  - peanuts, milk products
  - citrus, chocolate, grapes

- Patients with sys dis usually have generalized pruritus.

- Medications

- Fecal soilage
Of 16 articles referenced in PubMed on the subject, 14 were in the GI literature, 1 in Postgraduate Medicine, and 1 in JAAD.

EXCELLENT article in UP TO DATE©
Pruritus Ani

- Wash nightly with Benzoyl Peroxide wash
- Hydrocortisone - iodoquinol cream
- Alcortin A®
Hydrocortisone / Iodoquinol

Hydrocortisone / iodoquinol is part of the Antiprotozoal / Corticosteroid Combinations class and treats **Skin Infection**, **Itching**, **Eczema**, and other conditions. Antiprotozoal / corticosteroid combinations are used to treat **eczema** and **skin infections** such as **ringworm**, **athlete's foot**, and **jock itch**. The corticosteroid reduces inflammation and irritation, while the antiprotozoal treats the underlying infection. **Hydrocortisone** / iodoquinol is available in both brand and generic forms. Compare **antiprotozoal / corticosteroid combinations**.

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**Prices and coupons for 1 tube (28.4g) 1%/1% of hydrocortisone / iodoquinol cream**

- Lowest prices near **Springfield, IL**
- **Walmart**: $27.16

[Visit website](https://www.goodrx.com/athlete-s-foot)
Pruritus Ani

- Wash nightly with Benzoyl Peroxide wash
- Hydrocortisone - iodoquinol cream
- Eurax PRN for flares
- Activated Charcoal Capsules
- Zinc oxide barrier creams
- Capsaicin
  - Capzasin-HP Arthritis Pain Relief Crème is 1%, OTC
  - Zostrix is Capsaicin 0.025%
  - Zostrix HP is Capsaicin 0.075%
  - Published in Gut - .006!
Pruritus Ani

- Wash nightly with Benzoyl Peroxide wash
- Hydrocortisone - iodoquinol cream
- Eurax PRN for flares
- Activated Charcoal Capsules
- Zinc oxide barrier creams
- Capsaicin

- Per Up-to-Date: PA responds in 89%, refractory in 11%

- “Sx suggestive of pruritus ani, esp those of long duration, should alert *the surgeon* to the potential for proximal colon and anorectal neoplasia.”
Urticaria

My therapeutic ladder
My therapeutic ladder

• Antihistamines:
  • What do you tell patients about dosing with the newer non-sedating antihistamines?
  • The recommended dose was based on allergic rhinitis
  • Dose for hives (and itch, for that matter) is up to 4X
  • Loratadine, fexofenadine, cetirizine, desloratadine, levocetirizine
  • With doxepin or Benadryl® HS

• Cyclosporin
• Vitamin D – Dr. Bowers will discuss
• Omalizumab (Xolair®)
My therapeutic ladder

• Antihistamines:
  • What do you tell patients about dosing with the newer non-sedating antihistamines?
  • The recommended dose was based on allergic rhinitis
  • Dose for hives (and itch, for that matter) is up to 4X
  • loratadine, fexofenadine, cetirizine, desloratadine, levocetirizine
  • Doxepin
  • Vitamin D – Dr. Bowers will discuss

• Cyclosporin
• Omalizumab (Xolair®)
• MTX, Sulfasalizine, Colchicine
Unresponsive to antihistamines:

- Trial of montelukast (Singulair)
- Antimicrobial therapeutic trials
  1. doxycycline/minocycline;
  2. fluconazole,
  3. metronidazole
  4. valacyclovir or famcyclovir

Not on my therapeutic ladder
Chronic Urticaria

Laboratory Workup

1. CBC with differential
2. Urinalysis
3. Sed rate
4. Liver function tests
5. Joe Eastern likes antimicrosomal and antithyroglobulin antibodies ⇒ autoimmune cause.
6. If specific etiology suspected; directed studies
7. No nondirected studies
Chronic Urticaria

Methotrexate: a useful steroid-sparing agent in recalcitrant chronic urticaria

- Dose to steroid-sparing effect was 10-15mg weekly
- Methotrexate may be a useful treatment for steroid-dependent chronic urticaria
- The beneficial effects of methotrexate may be anti-inflammatory and immunosuppressive.

COST

- AWP for a 150 mg vial of omalizumab = $541
- Pharmacy Price w/coupon $1020
- Q4 wk,dosing ➔ ~$541 to ~$1,000- 150mg/300mg
- Per year: $10,000 to $16,000.

- MTX ~ $100 / 40 pills w/o coupons

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Bullous Pemphigoid And Omalizumab


3: Messingham KN, Pietras TA, Fairley JA. Role of IgE in bullous pemphigoid: a review and rationale for IgE directed therapies. G Ital Dermatol Venereol. 2012 Jun;147(3):251-7


Bleeding Always Stops
Stop it sooner
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