Common skin diseases

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Objectives of talk

- Review some common skin diseases and management

Disclosure

- Relationships with commercial interests: none
- Research: clinical trials Pfizer, AbbVie, Novartis, Janssen, Galderma

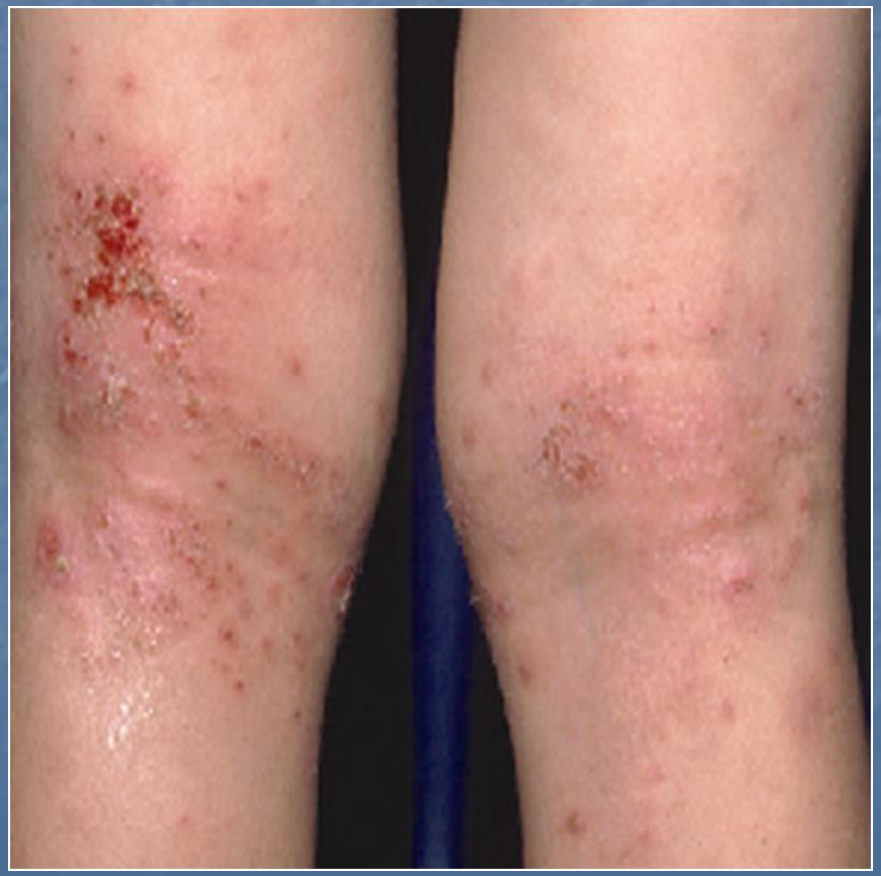
Speaker disclosures

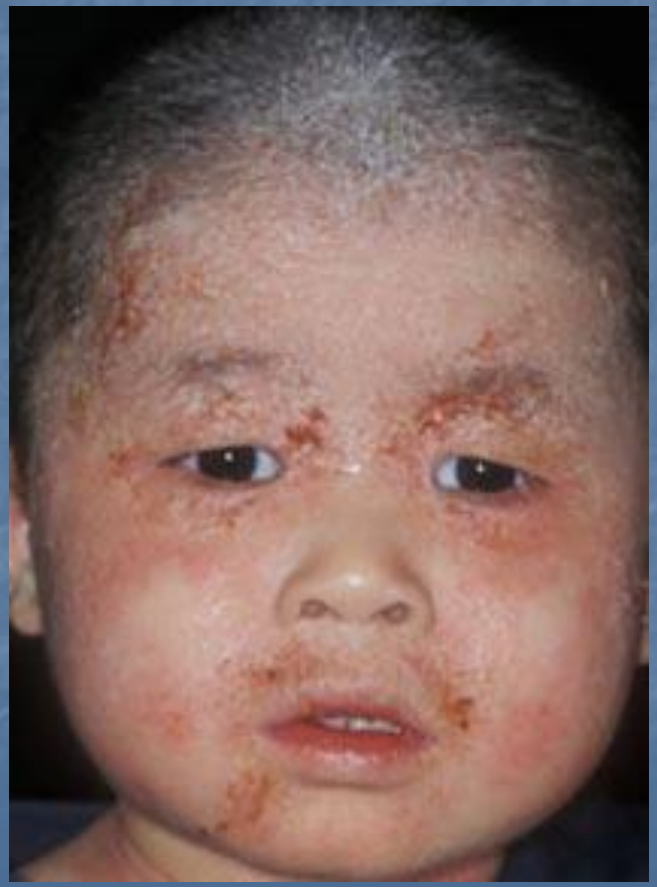
- received speaker or consultant honoraria and/or research grants from the following companies:

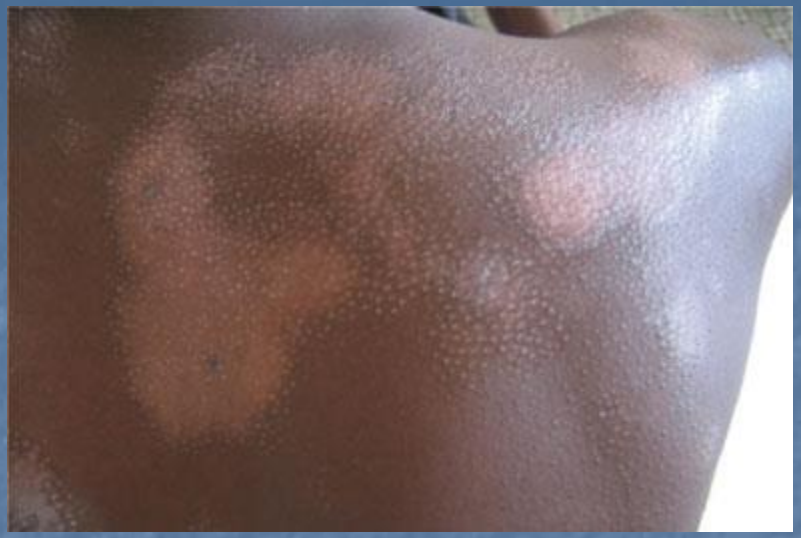
- Abbvie
- Actelion
- Amgen
- Aralez
- Bausch
- Galderma
- Glaxo Smith Kline
- Janssen
- Johnson & Johnson
- La Roche Posay
- LEO Pharma
- Lilly
- Novartis
- Pediapharm
- Pfizer
- Sanofi
- UBC
- Valeant

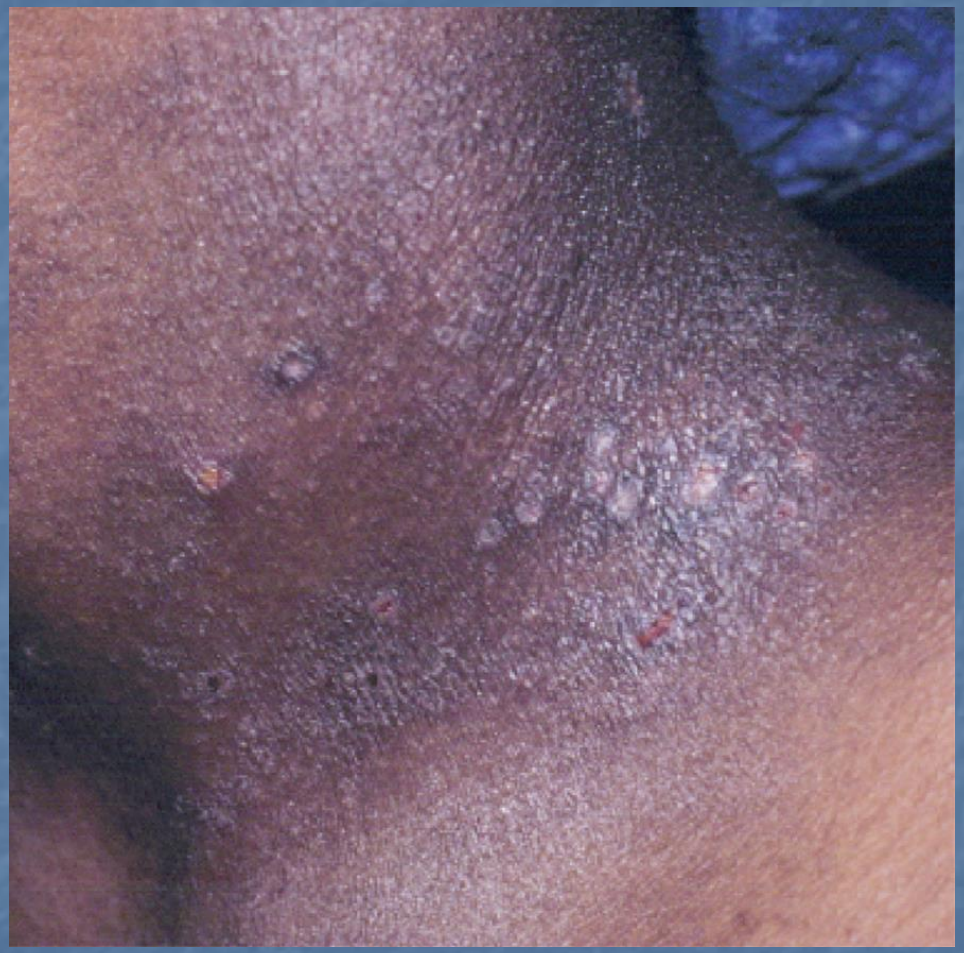
- I had full editorial control over the content of this presentation and wish to advise that it may contain content that is not consistent with the approved Canadian Product Monographs.

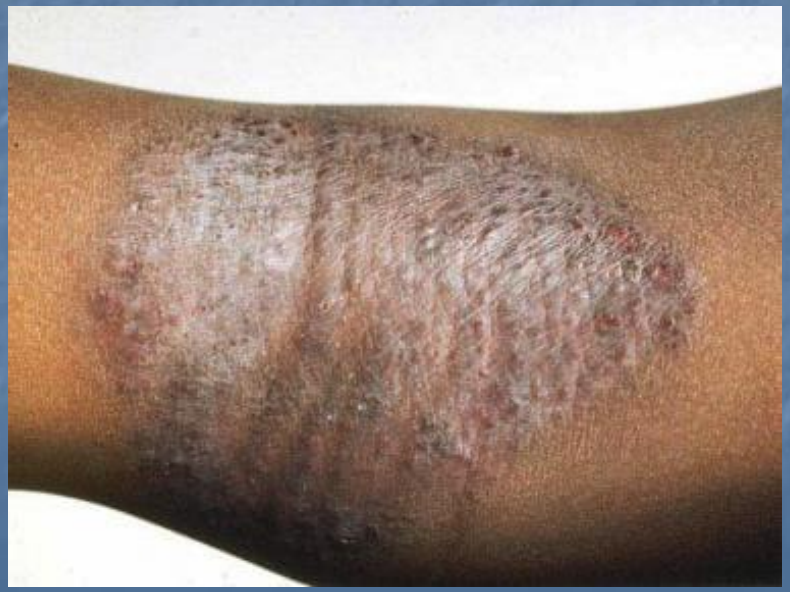
Atopic Dermatitis







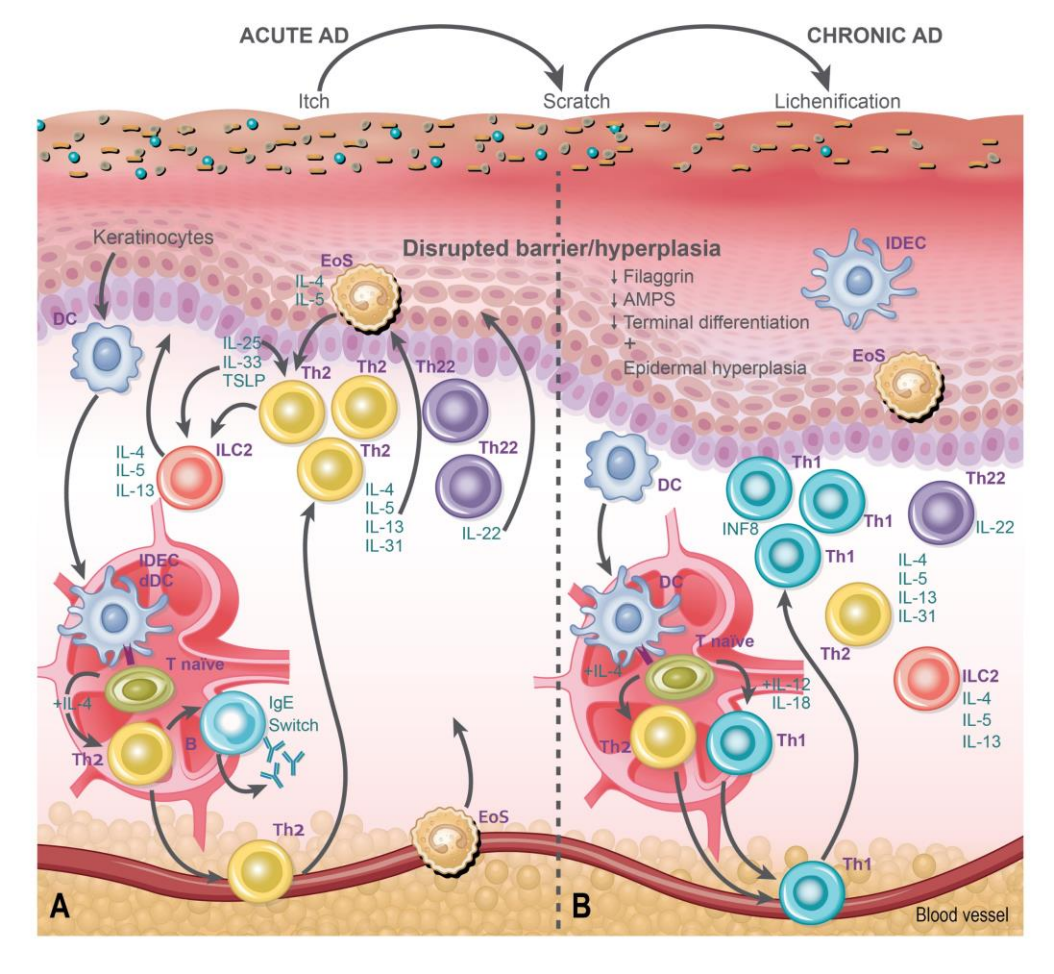




AD is Caused by a Dysfunctional Skin Barrier and Dysregulation of the Immune System[1-5]

Barrier disruption

-filaggrin mutation
-alteration in skin microbiome
-irritants
-low humidity

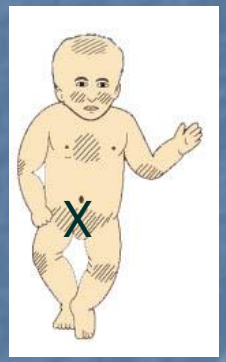


1. Jarnagin K *et al. J Drugs Dermatol.* 2016;15(4):390-396. 2. Chan SC *et al. J Allergy Clin Immunol.* 1993;91(6):1179-1188.
3. Gooderham M et al. J *Am Acad Dermatol.* 2018;78(3S1):S28-36. 4. Sawai T *et al. Br J Dermatol.* 1998;138(5):846-848.
5. Hanifin JM *et al. J Invest Dermatol.* 1996;107(1):51-56.

Atopic Dermatitis Location by Age

Infantile type

Face, scalp, trunk, extensor surfaces of extremities



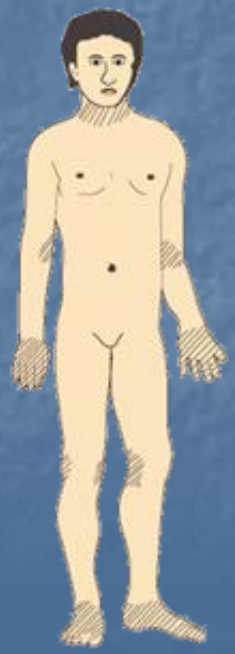
Diaper area usually spared

Childhood type

Flexural folds of extensor (antecubital and popliteal fossa, neck, ankles)

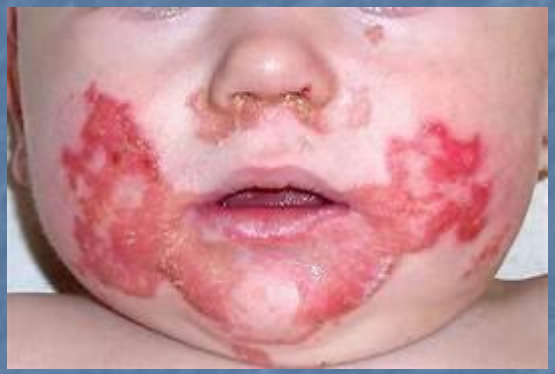
Adult type

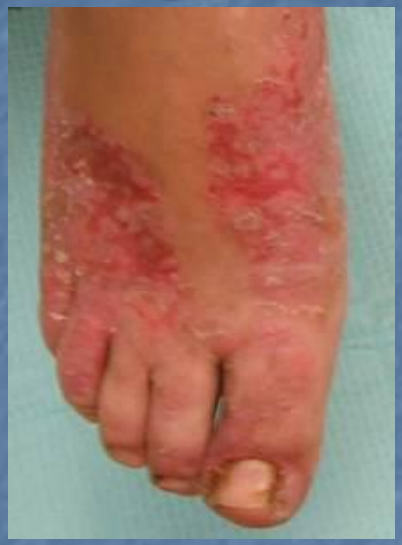
Can be flexural nummular pattern
Hands
Consider drug induced

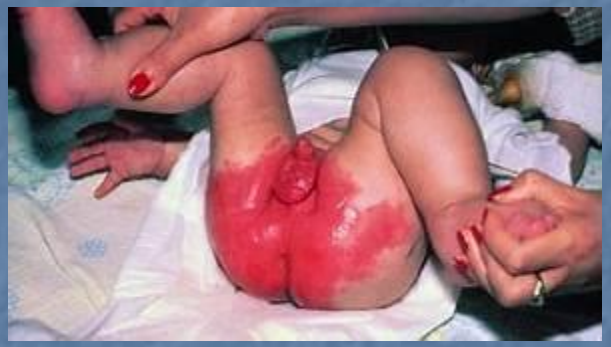


Adapted from: Color Textbook of Pediatric Dermatology, 4th Edition; https://plasticsurgerykey.com/eczematous-disorders-2/.

Acrodermatitis enteropathica
zinc deficiency from genetic malabsorption







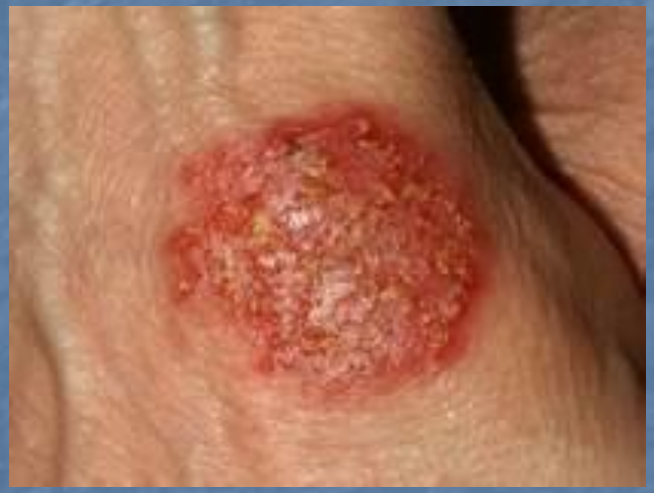
-failure to thrive, diarrhea, irritability, alopecia, increased infections

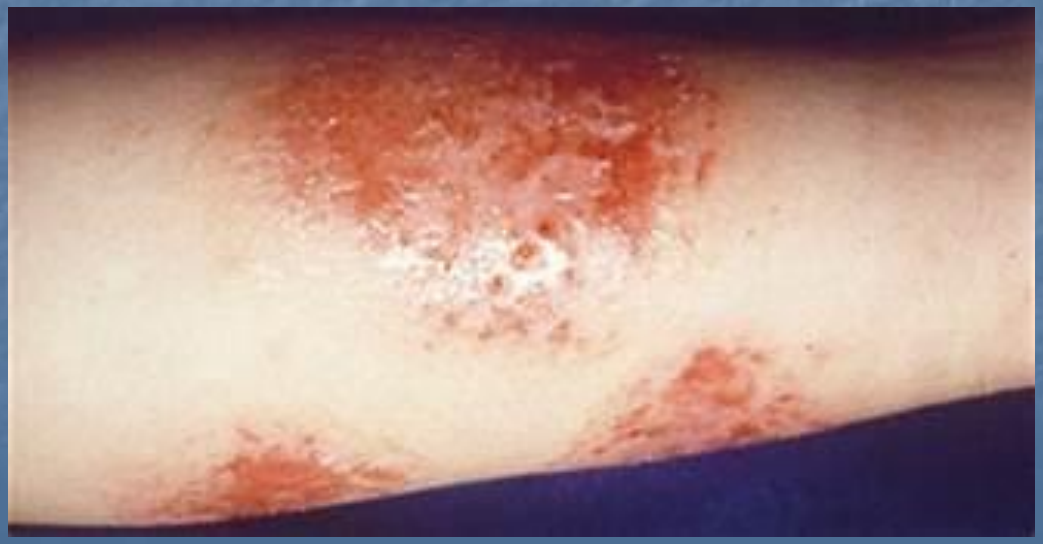
-seen most often post weaning from breastfeeding

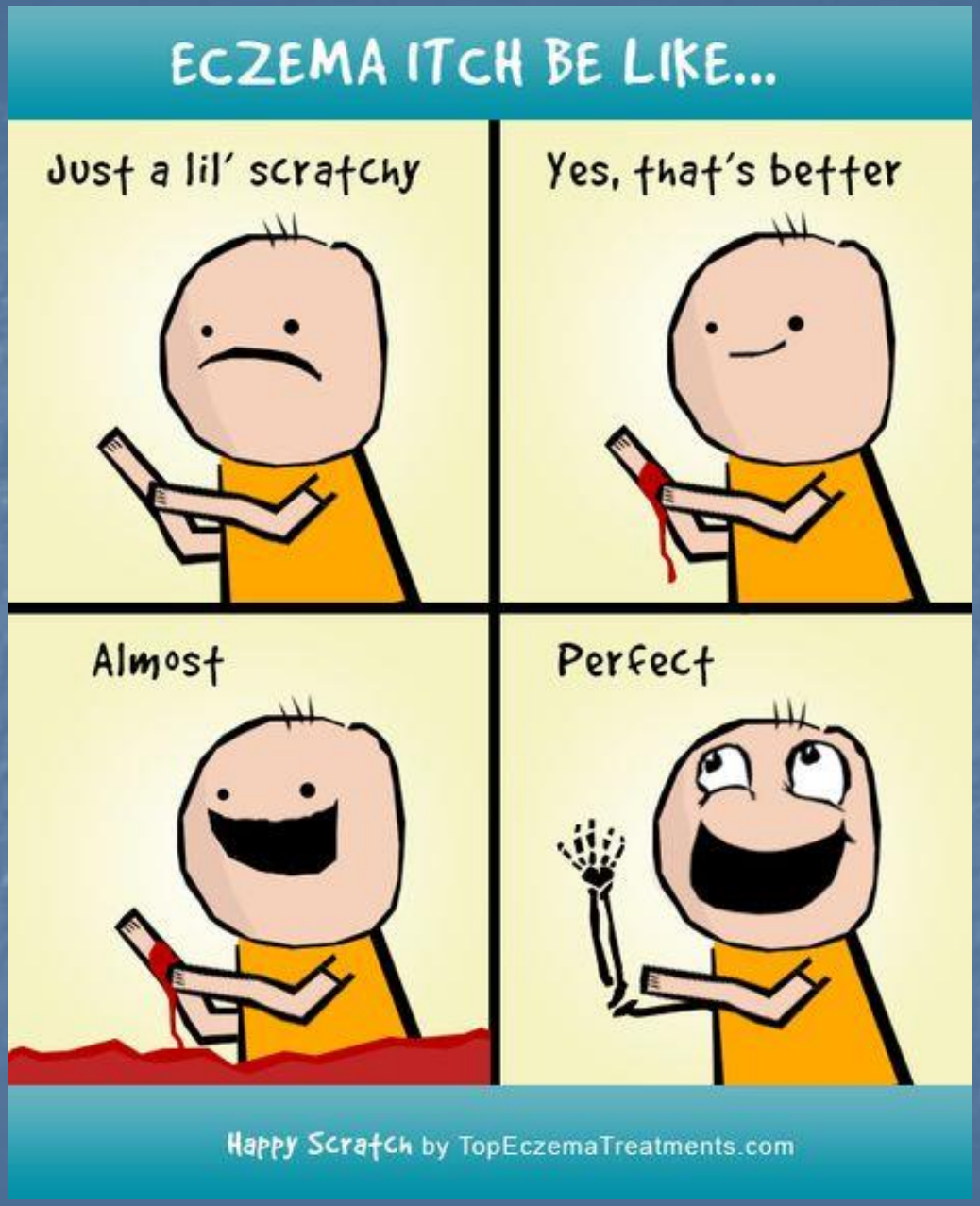
-zinc deficiency also seen in Crohn's, Cystic fibrosis, sickle cell, liver/renal disease, parenteral nutrition, athletes, poor nutrition

-responds dramatically and quickly to zinc supplementation

Nummular pattern

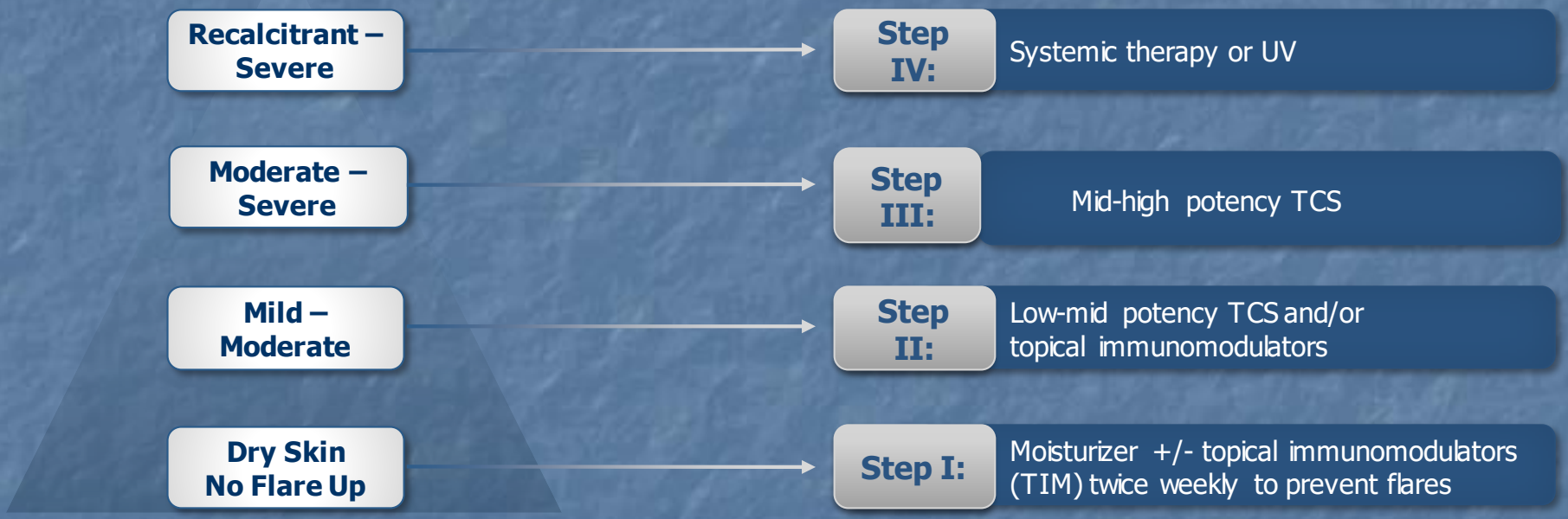





ECZEMA ITCH BE LIKE...
Just a lil' scratchy
Yes, that's better
Almost
Perfect
Happy Scratch by TopEczemaTreatments.com

Treatment Steps Adapted to Disease Severity in AD[1]

European Academy of Allergology: Consensus Report



1. Akdis et al. *J Allergy Clin Immunol.* 2006;118:152–69.

Basic skin care for AD

- Keep baths/showers short lukewarm
- Use scent free synthetic detergents with no allergenic preservatives
- Avoid washing whole body with cleansers just use in folds/"smelly parts"/face
- Do not sit in bath with suds
- Moisturize while damp
- Use scent laundry detergent & static balls

Corticosteroid classification

Ultra Potent:	Class 1	Clobetasol
	Class 2	Fluocinonide (Lyderm)
Mid Potency	Class 3	Mometasone, BMV 0.1%
	Class 4	BMV 0.05%
	Class 5	Hydrocortisone 17 valerate (Hydroval)
Low Potency	Class 6	Desonide
	Class 7	Hydrocortisone

Acute care of atopic dermatitis flare

- -Ointments or oil preferred when acute
  - More effective and potent than cream
  - Stings less on acutely flared skin
  - Not tolerated as much in summer
  - Fluocinonide oil (Derma-smooth) covered by private plans/NIHB only

-Consider using with wet wrap “2 PJ Rx”

+/- Prednisone or prednisolone

+/- antibiotic if secondarily infected

Treatment for atopic dermatitis

- Use mid potency CS to clear skin
  - Betamethasone valerate 0.05-0.1%, mometasone, fluocinonde oil (Dermasmooth)
  - (1-2 weeks body and 2-3 days face folds)
- Alternate with low potency CS or non cortisone alternatives
  - Elidel (pimecrolimus) cream (3 months and up)
  - Protopic 0.1%, 0,03% (tacrolimus) oint (2+)
  - Eucrisa (crisaborole) oint (3 months and up)

CDA Position Statement (2018)

Elidel (pimecrolimus) Protopic 0.1%, 0,03% (tacrolimus

Background

As of 2018, 6.7 million patients have used tacrolimus/pimecrolimus since marke

"CDA believes that the FDA and TPD recommendation for a warning of this nature remain unsupported by medical evidence and ever broadening clinical experience"

2015 Cochran
- 20 studies, 5885
- No evidence of tacrolimus association with risk of malignancies

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o show
kemia,
TCIs

CDA is in agreement with AAD, EADV Eczema Task Force, Asia-Pacific Consensus Group for AD, Canadian Society of Allergy and Clinical Immunology

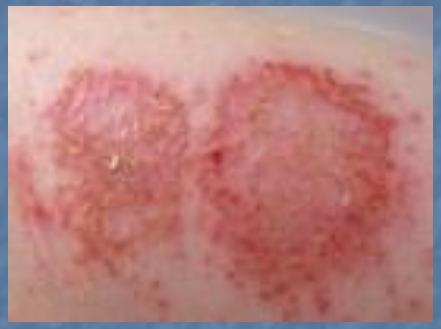
CDA: Canadian Dermatology Association
FDA: Food and Drug Administration
TPD: Therapeutic Product Directorate

https://dermatology.ca/tci-position-statement/

black box warning removed in Canada Oct 2019

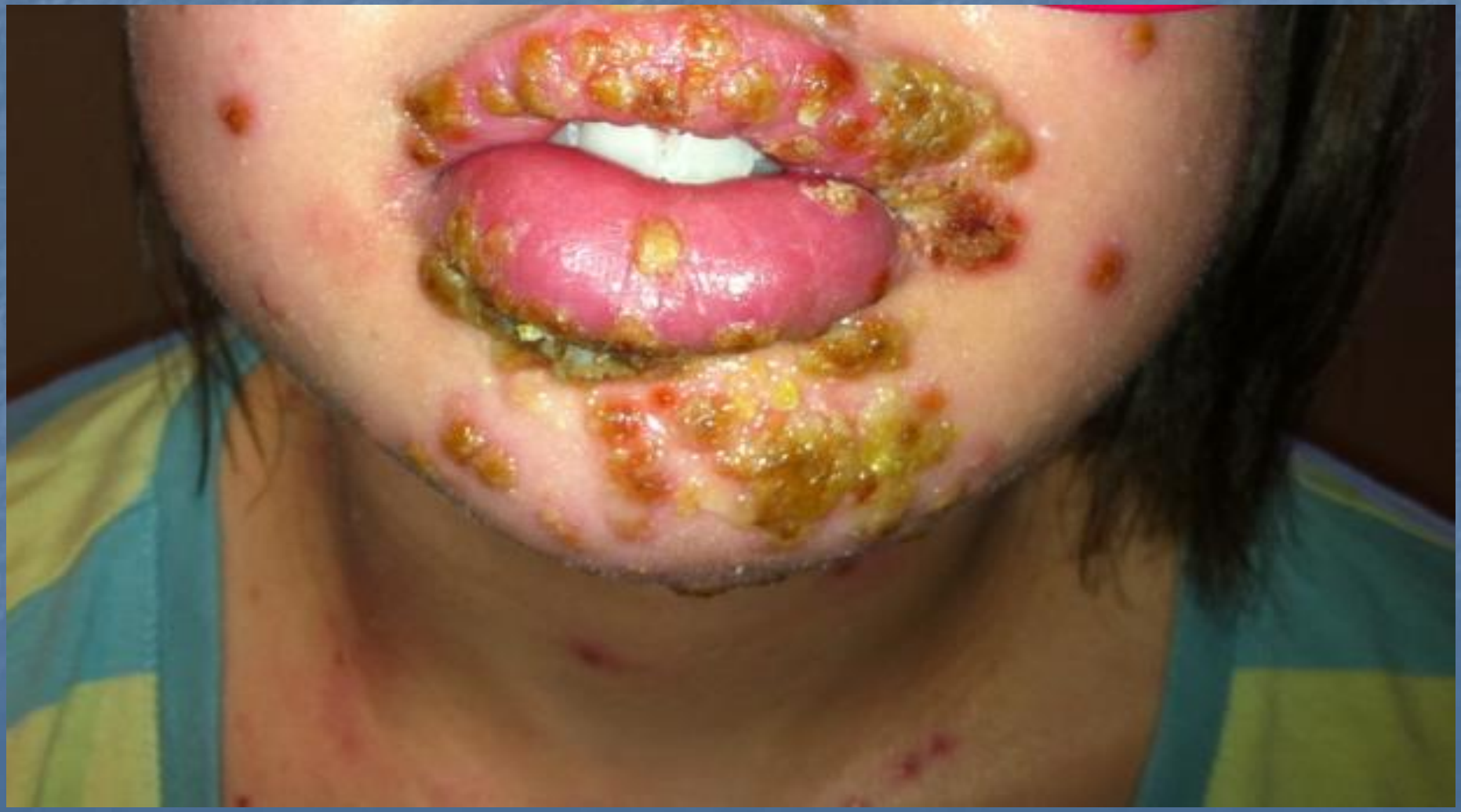
Nummular dermatitis

- -coin shaped eczema
- -can occur any age
- -can be harder to treat



- -often use 10% LCD (tar) with clobetasol
- -worse in winter and dry skin
- -can be seen as "Id" or auto-eczematization reactions to venous stasis, tinea, medications (topical antibiotics, isotretinoin, INF)

Herpes and Staph aureus in a patient with AD



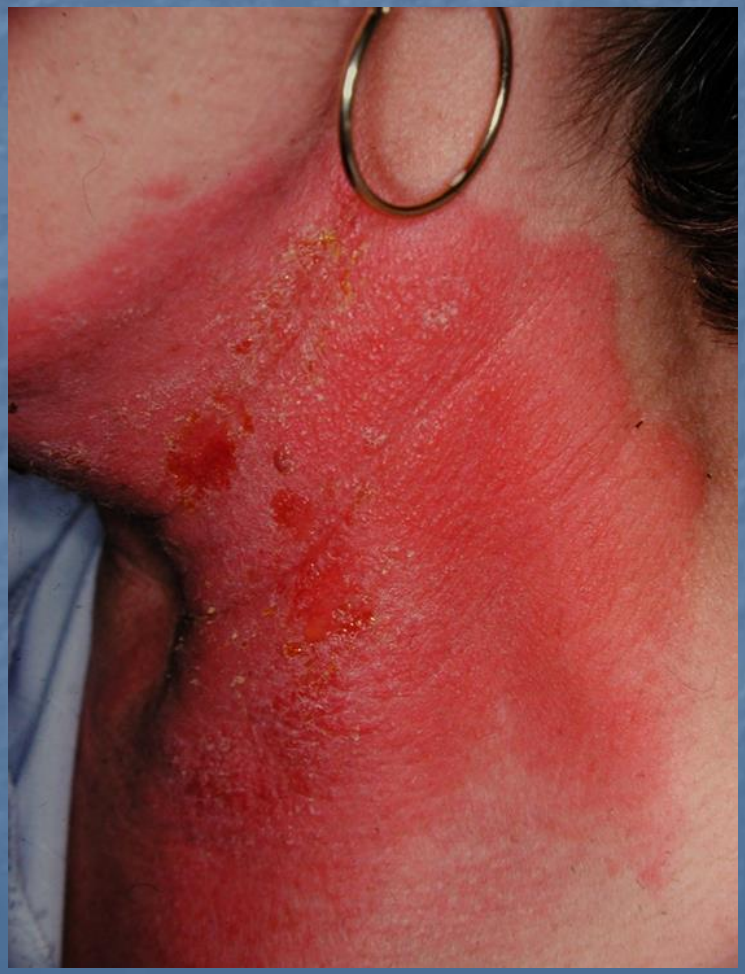
Atopic dermatitis –when to refer

- frequent flares
- suspect allergic contact dermatitis for patch testing
- needs systemic steroid sparing agent (acitretin, methotrexate, cyclosporine, mycofenolate mofetil/myfortic, azathioprine)
- biologic dupilumab-Dupixent (anti-IL 4) >6
- Jak 1 inhibitor (upadacitinib- Rinvoq) >12

Credible patient educational resource sites

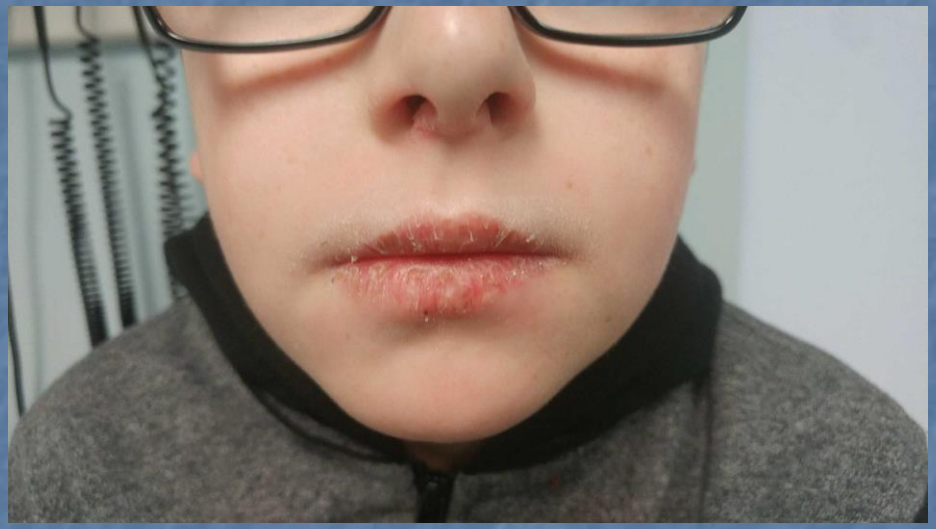
- Eczema Society of Canada www.eczemahelp.ca
- Atopic Dermatitis Foundation www.fondation-dermatite-atopique.org
- National Eczema Association www.nationaleczema.org
- American Academy of Dermatology www.aad.org/public/diseases/eczema/types/atopic-dermatitis
- DermNet NZ dermnetnz.org

Neck allergic contact dermatitis



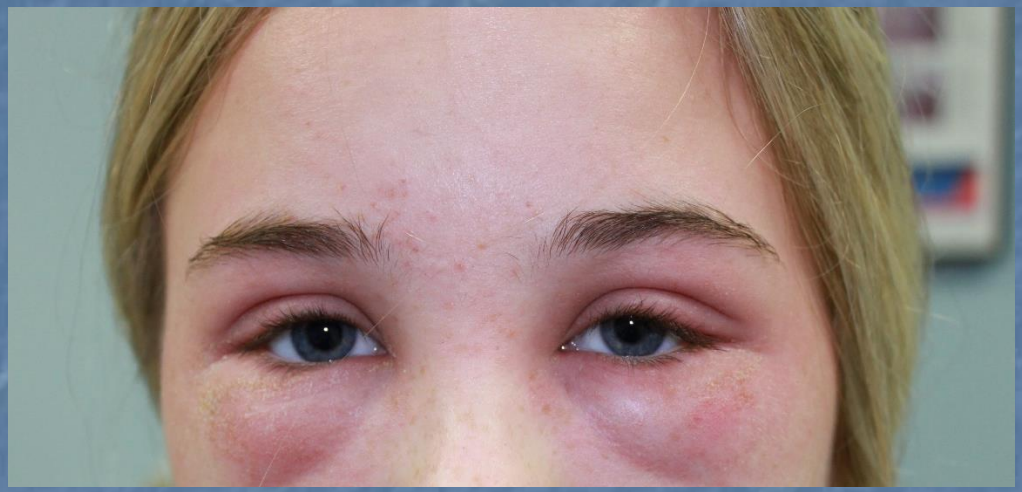
- Fragrance or preservative in cr/washes/sprays
- Azo dye in scarf/clothing
- Metal jewelry
- Nail products
- Rubber gloves
- Aerosolized agents (Mi/Mci in paints, essential oils…)

Lip ACD



- Lipsticks, lip balms
- Toothpastes
- Dental material
- Foods
- Nail products
- Gloves
- Medications
- Metals/wood reed musical instruments
- Aerosolized agents
- Fragrance or preservative in creams/washes

Eyelid ACD



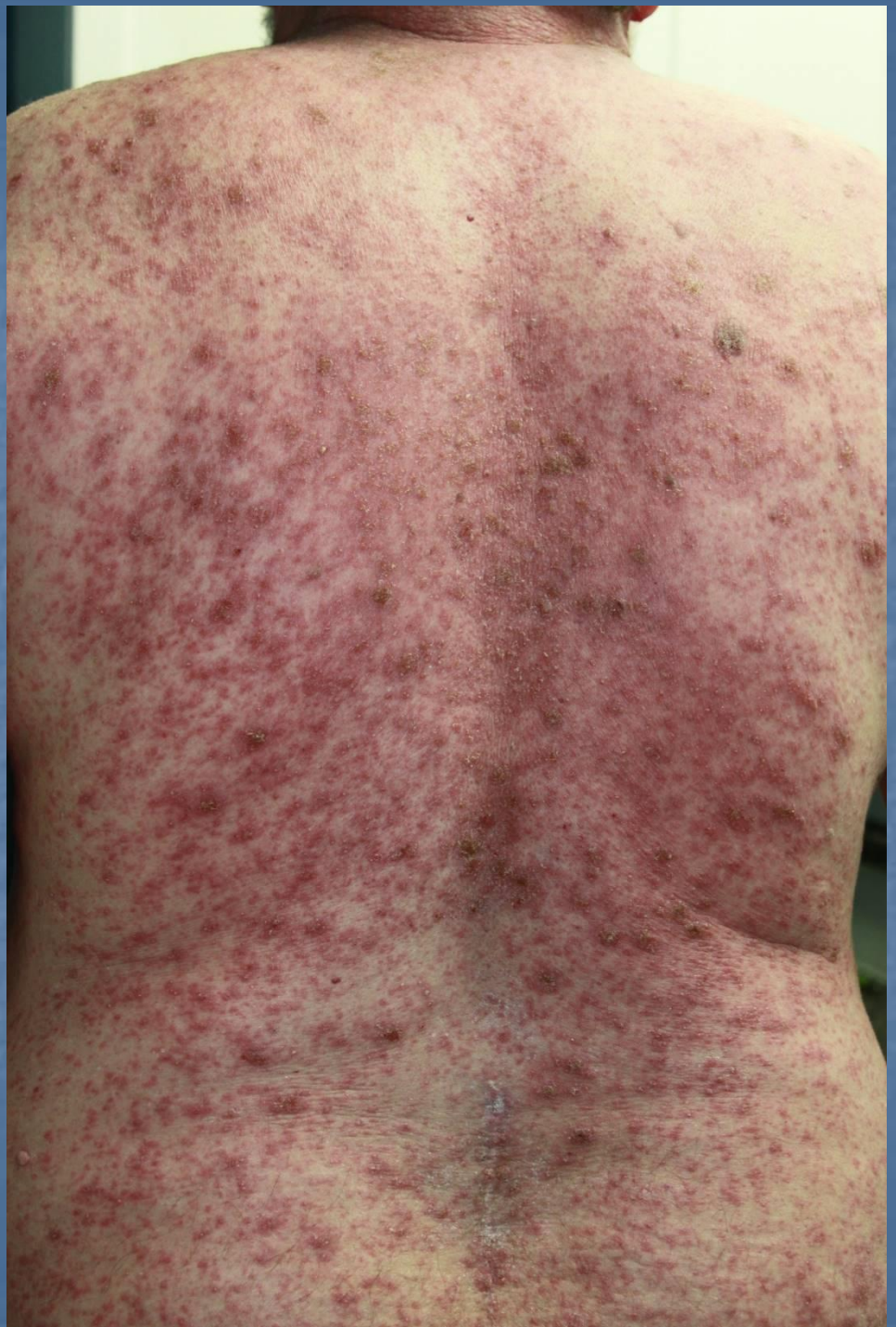
Gold released in presence of Titanium dioxide in cosmetics

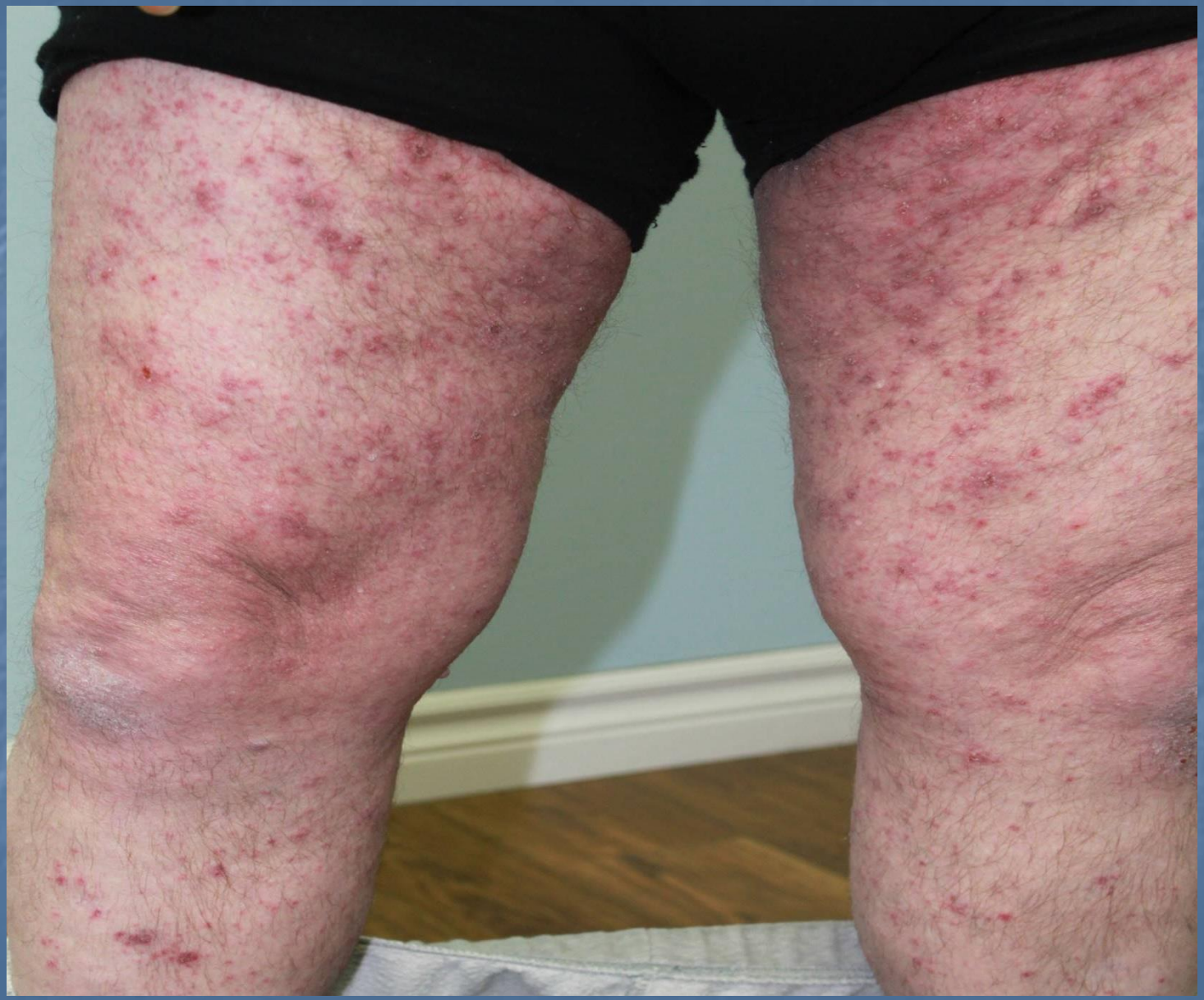
-fragrance preservatives in creams, spf, makeup, cleansers, sprays
-essential oils (vapourizers)
-nail products
-gloves
-eye drops
-contact lens solutions (benzalkonium chloride)
-spectacle frames
-rubber goggles
-mascara
-fake eyelash (adhesive)
-eyelash curlers (Ni)
-hair dyes (PPD)
-eyelash perms
-airborn allergens

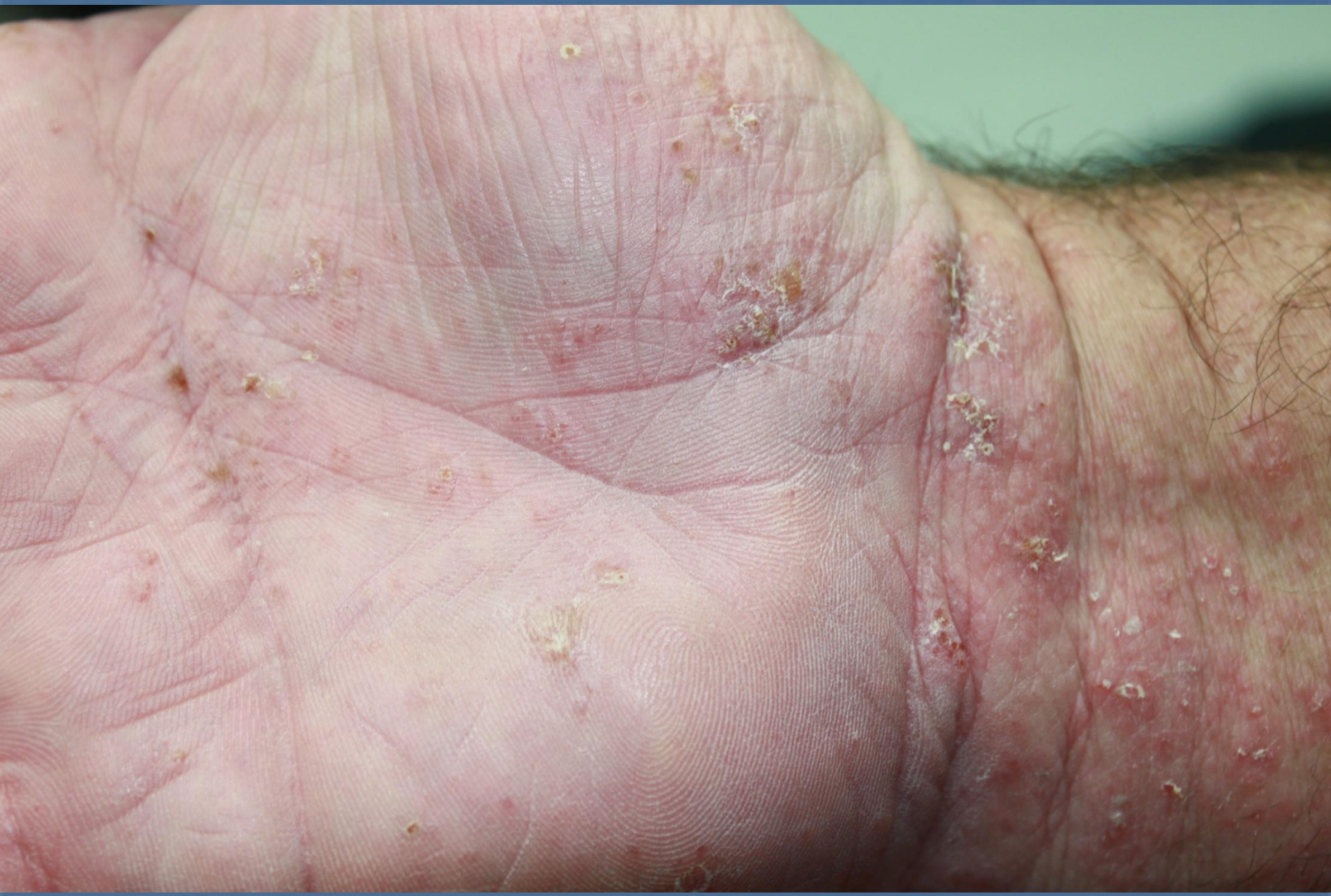
ACD whole body

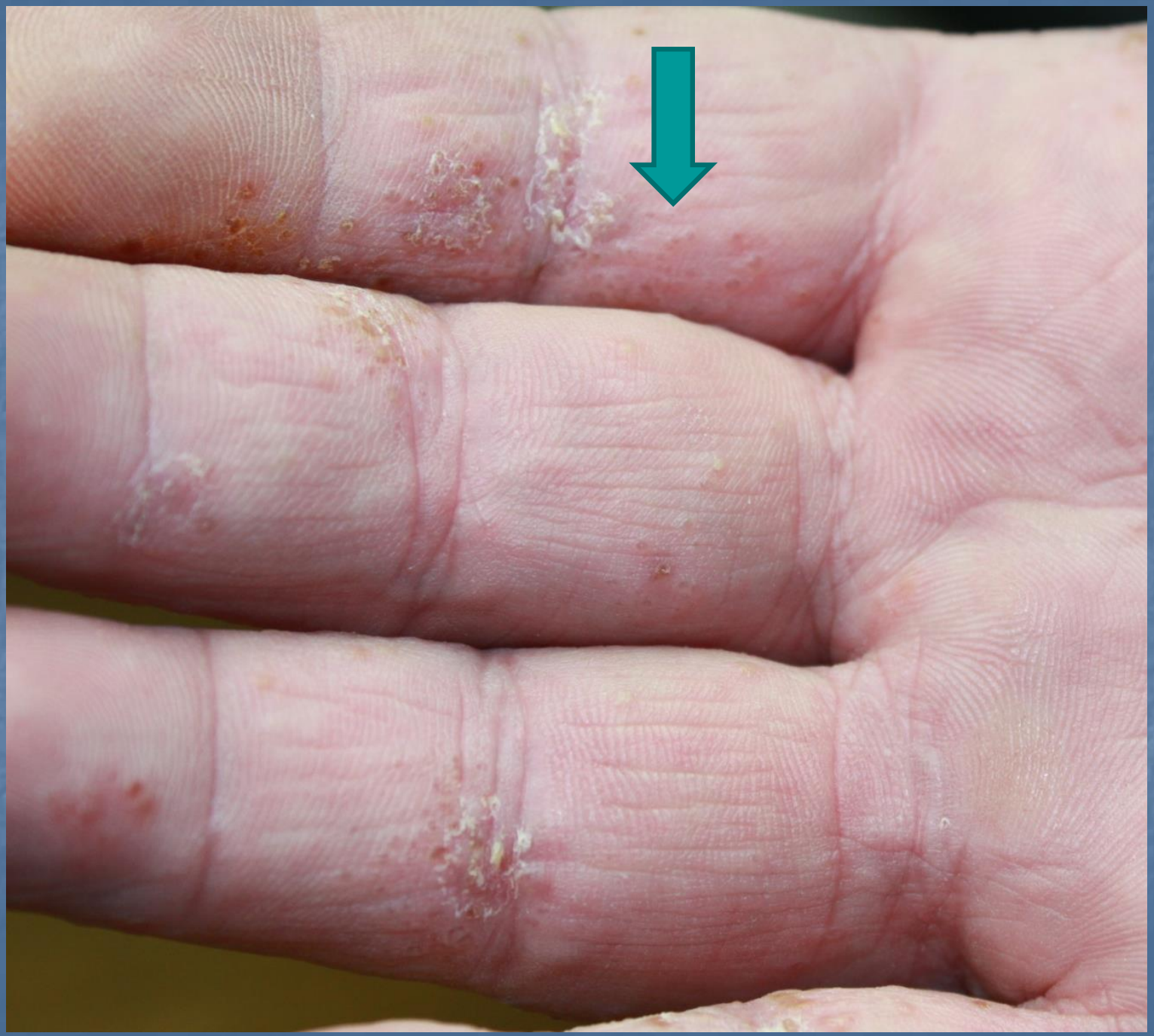
Dove Men shampoo

formaldehyde
releaser
dmdm hydantoin
MI/MCI
and
Fragrance









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Dove

Dove Men Care Fortifying Shampoo & Conditioner

355 ml

8

4 59

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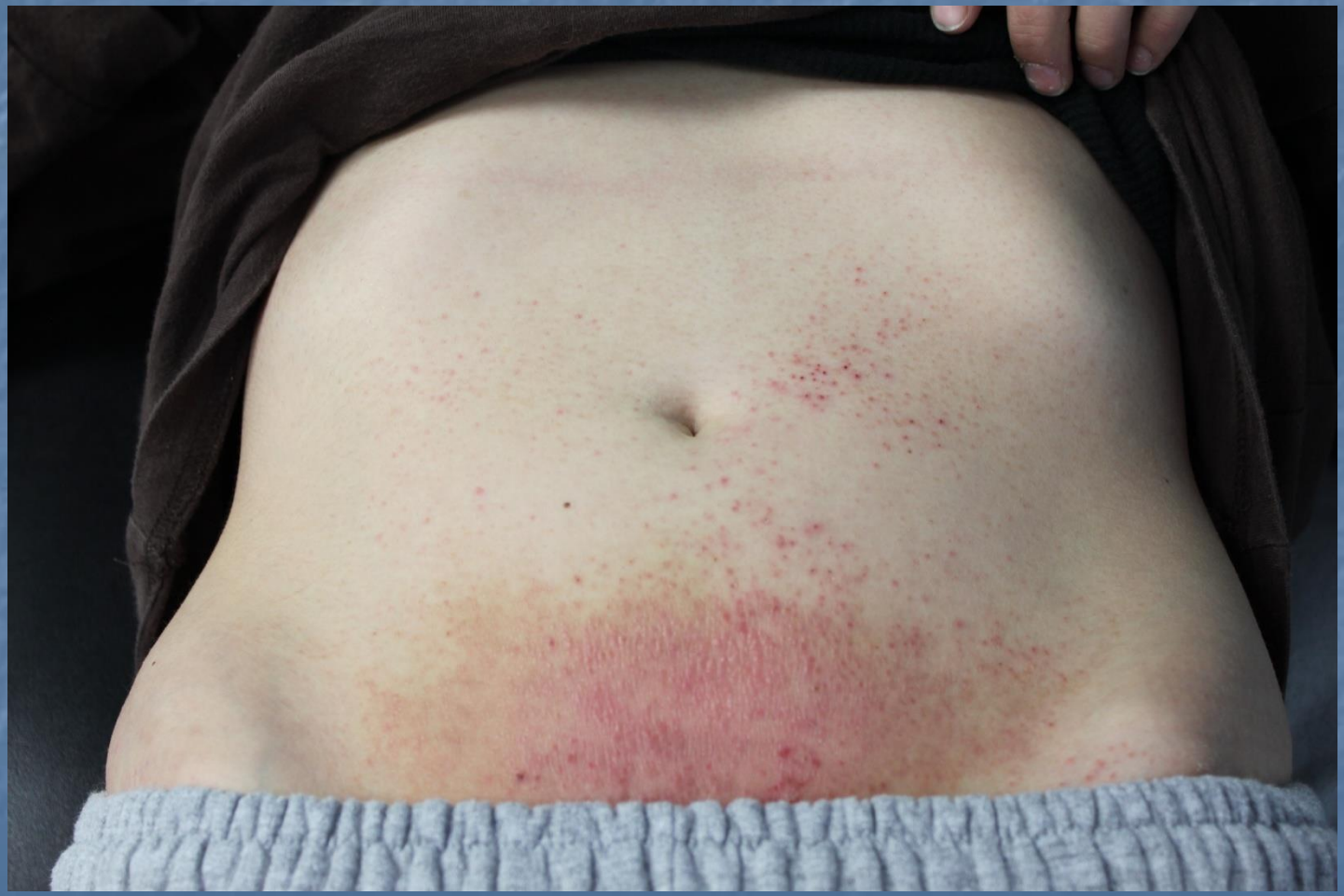
Ingredients (17) Our Picks (196)

DIRTY HALF N' HALF CLEAN

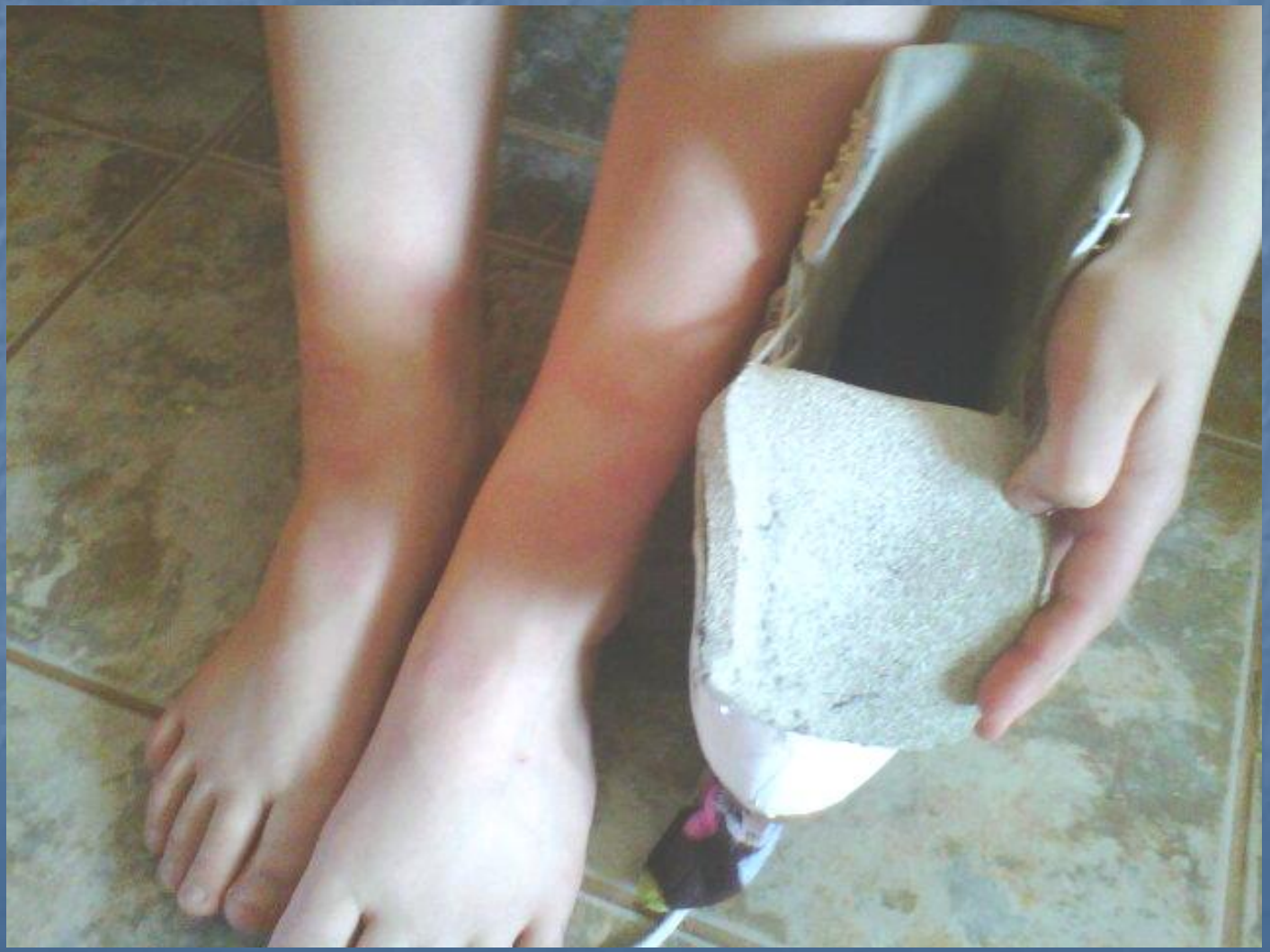
PARFUM	8
DMDM HYDANTOIN	8
TEA-DODECYLBENZENESULFONATE	5
SODIUM LAURETH SULFATE	4
DIMETHICONOL	4
METHYLCHLOROISOTHIAZOLINONE	4
METHYLISOTHIAZOLINONE	4
COCAMIDOPROPYL BETAINE	3

Disclaimer

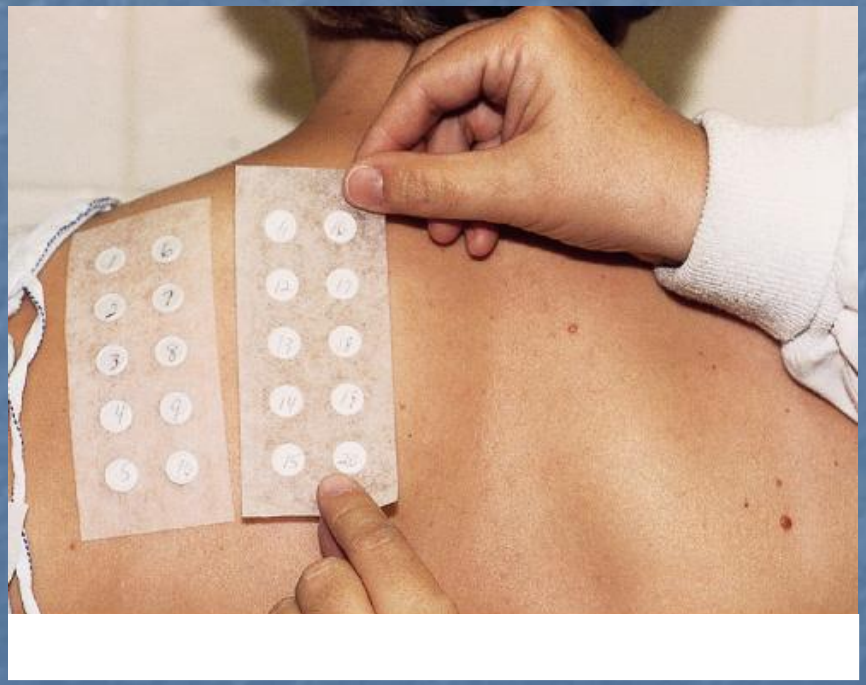
ACD- Nickel or cobalt in a belt

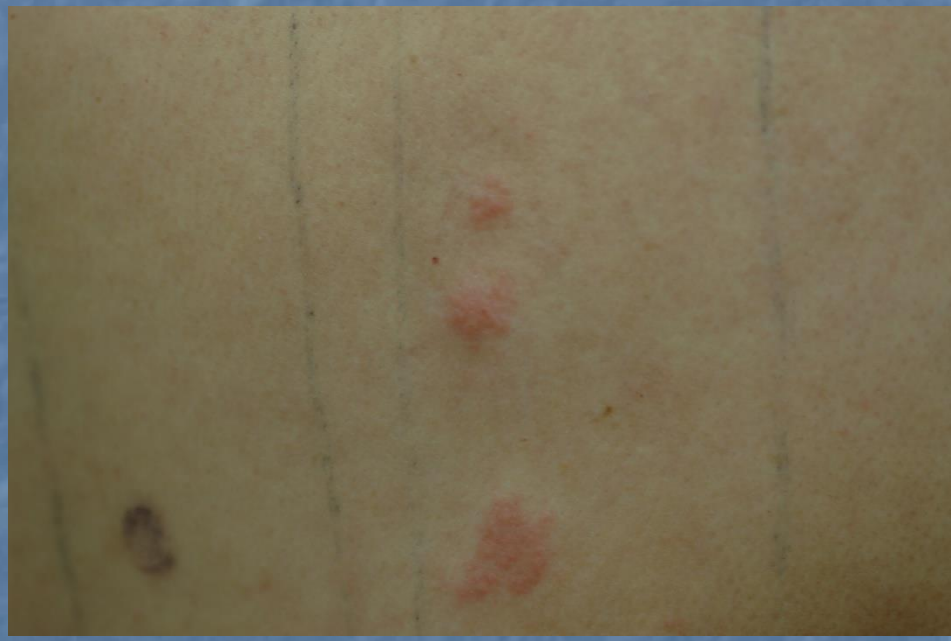


Reaction to foam on skate tongue P-tert-butylformaldehyde resin



Patch Testing for Allergic Contact Dermatitis

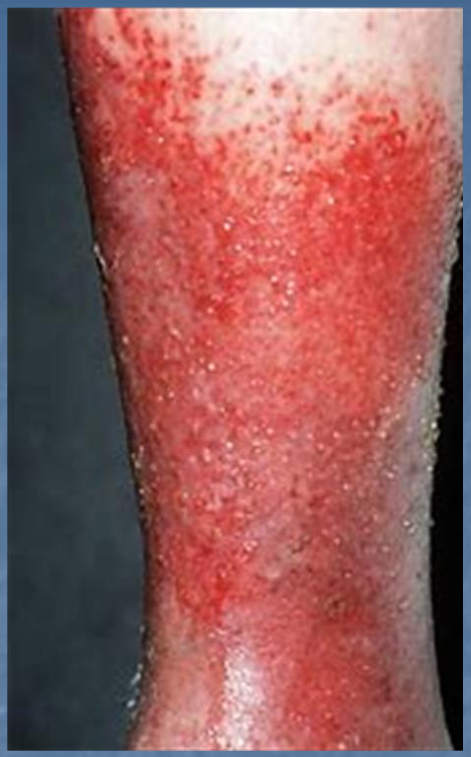


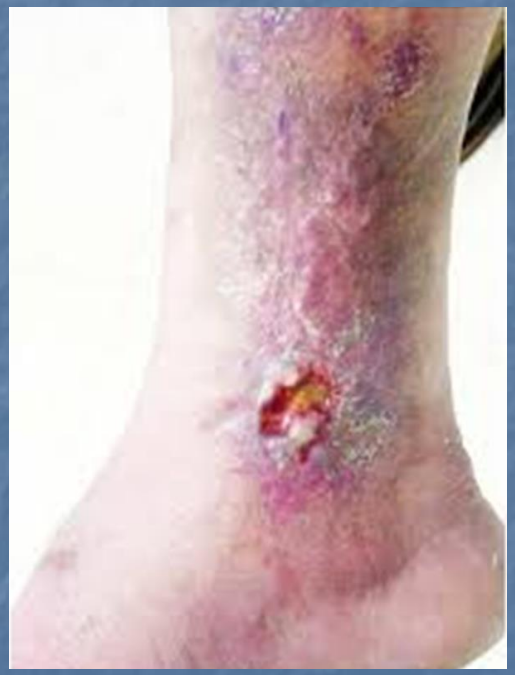


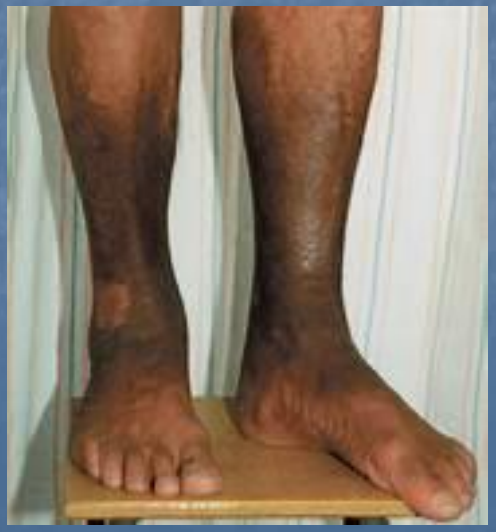
Apply Monday Outline and remove Wednesday Read Friday

www.product elimination diet.com

Severe venous stasis dermatitis and ulcers







-consider referral early if not comfortable managing as more difficult to manage when become chronic

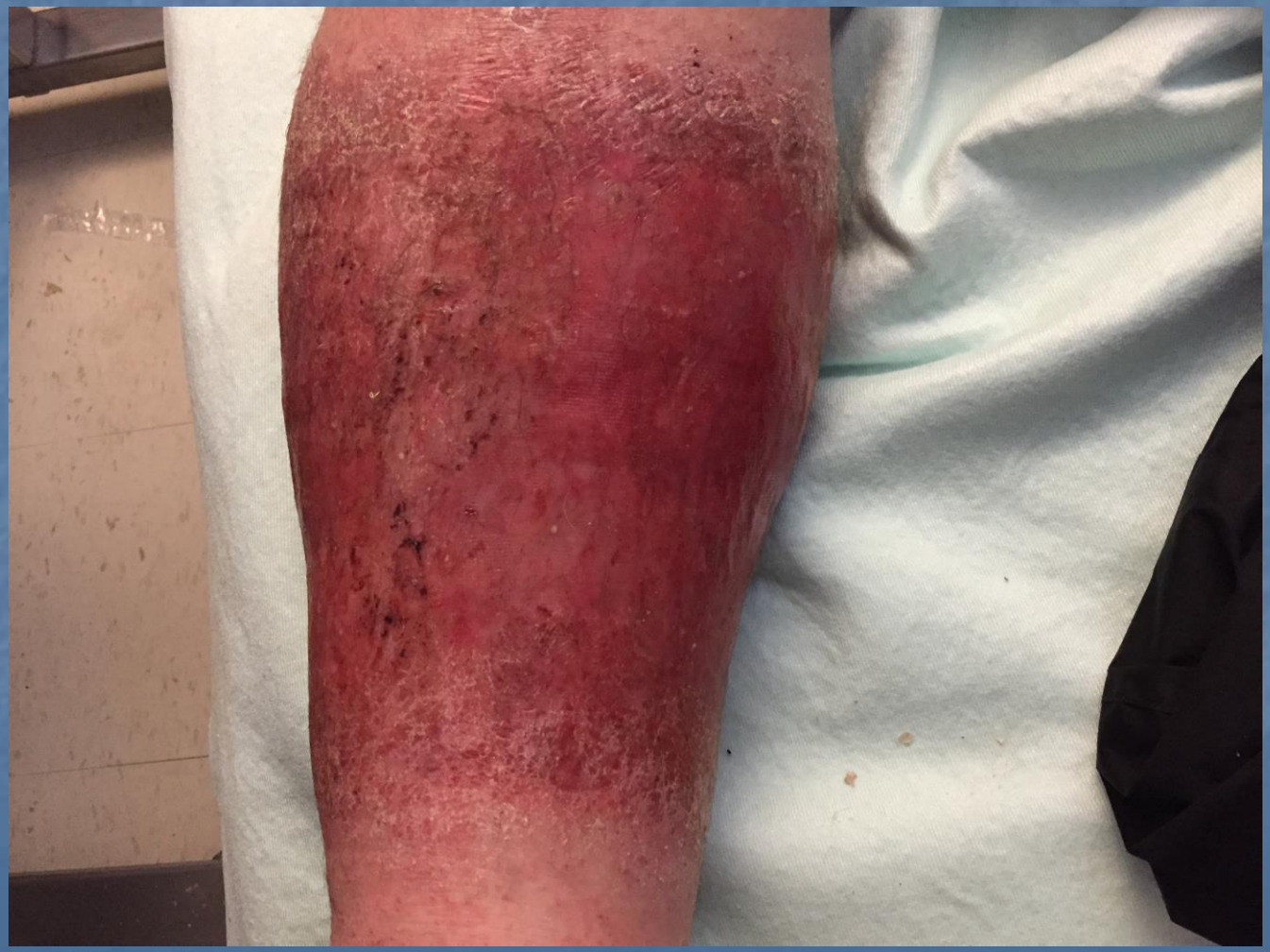
Treatment of venous ulcer order home care

- If diabetic, order arterial studies
- If not diabetic, ask home care to do ABI
- Treat any infections
- Clobetasol oint for dermatitis around ulcer
- Dressing on ulcer (ie. Aquacel Ag)

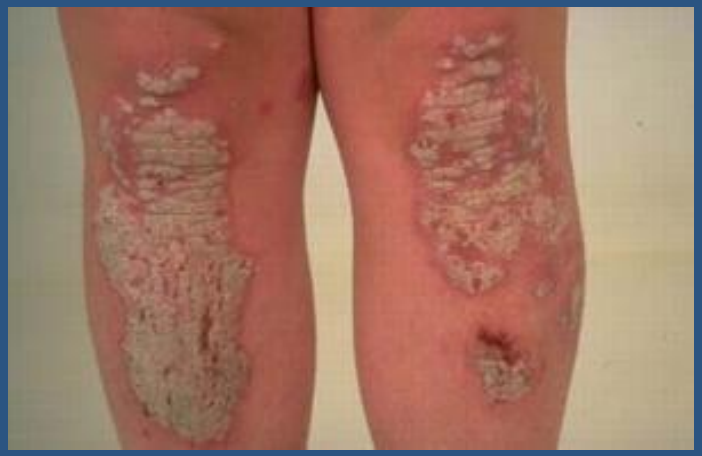
- If arterial circulation adequate ABI > 0.80 and below 1.31 can use 30-40 mmHg can use Coban 2 or Unna boot (Viscopaste)

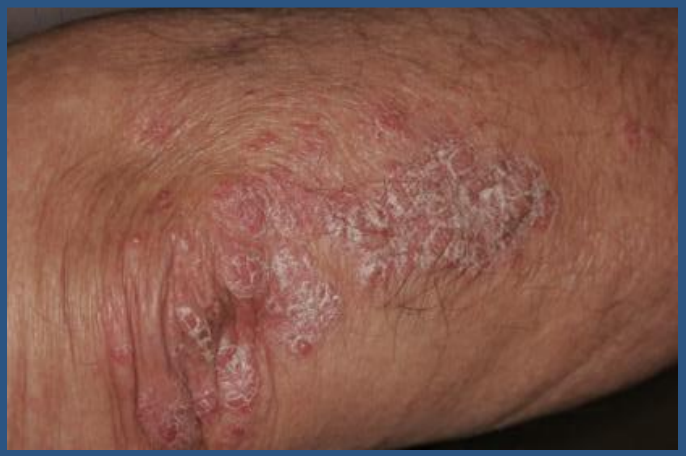
Coban 2 compression

Allergic contact dermatitis also common in VSD



Psoriasis





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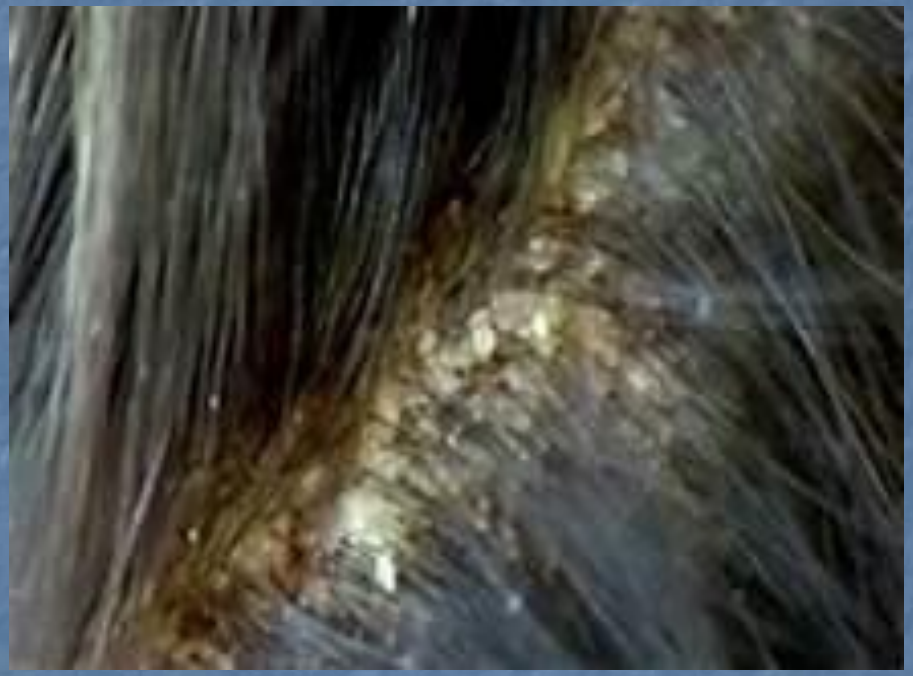
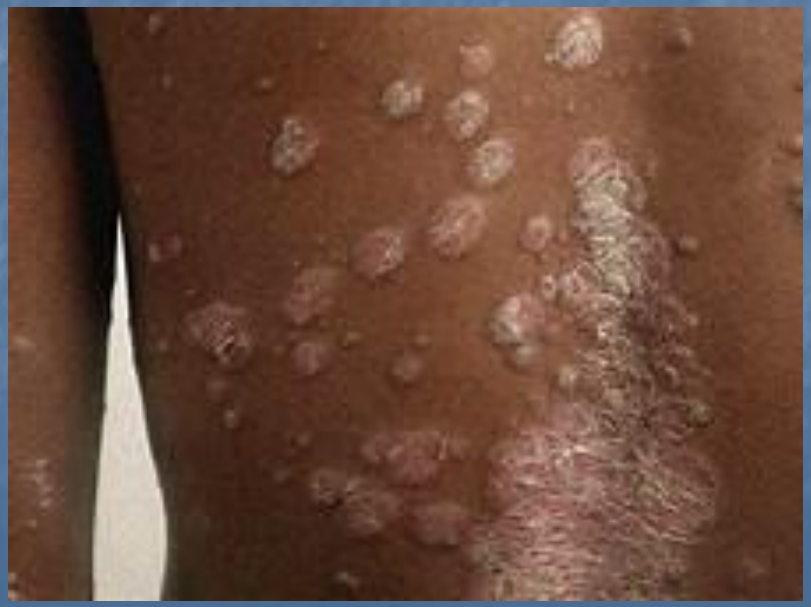




Psoriasis

Psoriasis topical treatment

Body: Clobetasol +/- sal acid +/- tar

betamethasone dipropionate and calcipotriol (Dovobet oint,gel

Enstilar foam)

Face/folds:

low potency CS: hydrocortisone 1%, hydrocortisone valerate

non cortisone: tacrolimus (Protopic), pimecrolimus (Elidel),

crisaborole (Eucrisa)

Psoriasis Scalp Rx

- Shampoos, liquids or gels prefered
  - Rx Clobex shampoo, Stieprox
  - Priv plan: Topisalic lotion
- Dermasmooth oil treatments
- Intralesional triamcinolone 5 mg/cc

When to refer psoriasis?

->10% BSA

-scalp, genitals, hands and feet

-guttate psoriasis for phototherapy

-suspect psoriatic arthritis

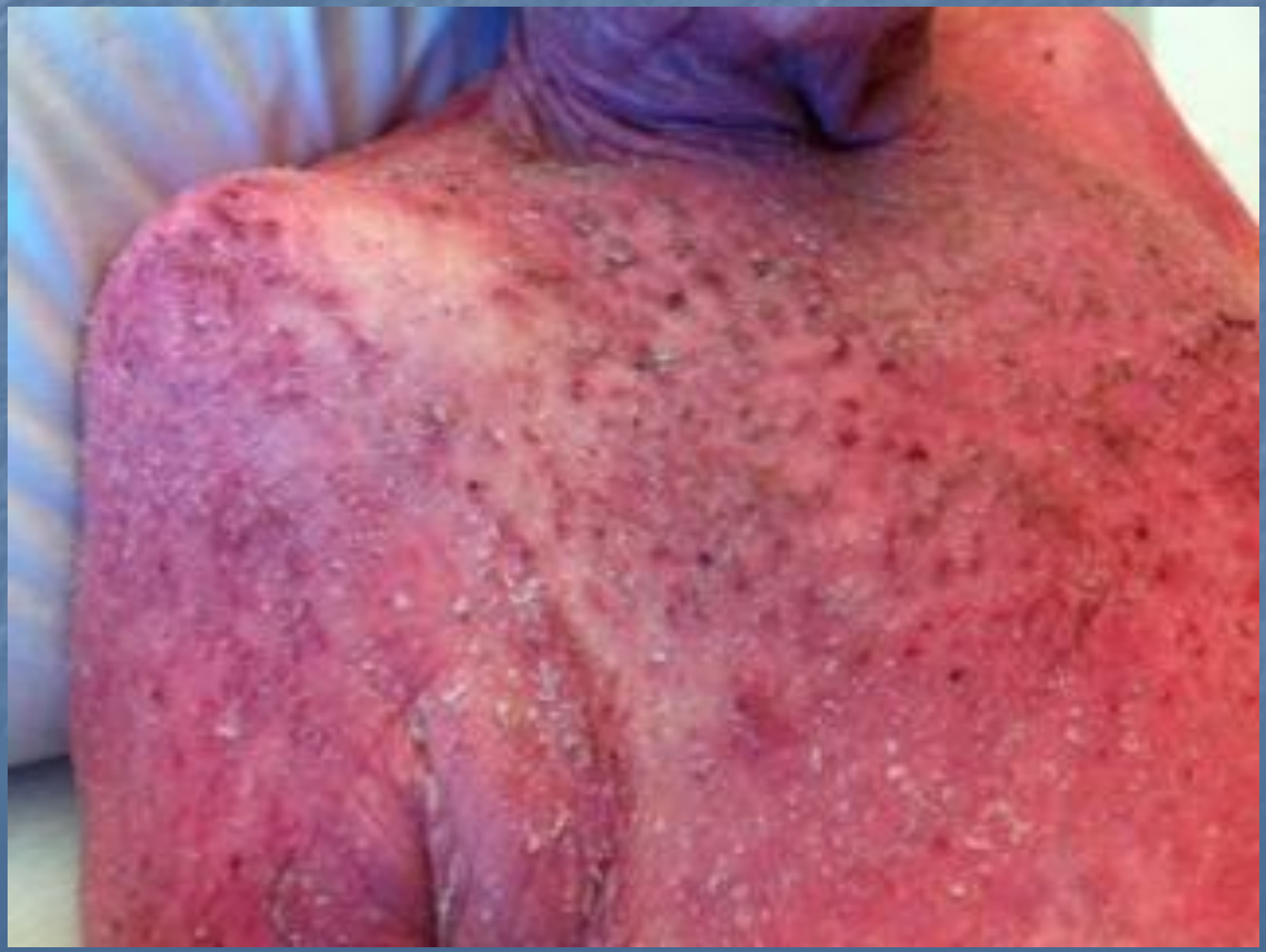
-not responding to topical therapy

-decreased quality of life

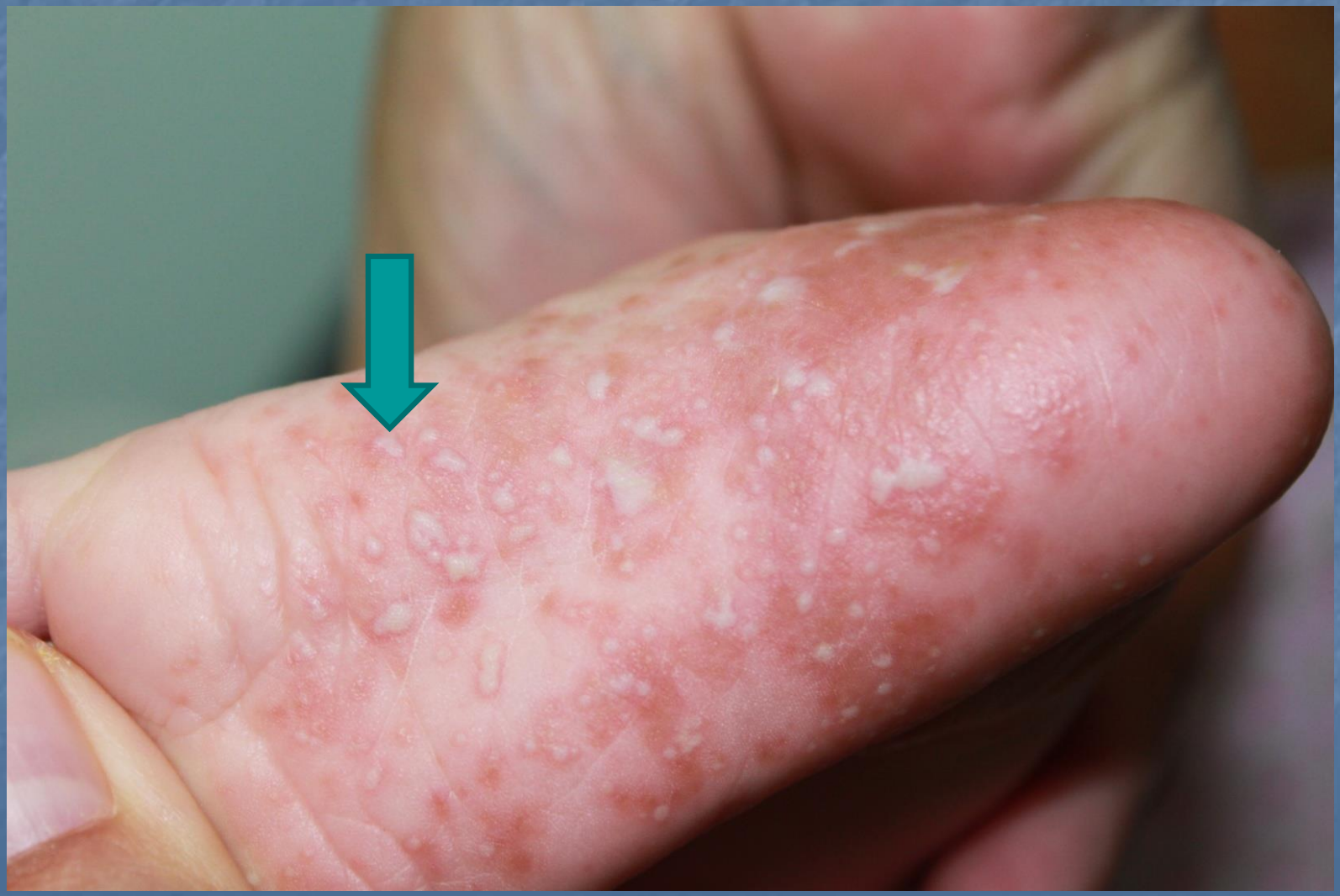
-pustular psoriasis

-consideration for clinical trial

Increased risk post prednisone to have an erythrodermic or pustular flare.



Pustular psoriasis



Options for psoriasis

Phototherapy

- Narrow band UVB/ PUVA

- Systemic treatments
  - acitretin (Soriatane) not for women of childbearing potential
  - methotrexate
  - cyclosporin
- Biologics

Narrowband UVB and PUVA

Psoriasis Biologics

- Anti TNF:

etanercept (Enbrel, Brenzys, Erelzi)
adalimumab (Humira, 5 biosimilars)
infliximab (Remicade, Inflectra, Renflexis)

- Anti IL 12/23 ustekinumab (Stelara)

- Anti IL 23 guselkumab (Tremfya)
  rizankizumab (Skyrizi)

Psoriasis Biologics

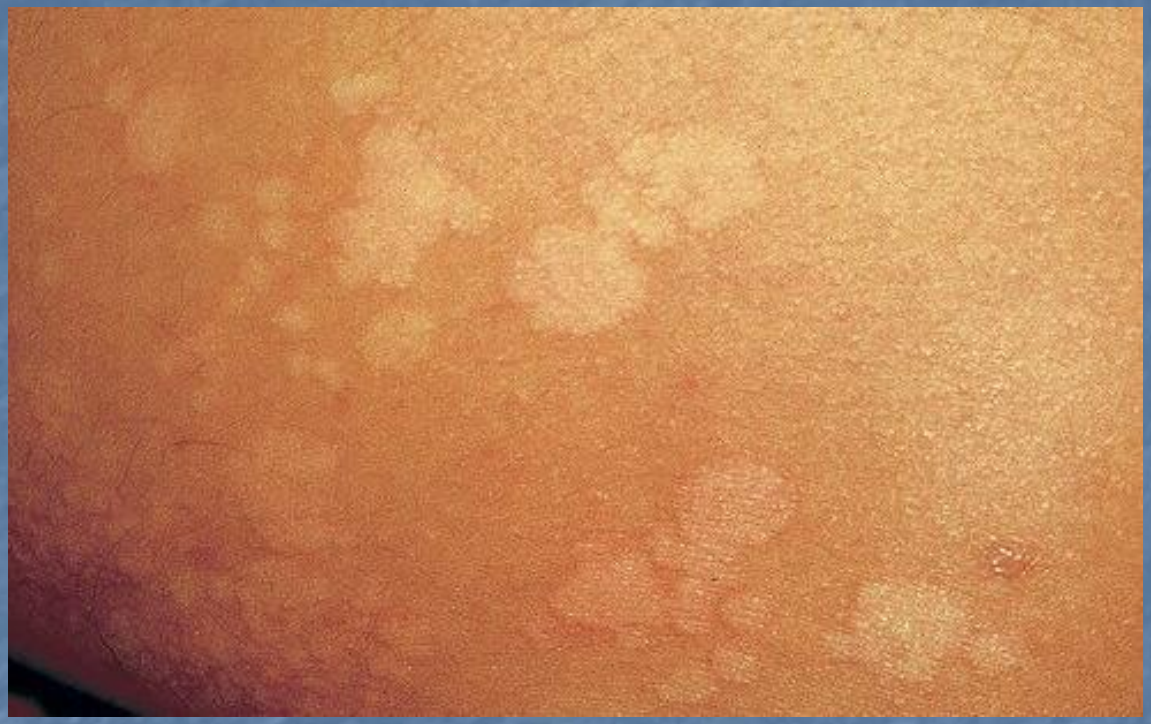
- Anti Il 17 antibodies:
  - secukinumab (Cosentyx)
  - ixekizumab (Taltz)
- Anti Il 17 receptor: brodalumab (Siliq)
- Anti Il 7 A and F antibodies: bimekizumab

Oral:

- Anti phosphodiesterase 4: apremilast (Otezla)


According to Google, it's either a rare buttock fungus or you've been sitting on the remote

Tinea versicolor

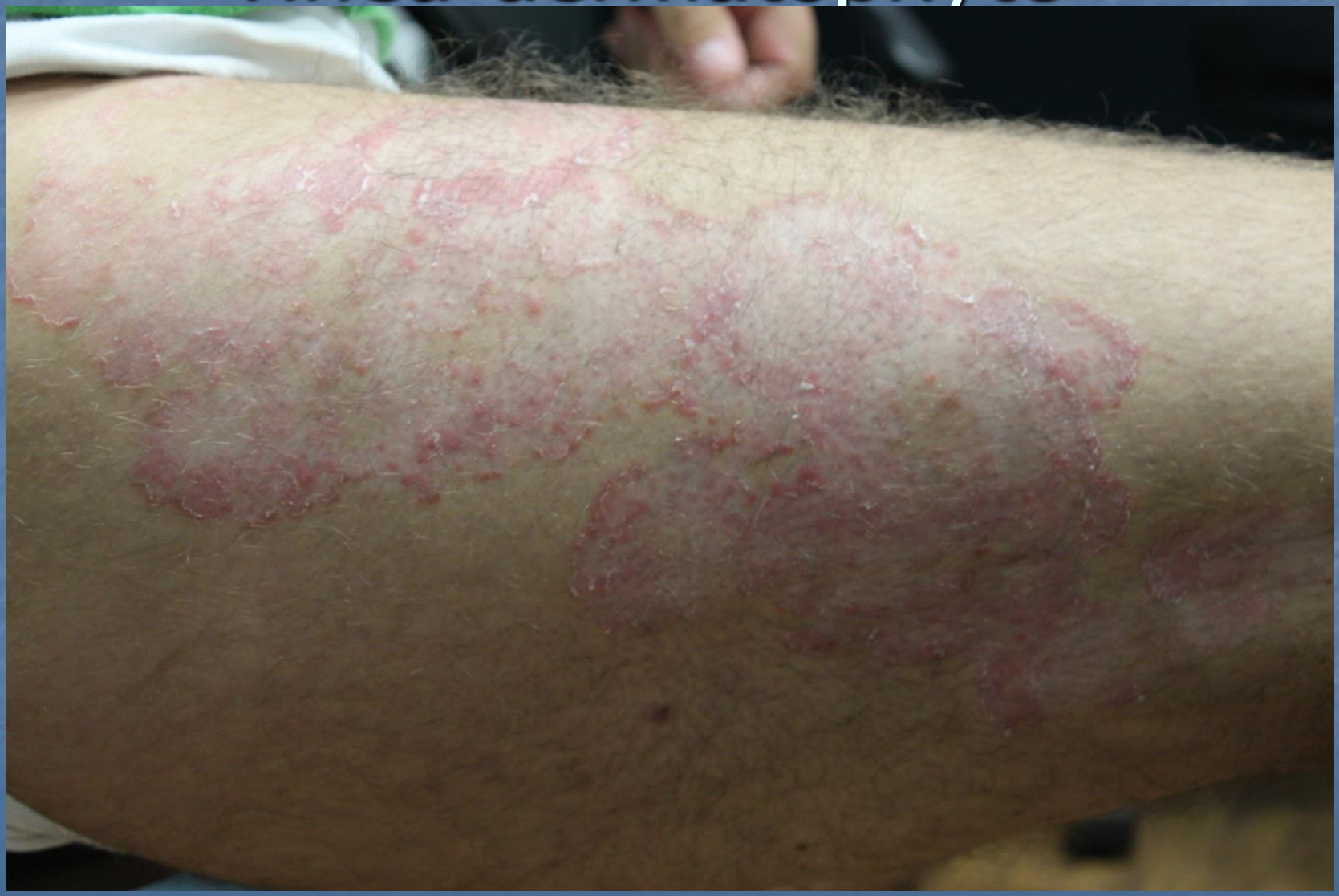


-common and recurrent, not contagious

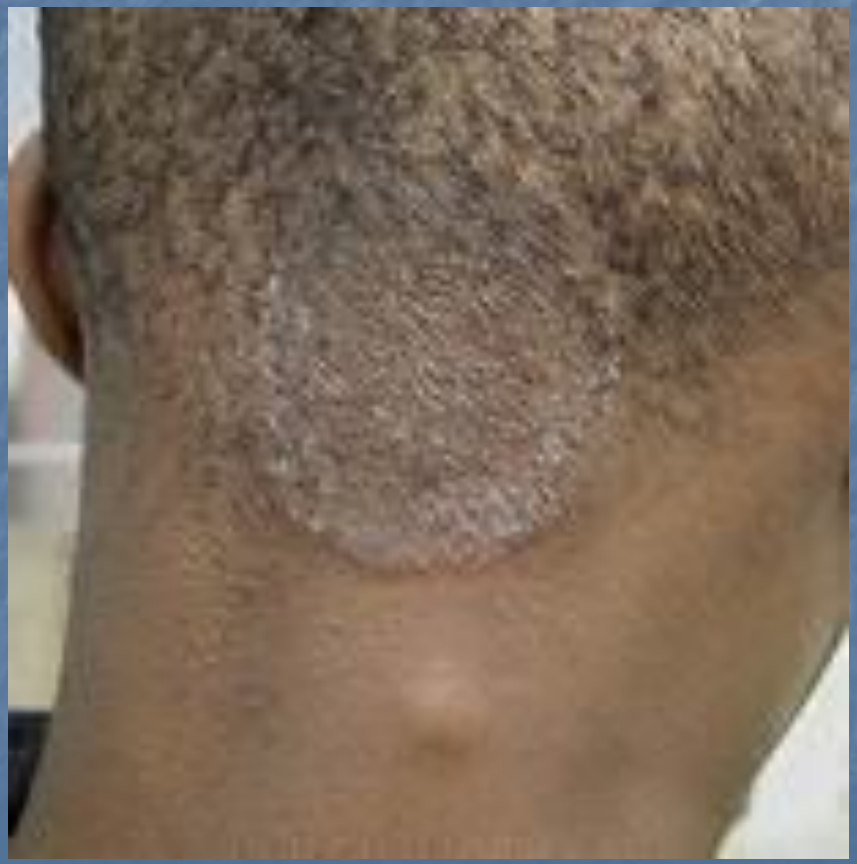
-caused by Malassezia which changes from yeast bud to hyphae

-triggered by hot and humid conditions, hyperhidrosis, use of skin oils

Tinea-dermatophyte

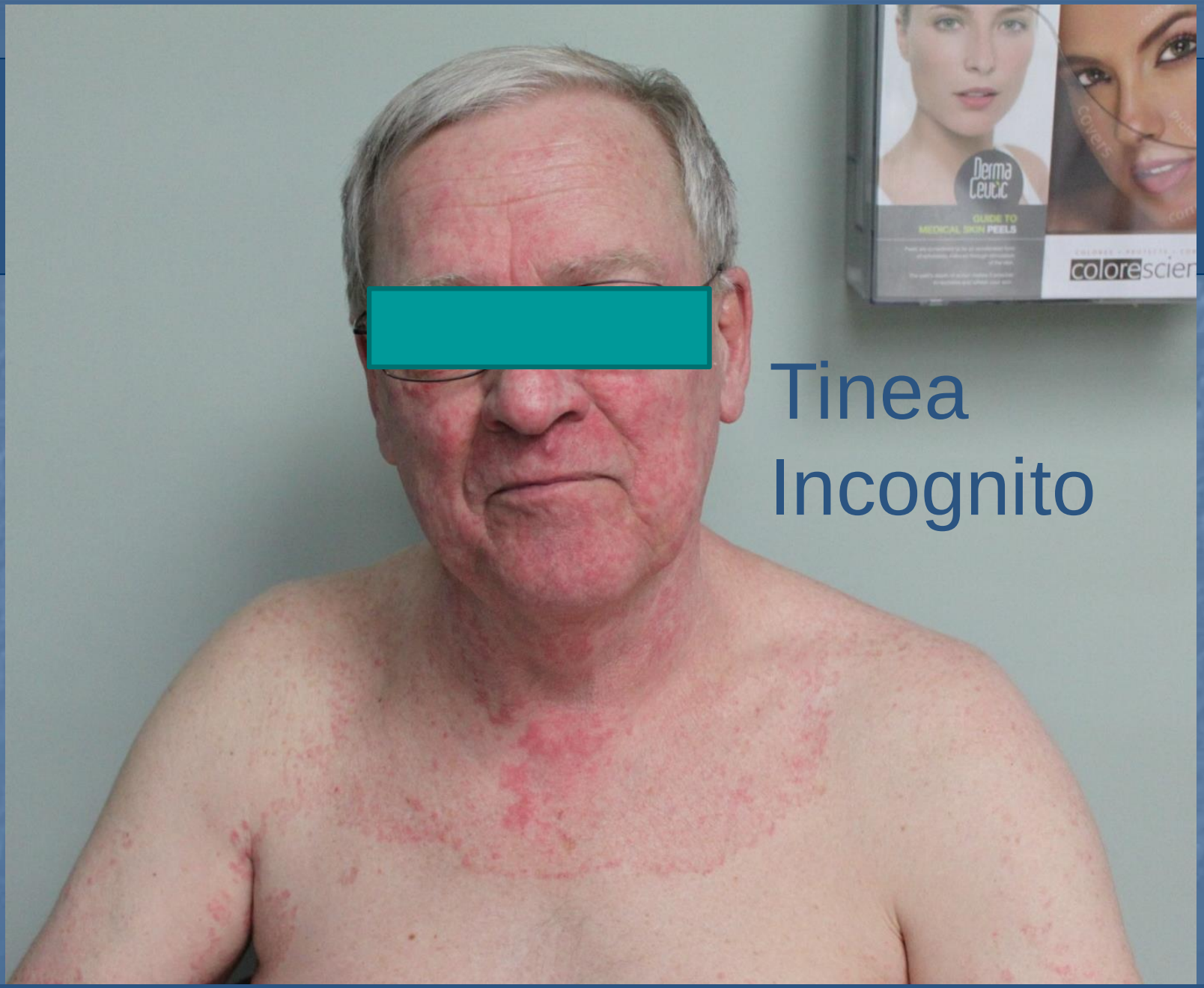


Tinea Capitis

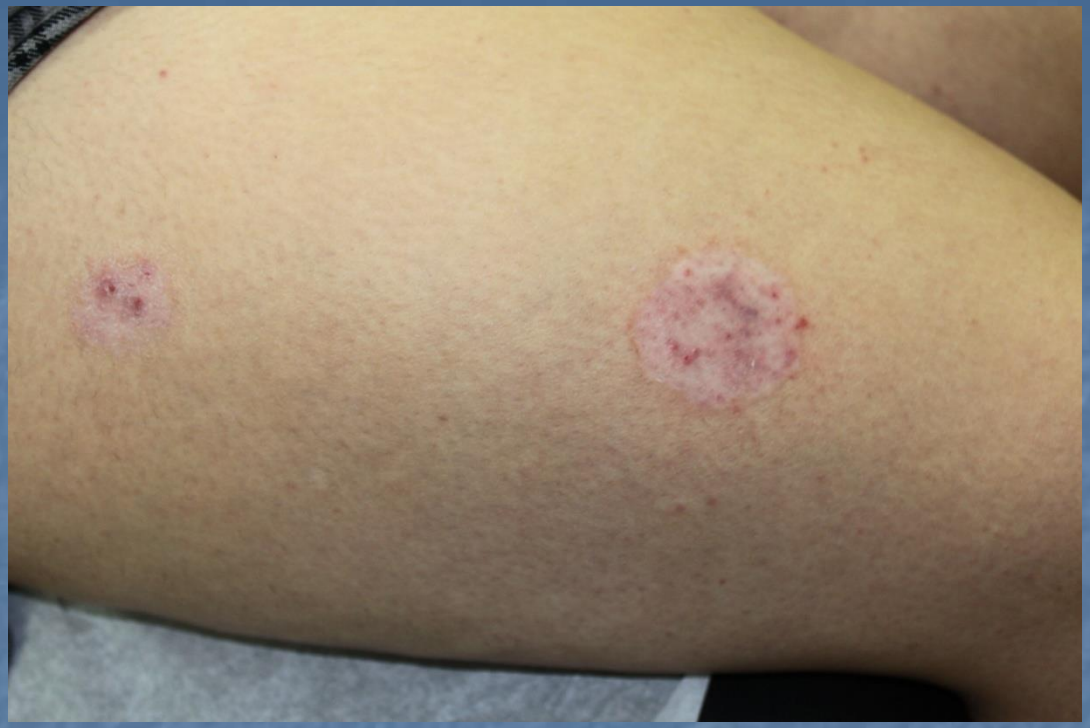


Tinea

- Advancing border is scaly
- It is a hypersensitivity reaction to the dermatophyte
- Inflammation is in the epidermis, so there is scale
- Look for asymmetry (ie: one hand and both feet, or 1 foot only)

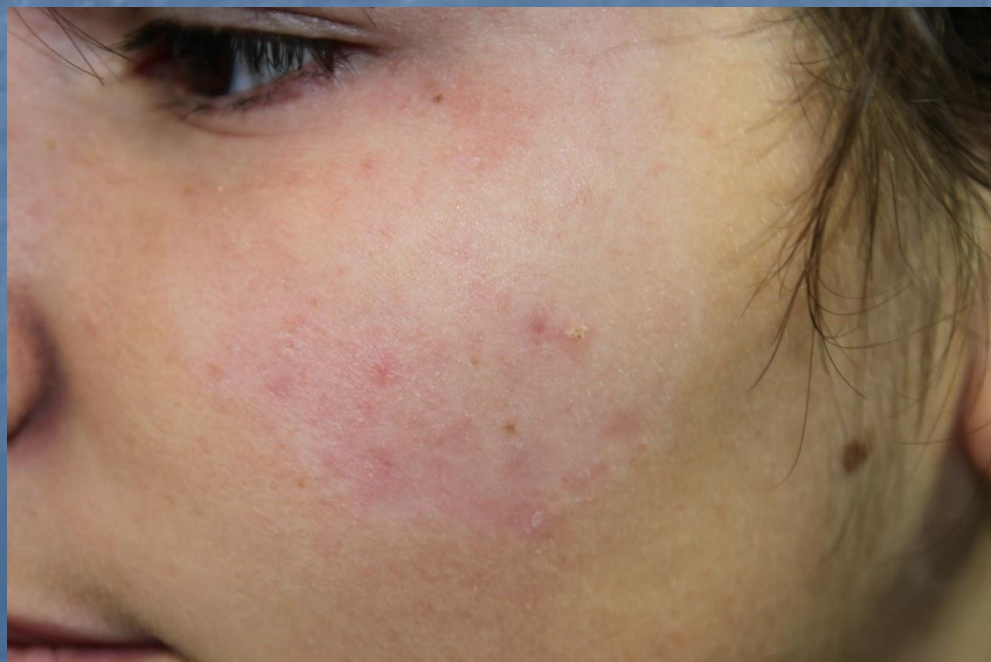


Patient with tinea post treatment with prednisone



Tinea incognito

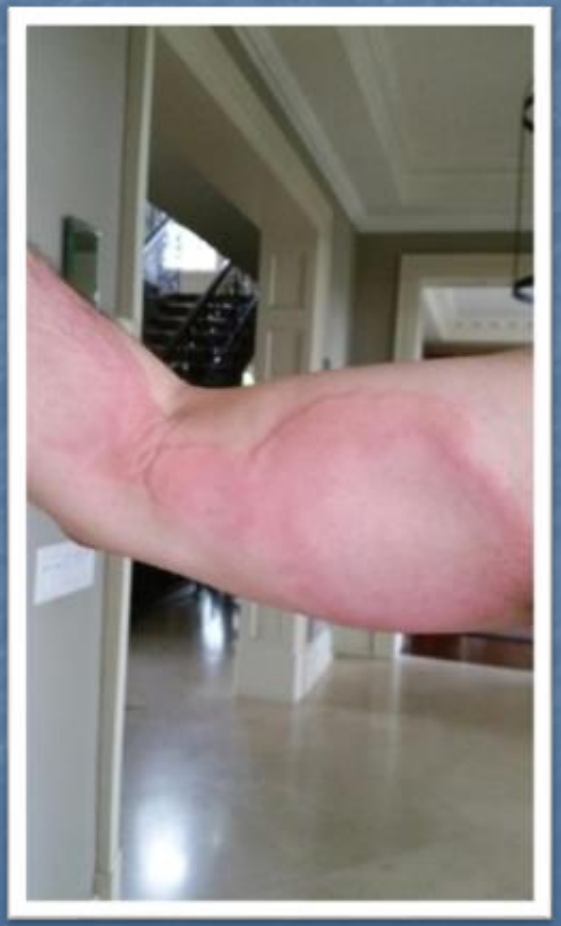
inflammation masked by steroid

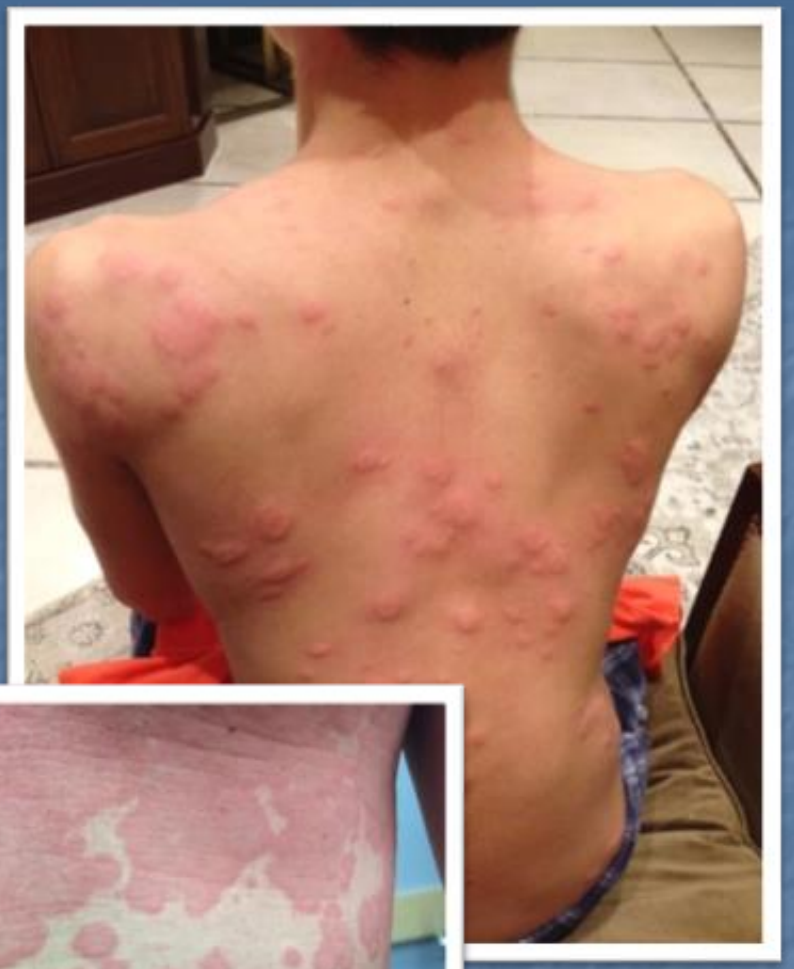


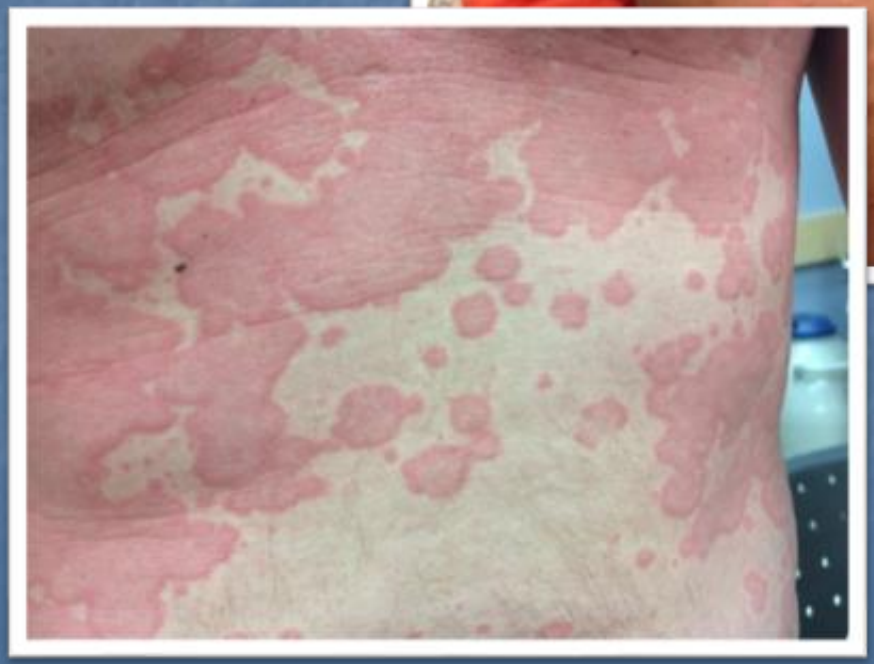
Tinea Incognito

- Tinea (dermatophyte) infection which has been treated with a topical or oral corticosteroid
- The corticosteroid masks the inflammation and can become widespread or less scaly and form "Majoochi" granuloma deep in follicle
- treat oral anti fungal agents

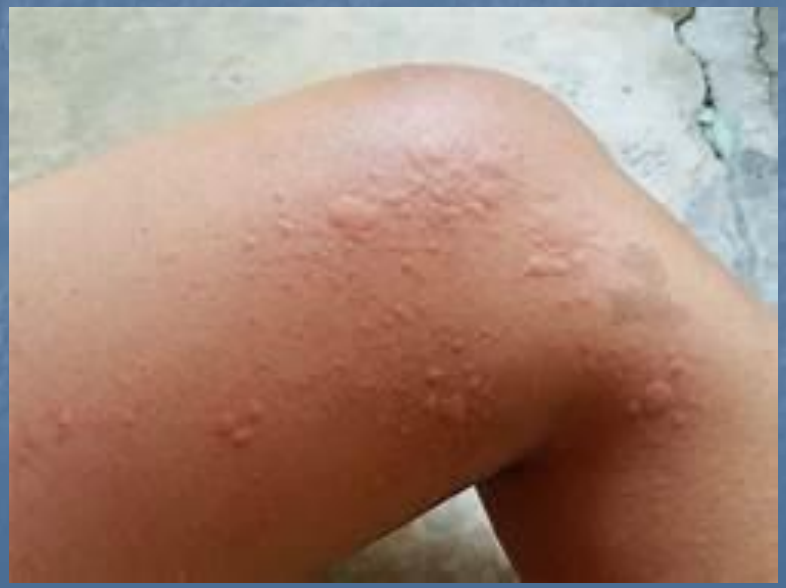
Urticaria







Urticaria



Urticaria

Individual wheals last < 24-48 hrs but can reappear in new locations

Blanch with pressure and no scale

Angioedema can last 72 hrs

Distinguishing Acute vs. Chronic Urticaria

Acute (< 6 wks)	Chronic (≥ 6 wks)
Common causes: ▪ **Thought to be viral infections (> 80% of cases in children, 50% in adults)** ▪ Drug reactions (allergic or non-specific, e.g., NSAIDs ▪ Allergic reactions (food, insect stings, direct allergen contact)	**Common causes:** ▪ **NOT allergy!** ▪ **Idiopathic (> 95%)** ▪ Inducible (physical triggers) ▪ Rare diagnoses (e.g., CAPS, urticarial vasculitis, autoimmune disorders, parasitic infections, mast cell disorders)

Adapted from Sussman G *et al. Allergy Asthma Clin Immunol.* 2015;11:7

CIU Can be Long-lasting

50% of all CIU cases resolve within six months of onset[1,2]

- **Another 20% within three years**
- **Another 20% within 5-10 years**
- **< 2% within 25 years**

Risk factors for longer duration:[1,3,4]

- **More severe symptoms**
- **Angioedema**
- **Inducible urticaria**

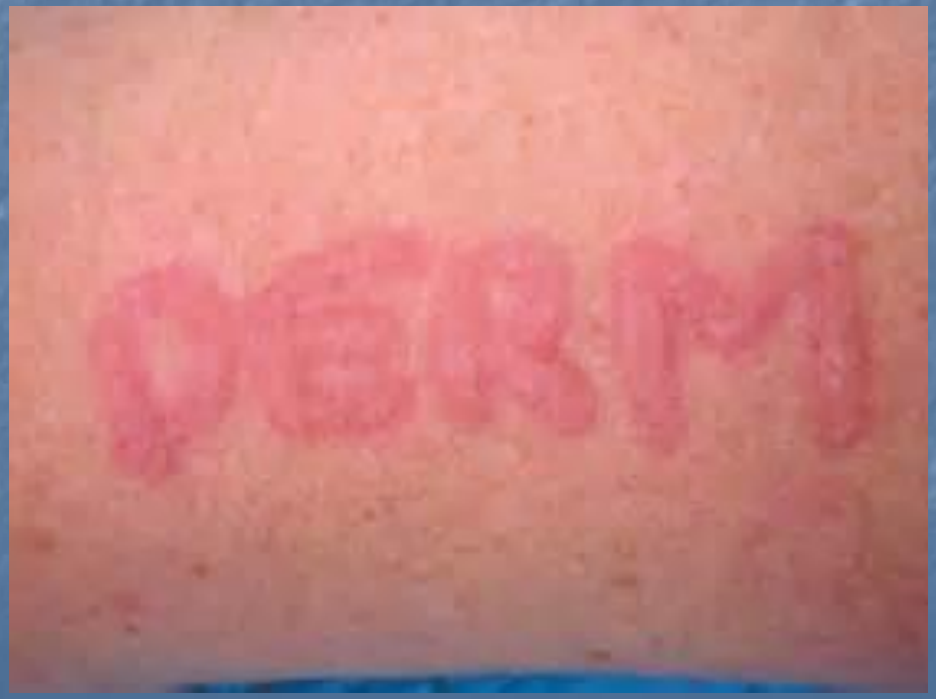
50%+ experience at least one recurrence of CIU after spontaneous resolution

Review 29 studies = 6462 pts, 1.6 % had internal diseases

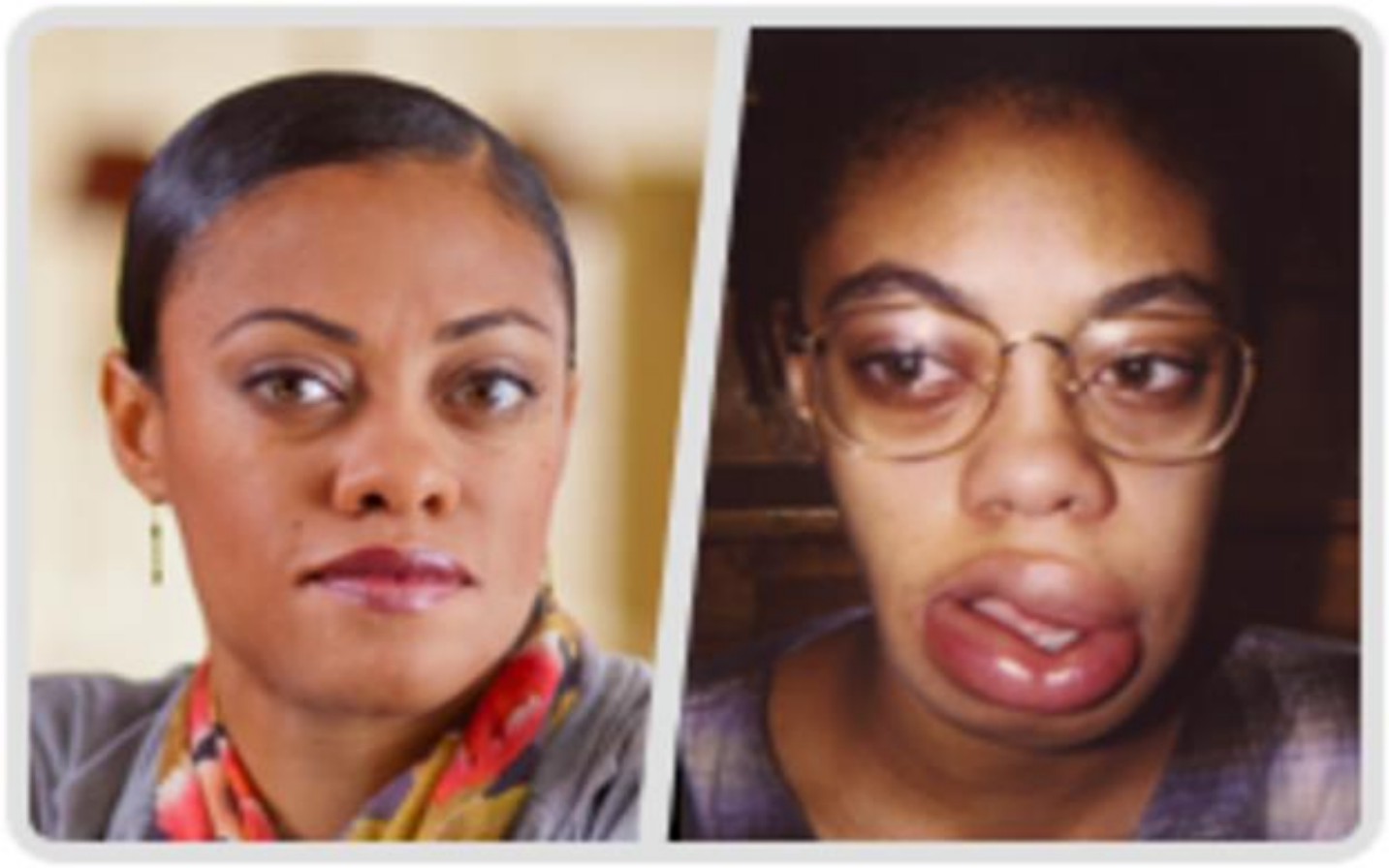
80-90% have no underlying cause

[1]Maurer M *et al. Allergy* 2011;66:317-30.
[2]Adapted from: Beltrani VS. *Clin Rev Allergy Immunol.* 2002;23:147-69.
[3]Toubi E *et al. Allergy* 2004;59:869-73.
[4]Kozel M *et al. J Am Acad Dermatol* 2001;45:387-91.

Dermatographism



Angioedema -40% in CIU



Chronic urticaria investigations

- CBC, ESR/CRP, TSH (+/- thyroid ab)
- CBC looking for eosinophilia
- If elevated ESR/CRP
  - ANA, SPEP, cryoglobulins, hepatitis b/c, CH50
- Gi symptoms- h. pylori, celiac

Chronic urticarial treatment

- Avoid NSAIDs, ace inhibitors, narcotics, ETOH
- Pseudo allergen (high histamine release) free diet
- Avoid known physical triggers

EMJ.2020;5[1]:29-39.DOI/10.33590/emj/19-00162

Chronic urticaria treatment

Start with non sedating h1 antihistamine

- Cetirizine (Reactine)10 mg

(20 mg cetirizine covered by priv plans, NIHB)

- Fexofenadine (Allegra) 180 mg
- Loratadine (Claritin)10 mg
- Desloratadine (Aerius) 5 mg

<u>Prescription only private plans</u>:

- Rupatidine (Rupall) 10 mg (pediatric dosing)
- Bilastine (Blexten) 20 mg

Chronic urticaria treatment

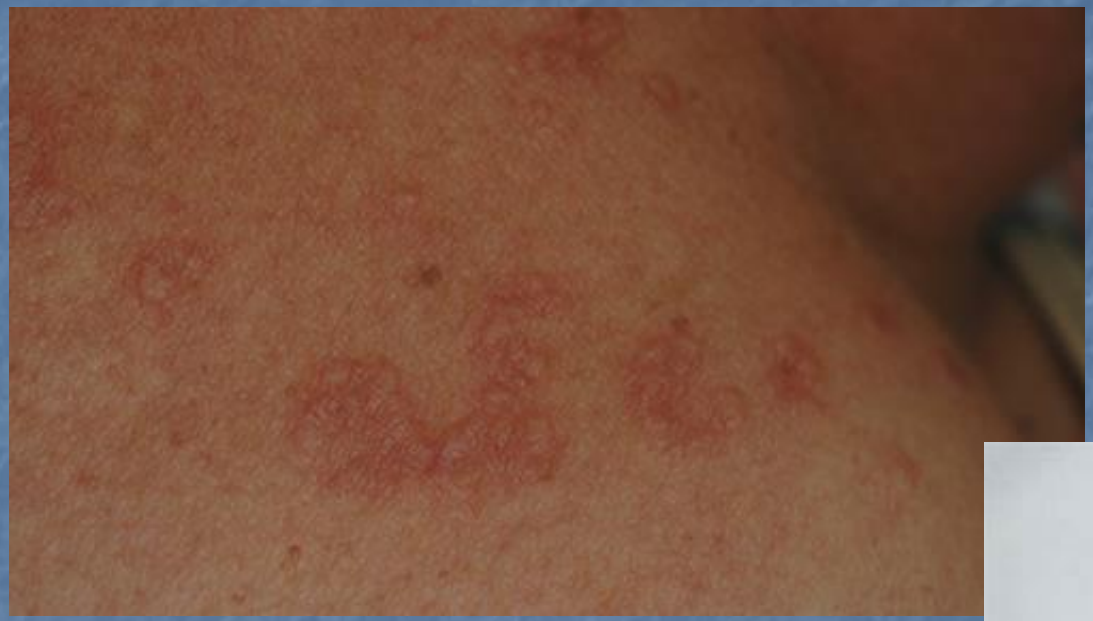
- If non sedating anti-histamine fails

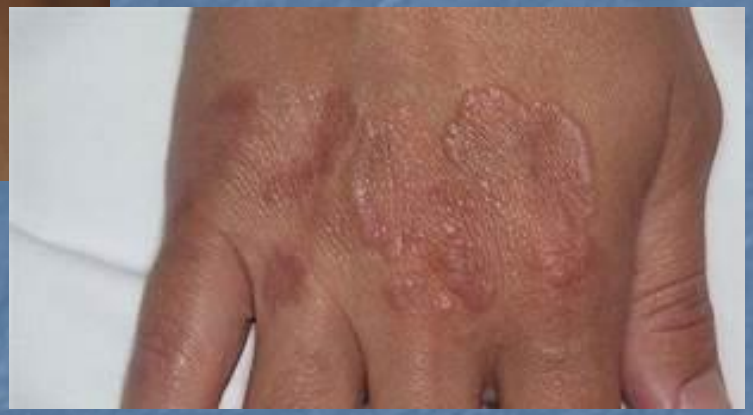
increase to 4 x recommended dose

Chronic urticaria treatment

- Add H2 antihistamine (ranitidine)
- Add leukotriene inhibitor (montelukast)
- Add sedating anti histamine pm
  - Hydroxyzine
  - Doxepin
  - Diphenhydramine
- Omalizumab anti IgE (Xolair) monthly inj
- Rarely use prednisone

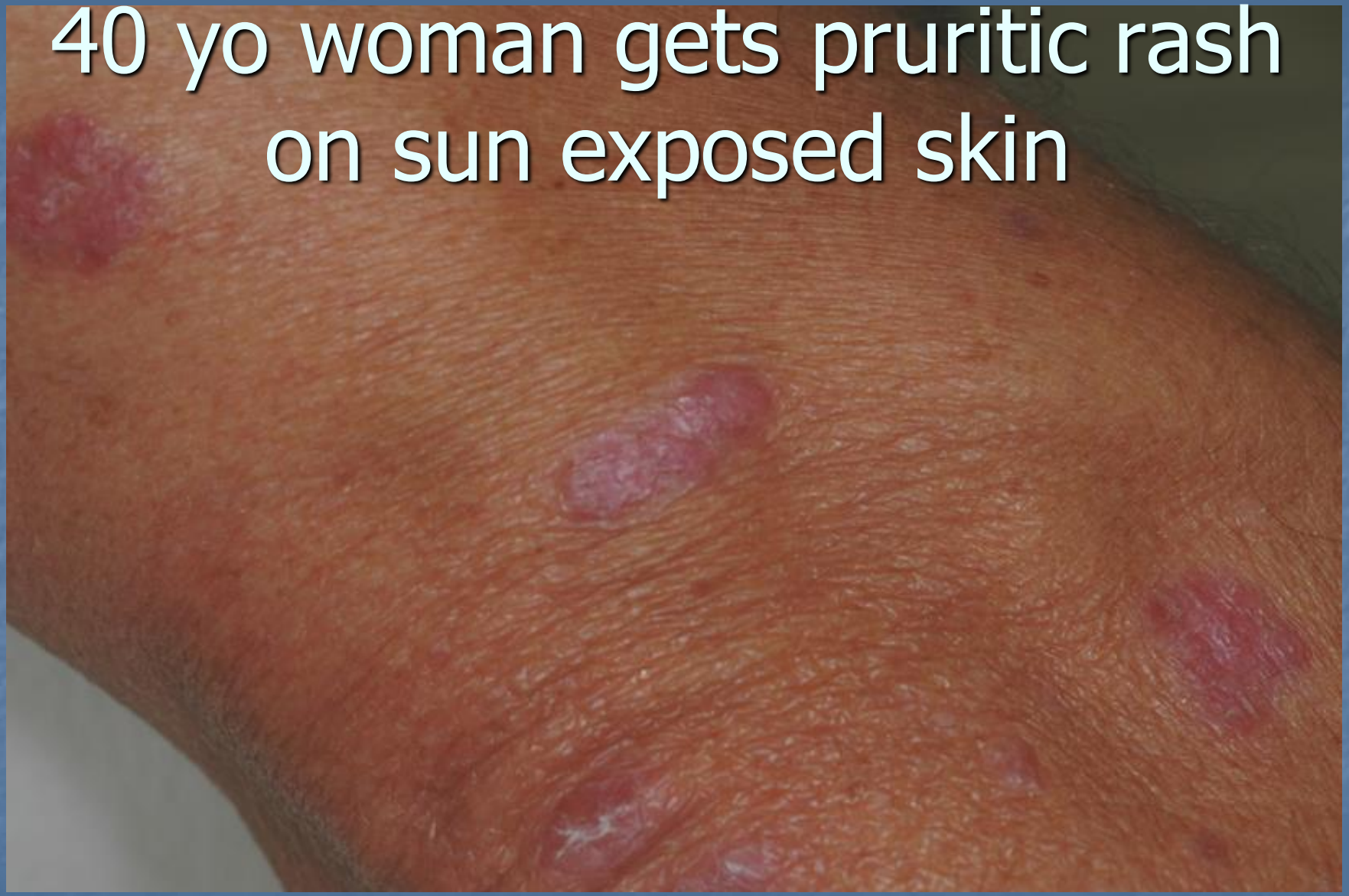
Granuloma Annulare



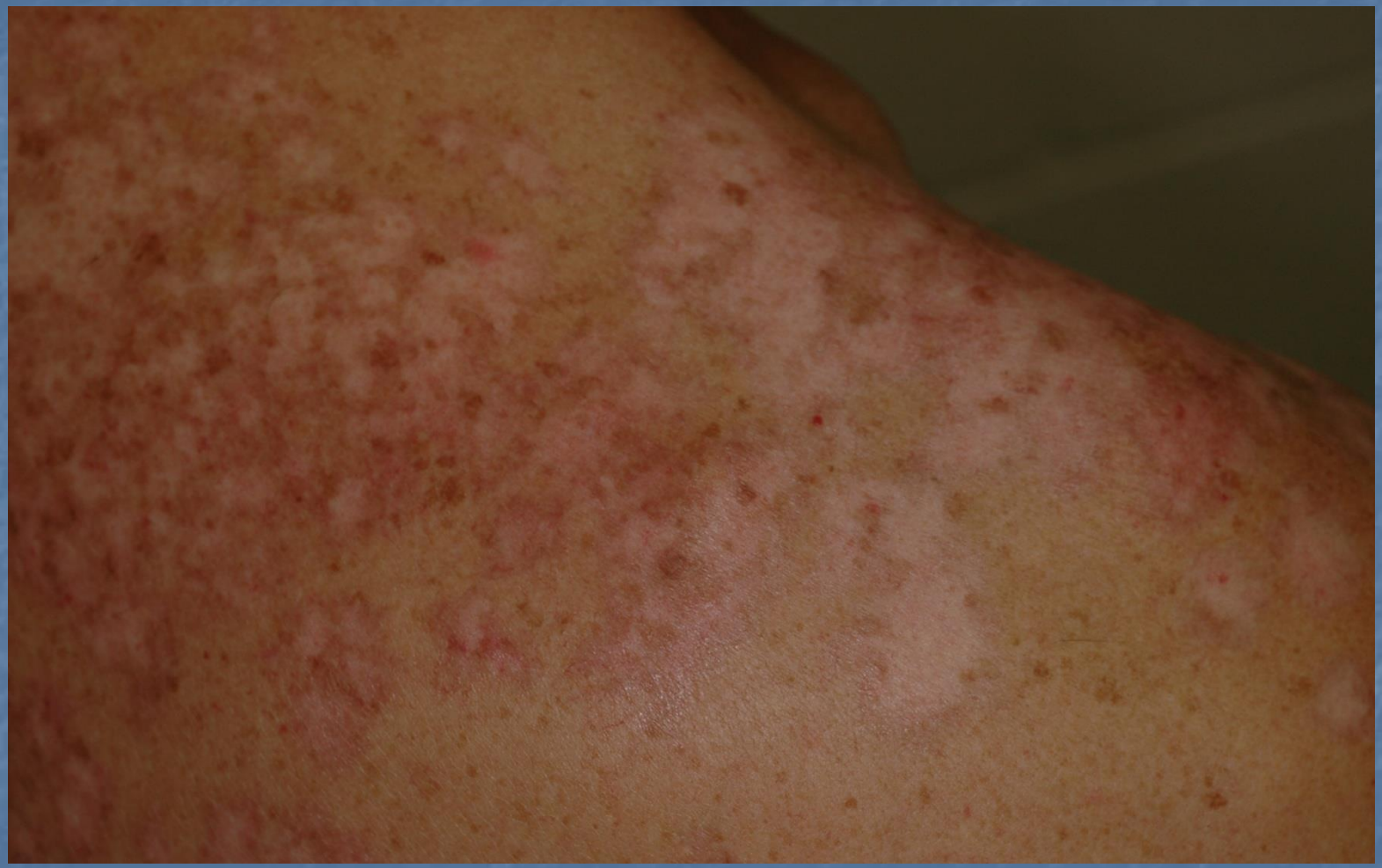


Clobetasol or intralesional triamcinolone

40 yo woman gets pruritic rash on sun exposed skin



Sub acute cutaneous lupus



Subacute cutaneous lupus

- 15% of patients with cutaneous LE
- 70% have anti Ro/La SSa/SSb (ENA)
- No scarring after resolution
- Rare to have severe SLE, up to 50% may have arthralgia, arthritis, low WBC
- increased risk of neonatal lupus
- Presentation:
  - Psoriasiform (not itchy)
  - Annular

Drug induced subacute LE

- 1/3 cases are due to drug- esp older or male
- More than 100 drugs
- CCB, ACEI, terbinafine, TNF inh, HCZ anticonvulsants, PPI, thrombocyte inh, nsaids
- No significant clinical, histo or lab features
- Suspect in new onset older person, widespread involvement of skin
- Months to yrs after continued exposure

Chronic cutaneous lupus

Management

- Screen for systemic lupus, drug induced
- Sun protection
- Clobetasol cr, intralesional triamcinolone
- Hydroxychloroquine (Plaquenil)
- Methotrexate, mycophenolate
- Anti B lymphocyte stimulator (Benlysta), rituximab (anti cd20)

QUESTIONS?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