


S012 - Pearls: Diagnostic and Therapeutic
Saturday, July 28
 1:00 PM - 4:00 PM

Stephen P. Stone, MD, FAAD
 Aimelios Lallas, MD, MSc, PhD
 Rebecca Jean Larson, MD, FAAD
 Sacharitha Bowers, MD, FAAD



PLAN OF THE DAY

Sacharitha Bowers
 Assistant Professor at SIU School of Medicine in Springfield IL,
 Director of the Dermatology Residency Program
 Veteran of 5 years in Private Practice

Aimelios Lallas
 General Secretary of the International Dermoscopy Society
 Dermatologist at First Department of Dermatology, Aristotle
 University, Hospital of Skin and Venereal Disease

Rebecca Larson
 Assistant Professor at SIU
 Associate Director of the Residency Program
 Mohs Surgeon

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1:00 – 1:05 Stephen Stone – Introductions

1:05 – 1:40 Sacharitha Bowers -- Beyond the Prescription Pad: Pearls
 from the Aisle

1:45 – 2:20 Rebecca Larson -- Procedural Dermatology Pearls

2:25 -- 3:00 Stephen Stone– Pearls: Something Old, Something New

3:05 – 3:35 Aimelios Lallas – Dermoscopy Pearls from Greece

3:35 – 4:00 Q & A and Audience Participation


PLAN OF THE DAY

3:35 – 4:00 Q & A and Audience Participation

Audience participation is welcome

The more audience participation, the merrier.


(Yes, during the presentations, too, but use the floor mikes)



**AAO REVISED RECOMMENDATIONS ON
 SCREENING FOR CHLOROQUINE AND
 HYDROXYCHLOROQUINE RETINOPATHY**

- Baseline examination is advised >> reference point and to rule out maculopathy
- Annual screening should begin after 5 years (or sooner if there are unusual risk factors).
- Newer objective tests can be more sensitive than visual fields.

Ophthalmology 118:2 February 2011, Pages 415-422



MINNIE PEARL



MINI PEARLS



- Handout: Every patient should receive a handout – or leave with a small bag of samples – sunscreen, moisturizer, etc

TREATMENT OF KELOIDS ON THE EAR:

- Shave excision with imiquimod nightly starting immediately after the procedure – ad infinitum, I suspect
- Excision with immediate ILK with a pressure earring, followed by ILK q4 weeks

TOPICAL 1% PROPRANOLOL OINTMENT WITH OCCLUSION IN TREATMENT OF PYOGENIC GRANULOMAS

Compounded propranolol ointment 1% -- under hydrocolloid occlusion 22 patients (mean age 7 years).
 Complete regression >> 13 patients (59%), mean time 66 days (range: 14-150 d).
 Partial improvement >> 4 patients (18.2%).
 No response >> in 5 patients (22.7%).
 No adverse effects were reported.
 Early treatment was associated with a more favorable outcome.

TOPICAL 1% PROPRANOLOL OINTMENT WITH OCCLUSION IN TREATMENT OF PYOGENIC GRANULOMAS



Topical 1% propranolol ointment with occlusion in treatment of pyogenic granulomas: An open-label study in 22 children, Volume: 35, Issue: 1, Pages: 117-120, First published: 20 December 2017, DOI: [10.1093/pedder/kax001](https://doi.org/10.1093/pedder/kax001)

TEN, SJS

- All anecdotal: Cyclosporine and / or Etanercept
- Literature on systemic steroids - no clear benefit
- IVIG several pubs "superior to conservative treatment" but doesn't seem to work... at least on this side of the Atlantic.
 - There are a few areas where it is popular (NOLA)
- Reports on cyclosporine use → possible improved mortality..
- Etanercept use for TEN was suggested. This was used in a single 50-mg dose in 10 adults with TEN with no mortality or complications (*JAAD* (2014;71[2]:278-283).
- Worswick* and colleagues used etanercept in 21 pediatric patients with TEN and they note cessation of disease progression after administration and no deaths

*Scott Worswick MD, University of California, Los Angeles

UNNA BOOT PROTECTION



UNNA BOOT PROTECTION



"But Doctor, how can I shower?"


ORAL LICHEN PLANUS

- 1mg tacrolimus capsule.
 - Dissolve in a 16 oz bottle of water
 - Store in fridge.
 - Make new batch each week.
- Swish 2-3 times a day for 60 seconds

Reported in Facebook Group
"Board Certified Dermatologists"

QUICK DIAGNOSIS OF DSAP

- Remember the fountain pen test for scabies?
- Sharpie to coat lesion
- Remove with alcohol swab



QUICK DIAGNOSIS OF DSAP



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

Other Intertrigos

- Few systematic reviews and meta-analyses
 - Corticosteroids
 - Antibiotics
 - Antimycotics
 - Antiseptics
 - Combinations
 - Usually an antimycotic and/or a corticosteroid and/or an antibiotic and/or an antiseptic.
- Treatment with surgery
- At least weak evidence that reduction mammoplasty helps in solving inframammary intertrigo.

Inframammary Intertrigo



Inframammary Intertrigo



MINNIE PEARL



MINI PEARLS



INGUINAL FOLD RASHES



If unilateral, biopsy: lichen planus, psoriasis and yeast infections are usually bilateral!

..... applies to vulvar lesions as well!

MINI PEARL

- Resistant generalized eczema in babies – think scabies
- Are parents or sibs itching, too?
- Improve compliance by letting family members look under the scope

Sheila Friedlander, MD



New For Hailey-Hailey

JAMA Network



- Multiple case reports of LOW DOSE naltrexone.
- Usual dose 50mg and up
- For H² – 3mg, 4.5mg and 12.5mg have been reported in multiple series
- 50 mg dose anecdotally → failure (pubs and Chicago Derm Society discussions)





Contact me at drspstone@gmail.com if I show additional slides or if you have pearls to add to next year's talk

SIU MEDICINE
S I U M E D I C I N E

The slide features a decorative background with various shades of purple and blue geometric shapes, including hexagons and triangles. The text is centered in a white area. At the bottom, the logo for SIU MEDICINE is displayed.