Blistering, Papulosquamous, Connective Tissue and Alopecia

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Objectives

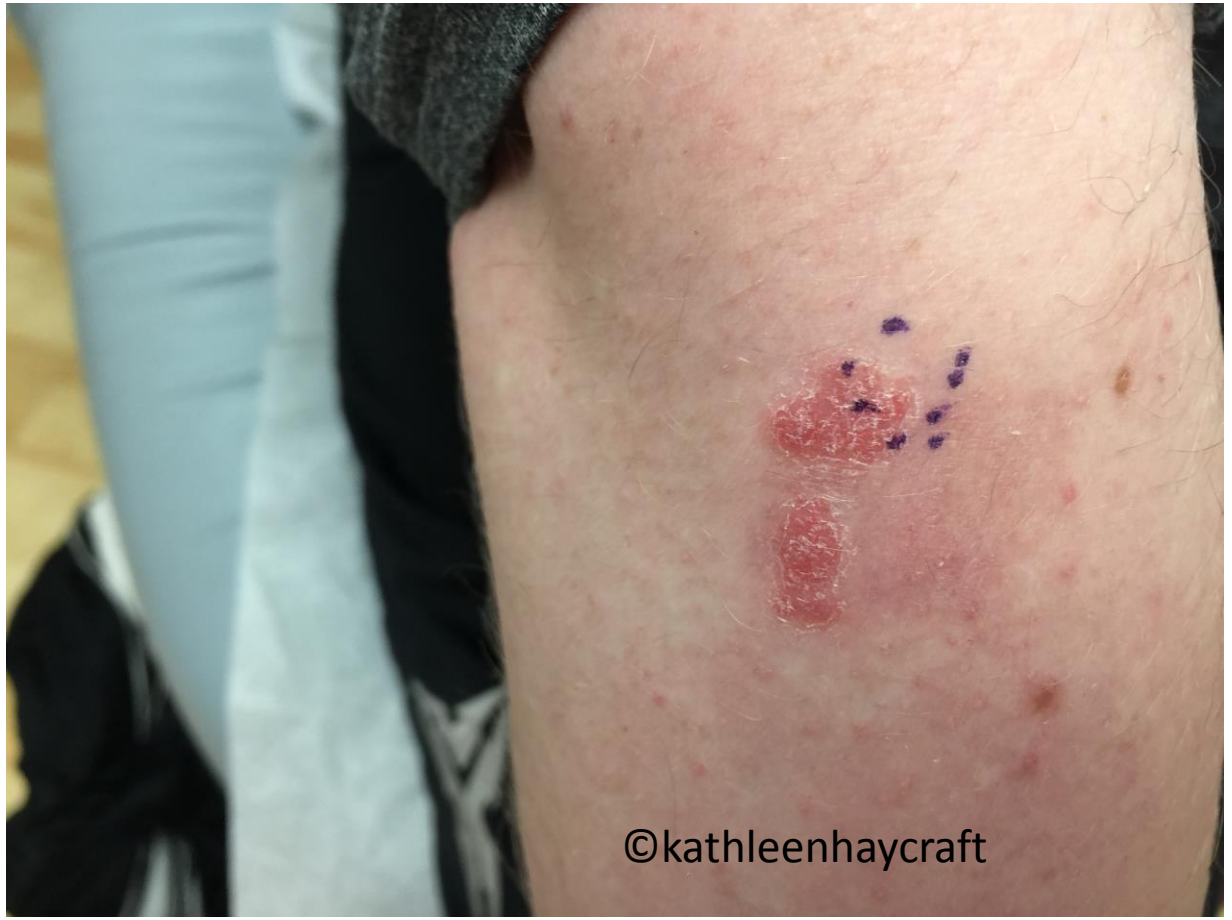
- Identify examples of papulosquamous disease and state treatment options
- Identify examples of connective tissue disease and state treatment options
- Identify examples of blistering diseases and state treatment options
- Identify examples of alopecia and state treatment options

Papulosquamous

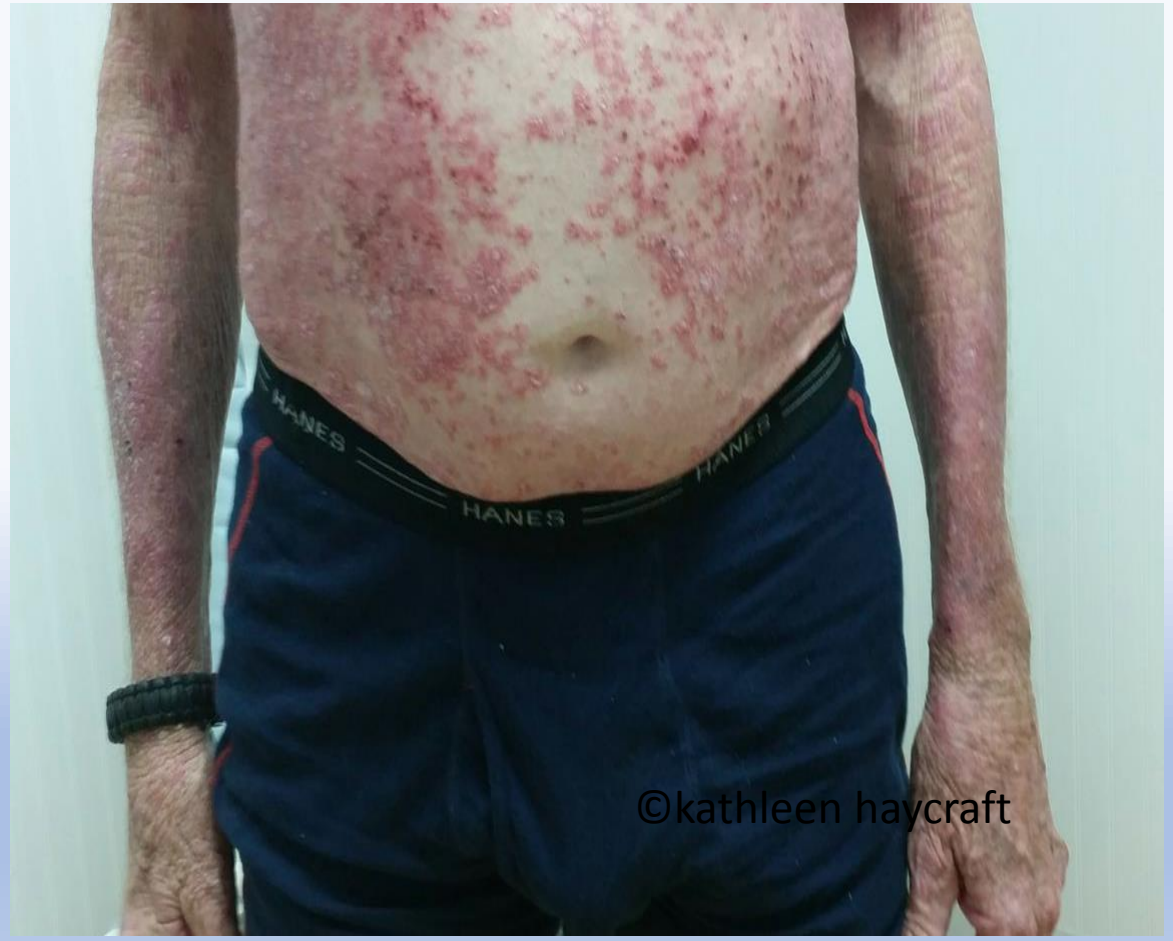
Psoriasis

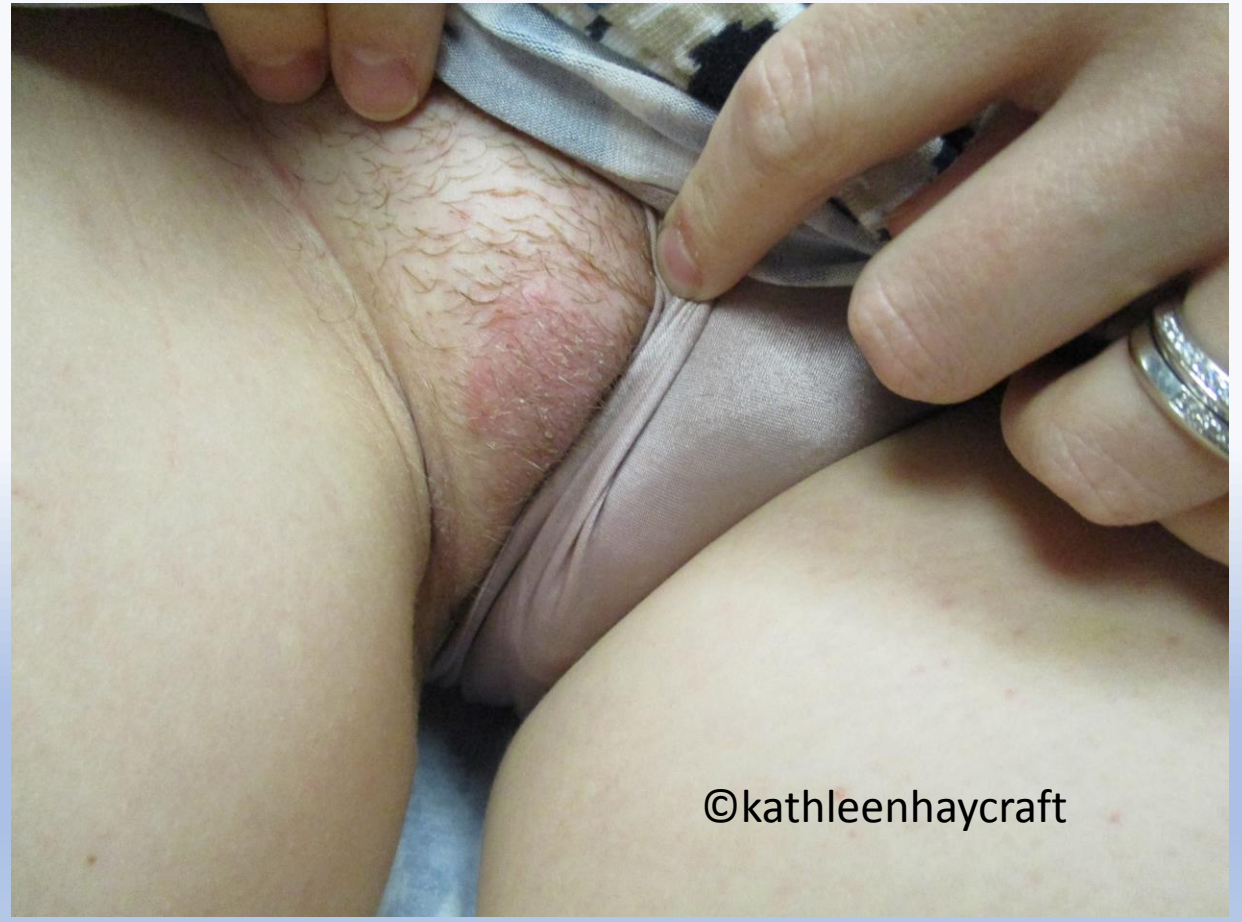
- Latin means “itchy plaque”.
- In truth it is less itchy than yeast and eczema
- Variable
- Painful in high friction spots

Psoriasis Plaque



Psoriasis

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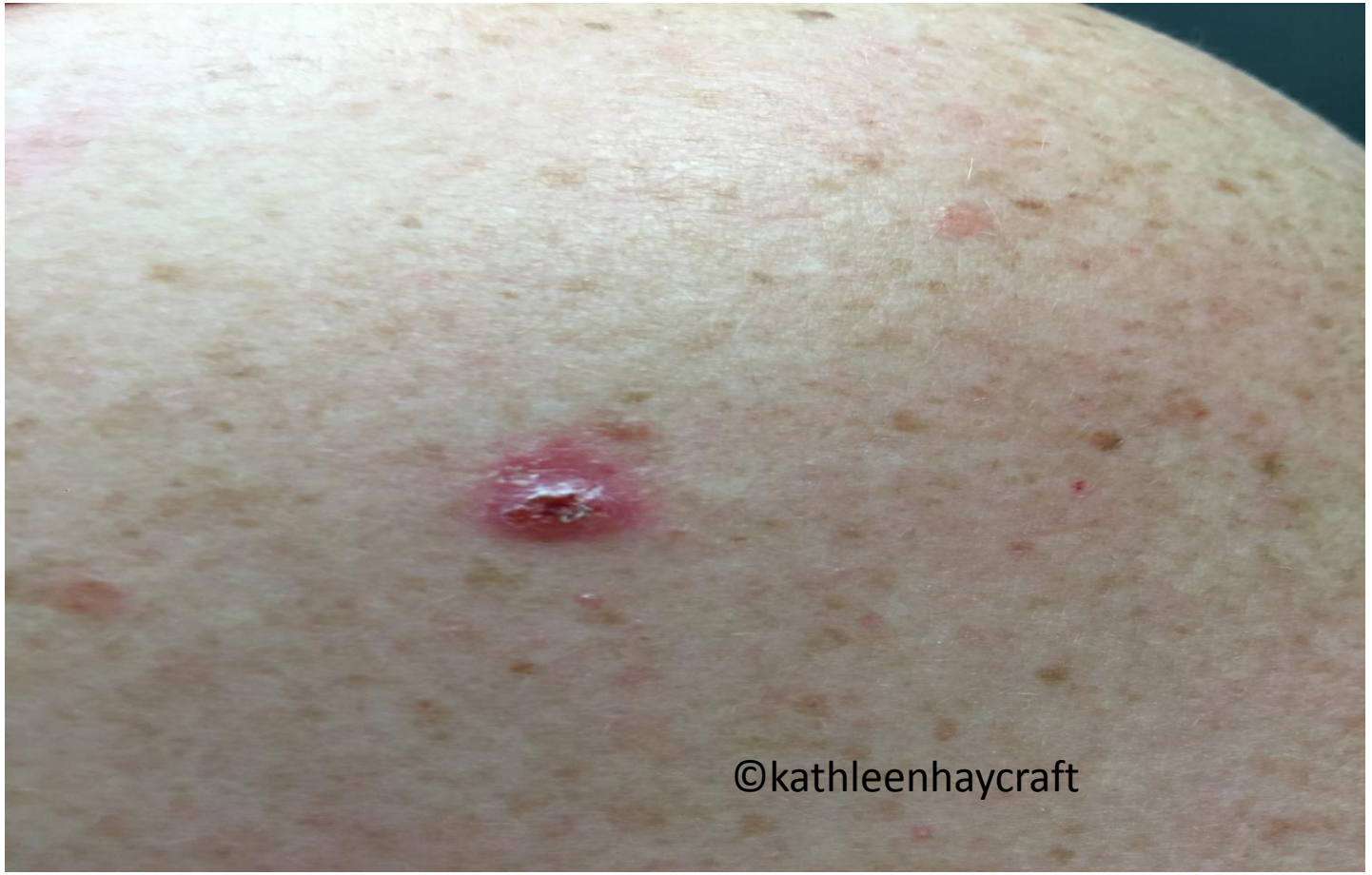
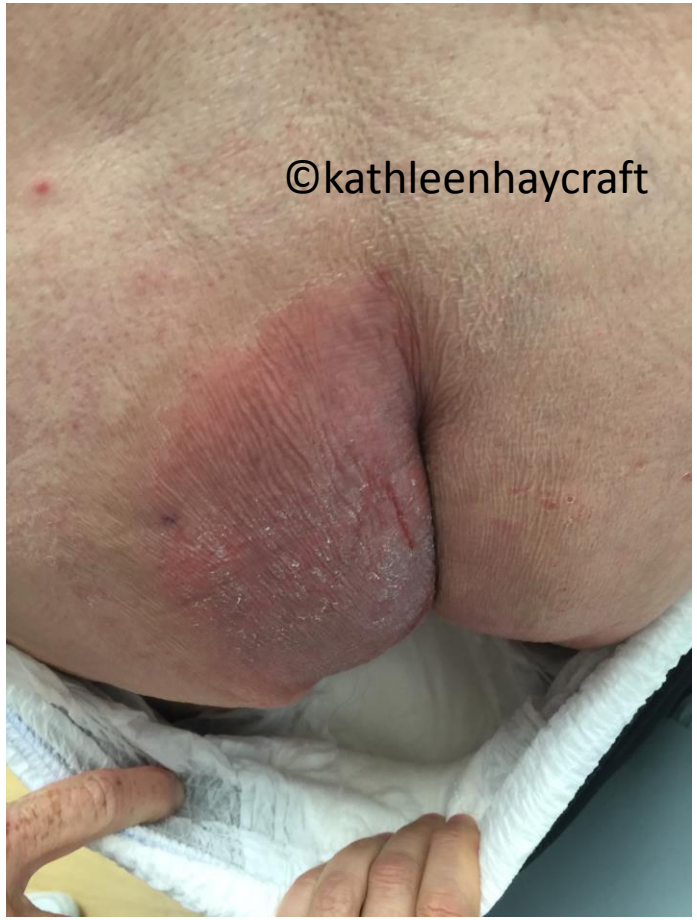
The clue to the vaginal pic

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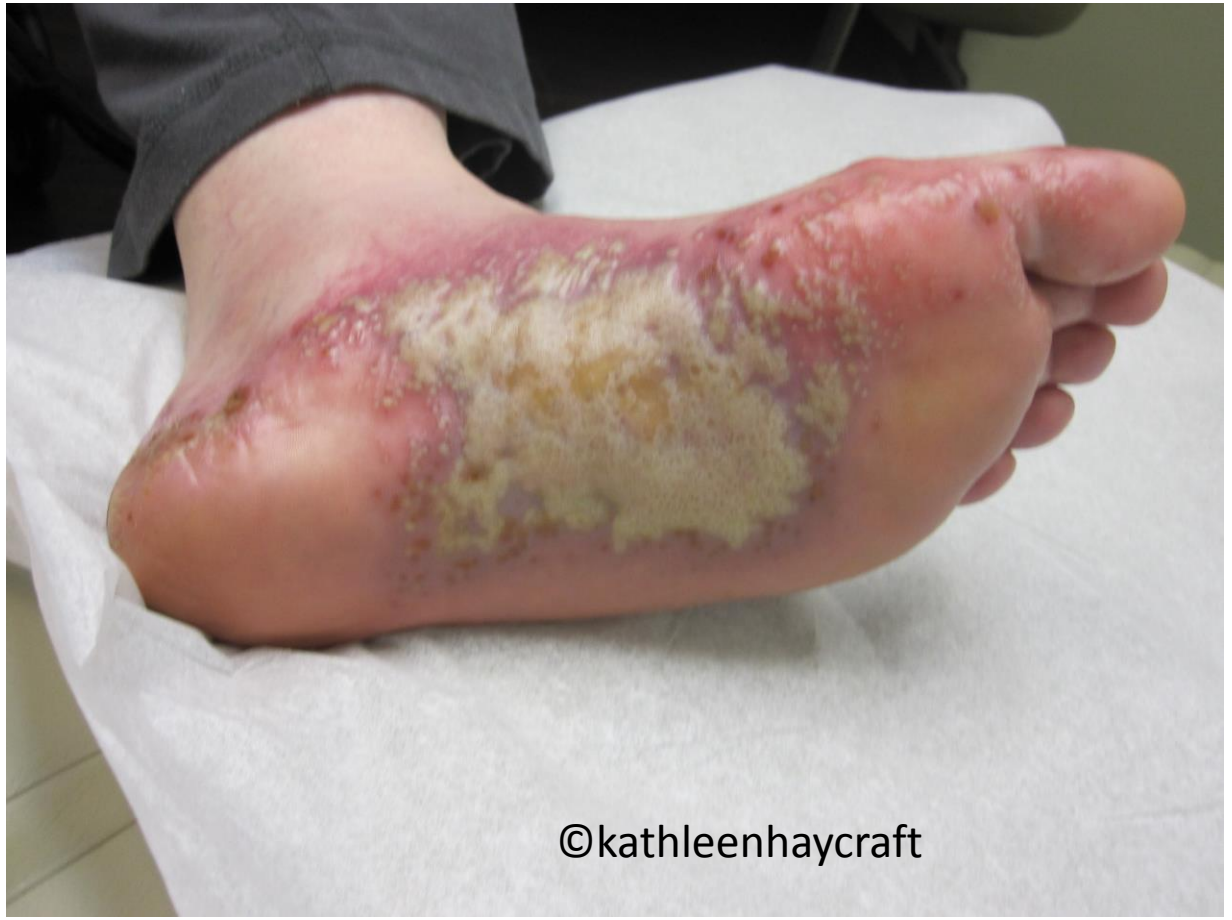
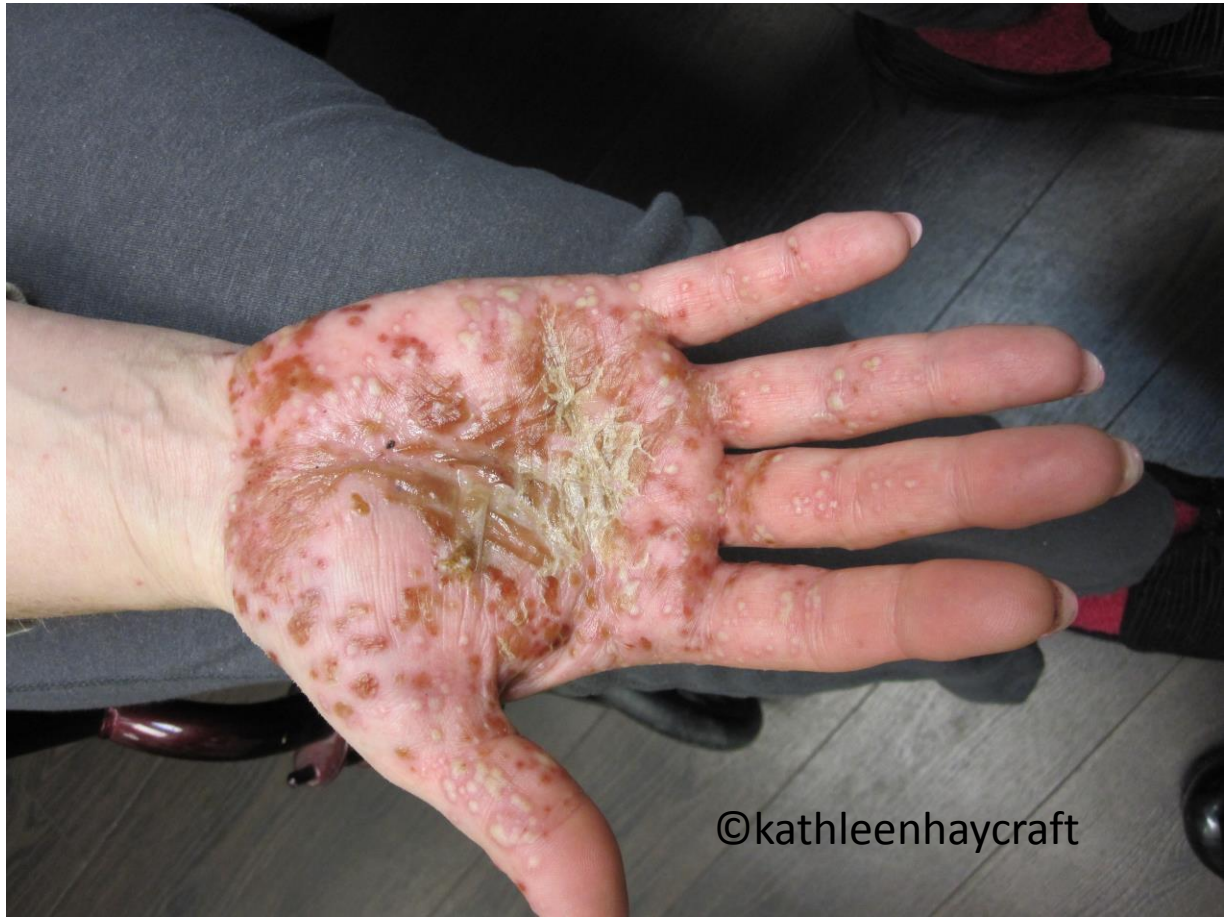
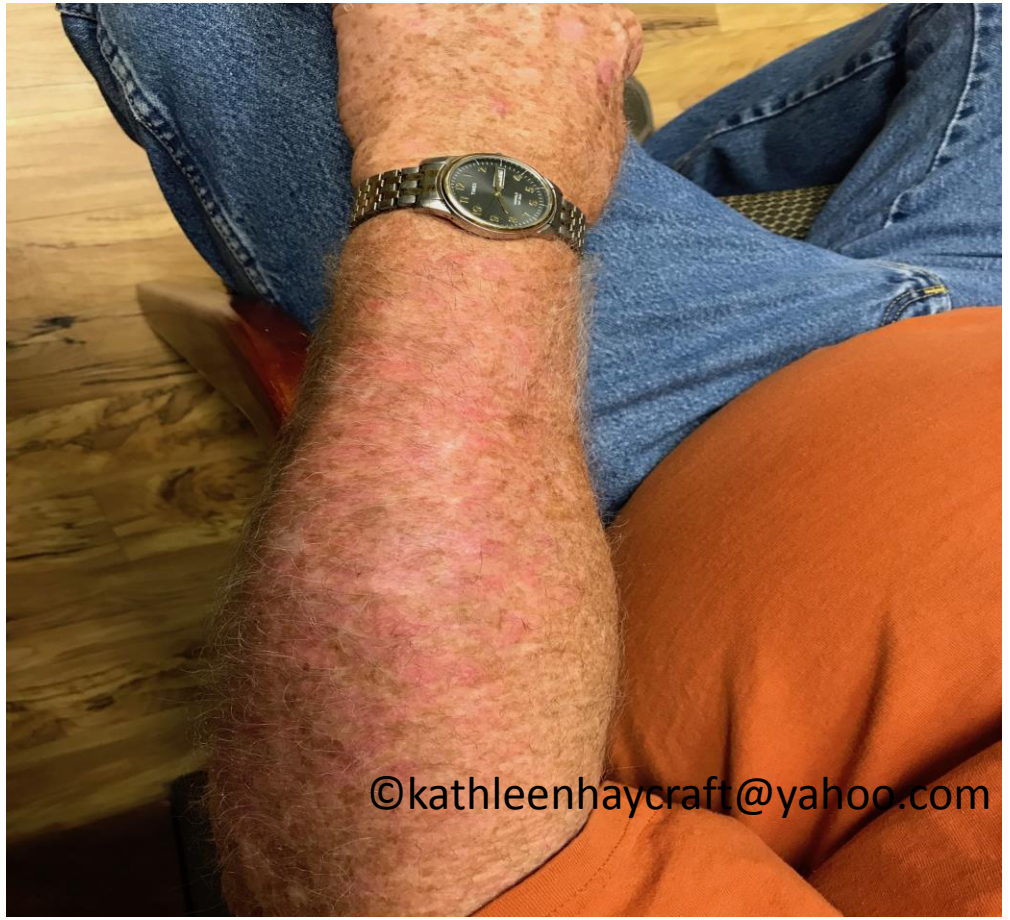
Plantar Psoriasis



Palmar Psoriasis



Nivolumab induced Psoriasis



Psoriasis and its many forms

- Plaque..85%
- Scalp
- Palmoplantar
- Guttate
- Inverse
- Erythrodermic
- Psoriatic arthritis
- Psoriatic nails

Cause

- Affects 2 to 5% of the population
- Many mediators including the T cell lymphocyte.
- Many chemicals downstream including TNF alpha, PDE, Il 12, 23, 17 as well as a variety of inflammatory cytokines
- These chemicals are distributed throughout the body
- Imbalance between pro inflammatory and anti-inflammatory chemicals
- Can be triggered by strep, HIV, Hepatitis, and a wide variety of infectious organisms

Psoriasis causes

- Koebner phenomenon after surgery or trauma
- Drugs such as beta blockers, lithium, antimalarials
- The cytokines result in proliferation of keratinocytes and angiogenesis (resulting in the Auspitz sign)
- May be mild to severe and location of scalp, genitalia, face may trump degree of psoriasis (BSA-

Comorbidities

- Reviewed in the cutaneous manifestations of systemic disease
- Range from depression to MI, psoriatic arthritis, malignancy, Dm
- Future treatments may be based on how they treat the comorbids

- Diagnose with visual or biopsy

Treatment

- Topical corticosteroids..caution to not over use particularly in high risk areas.
- Vitamin D analogs eg. Vectical and dovonex
- Combination of above eg., Taclonex and Enstillar
- If thick scale use potent retinoid e.g, Tazarotene gel (Tazorac)
- Control itch if present
- Consider light box or sunlight

Systemic Treatments:

- Small molecules:
  - MXT with folic acic
  - Acitretin
  - Apremilast (Otezla)

Injectable

- TNF Alpha..remicade, humira, enbrel, cimzia,
- IL12/23.. Stellara
- IL17..Seliq, Cosentyx, Taltz
- IL 23.. Tremfya
- There have been many to keep up with and most derm providers feel very safe
- Important to seek treatment for your patients

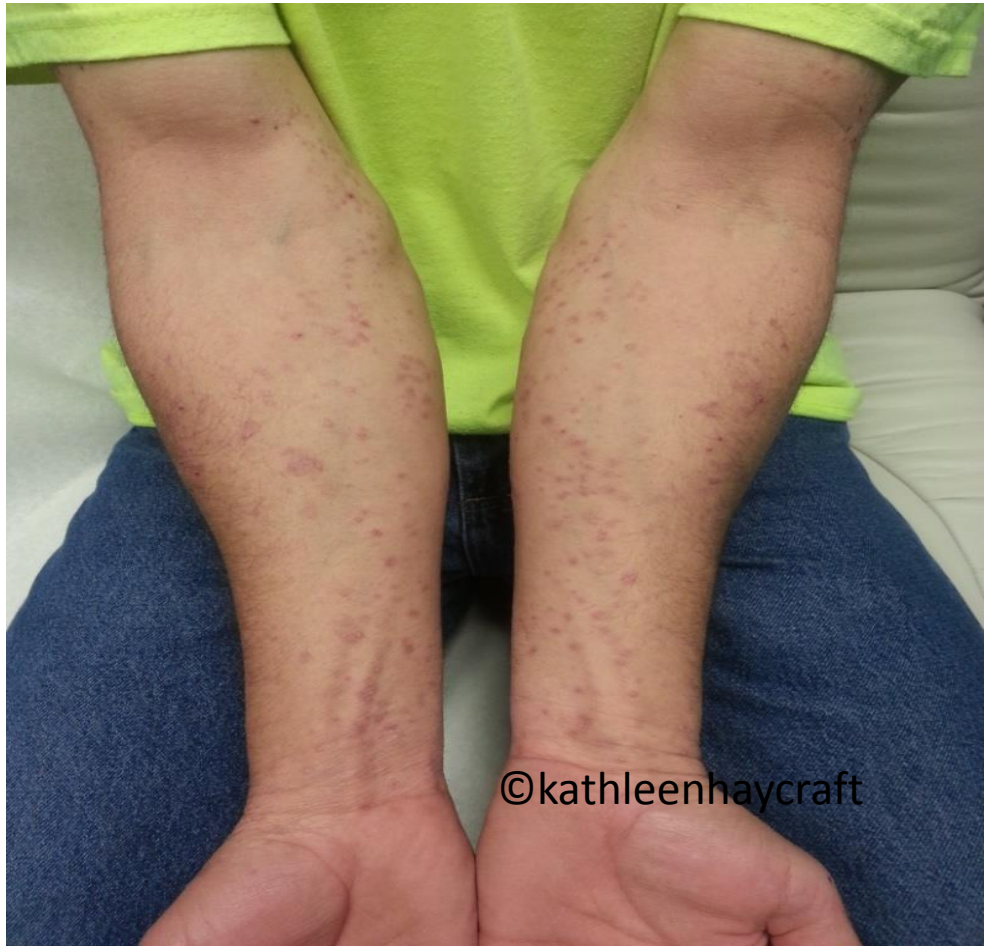
Seborrheic Dermatitis

- May occur on the face, scalp, ears, chest
- Occurs more frequently with Parkinsons, Downs, immune compromised and post stroke
- Lipophilic yeast Malessezia is increased in seb derm skin
- Diagnosis is visual and rarely requires biopsy
- If not responsive to routine therapy consider HIV
- Treat with topical azoles or selenium, may use orals to gain control for short term

Lichen Planus

- Have five qualities: pruritic, purple, planar (flat topped), polygonal, papules. Fine white lines called Wickham's striae
- Occur in genitalia, mouth and body
- TAC moist soaks, antihistamines and occasionally immune suppression

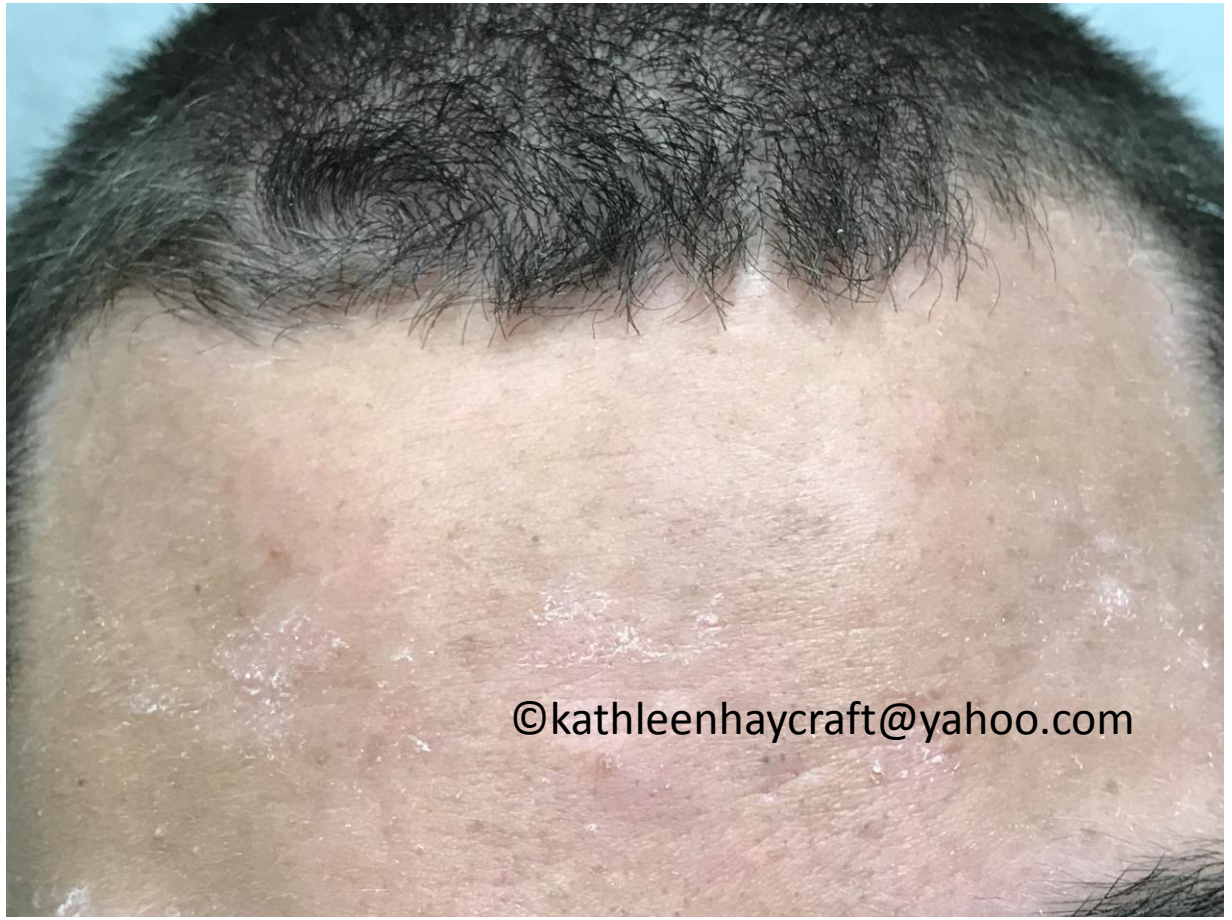
Lichen Planus



Parapsoriasis

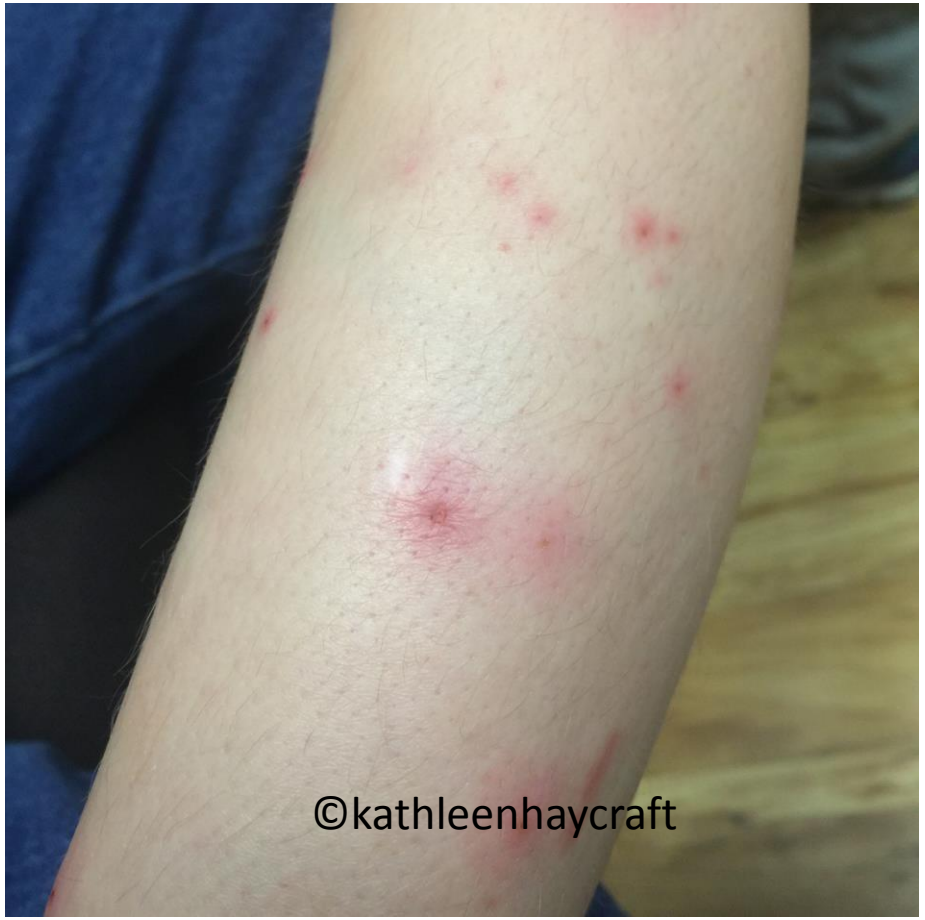
- Clinically may present like eczema and/or psoriasis
- Treatment follows either path

Parapsoriasis



Blistering Disease

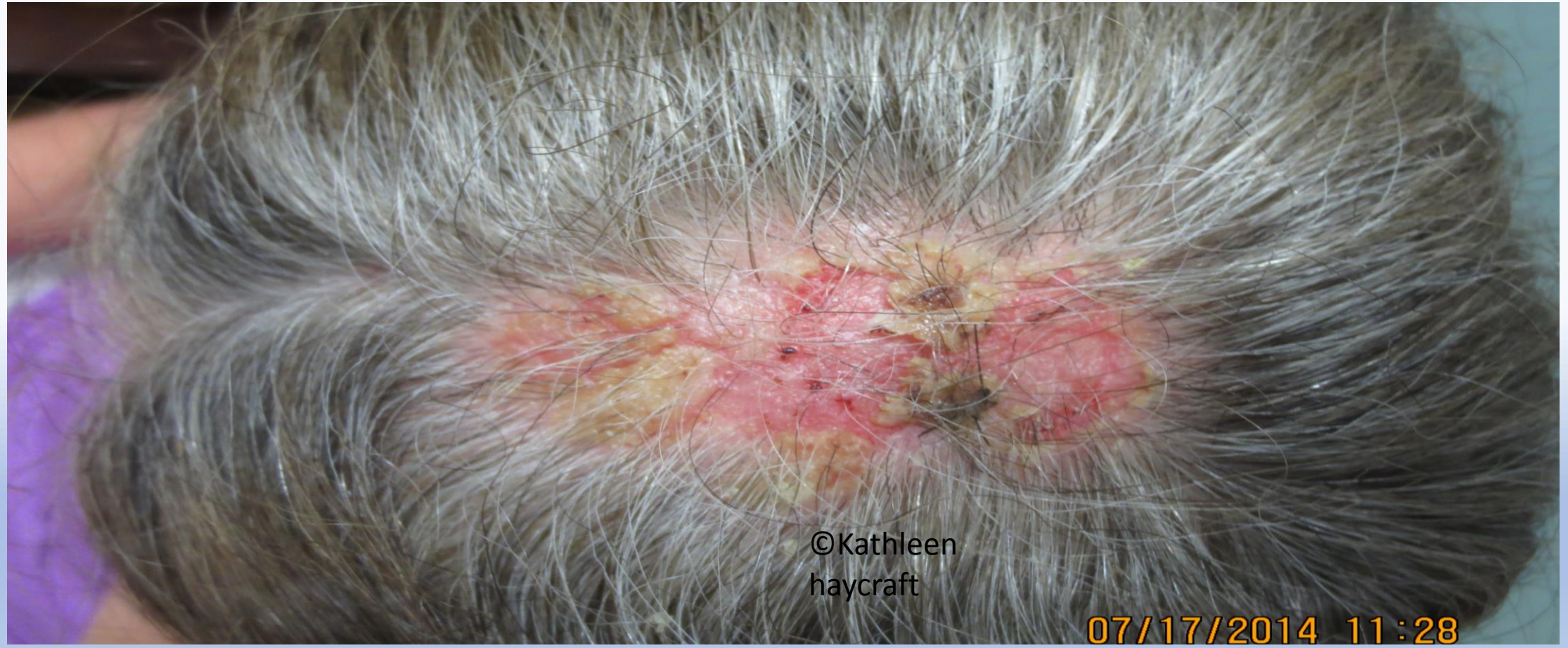
Arthropod Bite Blisters



Pemphigus Vulgaris

- Intraepidermal or cell to cell disease
- IGG desmogleins 1 and 3
- May involve skin and all of mucous membranes through conjunctiva, mouth and entire GI system
- Positive Nikolsky and Absoe-Hansen sign
- Treatment Rituximab, mycophenylol, Imuran, Dapsone, IVIG,

My dentist told me I have lichen planus now my hair is falling out



Parapsoriasis

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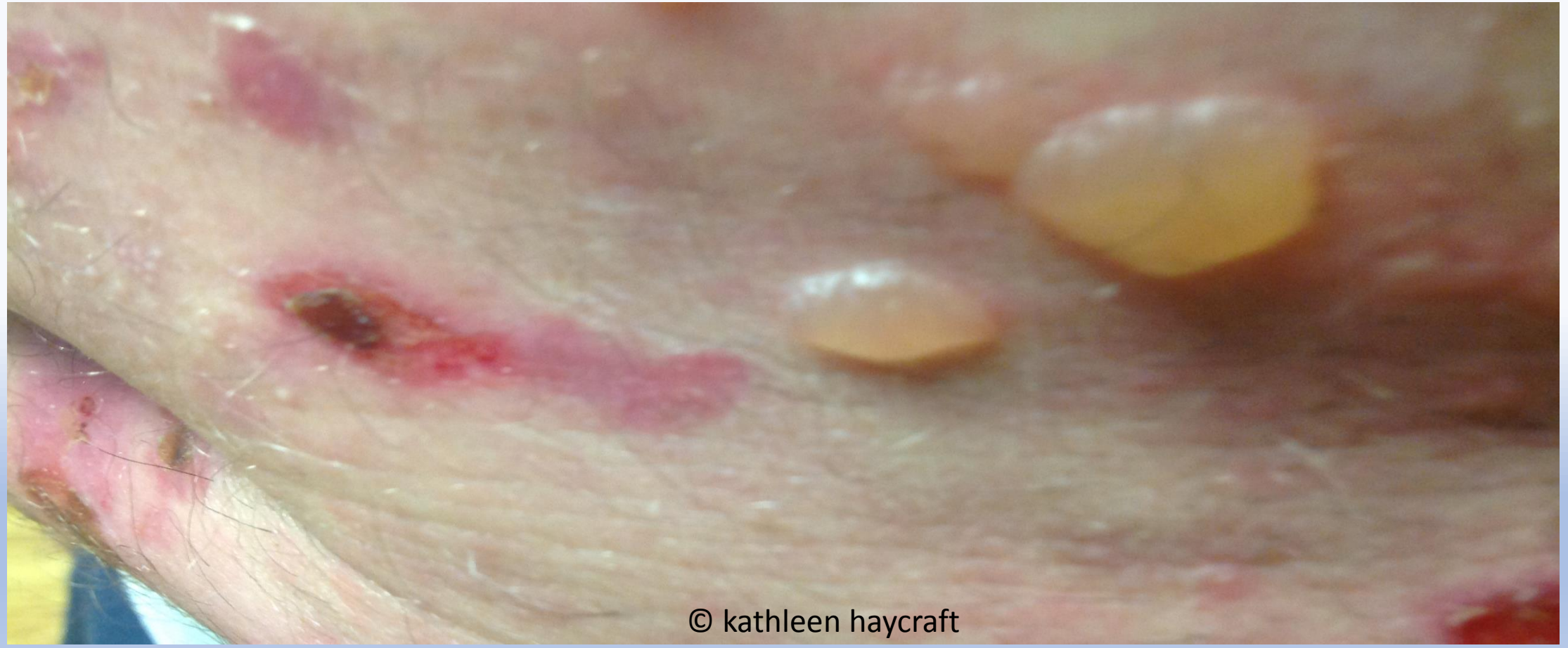
Pemphigus Vulgaris

- One of the blistering disease. We will discuss this afternoon
- Far more serious than bullous pemphigoid
- Softer blisters with positive Nikolsi and Absoe Hensen sign
- Imperative to refer fairly urgently.
- Treated with steroids (topical and oral), mycophenolol, niacin, cyclins
- High risk for infection. High risk for underlying illness.
- Rituximab

Bullous Pemphigoid



Bullous Pemphigoid

- Blister formation occurs when hemidesmosomes (BP180 and 230) are targeted by autoantibodies
- Linked with Parkinsons, CVA, diuretics, antibiotics, neuroactive drugs and antihypertensives
- Because the bullae are deep the blisters are firm and difficult to rupture
- May have an urticarial phase only and never develop blisters\
- Need ENT, Opthamology, GI referral
- Monitor the serum 180 and 230

Treatment

- Antihistamines
- Topical steroids
- Mycophenolol
- Niacin
- Doxycycline

Treatment

- Antihistamines
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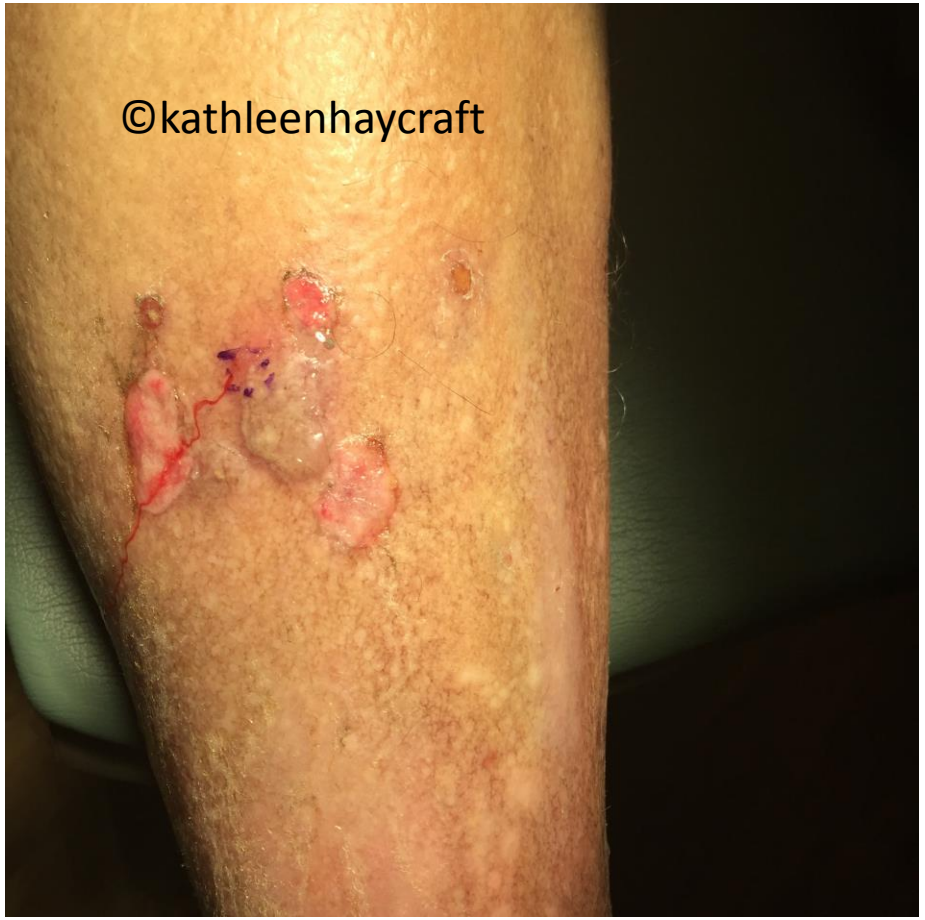
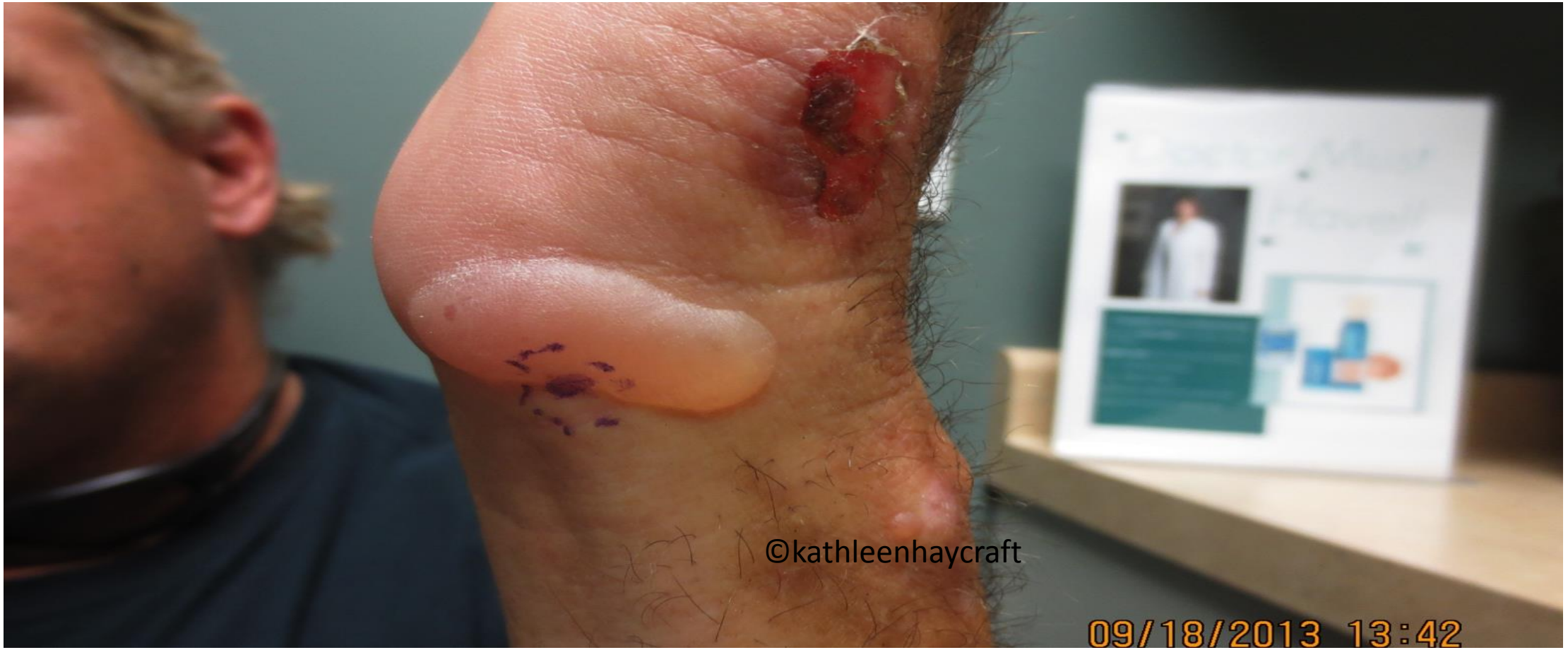
Blistering Impetigo



Treat the Impetigo

- Never treat without culture

My hands blister and I have blisters elsewhere….



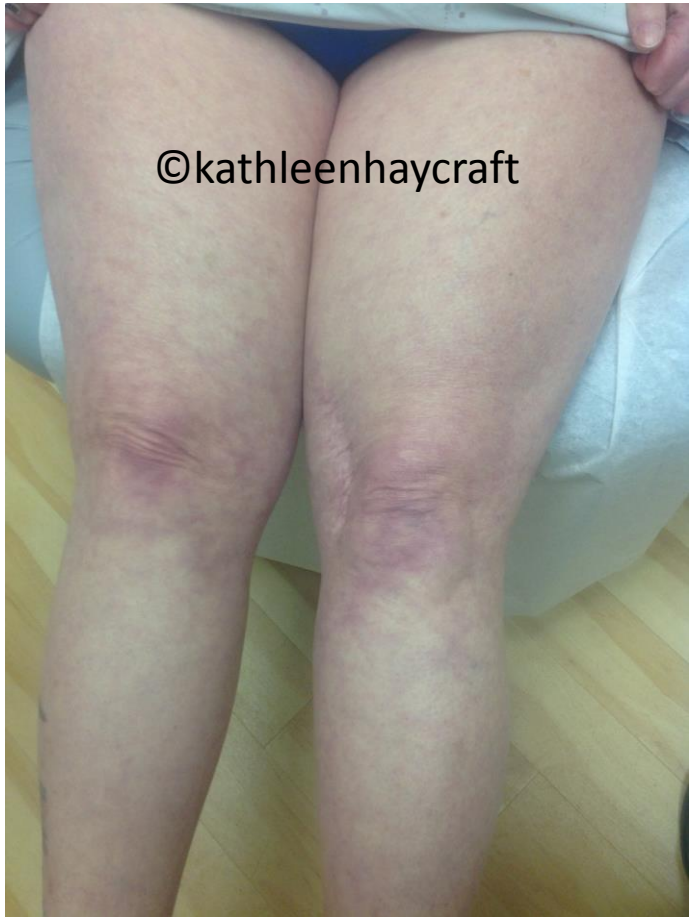
Another pic of the same

Porphyria Cutanea Tarda

- Blistering rash frequently seen in hepatitis C patients.
- Patient had been treated for some time by PCP with steroids
- Hep C study positive for genotype type 1, after referral to hepatitis C treatment with Sovaldi had complete remission of cutaneous symptoms
- Need workup for hemachromatosis and liver imaging
- Generally referral to liver specialist to be co-managed with dermatology and primary

Common Connective Tissue Disease

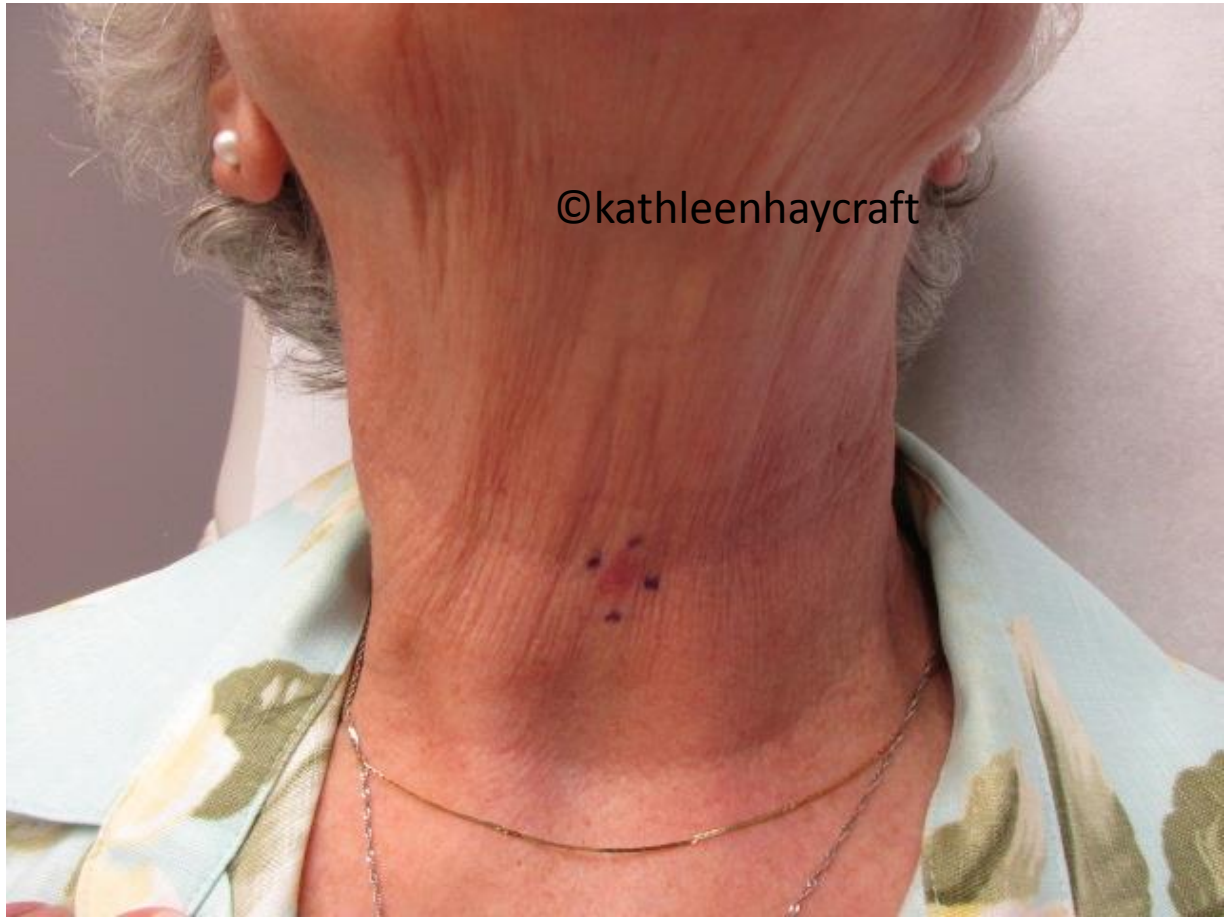
Livedo Reticularis



Livedo Reticularis

- Lacy rash
- May be normal
- Ask about arthralgias

Lupus Erythematosis



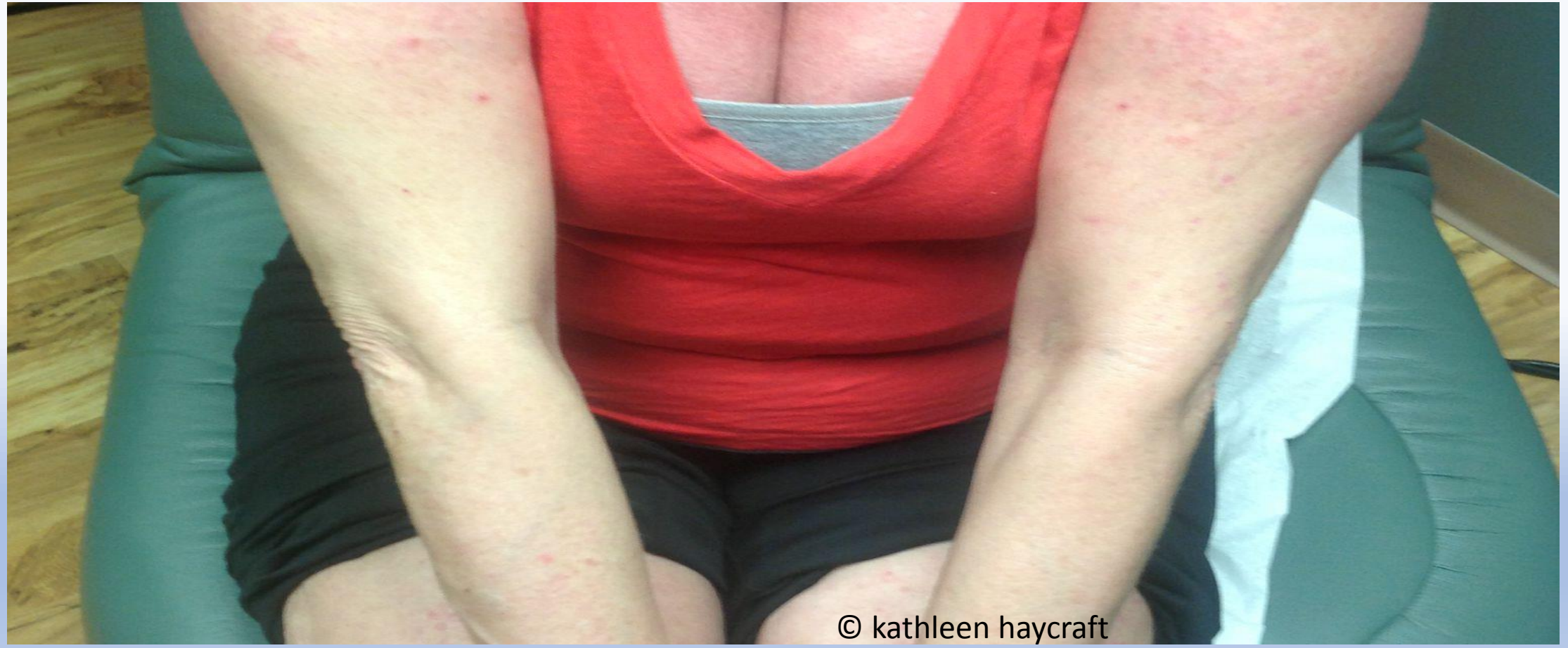
Lupus Erythematosus

- Assessment: erythematous patches on skin frequently on the malar area
- Always question if stiff in am Look for systemic involvement
- May be cutaneous alone and modest..genetics, female (10 times higher risk), smoking, infection
- Work up can be limited in primary care to ANA and UA
- Refer to rheumatology and dermatology
- Biopsies for all connective tissue disease are routine with a DIF

Treatment

- Plaquenyl
- Immune Suppression
- Benlysta
- Short term topical and oral steroids

Have had this rash for a year been to dermatology and told it was lichen planus.



Diagnosis, Treatment

- Dermatomyositis
- Shawl sign, Gottron.s papules, violaceious hues on eyelids, capillary folds at nail beds
- Frequently rash flares with sun, fatigued with muscle pain
- Dependent upon different genetic mutations may have cancer or pulmonary and cardiac risk.
- This patient was treated with plaquenyl

Morphea

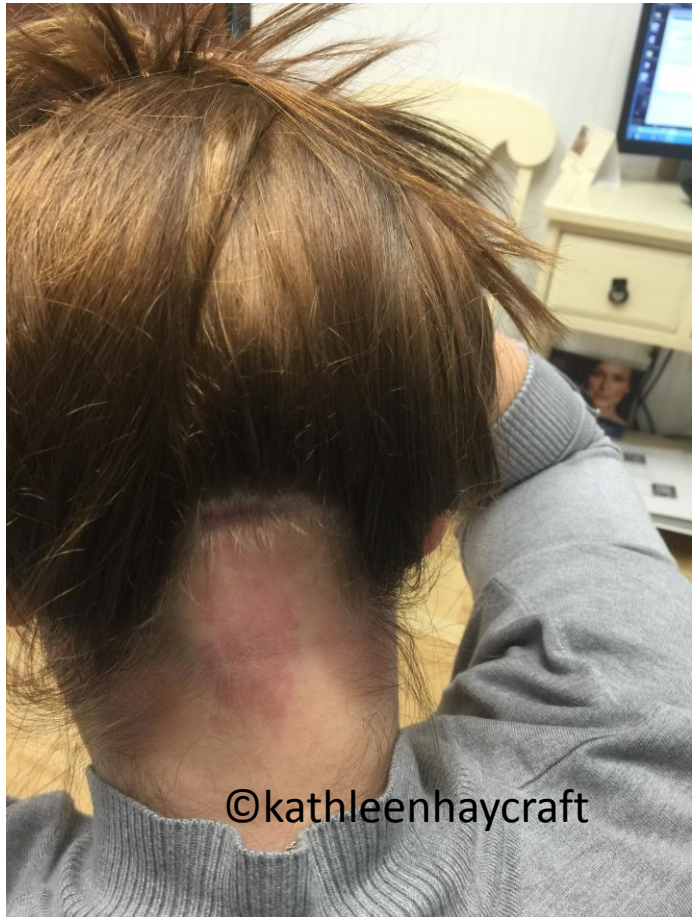
Differentiating Routine Alopecia…pearls

- Anagen effluvium
- Telogen effluvium non-scarring diffuse hair loss, normal scalp, last 1 to 6 months, affects less than 15%
- Catogen sudden and near 85% or total loss of hair with thin broken hair
- Trichotillomania irregular patches with variable hair growth
- Androgenic Male pattern, Christmas Tree
- Tinea Capitis round patches with broken hairs

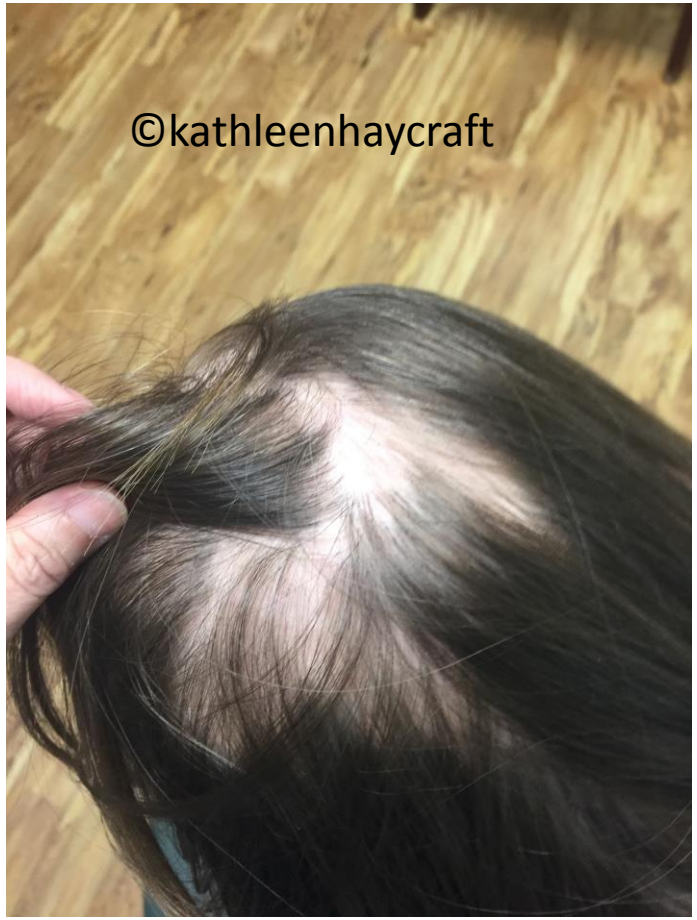
Diagnostics

- Ferritin, TSH, thyroid antibodies, RPR
- Is suspect androgenic: free and total testosterone for females, DHEAS, prolactin
- If scalp is abnormal do punch biopsy with routine and DIF
- If infection suspected to tissue culture

Alopecia Aerata over PWS



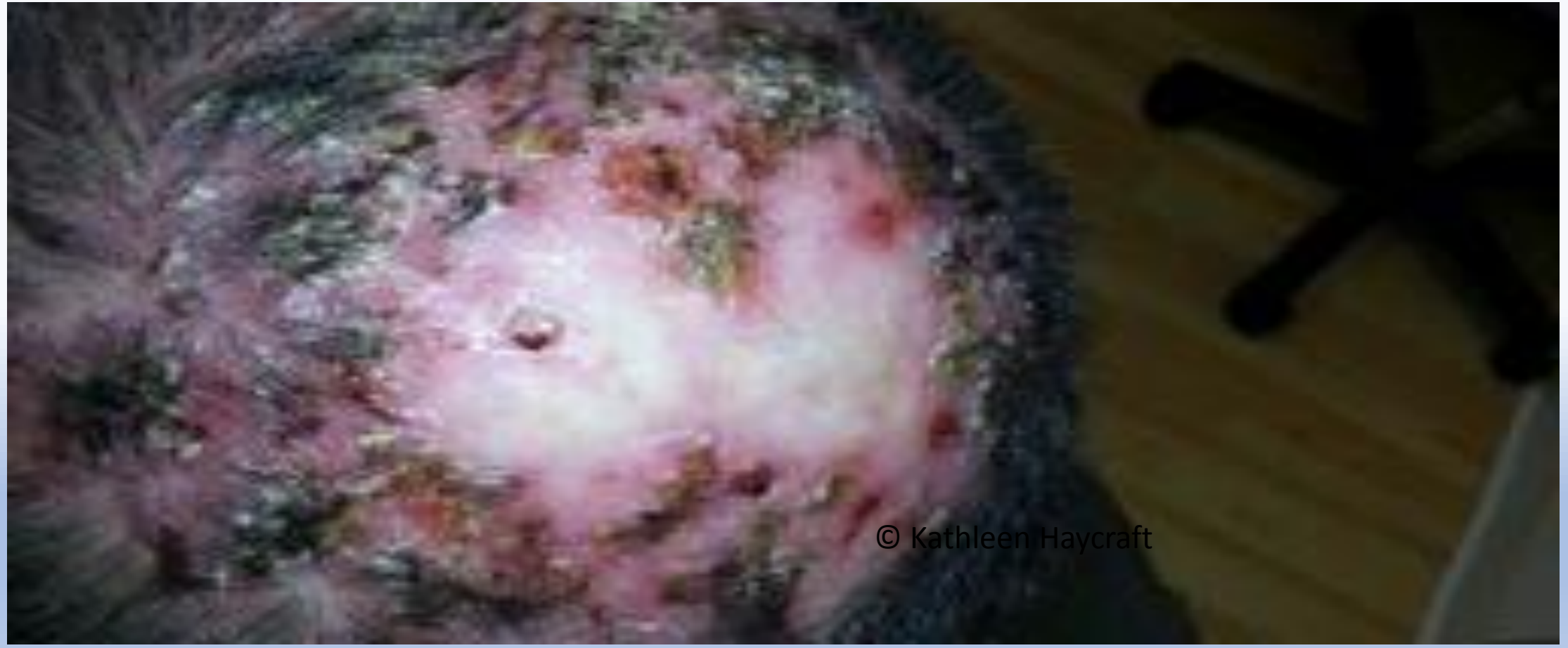
Alopecia Aerata



Alopecia Aerata

Dissecting Cellulitis vs Folliculitis Decalvens

Rash oozy and my hair is falling out.



Folliculitis Decalvens of Dissecting Cellulitis of the Scalp

- Scalp situations that must be referred immediately as early treatment with cyclins, and intralesional and topical steroids may prevent permanent scarring and hair loss.
- Oral cyclins and immune suppression may be used
- When a scalp is tender, erythematous and boggy…REFER….do not wait

A little brain fog yet?

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Thank you.

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