Blistering, Papulosquamous, Connective Tissue and Alopecia

Kathleen Haycraft, DNP, FNP/PNP-BC, DCNP, FAANP
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

©kathleen haycraft
The clue to the vaginal pic
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 comorbid

- 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 acid
  • 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

• Clinically may present like eczema and/or psoriasis
• Treatment follows either path
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, Ophthalmology, GI referral
• Monitor the serum 180 and 230
Treatment

- Antihistamines
- Topical steroids
- Mycophenolol
- Niacin
- Doxycycline
Treatment

- Antihistamines
- Topical steroids
- Mycophenolol
- Niacin
- Doxycycline
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 Erythematosus
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, violaceous 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

© kathleen haycraft
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?
References:

- Cutis Journal Years 2016-2017
Thank you.

• Kathleen Haycraft, DNP, FNP/PNP-BC, DCNP, FAANP
• 300 Lovers Leap Dr
  Hannibal, MO 63401
  kathleenhaycraft@yahoo.com
  5737952808