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
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 comorbidities

- Diagnose with visual or biopsy
Treatment

• Topical corticosteroids..caution to not over use particularly in high risk areas.
• Vitamin D analogs eg. Vectical (calcitriol) and Dovonex (calcipotriene)
• Combination of above eg., Taclonex (combination of betamethasone and calcipotriene) in a solution or cream and Enstil lar foam(also a combination of betamethasone and calcipotriene) more effective in foam.

• 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)
  • Xeljanz (Tofacitinib)
Injectable

• TNF Alpha..Remicade (infliximab), Humira (adalimumab), Enbrel (etanercept), Cimzia (certolizumab).
• IL12/23.. Stellara (ustekinumab)
• IL17..Seliq (Siliq), Cosentyx (secukinumab), Taltz (ixekizumab)
• IL 23.. Tremfya (guselkumab)
• There have been so many to keep up with
• Safer than the advertisers make you think
• Important to seek treatment for your patients
Seborrheic Dermatitis

- May occur on the face, scalp, ears, chest
- Occurs more frequently with Parkinson’s, 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

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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
Pemphigus Vulgaris

• One of the blistering disease. We will discuss this afternoon
• Far more serious than bullous pemphigoid
• Softer blisters with positive Nikolksi 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 (Rituxan)
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, Ophtamology, GI referral
• Monitor the serum 180 and 230
Treatment

• Antihistamines
• Topical steroids
• Mycophenolol
• Niacin
• Doxycycline
Treatment

• Antihistamines
• Topical steroids
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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 (sofosbuvir). The treatment with sofosbuvir resulted 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

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Livedo Reticularis

• Lacy rash
• May be normal
• Ask about arthralgias
Lupus
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 (hydroxychloroquine sulfate)
• Immune Suppression
• Benlysta (belimumab)
• 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 (hydroxychloroquine) sulfate
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%
• Catagen 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?
References:

- Cutis Journal Years 2016-2017
Thank you.

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