

“Is it contagious?”

Kristin Rygg, MPAS, PA-C



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- **University of Florida, College of Medicine – 2008**
- **SDPA Director at Large, 2021-2023**
- **AAPA Huddle Representative, Dermatology, 2022**
- **Guest Faculty - University of Colorado PA Program**
- **Pharmaceutical Speaker**
- **Denver, Colorado**

Overview

- Hidradenitis Suppurativa
- Pityriasis Rosea
- Warts
- Molluscum
- Condyloma
- HSV
- Zoster
- Rhus dermatitis
- Tinea Versicolor

Hidradenitis Suppurativa (HS)

PIC

- PIC

Hidradenitis Suppurativa (HS): Overview

- Acne Inversa (severe acne)
- Painful, inflamed nodules, abscesses, sinus tracts and scarring in the apocrine-gland bearing areas of the body (axilla, inguinal, anogenital)
- In dark skin, may appear dark brown, or violaceous gray
- Double comedones are pathognomonic
- Women > Men
- Adults, 3rd – 4th decades but can present in teens and twenties
- Socioeconomically disadvantaged
- Genetic predisposition

• PICTURE

HS: Common Complaints

- “I get these bumps” or “ingrown hairs”
- “I won’t wear a swimsuit.”
- “It hurts to sit.”
- “I won’t have sex.”
- “I can’t miss any more work.”

HS: Pathophysiology

- Exact cause unknown - inflammatory process
- 4X higher incidence with Crohn disease
 - Also assoc. with DM, PCOS and obesity
- Genetics + Environment (smoking, skin occlusion)
- Follicular occlusion leads to rupture of the follicle with significant immune responses and development of painful nodules and abscesses
- Bacterial infection and colonization

HS: Hurley Stages

- Stage I (mild)
 - Abscesses without sinus tracts/scarring
- Stage II (moderate)
 - Recurrent abscesses with sinus tracts/scarring
- Stage III (severe)
 - Multiple interconnected sinus tracts/scarring, diffuse involvement

HS: Treatment

- Lifestyle Medicine
 - Screen for depression
 - Wear loose-fitting clothes
 - Weight loss
 - Smoking cessation
 - Laser hair removal
 - Empathy and compassion
- **Defer all treatment in pregnancy to OB
- **Consider early referral to dermatology
- **Must have high index of suspicion
- **Average delay in diagnosis - 7 years

HS: Treatment (cont)

- Mild disease
 - Topical therapy - BPO, Hibiclens, topical clindamycin
 - ILK (2.5 – 5 mg/cc)
- Moderate disease
 - Topical therapy - BPO, Hibiclens, topical clindamycin
 - Oral antibiotics – Doxycycline
 - TNF Alpha Inhibitor (adalimumab), New biologics in pipeline in 2024
- Severe disease
 - TNF alpha inhibitor (adalimumab), New biologics in pipeline in 2024
 - Surgical procedures (deroofing, debridement, excision)
- **Treat underlying infection, consider culture

HS: Biologic Adalimumab (Humira)

- TNF Alpha Inhibitor - Adalimumab
 - 12 yo and older
 - BBW for Malignancy and Serious infections
 - Ensure no CHF, Malignancy, IBD, CNS disorders nor demyelinating disease, Hepatitis, TB
 - Ensure all vaccines are UTD and give NO live vaccines
 - Check Labs before initiation and at least yearly
 - Yearly Quant Gold, HIV, Hepatitis panel, CBC with dif, CMP
 - 80 mg SC q2weeks
 - Start 160 mg SC on day 1, then 80 SC x 1 on day 15, then 80 mg SX q2 weeks on day 29

HS: Contagious or NOT?

- **NOT Contagious**

Pityriasis Rosea (PR)

- PIC

- PIC

PR: Overview

- Acute exanthematous eruption
- Generally asymptomatic
 - Possible pruritis
 - May have flu-like symptoms or symptoms may precede eruption
 - HA, fever, cough, arthralgias, LAD, sore throat, GI upset
- Etiology uncertain
 - Viral, possible reactivation of HHV 6 & 7
 - May be drug induced
- Adolescents and young adults, but can occur at any age

PR: Rash

- Primary phase - “**herald patch**”
 - Solitary, scaly, pink or flesh-colored annular patch
 - Peripheral scaling and central clearing
 - Generally, on trunk but may occur anywhere
- Secondary phase - “**Christmas Tree**”
 - Days to weeks after herald patch
 - Eruption of salmon-colored, oval patches
 - Follows **skin tension lines** on trunk and proximal extremities
 - In darker skin types - shades of purple, brown, gray or violaceous

*Inverse PR is similar but localized to groin and axilla

PR: Treatment

- Self limited, generally up to 8 weeks, rarely recurs
- Most patients need reassurance only
 - Emollients
 - Mid-potency topical steroids
 - Triamcinolone lotion/cream BID up to 2 weeks
 - Antihistamines
 - Cetirizine 5-10 mg PO QD
 - Loratadine 10 mg PO QD
 - OTC anti-itch lotions
 - If constitutional symptoms or extensive disease
 - Consider acyclovir 400-800 mg 3-5 times daily x 1 week
- Biopsy, KOH if uncertain

PR: Pregnancy

- Close follow-up with OB
 - Call to OB warranted
 - Increased risk of miscarriage
 - Careful with all topical and oral medications
- Patients with PR should ISOLATE from pregnant women

PR: Contagious or NOT?

- Possibly
- Avoid pregnant women

Warts: Overview

- Viral (HPV), transmitted by touch
- PIC
- Fleshy, verrucous papules, may have black pinpoint vessels
- Frequently asymptomatic but may be painful, itch or spread
- Feet, hands, beard, legs
- Mandated Reporter
 - *If found in child's anogenital region, contact pediatrician

Warts: Treatment

- Topical home treatment

- OTC preparations
 - Corn and callus remover, Salicylic Acid, Duct tape
- Retinoid (off label)
 - Adapalene (0.1%)
 - Age 12 and older
 - Apply thin film to AA 3x/week at night up to 16 weeks
- Imiquimod (5%) cream (off label)
 - Age 12 and older
 - Apply thin film to AA 3x/week at night and wash off in 6-8 hours up to 16 weeks
 - Warn of Flu like reaction

- *Defer all treatment in pregnancy to OB

- In-office Treatment

- Ln2 q2-4 weeks
- Cantharadin (off label)
 - Age 12 and older
 - Short contact only
 - Treat few sites only
 - Never under occlusion
 - Weigh risks and benefits
 - Infection, pain, ulceration, scarring
- Intralesional candida antigen (off label)
 - NO clinical studies
 - Q3-4 weeks up to 3 times
 - NEVER on digit
 - Weigh risks and benefits
 - Infection, pain, ulceration, scarring

Warts: Contagious or NOT?

CONTAGIOUS

Molluscum Contagiosum (MC)

- Viral skin infection (pox virus), transmitted by skin to skin contact
- Pink or flesh colored, dome shaped, painless lesion with central dell 2-5 mm
- Easily transmissible and frequent self-inoculation
- Children, sexually active, immunosuppressed
- Mandated Reporter
 - *If seen in anogenital region in child, contact pediatrician.
- PICTURE

MC: Treatment

- Self-limited with spontaneous remission
- *Defer treatment to OB in pregnancy
- In-office Treatments
 - Any treatment may cause scarring
 - Cantharadin (off label)
 - Age 12 and older
 - Short contact only
 - Treat few sites only
 - Never under occlusion
 - Weigh risks and benefits
 - Infection, pain, ulceration, scarring
 - Ln2 q 2-4 weeks
 - Curette
- Home Treatments
 - Any treatment may cause scarring
 - Retinoid (off label)
 - Adapalene (0.1%)
 - Age 12 and older
 - Apply thin film to AA 3x/week at night up to 16 weeks
 - Imiquimod (5%) cream (off label)
 - Age 12 and older
 - Apply thin film to AA 3x/week at night and wash off in 6-8 hours up to 16 weeks
 - Warn of Flu like reaction
- Avoid co-bathing, fresh towels

Molluscum: Contagious or NOT?

CONTAGIOUS

Condyloma

- PIC

- PIC

Condyloma: Overview

- Most common STI
- Secondary to HPV
 - High-risk genotypes 16, 18, 31, 33, 35; low-risk 6 and 11
- Direct skin-to-skin contact, autoinoculation, fomite transfer
- Incubation 2-3 months up to 1 year
- Generally asymptomatic but may bleed, itch, dyspareunia
- Risk of malignant transformation
 - Immunosuppression increases risk

Condyloma: Appearance

- Found on anogenital, inguinal areas, back of throat
- 1-5 mm flat, papular, verrucous lesions
- Solitary, in groups/clusters or may coalesce
- Multiple colors
 - Pink, brown, flesh-colored, gray

Condyloma: Pregnancy

- Increased risk of quick growth and spread
- Presence often leads to cesarean
- Risk of maternal-child transmission
- Treatment deferred to OB

Condyloma: Treatment

- Often clinical diagnosis
 - Biopsy if uncertain
- Most cases resolve on own within two years
- HPV Vaccination
- Smoking cessation
- Partner notification and evaluation
- Barrier protection
- STI screening
- Ensure pap smears UTD
- Consider gyn, uro, colorectal, ENT evals
- Concern for malignant transformation
- Counsel

Condyloma: Treatment (cont)

- No clear treatment algorithm
 - Risk of depigmentation and scarring with all procedures and medications
 - Biopsy
 - Ln2 q 2-4 weeks
 - Cautery NOT recommended without proper smoke evacuator
 - Surgery evaluation
 - Vaccination
- Home treatment
 - Imiquimod (5%), Thin film to AA QHS 3x/week at night and wash off in 6-8 hours
 - Apply until clearance or up to 16 weeks
 - Avoid in pregnancy, avoid sexual contact
 - Flu like reaction
 - Podophyllotoxin (0.5%) gel, Thin film to AA BID x 3 days, stop for 4 days (x up to 4 cycles)
 - Avoid in pregnancy, avoid sexual contact

Condyloma: Contagious or NOT?

CONTAGIOUS

Herpes Simplex Virus (HSV)

- PIC

- PIC

HSV: Overview

- Very common, spread by skin to skin contact
- Herpes virus
 - HSV-1 vs HSV-2
 - Labialis vs anogenital, crossover
- Latent vs active infection
 - Active infection generally lasts 1-2 weeks
 - Max viral shedding generally in first 24 hours
- Prodrome: pain, burning, stinging, tingle at lesion site
- Erythematous papules turn into thin-walled vesicles
 - May have fever, LAD, dysuria, flu-like illness

HSV: Additional Skin Infection Types

- Erythema Multiforme
 - Herpetic Whitlow
 - Herpes gladiatorum
 - Eczema Herpeticum
 - Zoster
- PICTURE OF EM

HSV: Treatment

- Herpes Labialis
 - Recurrence
 - Valacyclovir 2000 mg PO BID x 1 day with full glass of water
 - Treat ASAP
 - Suppression
 - Valacyclovir 500 mg PO QD with full glass of water.
 - Reassess treatment at 4 months
- Genital Herpes (immunocompetent)
 - 1st Episode
 - Valacyclovir 1000 mg PO BID x 7-10 days. Take all pills with full glass of water
 - Recurrence
 - Valacyclovir 500 mg PO BID x 3 days with full glass of water.
 - Treat ASAP
 - Suppression
 - Valacyclovir 1000 mg PO QD with full glass of water

HSV: Treatment (cont)

- Alternative treatment and different dosing
 - Famacyclovir and Acyclovir
- Always ensure no drug-drug interactions
- Always ensure normal kidney function and dose adjust accordingly
- If immunosuppressed adjust doses and/or send to ID
- If pregnant call OB and defer treatment to OB

HSV: Contagious or NOT?

CONTAGIOUS

Herpes Zoster (Shingles)

- PIC

- PIC

Herpes Zoster (Shingles): Overview

- Varicella-zoster virus
 - Causes chicken pox and zoster
- Due to reactivation of latent VZV
- Mostly occurs > 50 yo, but can occur at any age
- Prodrome may precede rash
 - Generally 1-3 days
 - Flu-like illness, fever, chills, malaise, arthralgias, pain and/or itching across dermatome
- Rash
 - May occur anywhere on body
 - Erythema, vesicles, pustules, crusting, pain, itching
 - Unilateral, does not cross midline, follows dermatome
 - “Dew drops on a rose petal”
 - May have LAD

Herpes Zoster (Shingles): Treatment

- Initial Treatments (uncomplicated disease)
 - Treat ASAP up to 7 days after onset
 - Valacyclovir 1000 mg PO Q8 hours x 7 days (do NOT use in immunosuppressed)
 - Acyclovir 800 mg PO Q4 hours x 10 days
 - Famaciclovir 500 mg TID x 7 days
 - Pain control
- Treat secondary skin infections
- Risk factors for complications and/or chronic pain (PHN)
 - Immunosuppression, malignancy, advanced age, stress, recurrence
 - Disseminated Zoster
 - Consider prophylaxis in high risk populations
 - Hutchinson sign: Zoster on tip of nose (ophthalmic branch of trigeminal affected)
 - Must have high index of suspicion and treat ASAP!
 - If shingles is on face, make same day referrals to ENT and Ophtho
 - If severe disease, or multiple dermatomes, send to ER

Herpes Zoster (shingles): vaccine

- Shingrix vaccination
 - CDC recommends for adults >50 yo, immunosuppressed > 19 yo
 - 90% effective in preventing zoster and PHN in immunocompetent
 - Two doses, 2-6 months apart
 - If recent shingles, wait til rash and symptoms are gone then vaccinate
 - If unsure if patient should get, review CDC clinical considerations
 - CDC recommends previously vaccinated with Zostavax upgrade vaccine
 - Contraindicated in pregnancy, severe illness

Zoster: Contagious or NOT?

Contagious (until crusted)

Rhus Derm

- PIC

- PIC

Rhus Dermatitis: Overview

- Poison ivy, oak, sumac
- Contact dermatitis due to oil resin
- ~48 hours after exposure
- Occurs at site of contact as well as autoinoculation with unwashed resin
- Erythematous, linear plaques, frequently with vesicles and bullae
- Associated pain and intense itch

Rhus Dermatitis: Treatment

- Immediately wash area with soap and water
 - Wash clothing, furniture, shoes, gear, pets
- Oral Treatment (if large BSA or advanced disease)
 - Prednisone, 0.5 mg/kg QD with very slow taper over 14 days
 - do NOT prescribe Medrol dose pack
 - Beware of rebound rash
 - Oral Antihistamines
 - Cetirizine 5 mg PO Qday
 - Hydroxyzine 12.5-25 mg Q6-8 hours
 - Diphenhydramine OTC 25-50 mg PO Q6 hours or QHs.
 - Careful with sedation
- Treat secondary skin infections

Rhus Dermatitis: Treatment (cont)

- Topical treatments (small BSA or minimal disease)
- Low-potency topical steroids (face, folds, genitals)
 - Desonide lotion/cream/ointment BID up to two weeks
 - Hydrocortisone 2.5% lotion/cream/ointment BID up to two weeks
 - Acclometasone 0.05 % ointment BID up to two weeks
 - Counsel on proper steroid use
- Medium to High-potency topical steroids (trunk, extremities)
 - Triamcinolone (0.1%) lotion/cream BID up to two weeks
 - Clobetasol (0.05%) lotion/cream BID up to two weeks
 - Counsel on proper steroid use
- Comfort treatments
 - Ice, tap water or Burrow compresses, colloidal oatmeal baths

Rhus Derm: Contagious or NOT?

Contagious (resin)

Tinea Versicolor

- PIC

- PIC

Tinea: Types

- Tinea Versicolor
- Tinea Corporis
- Tinea Cruris
- Tinea Capitus
- Tinea Pedis
- Tinea Manus
- Tinea Faciei
- Majocchi granuloma
- Tinea Nigra
-

Tinea Versicolor

- Benign fungal infection
- Malassezia
- Conversion to filamentous form changes color
 - Pink, brown, hypo and hyper-pigmented
- Varying colors of macules, patches and plaques
- Trunk, arms, face, neck, suprapubic
- Generally no itch
- Heat, humidity, steroids, immunosuppression
- Generally begins in the warmest months

Tinea: Tests

- KOH
 - “Spaghetti and meatballs”
- Biopsy
- Topical Treatment
 - Ketoconazole shampoo 2%. Let sit 5-10 min then rinse daily x 1- 4 weeks
 - Clotrimazole or econazole QD-BID x 1-4 weeks
- Oral Treatment
 - Fluconazole 300 mg by mouth QD x 2 weeks
 - Itraconazole 200 mg PO QD x 5-7 days
 - **Check drug drug interactions and note small risk of liver toxicity

Tinea: Treatment

- Topical Treatment
 - Ketoconazole shampoo 2%. Let sit 5-10 min then rinse daily x 1- 4 weeks
 - Clotrimazole or Econazole QD-BID x 1-4 weeks
- Oral Treatment
 - Fluconazole 300 mg by mouth QD x 2 weeks
 - Itraconazole 200 mg PO QD x 5-7 days
 - **Check drug drug interactions and note small risk of liver toxicity
 - **Weigh Risks and Benefits of oral treatment
- Prevention
 - Keto 2% shampoo, ZNP 2% shampoo, Selenium Sulfide weekly

Tinea Versicolor: Contagious or NOT?

NOT Contagious

Pearls

- When in doubt, biopsy or refer to dermatology
- Always schedule timely return visit for patient
- Ensure if any worsening, they go to urgent care or ER
 - Including but not limited to fever, chills, night sweats, new or worsening symptoms
- Ensure proper steroid use with stop date
- Provide written instructions
- Always have a dermatology team you can call

Q & A