Red & Scaly Rashes

Helpful tips and tricks for every day practice

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Disclosures

- None

Aims

- Review common dermatologic conditions that can sometimes look similar and be difficult to differentiate
- Review patterns and clues to use when analyzing common derm conditions
- Discuss treatment recommendations

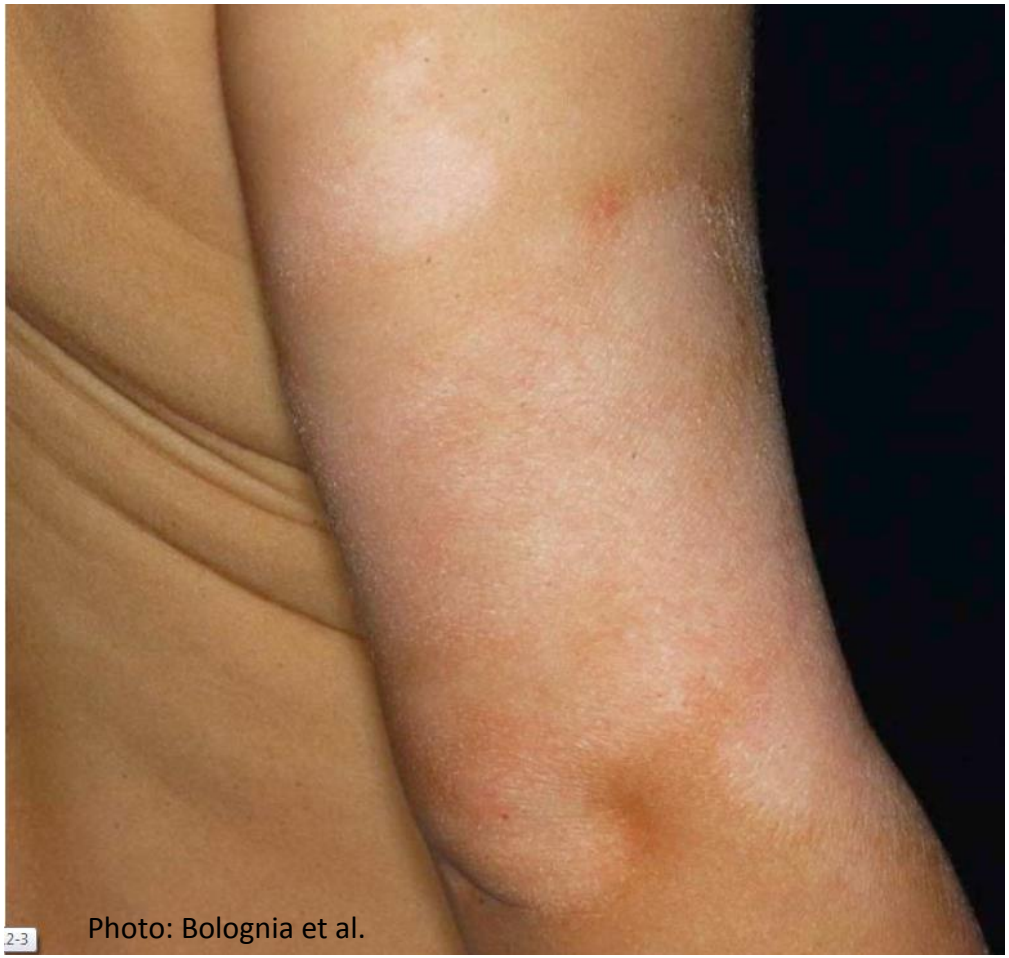

Photo: Bolognia et al.

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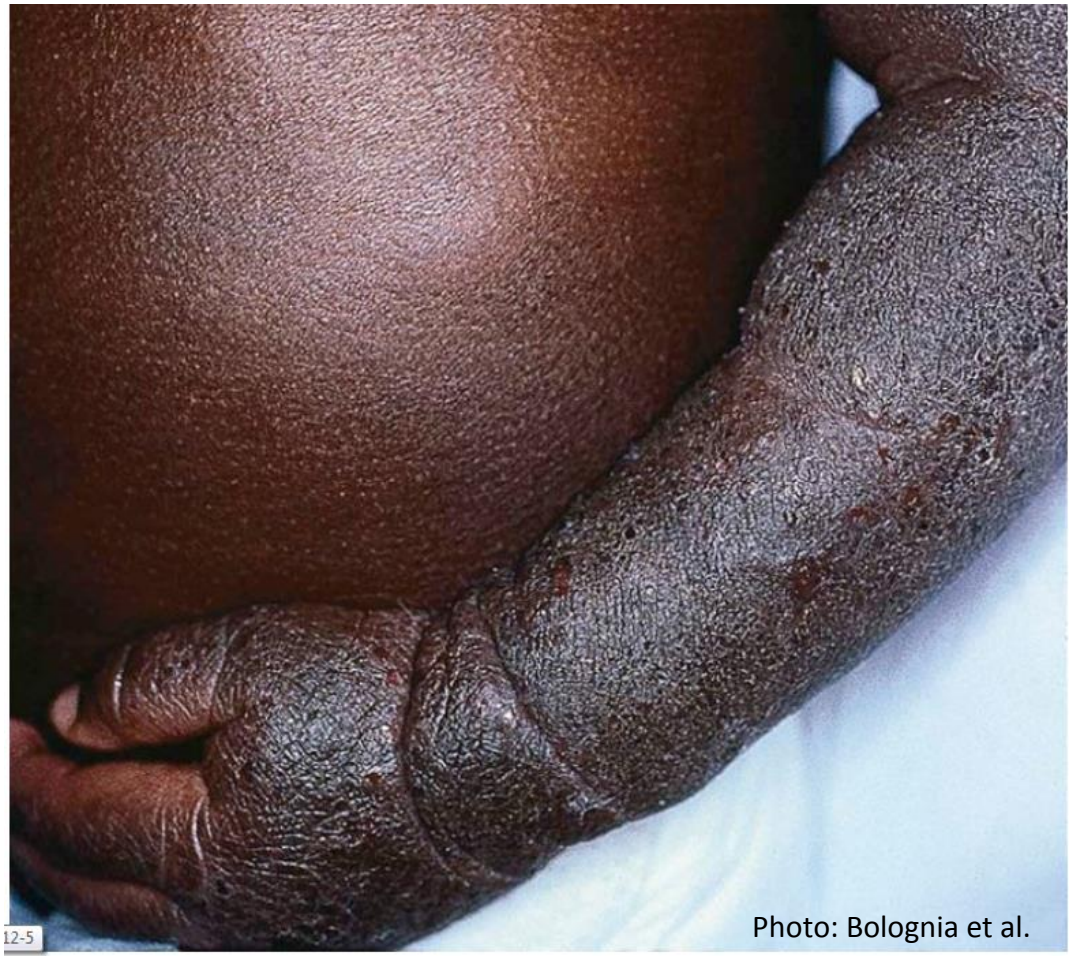

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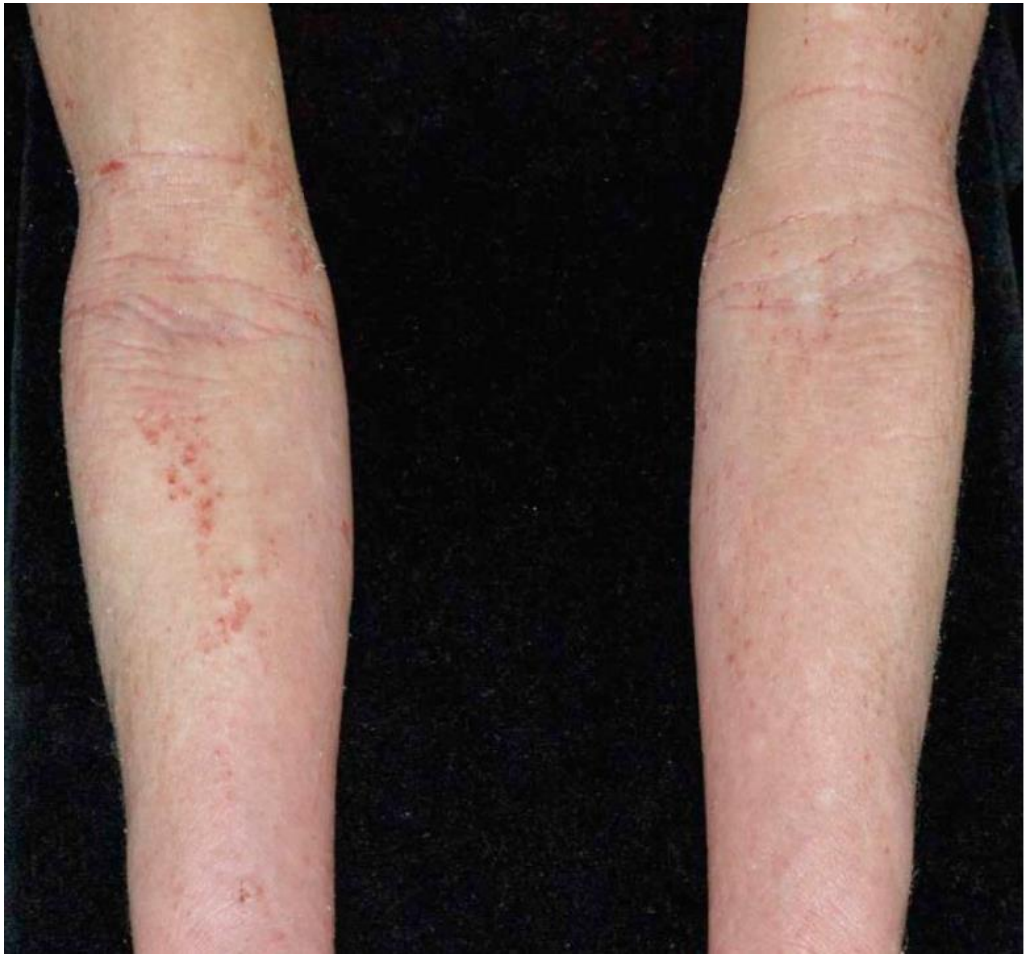


Photo: Bolognia et al.

Atopic Dermatitis

"The itch that rashes"

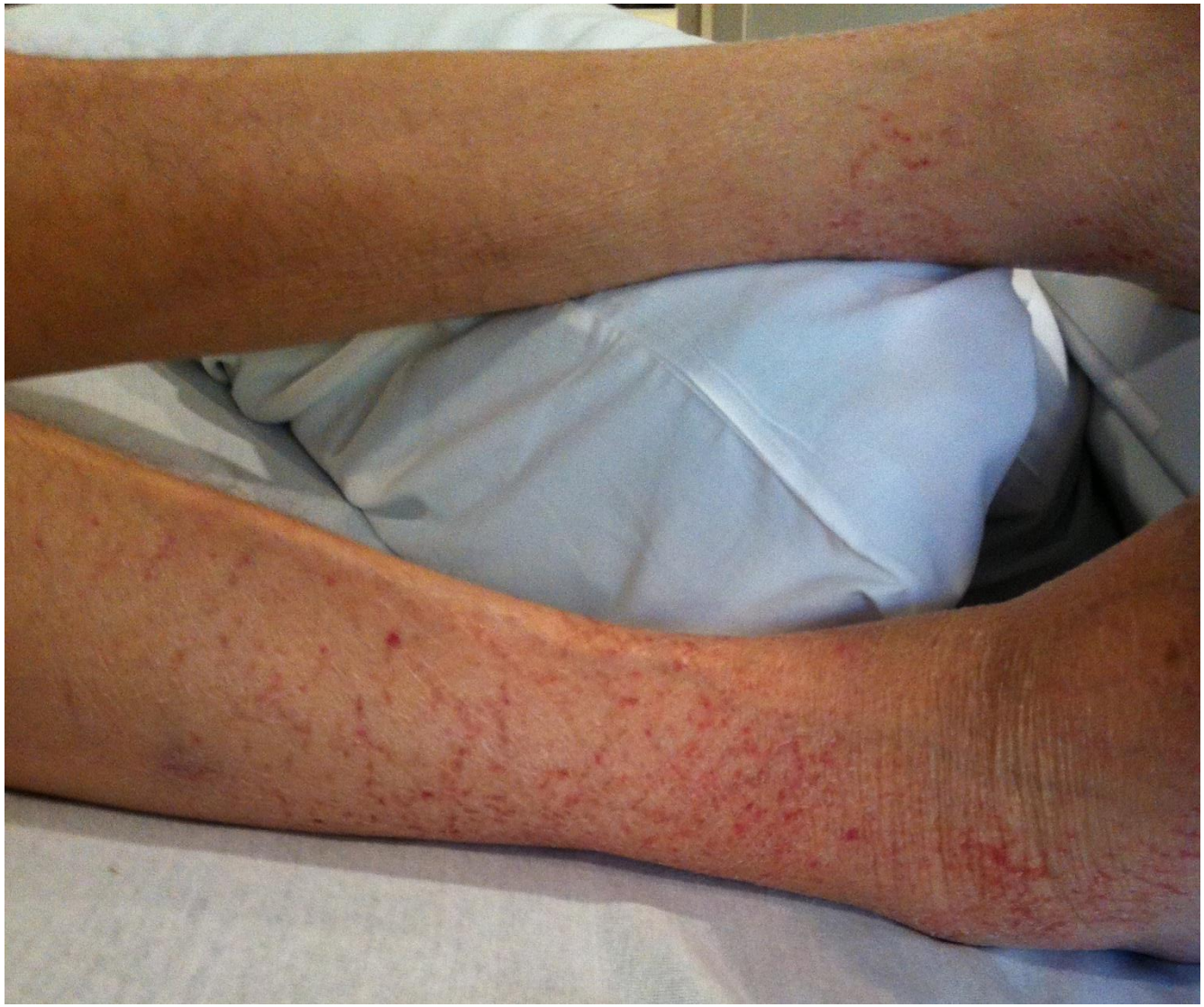
- Typically presents in infancy or early childhood
- Chronic waxing and waning course
- Complex genetic disease with environmental influences
- Significant pruritus

Additional Clues

- Dennie-Morgan lines
- Keratosis pilaris
- Hyperlinear palms
- Allergic shiners (periorbital darkening)

Atopic Dermatitis Treatment

- Sensitive skin care
- Avoidance of triggers
- Topical anti-inflammatory +/- antihistamines
  - Topical corticosteroids
  - Topical calcineurin inhibitors
- Phototherapy
- Systemic anti-inflammatory



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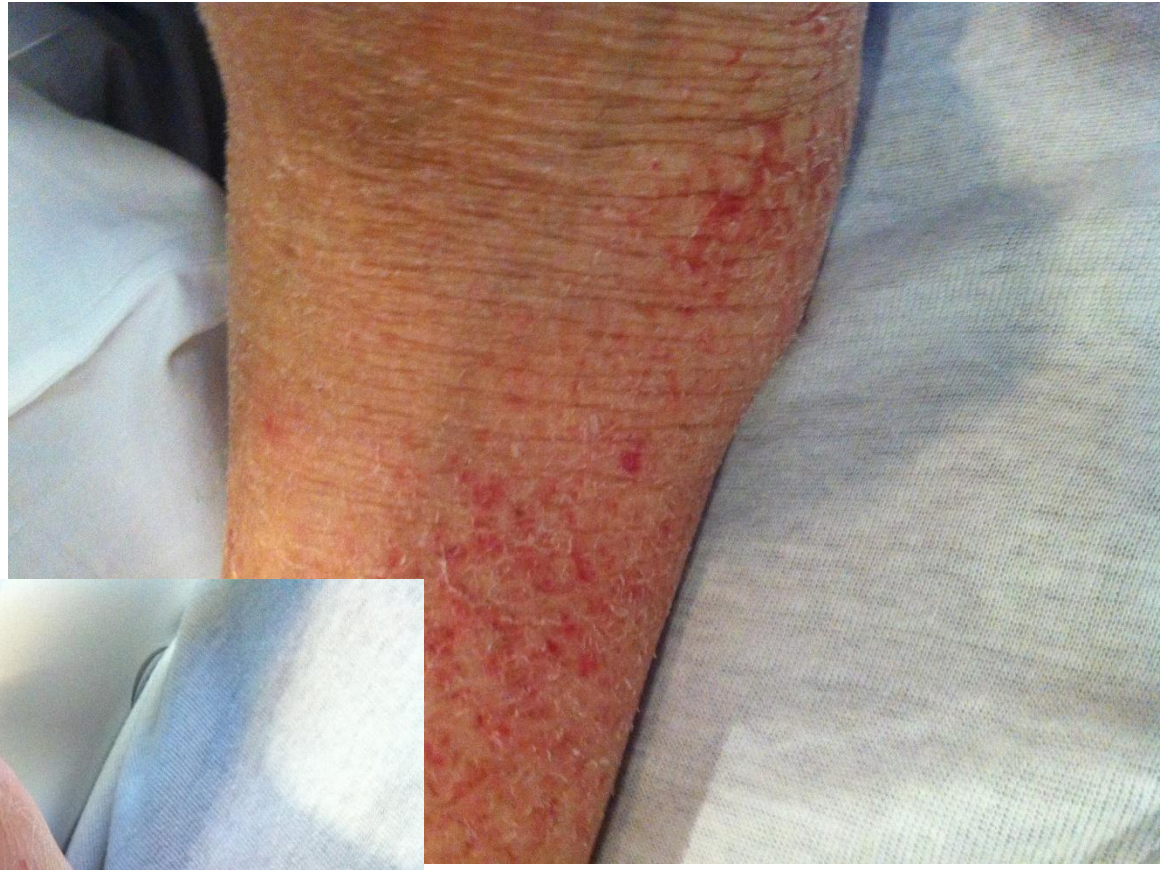
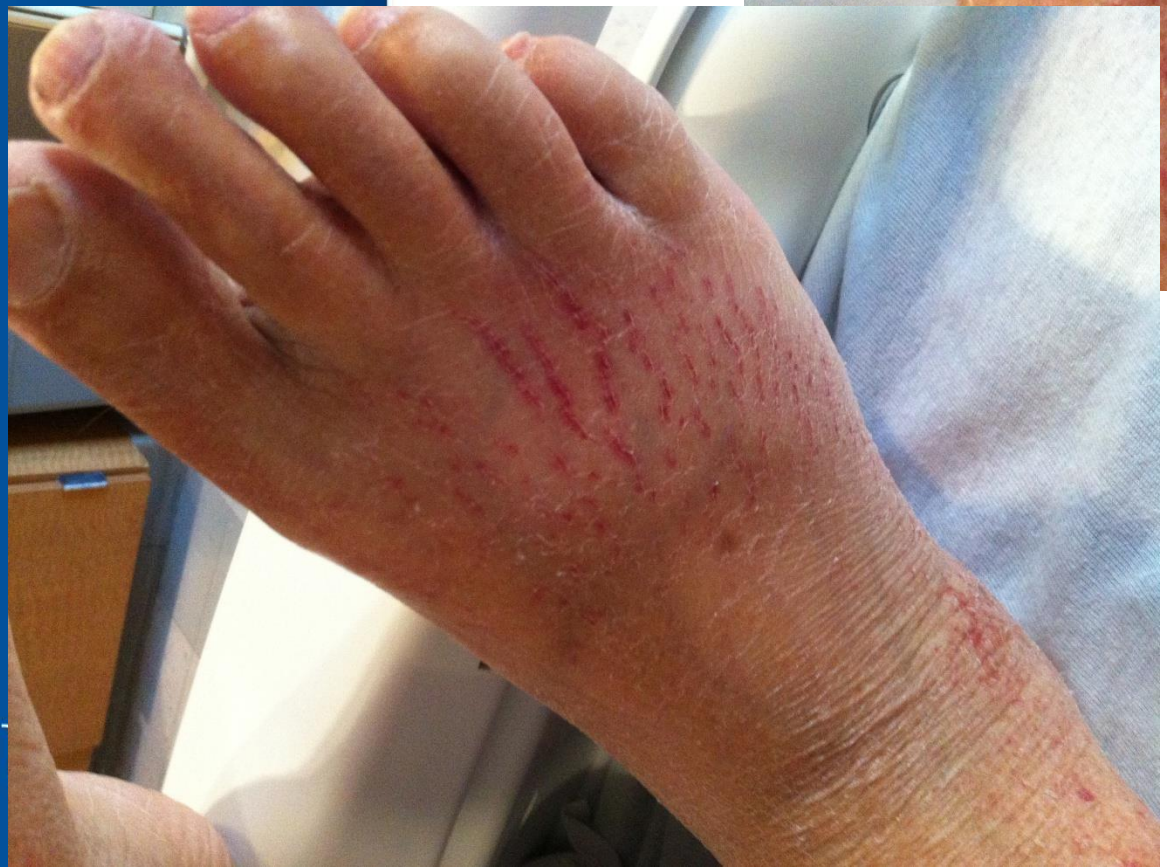




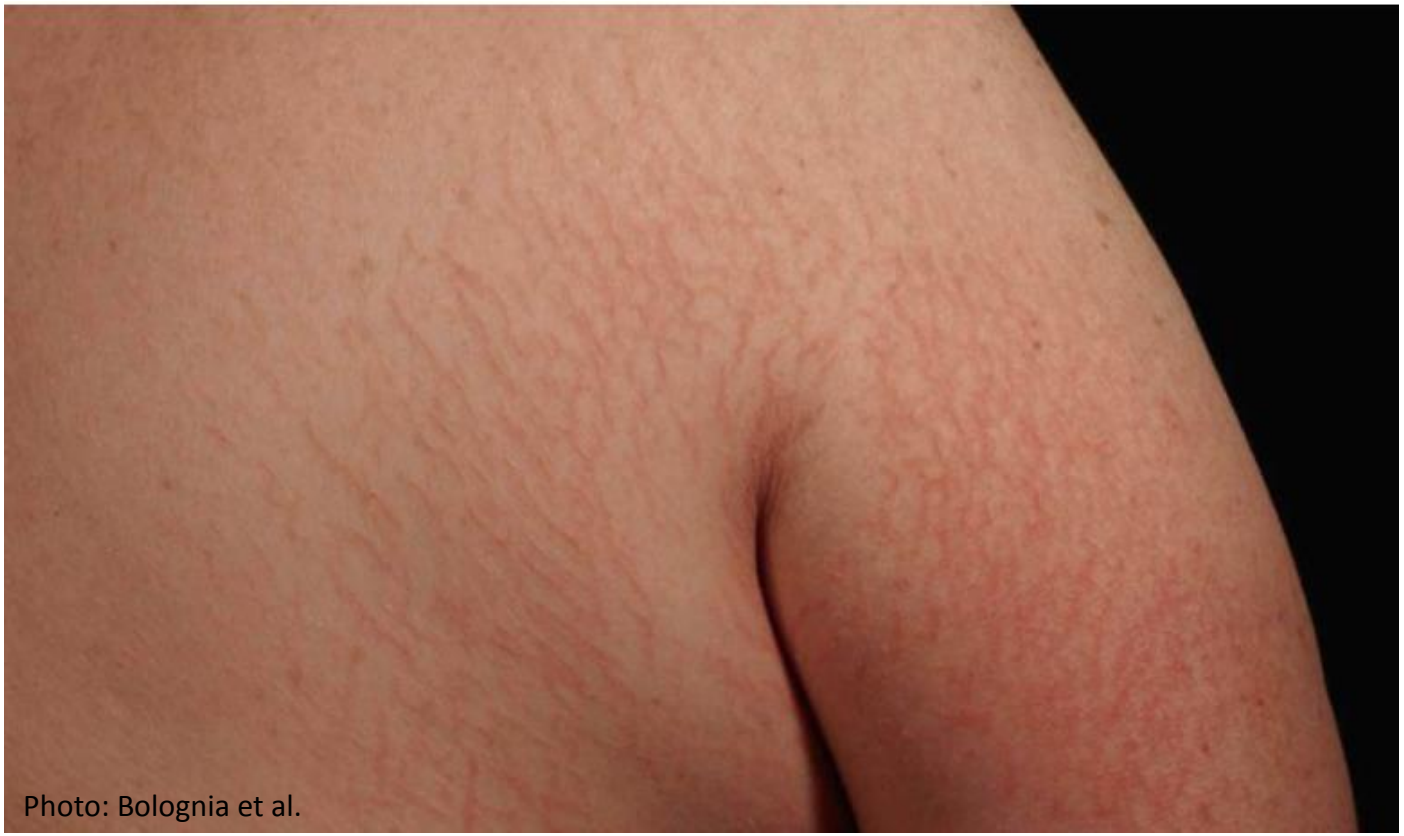


Photo: Bolognia et al.

“Dried river bed”

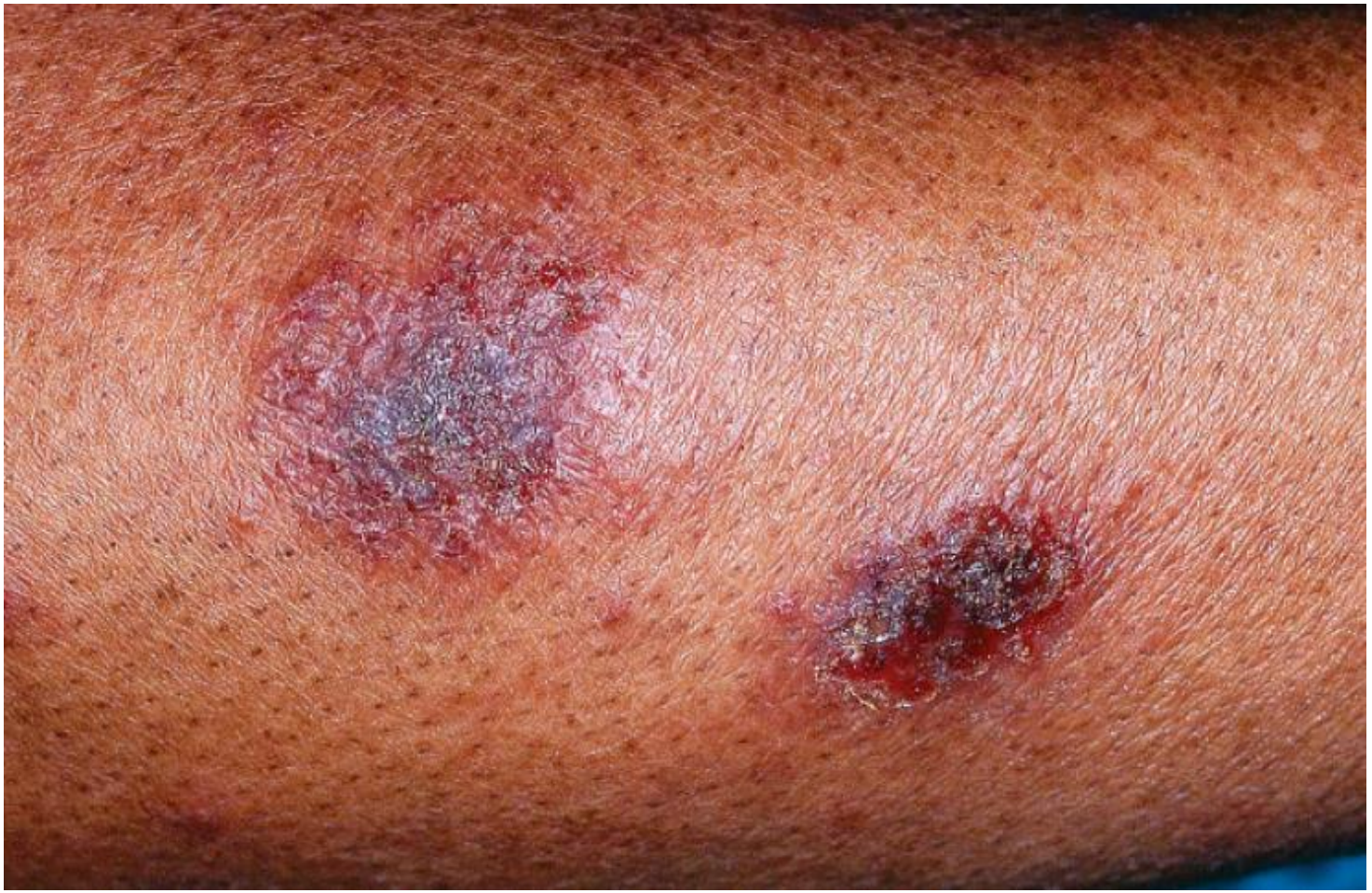
Photo: http://avax.news/wow/The_dried_riverbed.html

Asteatotic Eczema

- Eczema craquele or winter itch
- Dry, rough, scaly and inflamed skin… “dried river bed”
- Shins, flanks, posterior axilla
- Associated with aging, xerosis, low humidity, frequent bathing

Asteatotic Eczema Treatment

- Topical corticosteroid OINTMENT
- Improvement noted within days
  - Transition to regular, daily emollient therapy
  - Advise pts to get something in a tub, not a pump bottle
    - mineral oil, plain vaseline, CeraVe cream or ointment, cetaphil cream
- TAC ointment (454 g if adult with multiple sites)



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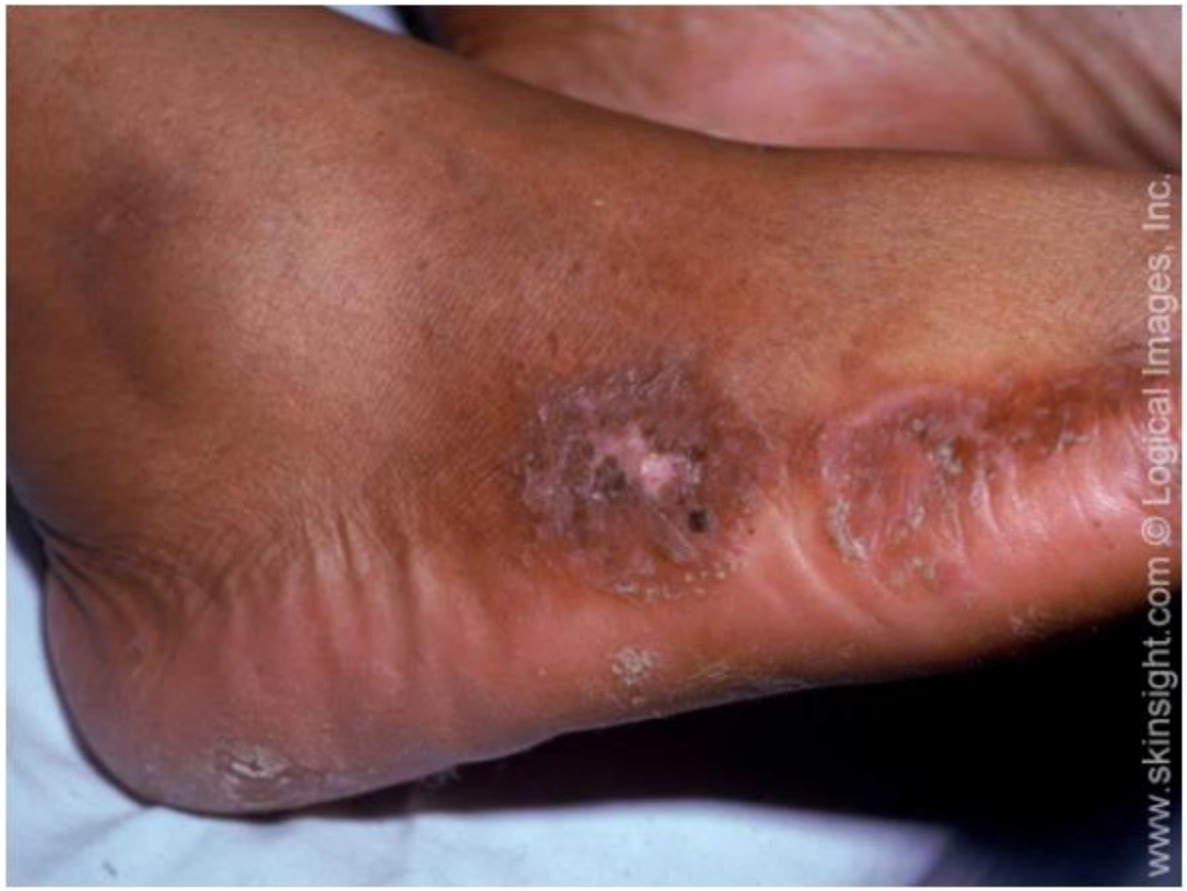

Photo: www.nationaleczema.org

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Nummular Dermatitis

- Coin shaped eczematous lesions
- Very pruritic

Nummular Dermatitis Treatment

- **High** to medium potency topical corticosteroids

Topical Corticosteroids…

Medscape® www.medscape.com

Class	Generic Name	Formulation
Class 1 Very High Potency		
	Betamethasone dipropionate	0.05% G O (diprolene)
	Clobetasol	0.05% C F G L O
	Diflorasone diacetate	0.05% O
	Halobetasol propionate	0.05% C O
Class 2 High Potency		
	Amcinonide	0.1% O
	Betamethasone dipropionate	0.05% C (diprolene)
	Desoximetasone	0.05% G, 0.25% C O
	Fluocinonide	0.05% C G O S
	Halcinonide	0.1% C
	Mometasone furoate	0.1% O
Class 3 High Potency		
	Amcinonide	0.1% C L
	Betamethasone dipropionate	0.05% C (non-diprolene)
	Betamethasone valerate	0.1% O
	Desoximetasone	0.05% C
	Diflorasone diacetate	0.05% C
	Fluticasone propionate	0.005% O
	Halcinonide	0.1% O S
	Triamcinolone	0.1% O
Class 4 Mid Potency		
	Betamethasone valerate	0.12% F
	Flucinolone acetonide	0.025% O
	Flurandrenolide	0.05% O
	Hydrocortisone valerate	0.2% O
	Mometasone furoate	0.1% C
	Triamcinolone	0.1% C
Class 5 Mid Potency		
	Betamethasone dipropionate	0.05% L
	Betamethasone valerate	0.1% C
	Flucinolone acetonide	0.025% C
	Fluticasone propionate	0.05% C
	Flurandrenolide	0.05% C
	Hydrocortisone butyrate	0.1% C
	Hydrocortisone valerate	0.2% C
Class 6 Low Potency		
	Alcometasone dipropionate	0.05% C O
	Betamethasone valerate	0.1% L
	Desonide	0.05% C L O
	Flucinolone acetonide	0.01% C S
Class 7 Low Potency		
	Hydrocortisone acetate	0.5% C L O, 1% C O F
	Hydrocortisone hydrochloride	0.25% C L, 0.5% C L O S, 1% C L O S, 2% L, 2.5% C L O S

C = Cream, F = Foam, G = Gel, L = Lotion, O = Ointment, S = Solution

…Simplified

Class I (super potent)	Class III (high potency)	Class VI (low potency)
Clobetasol 0.05%	Triamcinolone 0.1% *ointment*	Desonide 0.05%

Note: Triamcinolone 0.1% *cream* is class IV

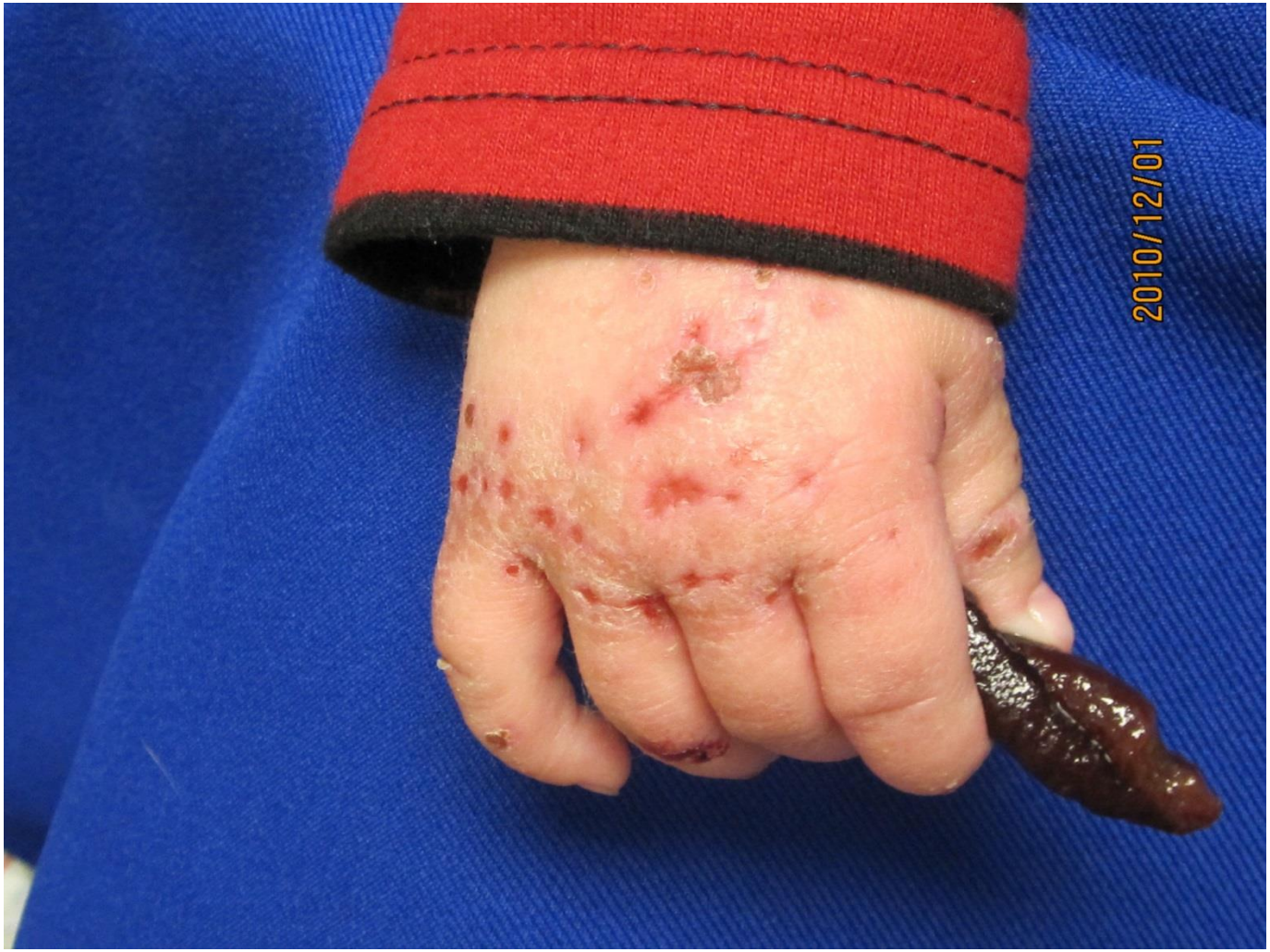
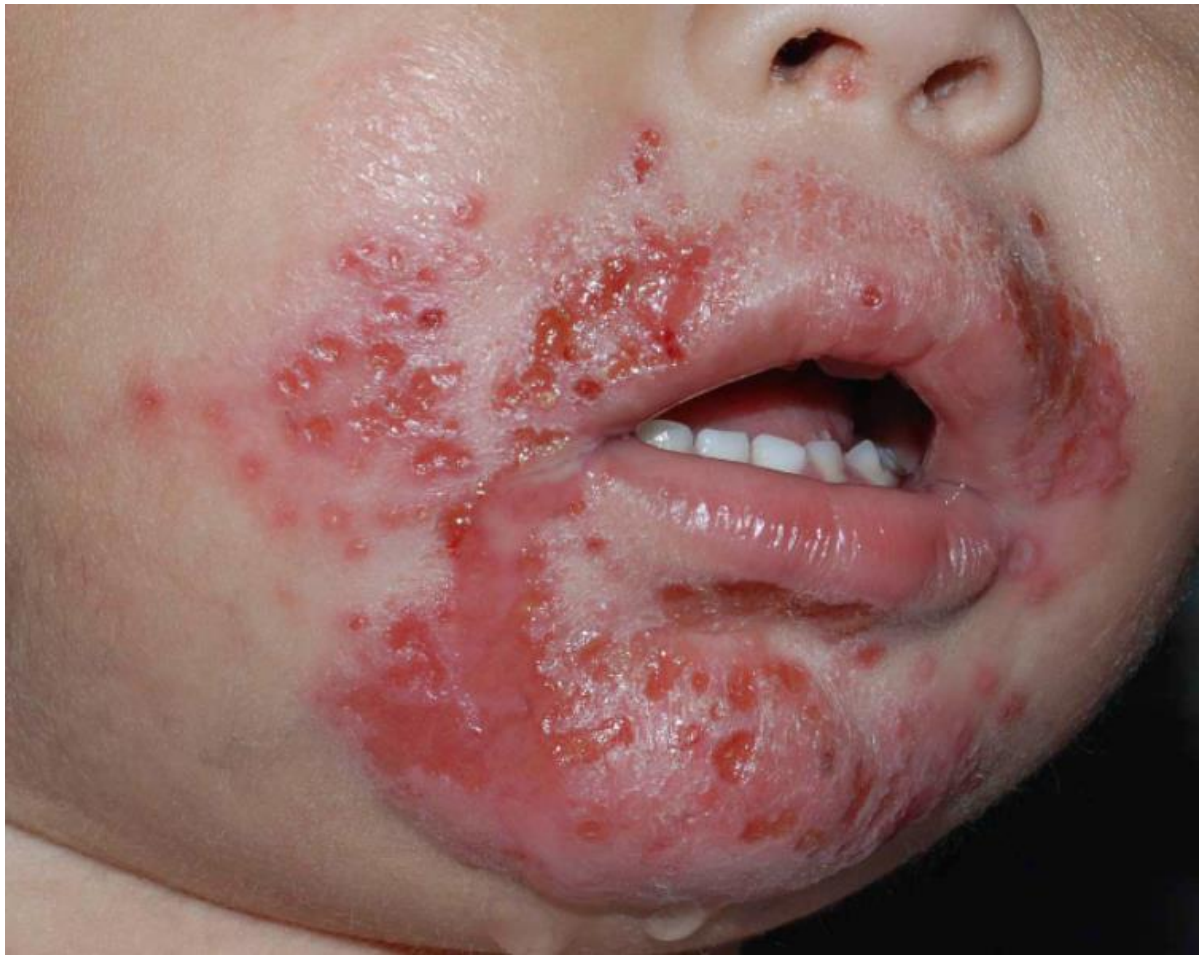


Photo credit: Ross Reule, MD



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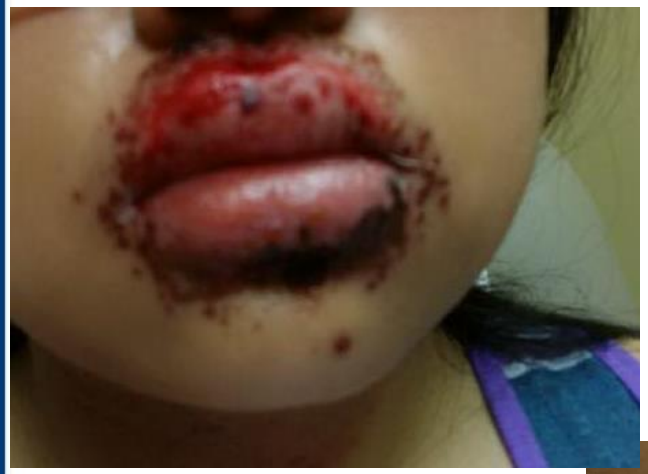

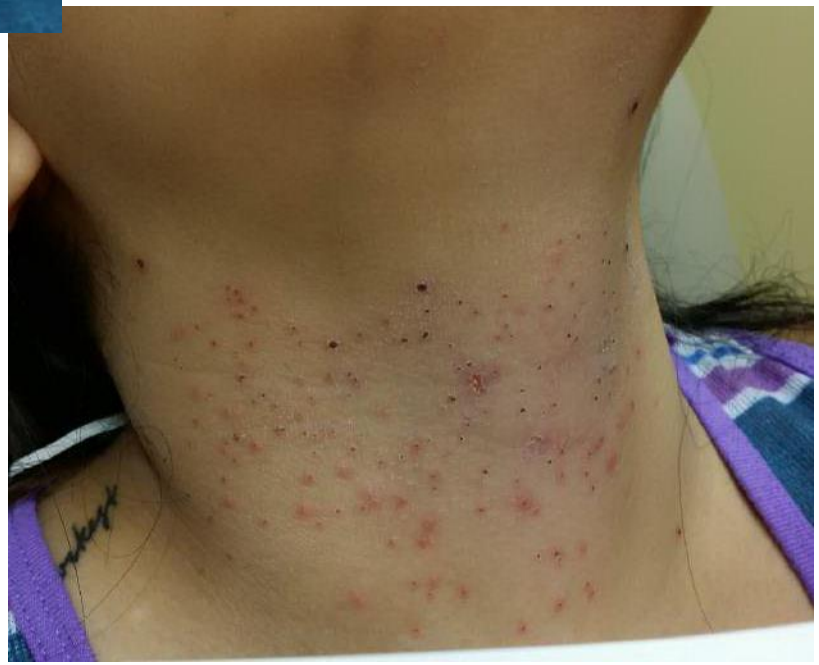

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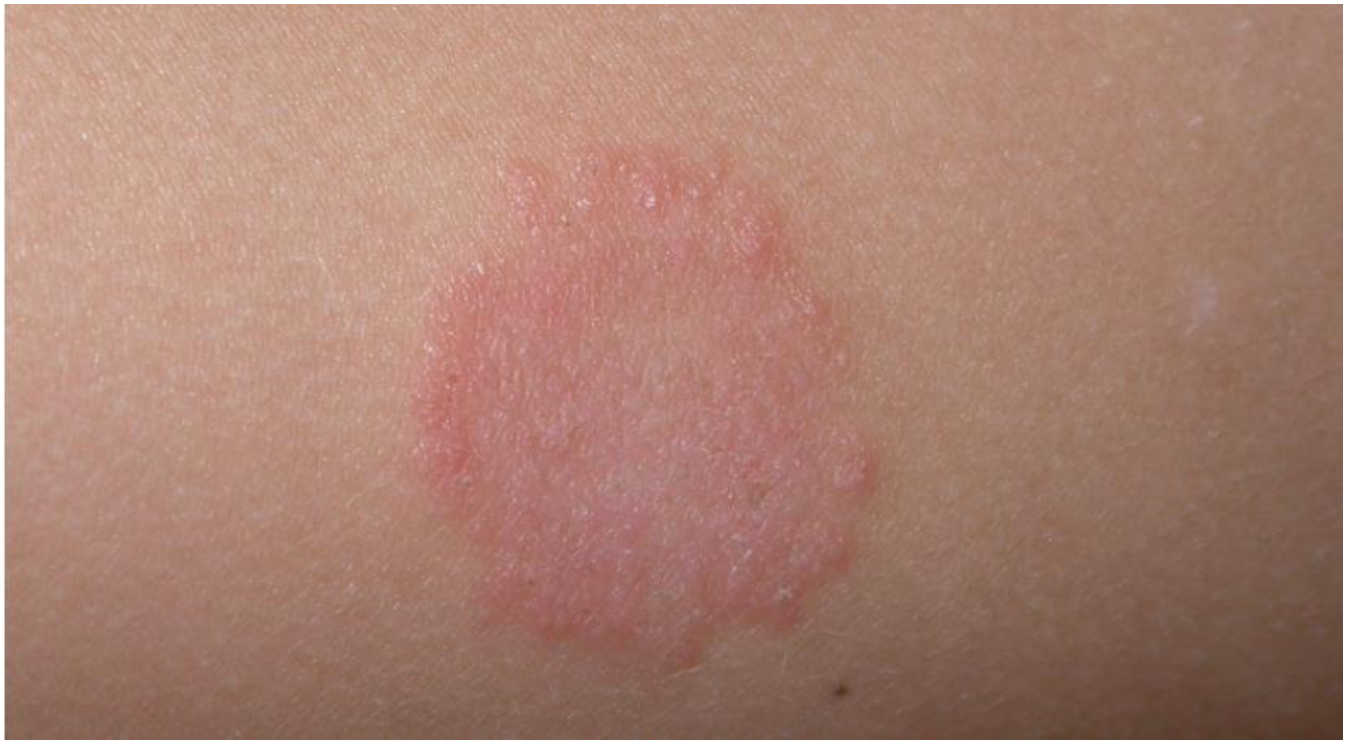
Photo courtesy of: http://blog.shoplet.com/office-supplies/the-swingline-hole-punch/

Eczema herpeticum

- Usually due to HSV-1
- Rapid cutaneous dissemination in areas of dermatitis and skin barrier disruption
- Monomorphic, discrete *punched-out* erosions
- Usually find crusted lesions more than intact vesicles
- Occasionally complicated by bacterial superinfection

Eczema Herpeticum Treatment

- Oral antivirals for 10-14 days
- Acyclovir or Valacyclovir



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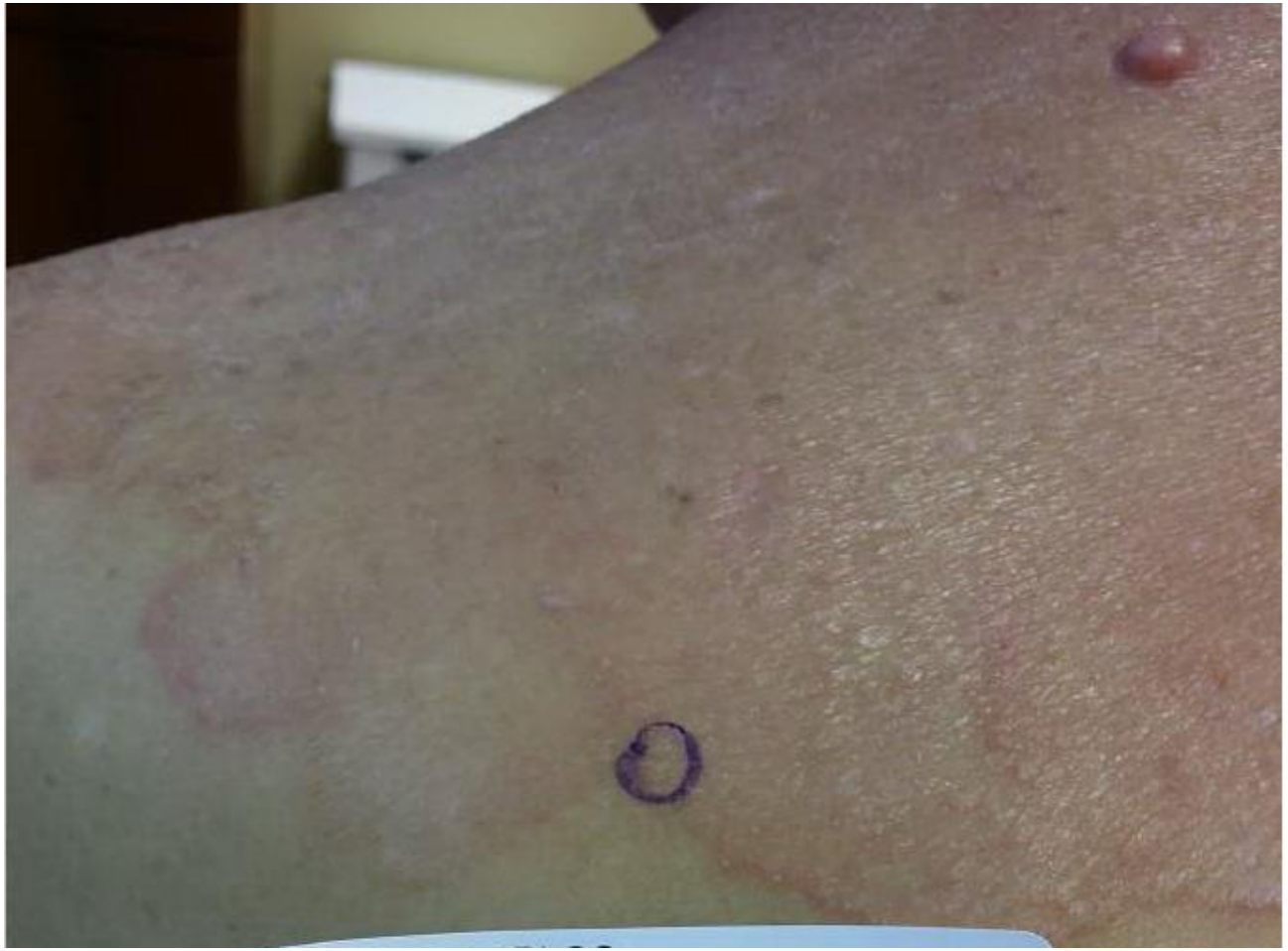

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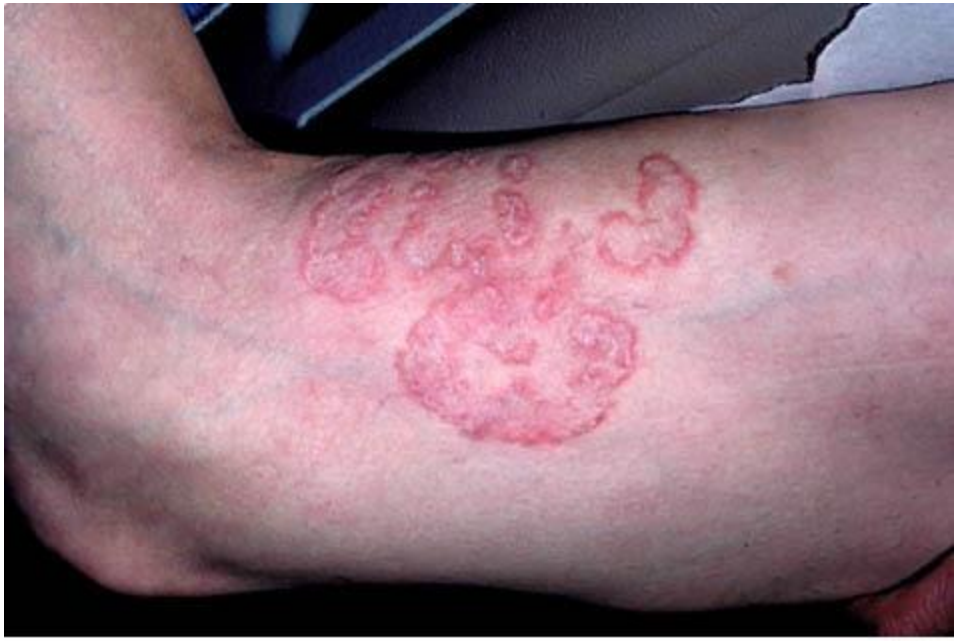
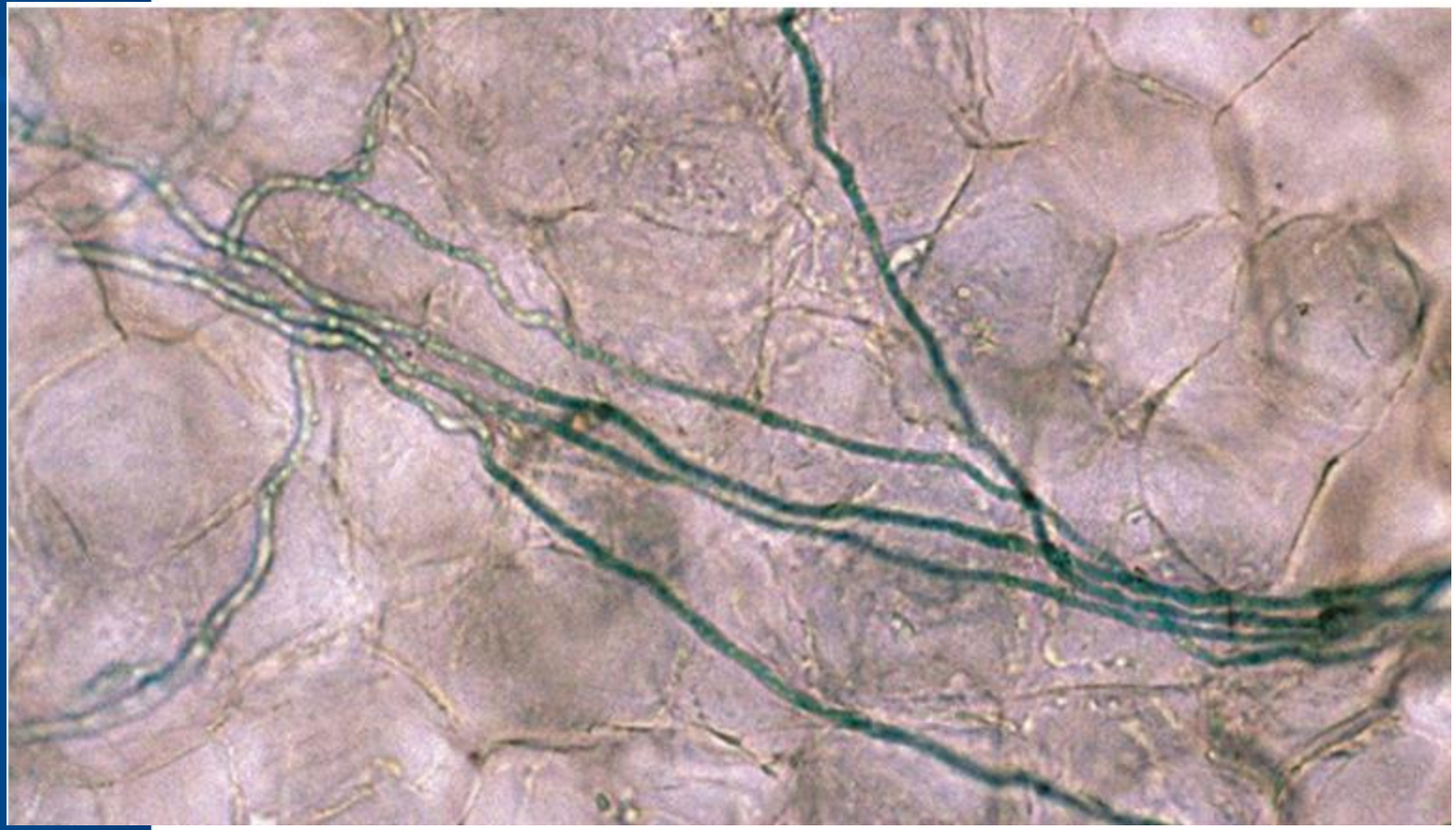


Source: McPhee SJ, Papadakis MA: *Current Medical Diagnosis and Treatment 2010*, 49th Edition: http://www.accessmedicine.com

Photo: http://mizzouderm.com

Photo: http://www.missmalini.com/2012/02/26/feb-26th-happy-birthday-levi-strauss-thanks-for-the-jeans/



Chlorazol black stain → trichophyton

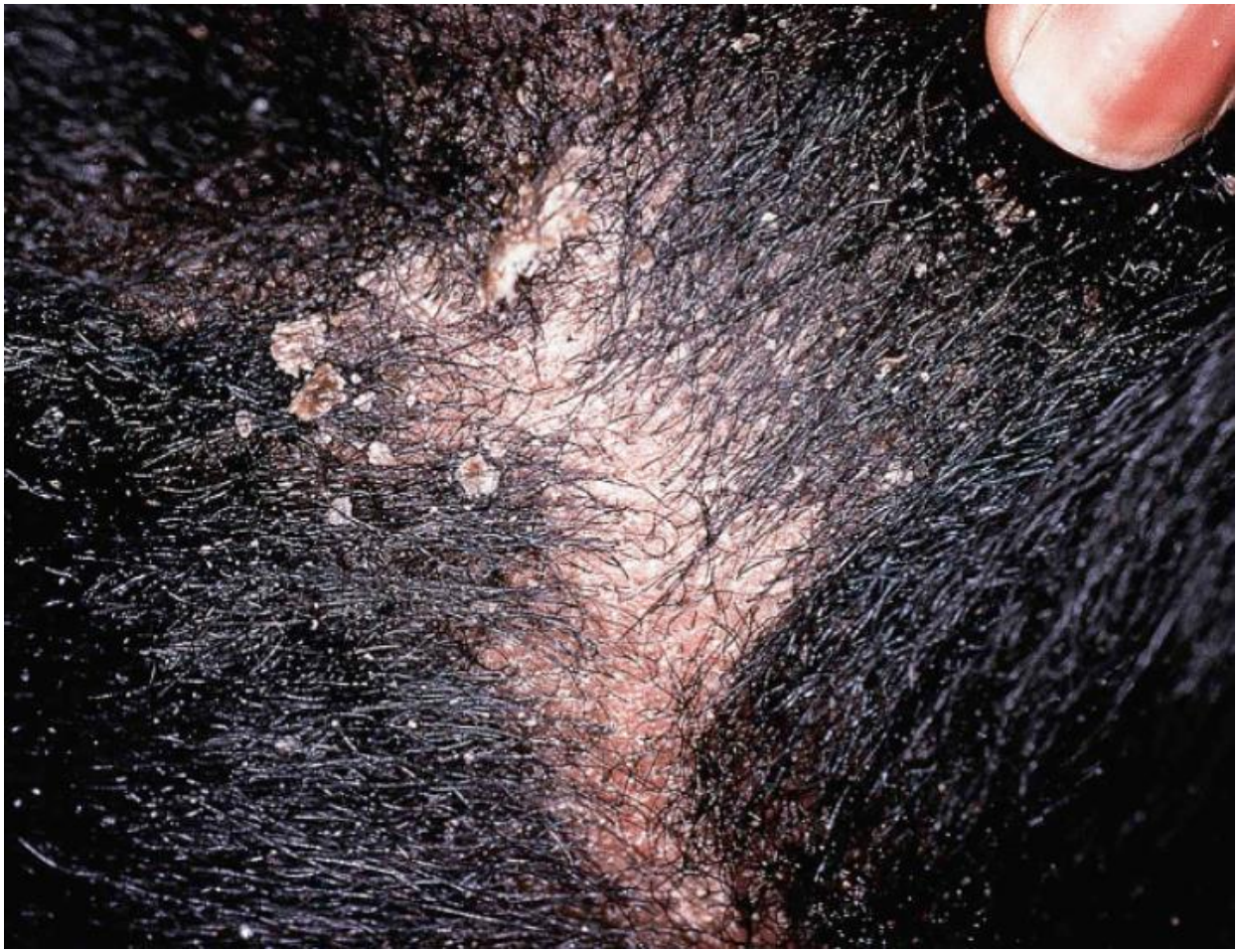
Photo: Bolognia et al.

Tinea corporis

- Dermatophyte infection of the skin of the trunk and extremities
- Restricted to the strateum corneum

Tinea Corporis Treatment

- Topical antifungal
  - Imidazoles (clotrimazole, miconazole) – fungistatic
  - Allylamines (terbinafine) - fungicidal
- Favorite: terbinafine cream applied once (or twice) daily for 7 days
- Can use oral terbinafine if extensive body surface area, densely hair bearing regions, failure of topical therapy



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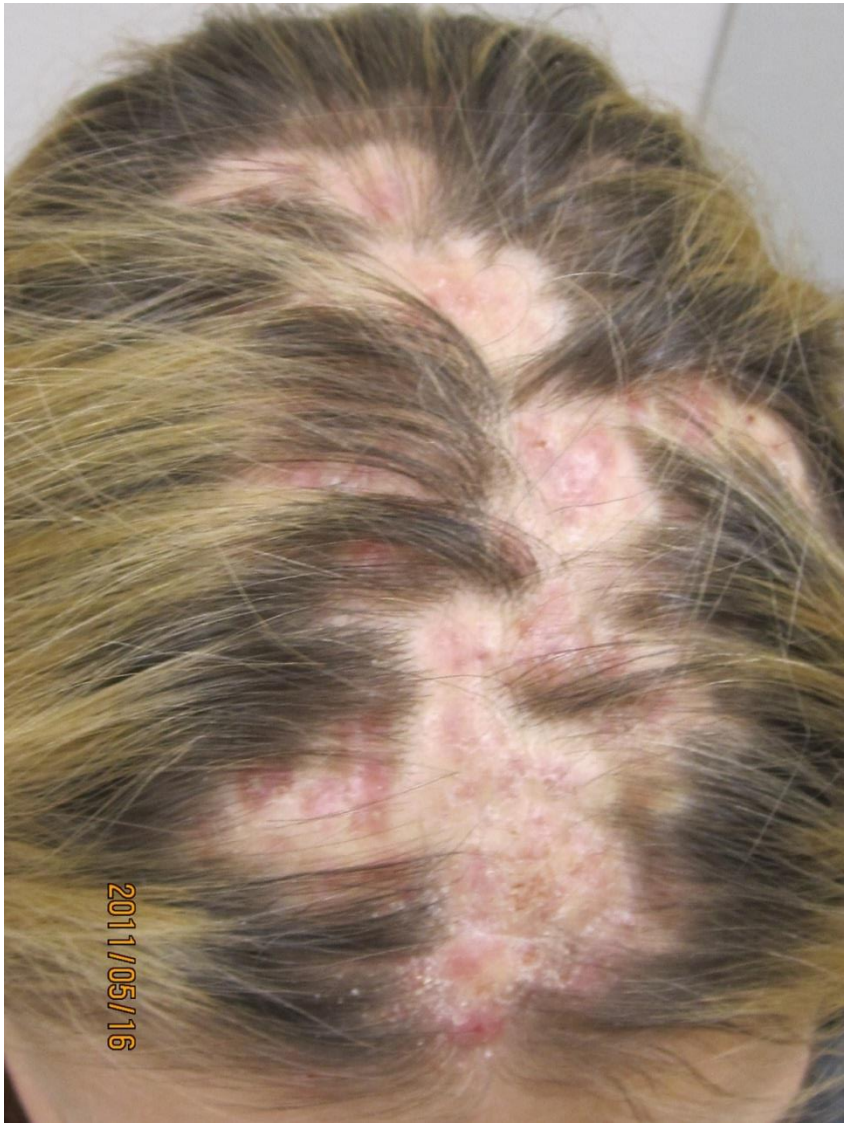

Photo credit: Ross Reule, MD

Tinea capitis

- Dermatophyte infection of the scalp
- Kids >> adults
- Two major causative pathogens: *Trichophyton* and *Microsporum*
- Sometimes, difficult to discern from seb derm clinically
  - Check for posterior cervical LAD!
- Recommend oral systemic therapy
  - Terbinafine 250 mg PO daily x 3-4 weeks→ *Trichophyton*
  - Griseofulvin 20-25 mg/kg/day x 6-8 wks → *Microsporum*

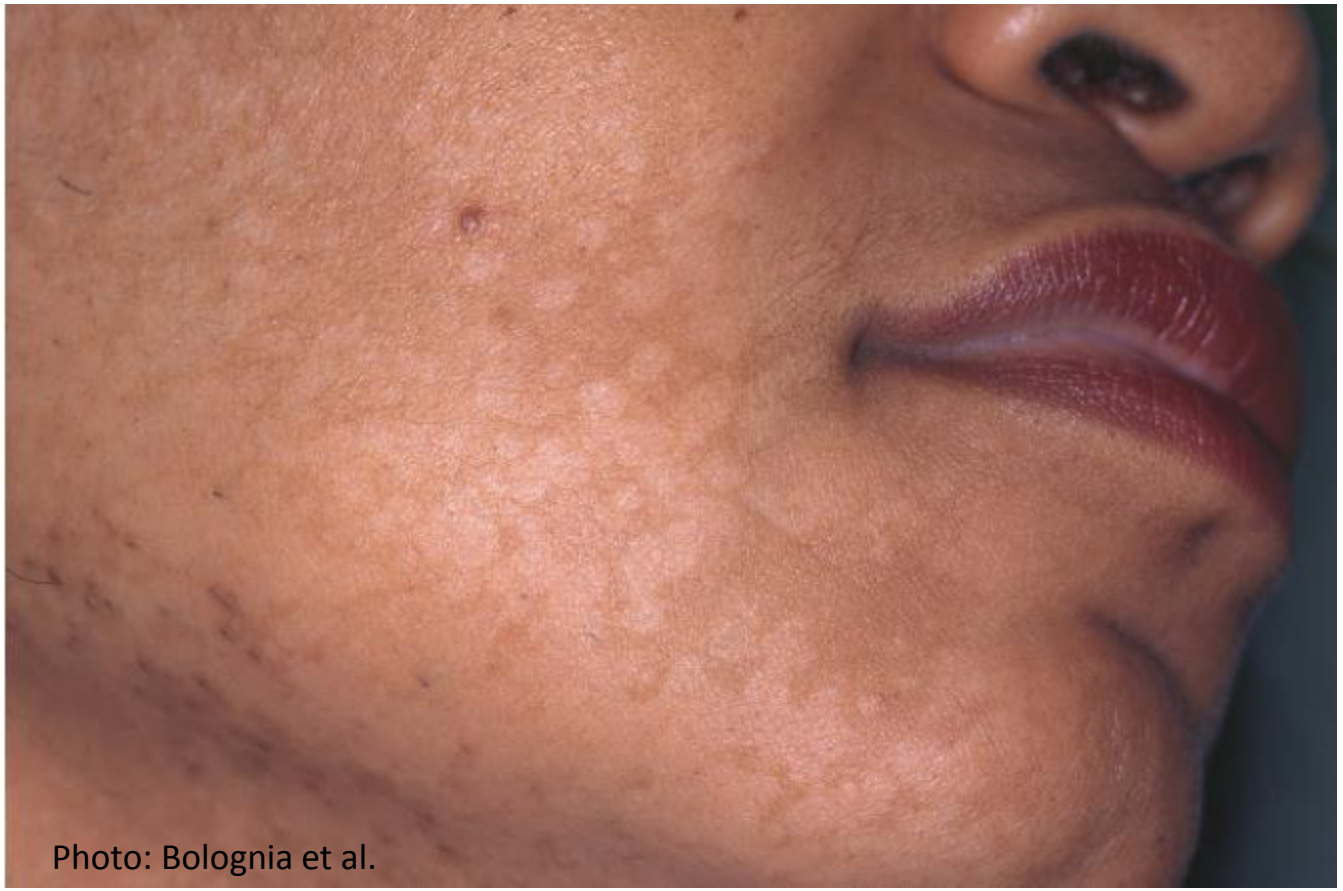

Photo: Bolognia et al.

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What about tinea versicolor?

- Commonly caused by *Malassezia* sp.
- Use the azoles for tinea versicolor
- If it is extensive, can use fluconazole 150 mg PO once and repeat in one week

- Terbinafine is not a good treatment choice

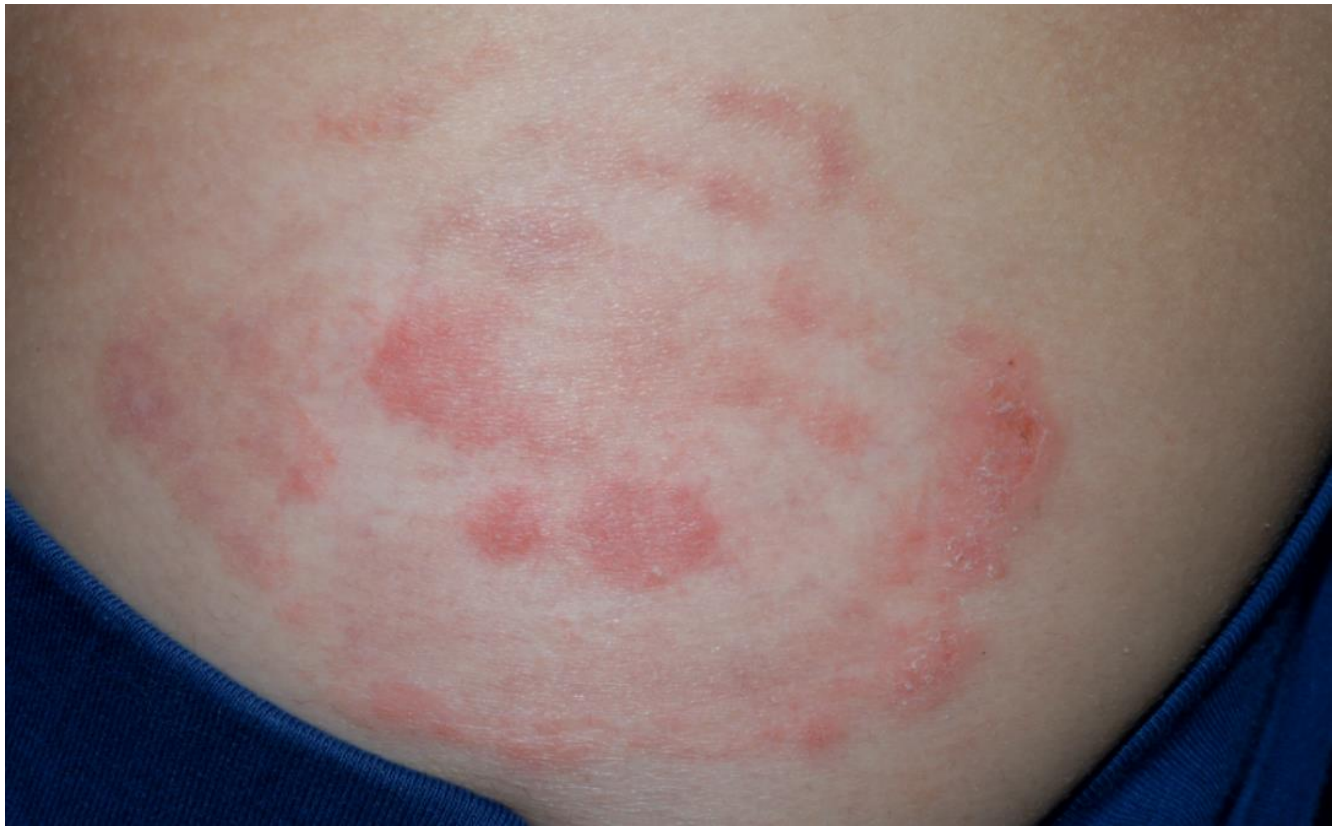


Photo: Bolognia et al.

Tinea incognito

- Tinea treated with topical steroids

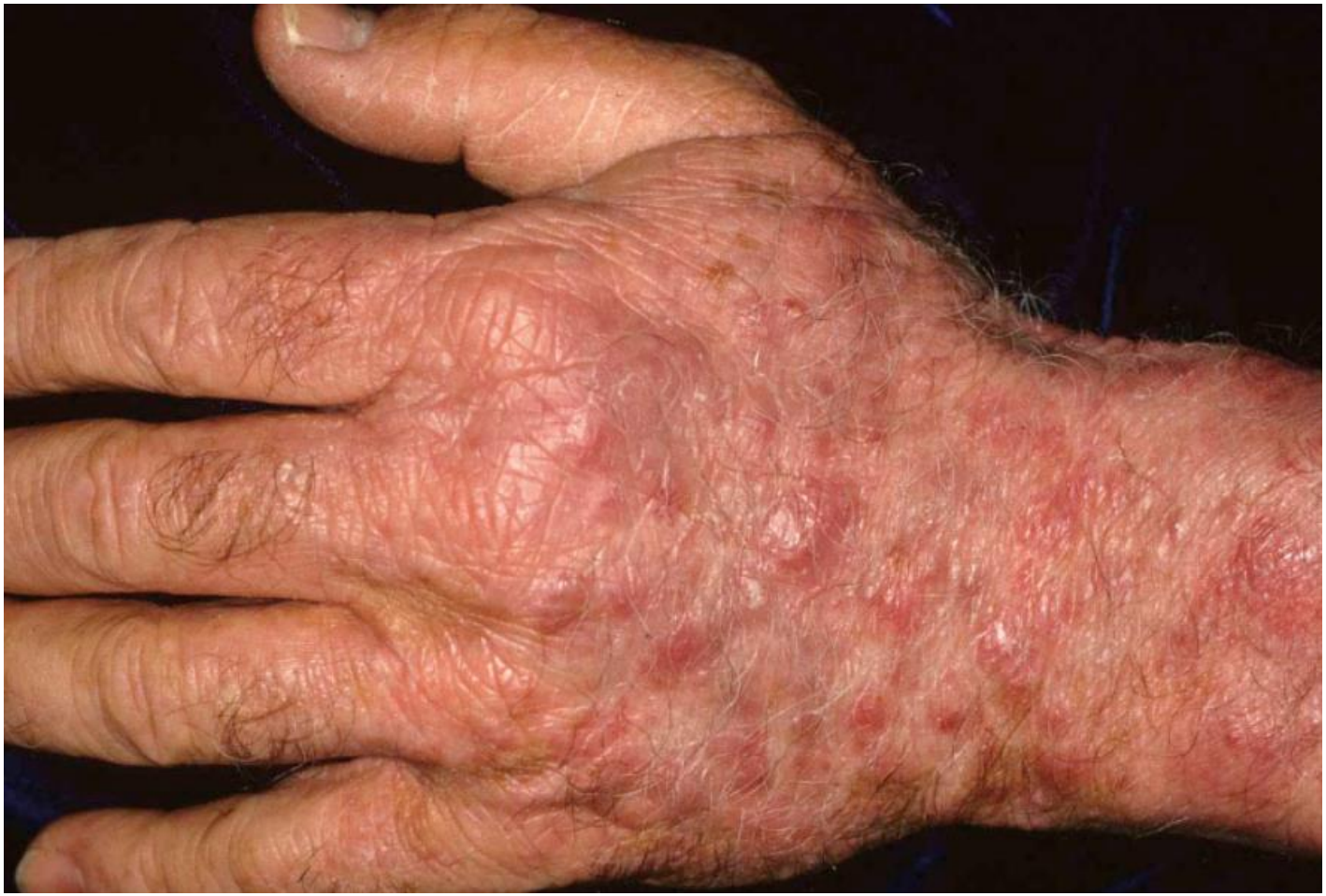


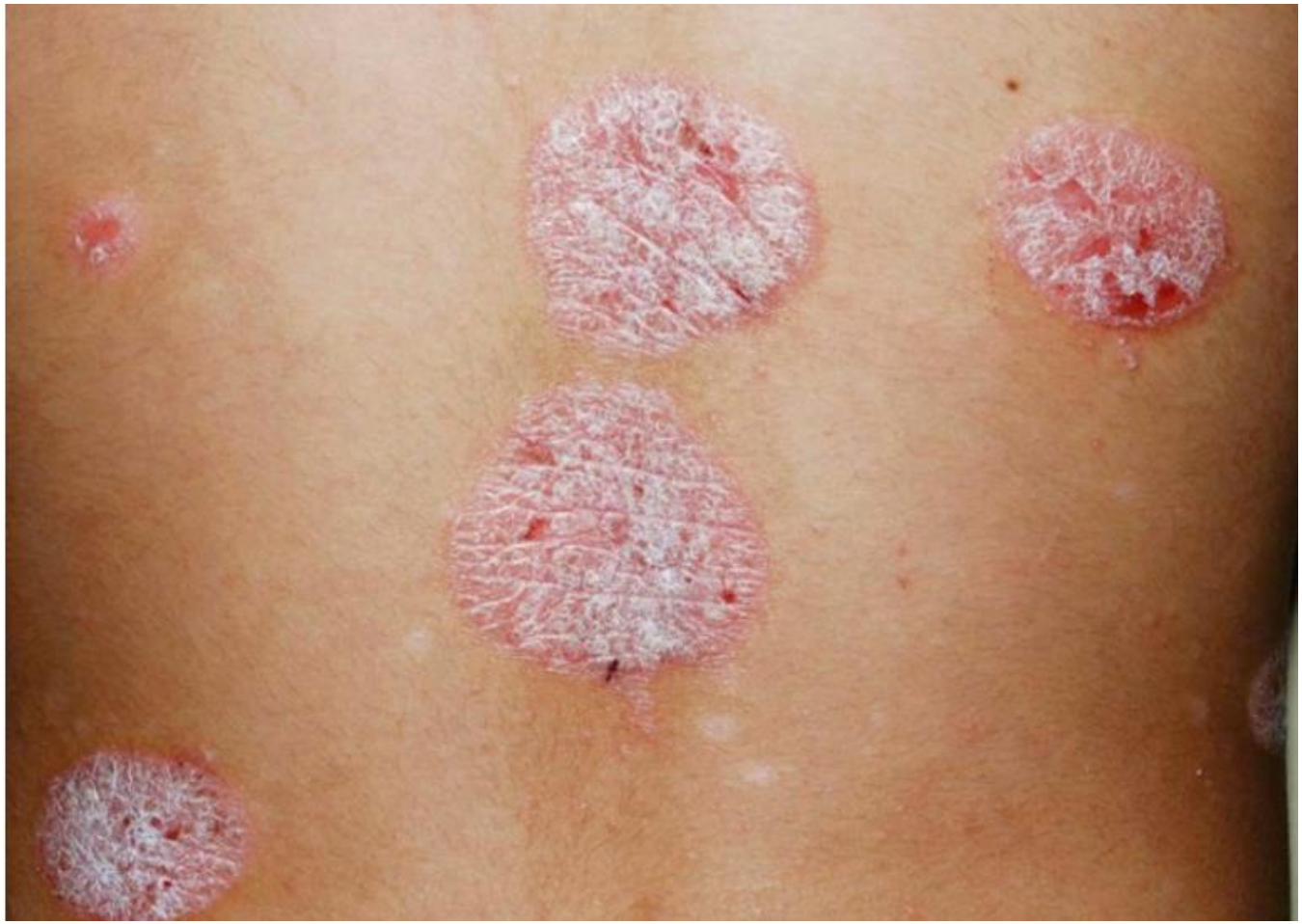
Photo: Bolognia et al.

Majocchi's Granuloma

- Deep dermatophyte folliculitis
- Perifollicular papulopustules

"Combination products with a potent corticosteroid (such as clotrimazole/betamethasone) frequently produce widespread tinea and fungal folliculitis. Their use should be discouraged."

-Andrews Diseases of the skin



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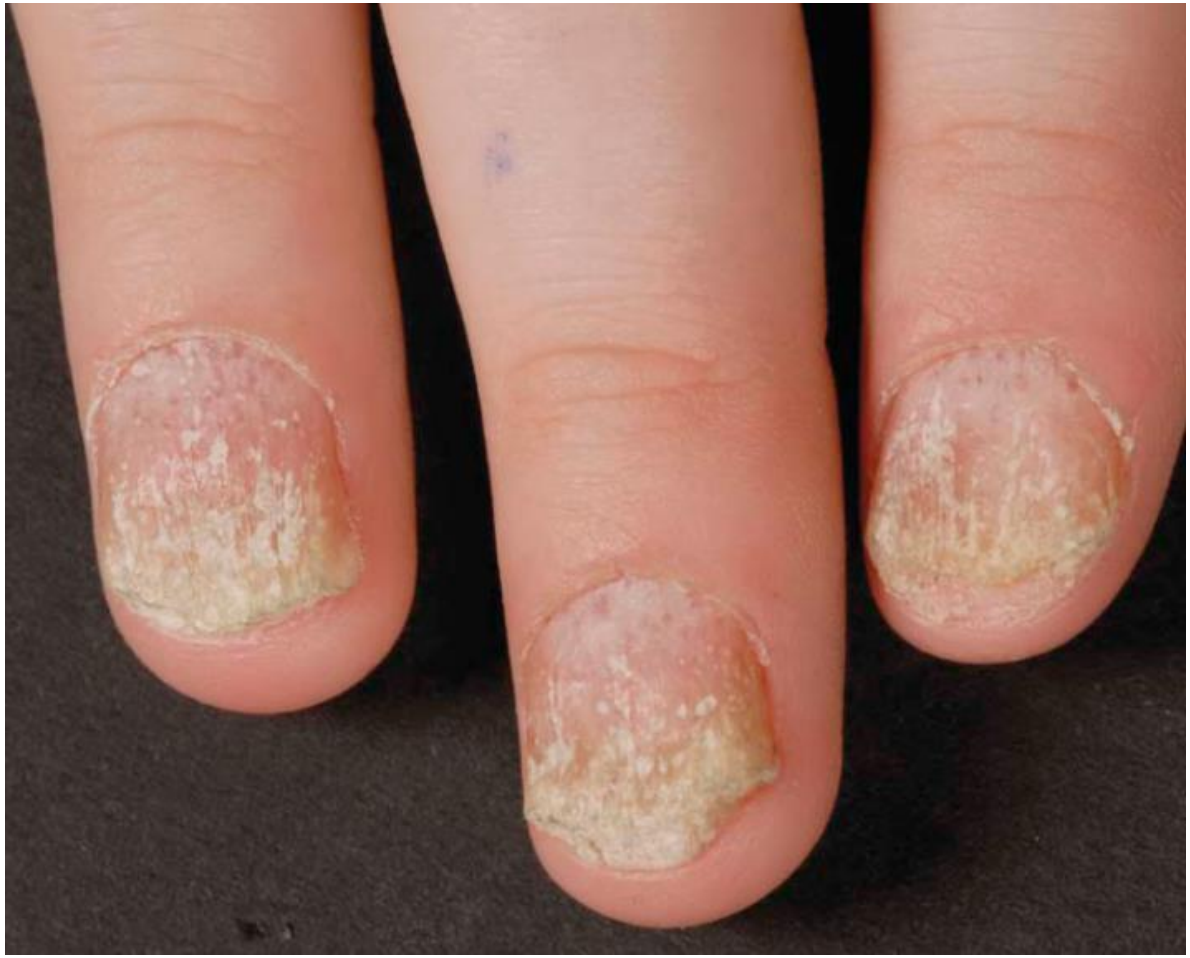

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Psoriasis

- Chronic immune- mediated resulting from polygenic predisposition and environmental factors
- Involves T-cells and their interactions with dendritic cells and cells involved in innate immunity, including keratinocytes
- Scalp, elbows, knees, nails, hands, feet, trunk, gluteal cleft
- Psoriatic arthritis is major associated systemic manifestation

Updates in treatment

Secukinumab & Apremilast

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Apremilast

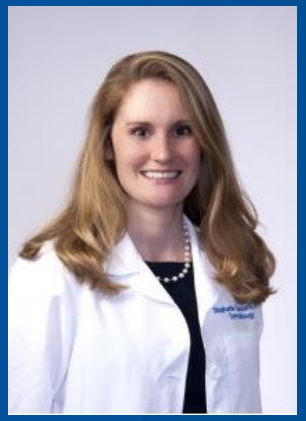
- In 03/2014 the FDA approved apremilast for PsA
- In 09/2014, the FDA received approval to further market the drug to pts with moderate to severe plaque psoriasis in whom phototherapy or other systemic therapy were not appropriate

Apremilast

- Exact MOA in psoriasis not defined
- Inhibiting PDE4 interrupts the inflammatory cascade via increased cAMP
- Titrate dose during first week to maintenance dose of 30 mg **PO** BID
- Associated with increased frequency of depression
- Major side effects include weight loss
- No routine lab monitoring
- Pregnancy category C
- Not studied in < 18 years of age

Secukinumab

- FDA approved for mod-severe plaque psoriasis
- Secukinumab is a recombinant, high-affinity, fully human immunoglobulin monoclonal antibody that selectively binds and neutralizes interleukin-17A
- Subq injection
- Pregnancy category B
- TB testing at baseline
- Only studied in > 18 years of age



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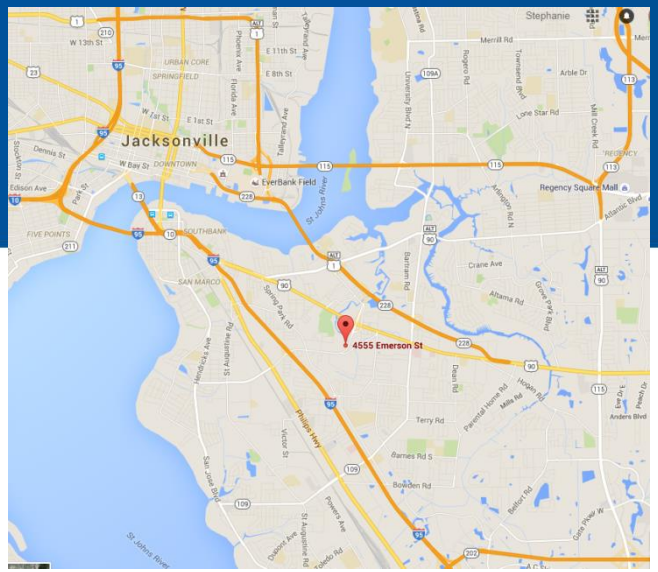

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www.aad.org

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Zerilli T, Ocheretyaner E. Apremilast (Otezla): A New Oral Treatment for Adults With Psoriasis and Psoriatic Arthritis. *Pharmacy and Therapeutics*. 2015;40(8):495-500.