New Treatments in Dermatology

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Scabies: Classic treatment

- Permethrin 5% crème-2 applications 1 week apart
- Must treat all intimates
- Clothing instructions essential
- But patients complain that this is a hassle
Crusted scabies

- Scabies mite burden very high
- Have treated with malathion (a pesticide) and ivermectin (an oral medication)
- Easier to use and higher success rate—how about using a p.o agent in regular scabies

Scabies

- Oral ivermectin superior to malathion in adults BUT this is second line drug
- While it is easier to give—it is expensive and overuse might lead to resistance
- We have seen resistance with Kwell (Lindaine)
- First line is still permethrin (elimite)

*Martin Annals of DermatolVenerology 2010 Dec*
Eczema

Adult onset atopic dermatitis

Anal cancer

Dishyrdotic Eczema
• Hand eczema-dishyrdotic eczema or pomphylox
• Adult onset atopic dermatitis
• Squamous cell cancer head and neck area, anal area
• Wrinkles

What do these have in common?

Answer:
• Smoking associated with all of the above
• 4 more good reasons to stop smoking!!!!

**Topical botox**

- At least 1 point improvement on 5 point scale in 95% of subjects compared to 45% placebo
- Not yet FDA approved
- Only used for crows feet-no study done on other parts of the face where skin is thicker
- Small amounts used-unclear how much and what is upper limit of safe

*Brandt et al Dermatolog Surg 2010 Dec; 36:2111*

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**Pin pricks vs Botox**

- Small study on 10 pts found that pricking the skin with normal saline was as effective as delivering botox (no difference re:assessment scale)

*Kapoor et al Dermatol Surg 2010 Dec: 36*
Laser treatment for acne

- Placebo effect is strong so controlled studies are essential but lacking
- Infrared-1320 and 1450nm wavelength-light absorbed by sebaceous glands-results very poor
- Intense pulsed light (585 nm)-decreased comedones but not inflammatory papules
- Blue light (415nm)- decreased inflammatory papules
- BOTTOM LINE: Medical treatment superior
  Yeung CK et al Lasers Surg Med 2007 Jan

Topicals

- BP 5% gel (10% - more drying)
- BP 5% wash-great for comedones back/chest
- Retin A 0.025% - 0.1% (vehicle determines strength - start with crème)
- Cleocin T or erythromycin topically
- Montherpay with antimicrobial discouraged-so use cleocin and BP or use combo
- Retin A –good for maintenance therapy
  — if NO success after 8 weeks, go to p.o.’s

P.O. Antibiotics

- TCN - 500 bid x 8 weeks
- Doxycycline - 100 bid x 8 weeks
- Minocycline - 100 bid x 8 weeks
- Taper - Do NOT STOP ABRUPTLY

Alternatives

- Erythromycin - 500 bid
- Septra - check WBC’s
- Keflex-500 tid
Spiranolactone

- Diuretic used in cirrhosis of liver
- Also an anti-androgen
- Useful in females who have cysts around menstruation
- 50-100 mg qday continuously
- Increased urination, don’t use during pregnancy, ?electrolyte imbalance

Isotretinoin

- Document failure of antibiotics
- Baseline CBC, LFT’s, TG and cholesterol
- Two forms of birth control, negative pregnancy tests
- MD’s will need to be registered as will patients
- Counseling on depression
- Associations with inflammatory bowel disease??
Melasma

- Bleaching creams first line-hydroquinone
- Strict sun avoidance
- Laser therapy and peels for recalcitrant cases?
- Salicylic acid peels-20-30% every 2 weeks for 8 weeks
- Did not show any advantage over standard therapy

Kodali et al JAAD 2010 Dec 63:1003

Tumor necrosis factor blockers (etanercept and infliximab)

- Psoriasis
- Arthritis
- Hidradenitis
- New kids on the block: Interleukin 1-beta blockers-e.g. anakinra-approved for Muckle-wells and other cryopyrin diseases

Psoriasis-Tx:

- Decrease the MITOTIC RATE of skin
  - Tar (LCD 5% in TAC 0.1% oint) (Tar emulsions)
  - topical retinoids (Tazarac)
- Decrease the INFLAMMATORY RATE of the skin
  - Steroid Ointment (mid-potency-1st line)
  - Calcipotriene (Dovonex Creme)-not on face or groin
  - Clobetasol/Dovonex combination
  - Ultraviolet light
Guttate Psoriasis

Ultraviolet light

- Trend is to use narrow band UV B light as opposed to broad band or PUVA
- Emits light between a very narrow spectrum-hitting the cells at a specific wavelength
- Less carcinogenic and just as effective
  *Beani Ann Dermatolog Venerealog 2010 Jan*

Hidradenitis supparativa

- Hidradentitis-go back to strong antiinflammatories like rifampin and clindamycin
- Now new study that shows that acitretin may have some activity-drug is classically used for psoriasis (original use for TNF blockers)
  *Boer et al Br J Dermatol 2011 Jan*
Atopic Dermatitis

• Deeper exploration re: therapy particularly in pediatrics group
• Not sure whether it can be generalized to adults
• Dilute bleach baths decreased severity of atopic derm in kids –on body-not face

Rx: ½ cup of bleach in full bathtub followed by liberal use of emollients-once daily

*Anderson Curr Opin Ped 2009 Feb*
Do Bleach baths do anything to reduce staph aureus carriage

- Up to 90% of kids with atopic dermatitis carry staph aureus (usually not MRSA)
- When the staph burden is great, thought is that there is a flare of eczema
- Standard treatment is 14 days of p.o. cephalosporin

3 treatment groups:
1) Bleach baths with mupiricin in nose
2) Plain bath water
3) Plain ointment

-Group 1-reduced staph aureus carriage rate to 4% compared to controls at a rate of 75%
-Group 1-severity index of atopic derm reduced

Lofgren et al Curr Opin Ped 2010 Aug

Let’s go back in time

- The old moist wraps:
  Used about 25 years ago
  Corticosteroid and ointment goes directly onto skin
  Moisten first layer-kerlex, gauze, socks that are cut open-ring out for excess water
  Dry layer on top-sleep in this overnight
  Can be done nightly for up to 2 weeks until gone
  OR
  Every 5 days-watch for maceration of skin
Nursing Education

- Two nice studies: Great Britain and Netherlands
- Atopic families who had the benefit of intense nursing education did much better re: quality of life and severity indices compared to families who just saw the doctor.
  
  *des Bes et al Acta DermatolVenereol 2011 Jan*

Food

- Not enough evidence to suggest that any foods or categories of food contribute to atopic dermatitis
- Not enough evidence to suggest that breast feeding reduces risk for developing atopic dermatitis
- Not enough evidence to suggest that holding back on solids or milk after 4-6 months of age reduces risk for developing atopic dermatitis

Calcineurin inhibitors

- Tacrolimus (protopic ointment) and pimecrolimus (elidel cream)
- Being studied again against corticosteroids
- Recommendation in children: do not use for extended periods of time;
- do not use in sun-exposed areas and in persons who are immunosuppressed
- My experience—works best on face and stops working after around 2 yrs of use
  
  *Schmitt et al BJD 2011 Feb*
Beta Blockers

- Propanolol for infantile hemangiomas-discovered by chance
- May be superior to steroids
- Starts working within 3 days
- Low dose-very few side effects-sleep disturbance but monitoring closely

*Storch et al Br J Dermatol 2010 Aug*
*Saint-Jean et al JAAD 2011 Feb*
Antimalarials

- Hydorxychlorquine 200 mg bid
- Used frequently in discoid lupus
- Now realize the potential effects in systemic lupus and neonatal lupus-fewer thromboembolic events, slows down inflammatory sequelae

Izmirly et al Ann Rheu Dis 2010 Oct
Jung et al Arthritis Rheum 2010 March

Skin Surgeries in Diabetics

- More infection? Worse healing?
- Pts with DM had 66% higher risk for infection especially on legs, ears or with flaps and grafts.
- May be prudent to prophylax these pts undergoing these procedures with antibiotics before surgery
- HEALING NOT WORSE

Dixon et al Dermatol Surg 2009 July
Cellulitis

- Goal in study was to have dermatologists diagnose cellulitis vs other diseases
- 635 pts seen-67% had cellulitis N=425
- 33% had other-eczema, lymphedema, lipodermatosclerosis
- Of the 425 with cellulitis, 30% had predisposing dermatologic disease
- Hospitalization was averted for 96% of those with cellulitis

*Levell et al Br J of Dermatol (BJD) 2011 Feb*

Lipodermatosclerosis
Take Home Points:

- Does the patient really have cellulitis?
- Is there an underlying dermatologic cause that contributes to condition—if treated could prevent repeated episodes?
- Does this patient require hospitalization?

Venous Insufficiency Ulcer

- **Control Edema**
  - Elevation of leg above heart 2 hours twice daily
  - Walk, don’t sit
  - Compression
- Diuretics overused and not of benefit unless fluid retention due to central problem is present (CHF, CRF)
- Create healing wound environment

Venous Insufficiency Ulcer

- Metrogel on ulcer-decreases anaerobes
- Semipermeable dressing (Hydrosorb, Duoderm, etc)
- Compression dressing
  - Unna boot covered by Coban – This both provides graded compression AND creates the correct wound environment
- Change dressing weekly
- Refer to dermatology if not healing
When is a Leg Ulcer Infected?

- All leg ulcers are colonized with bacteria.
  Surface culture of little value
- Suspect infection if:
  - Increasing pain
  - Surrounding erythema, cellulitis
  - Focal area not healing and undermining present
- Treat superficial contaminant with vinegar/Burow’s soaks

- Hair loss
- Warts
- Molluscum

- Info in syllabi and will discuss in procedures workshop

Thanks a Latte!