Updates in Eczema and Psoriasis

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Summary

- Eczema 101
- What's new
- Psoriasis 101
- What's new

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Eczema = Dermatitis

- “to boil over” from Greek
- Acute: Vesicles
Eczema = Dermatitis

Sub Acute: Papules

Eczema = Dermatitis

Chronic: Lichenification

Atopic Dermatitis

- Triad of atopic disease
- Pruritus
- Waxing/waning course
- Hands/face/neck common in adults
Atopic Dermatitis: Triggers

- Stress
- House dust mite
- Hard water
- Food
- Seasonality

Atopic Dermatitis: Treatment

**What works!**

- Emollients
- Topical steroids
- Calcineurin inhibitors (2nd line)
- Wet wraps
- Antibiotics when infected

**What doesn’t!**

- Antihistamines (sedating help with sleep)
- Probiotics
- Multivits
- Fish & evening primrose oil
- Exclusion of egg and cows milk (unless proven allergy)

Dry Skin Care

- ↓ Frequency of washing
- Cooler Water
- Avoid Soap
- Used cream based emollient as soap
- 5 minutes to apply emollient
Dry Skin Care

- Encourage greasiest
- Copious quantities (1lb per week)

Quantities: need to use appropriate amount

- Squeeze ointment DIP crease = 1 FTU
- Covers 2 hands worth of skin
- 2 FTUs = 1g
- Whole body
  - Adult 30-60g
  - Child 5-30g

Topical Steroids

- Use lowest effective potency
- BID
- Avoid potent steroids on face and intertriginous areas
**Dyshydrosis**
- Explosive onset
- Extremely itchy
- Tapioca-like lesions on lateral fingers
- Tends to be recurrent
- Treat with super potent topical steroids

**Contact Dermatitis**

- **Allergic**
  - Acquired
  - Delayed Type IV hypersensitivity
  - Common allergens: Nickel, dyes, preservatives, adhesives etc.

- **Irritant**
  - Anyone can develop
  - Caused by repeated/prolonged exposure to irritants
  - Diaper dermatitis or occupational exposure (‘Wet work’)

**Seborrheic Dermatitis**
- Dandruff on the body
- Hypersensitivity to yeast
- Rx: Anti yeast creams and shampoos & mild steroids
Eczema Craquele (Asteototic)

- Associated with xerosis (dryness)
- Common in elderly (particularly in winter)
- Treatment: emollients (lachidrin) and low potency steroids

Nummular Dermatitis

- Coin shaped and sized lesions
- Commoner in atopics
- May be confused with psoriasis
- Treatment: potent topical steroids

Lichen Simplex Chronicus

- Localized chronic dermatitis
- Treatment: super-potent steroids +/- Occlusion
What’s New in Eczema: Filaggrin

- **Filament Aggregating Protein** known since 1970s
- Initially found to be mutated in Ichthyosis Vulgaris
- Mutations found in all populations with Atopic Dermatitis

What’s New in Eczema: Bleach baths

- Most patients with AD colonized with Staph
- The addition of ½ cup of 6% Sodium hypochlorite (bleach) in full bath (40 gallons) reduces AD severity
- Bathe twice weekly for 5-10 minutes

Plaque | Guttate | Palmar-Plantar | Pustular | Nail | Arthritis
Psoriasis

- Well demarcated scaly plaques

Psoriasis

- Examine the scalp

Psoriasis

- Look at the nails
Psoriasis

- 2-5% Caucasians
- Onset at any age
- May be pruritic
- Need to examine whole patient

Psoriasis: Precipitants

- Infections
- Trauma
- Stress
- Medications
- Genetics
- Obesity

Chronic Plaque

- Commonest
- Extensor surfaces
- Stable disease
Guttate

- Explosive onset
- May be preceded by Strep infection
- Consider other Dx: Pityriasis rosea & Syphilis
- Treatment: Phototherapy

Nail Psoriasis

- Nail pitting, oil spots and onycholysis
- Commoner in pts.
  - With Ps arthritis
- No treatment really works (may respond to systemics)
- Keep nails cut short

Palmar- Plantar Pustulosis

- Commoner in smokers
- Groups of large deep seated sterile pustules
- Rx: super-potent steroids & PUVA
Erythrodermic Pustular Psoriasis

- Rare but potentially life threatening
- Skin often painful
- Pustules initially tiny→ lakes of pus
- Treatment: admission and Derm referral

Treatments

- **Emollients**
  - Remember Koebner

- **Topical Agents**
  - Point to a scar

- UV light
- Systemics
- Biologics

- **Topical Agents**
  - Corticosteroids (potent & super potent)
  - Vit D Analogue (Dovonex)
  - Tars (LCD)
  - Anthralin (Dithrocream)
### Treatments

<table>
<thead>
<tr>
<th>• Emollients</th>
<th>• Immunosuppressant</th>
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<tbody>
<tr>
<td>• Topical Agents</td>
<td>• UVB (Narrow band vs. broadband)</td>
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<tr>
<td>• UV light</td>
<td>• PUVA: Psoralen + UVA</td>
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<tr>
<td>• Systemics</td>
<td>• Treatment course 3x weekly for 6 weeks</td>
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<tr>
<td>• Biologics</td>
<td>• Beware of skin cancer!</td>
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| • Retinoids: Acitretin monitor LFTs & Lipids (avoid in % of childbearing potential) |
| • Methotrexate (once weekly) monitor LFTs & CBC                                   |
| • Cyclosporine : monitor BP & Renal function : great rescue drug but need exit strategy! |

| • Anti-TNF: Enanercept, infliximab & adalimumab                                |
| • IL 12/23 blockers                                                            |
| • Watch out for TB/infections                                                 |
| • No long term safety data                                                    |
| • $$$$                                                                        |
| • Not Better than CyA or MTX                                                  |
What's New in Psoriasis

Cardiovascular disease is commoner in pts. with psoriasis and Ps Arthritis: both clinical and sub-clinical

- Hypertension
- DM
- Dyslipidemia
- Smoking
- Alcohol
- Obesity

Independent of other variables

What's New in Psoriasis

Consensus document from AJC

Pts. with psoriasis & ≥ 1 abnormal lipid level and/or hs CRP should adopt multifaceted lifestyle approach to reduce risk

If target LDL cholesterol not achieved to start statin

What's New in Psoriasis

- Adalimumab blocks TNF
- Licensed in 2007 for moderate to severe psoriasis
- 40mg SC q2wk

- Ustekinumab blocks Il12-23
- Licensed in 2008 for moderate to severe psoriasis
- If <100kg 45mg SC q12wk
- If >100kg 90mg SC q12wk
Summary

- Eczema 101
- What’s new?
- Psoriasis 101
- What’s new

And Remember...

For scaling rashes of uncertain etiology...

“if it scales, scrape it!”

And avoid systemic corticosteroids in psoriasis
Thanks & Questions

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