

#AAD2019

Highlights
AEDV

IN 77TH AAD CONGRESS

1-5 MARCH 2019

★ WASHINGTON ★

**Cutaneous manifestations in
systemic disease**

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VASCULOPATHIES, HYPERCOAGULABLE STATES, AND ANTICOAGULANTS

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- **Vasculopathies**

Antiphospholipid Antibody síndrome

Calciphilaxis

Livedoid vasculopathy

- **Hypercoagulable Wokup**

- Inhered thrombophilia:

Protein C or S deficiency; antithrombin defidency; factor V Leiden; prothombin mutation

- Acquired thrombophilia

APLS; surgery, immobility; malignancy

- Sitemic steroids increase risk of VTE 1.2-2X

- In general, do NOT test for inherited thrombophilia

- **Anticoagulant**

direct oral : heparin, enoxaparin, warfarin,

newer oral anticoagulant

Direct thrombin inhibitor: Dabigatran, Bivalirudin, Argotraban

Direct factor Xa inhibitor: Rivaroxaban, Apixaban, Endoxaban, Betrixaban

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- **Antiphospholipid Antibody síndrome**
- Levamisole associated vasculopathy can often show positive APLs
- Treatment
Heparin initial stage; Warfarin indefinite duration; Enoxaparin
- **Warfarin**
 - Treatment option in Sneddon syndrome, calcinosis cutis, livedoid vasculopathy
 - Starting doses from 2-10 mg. Target INR 2-3
 - Drug interactions: macrolides, fluoroquinolones, azoles, griseofulvin, dapsone, cyclosporine
 - Disease associated with use: Warfarin blue toe syndrome/cholesterol emboli, skin necrosis, calciphylaxis.
- **Enoxaparin**
 - Often substituted for warfarin in pregnancy.
 - Injection abdominal 1mg/kg BID, reduction in CrCl<30ml/min

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- **Calciphilaxis** 16 patients
- 11 uremic calciphilaxis: **apixaban** (factor Xa inhibitor)
- 5 non uremic calciphilaxis: dabigatran 3; rivaroxaban 2
- Contraindications apixaban: severe hepatic impairment; active bleeding; risk of bleeding
- Dosing 5 mg BID; 2,5 mg if age > 80y; weight < 60kg; Cr > 1,5
- Reversal agent: Andexanet alfa

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Livedoid vasculopathy

- **Rivaroxaban** factor Xa inhibitor
- 10 mg BID → 10mg QID
- Not Use : hepatic or renal impairment; active bleeding; risk of bleeding
- Medication contradicated: Strong CYP3A4 and P-glycoprotein inhibitors

Ketoconazol, itraconazol, posaconazol, voriconazol

POSTERS: SYSTEMIC DISEASE



- Capillary lake síndrome induced by acitretin in a patient whit pitiriasis rubra pilaris
- Capillary lake síndrome in dermatomyositis
- Alpha- beta subcutaneous panniculitis-like T-cell lymphoma with hemophagocityc síndrome
- Primary trimethylaminuria (Fish odor síndrome)