

#AAD2019

Highlights
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IN 77TH AAD CONGRESS

1-5 MARCH 2019

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**Pediatric dermatology:
Dr. Oriol Corral Magaña**

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F028: NURSERY TALES: CHALLENGING DERMATOSES IN NEWBORN (DR. RAEGAN)

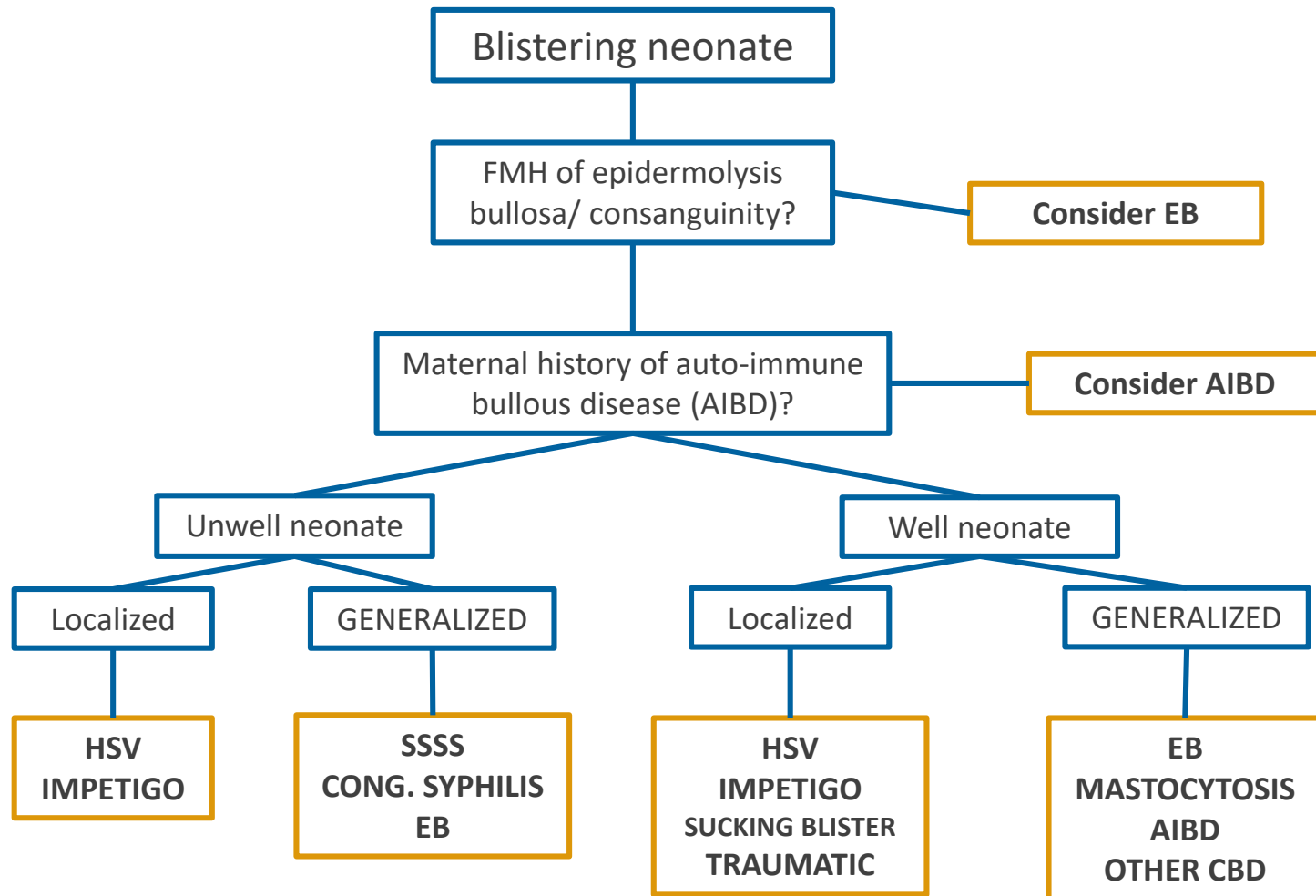
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Adapted from F028. Dr. Raegan

Zhao CY, Murrell DF. Autoimmune blistering diseases in females: a review. *International Journal of Women's Dermatology*. 2015 Feb;1(1):4-12.

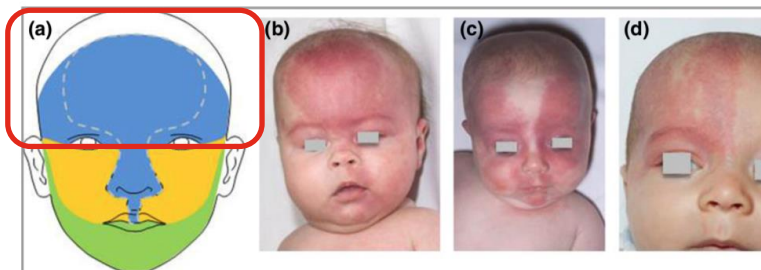
F028: NURSERY TALES: CHALLENGING DERMATOSES IN NEWBORN (DR. HUNT)

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CM & Sturge Weber Syndrome

- RMI is better predictor than localization for neurologic outcomes.
- For practical reasons guidelines based on clinical phenotype are used. The best clinical predictor for adverse outcomes are forehead lesions.



- RMI prior to 6 month have not demonstrate better outcome.
- False negative exists. Neurologist follow up is advised.

PAEDIATRIC DERMATOLOGY BJD
British Journal of Dermatology

New vascular classification of port-wine stains: improving prediction of Sturge-Weber risk

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REVIEW

WILEY Pediatric Dermatology

Screening for Sturge-Weber syndrome: A state-of-the-art review

Michaela Zallmann MBBS^{1,2} | Richard J. Leventer MBBS, PhD^{2,3,4} |
Mark T. Mackay MBBS, PhD^{2,3,4} | Michael Ditchfield MBBS, MD^{5,6} |
Philip S. Bekhor MBBS⁷ | John C. Su MBBS, MA, MSt, MEpi, MBA^{1,2,4,7}

S025: CHALLENGING ADULT & PEDIATRIC AUTOIMMUNE CONNECTIVE TISSUE DISEASES CASES: PEARLS FOR DIAGNOSIS & MANAGEMENT

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SAVI: Sting Associated Vasculopathy with onset in Infancy (Dr. Ho)

- Systemic disease with skin vasculopathy, ILD and systemic inflammation.
- Good cutaneous response with JAK inh.

Dermatomyositis clinical pearls:

- Facial erythema can be very similar to SEL and histology can not distinguish both entities. Nasogenian involvement is not present in Lupus (Dr. Abeer).
- In Amyopathic DM only 10% of patients will respond to antimalarial alone. Combination of antimalarial or adjuvant use of other immunosuppressive treatments (MTX, MMF) may be necessary. IVIG present good outcomes (Dr. Cobos)
- Emerging therapies: Tofacitinib (JAK inh) shows promising results.

Sanchez GAM, Reinhardt A, Ramsey S, Wittkowski H, Hashkes PJ, Berkun Y, et al. JAK1/2 inhibition with baricitinib in the treatment of autoinflammatory interferonopathies. *Journal of Clinical Investigation*. 2018 Jul 2;128(7):3041–52.

Kerrigan SA, McInnes IB. JAK Inhibitors in Rheumatology: Implications for Paediatric Syndromes? *Current Rheumatology Reports [Internet]*. 2018 Dec;20(12). Available from: <http://link.springer.com/10.1007/s11926-018-0792-7>

Kurtzman DJB, Wright NA, Lin J, Femia AN, Merola JF, Patel M, et al. Tofacitinib Citrate for Refractory Cutaneous Dermatomyositis: An Alternative Treatment. *JAMA Dermatology*. 2016 Aug 1;152(8):944.

S025: CHALLENGING ADULT & PEDIATRIC AUTOIMMUNE CONNECTIVE TISSUE DISEASES CASES: PEARLS FOR DIAGNOSIS & MANAGEMENT

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Juvenile Dermatomyositis Pearls (Dr. Vleugels):

- Not need to routinely run out malignancies, neither lung disease (important in anti-MDA5 DM in adults).
- Early and aggressive treatment must be initiate to avoid calcinosis.
- Follow up! True amyopathic disease is rare.

Crohn, infliximab and psoriasis-like dermatitis (Dr. Coughlin & Dr. Patel)

- 10,1% of patients.
- Pruritic & painful.
- Scalp > retro-auricular
- Switch to Adalimumab or Ustekinumab improve lesions.

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Segmental Stiff Skin Syndrome (SSS) (Dr. Kurtzman)

- Rare. FBN-1 mutation. Typically presents in childhood.
- Mimics cutaneous systemic sclerosis. Hard skin around the pelvic or shoulder girdle.
- Without systemic involvement, but can cause joint contracture.
- No definitive treatment.
- Reported personal good experience with MMF (13^o improvement in articular extension)