

#AAD2019

# *Highlights* **AEDV**

IN 77<sup>TH</sup> AAD CONGRESS

1-5 MARCH 2019

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**Pediatric dermatology:  
U007: WARTS (Dr. Silverberg)  
Dr. Oriol Corral Magaña**

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# ABOUT WARTS...



- 30% of all children will have warts. Specially dose with dermatitis.
- Be aware with genital lesions in children. Above 4 y.o. all must be treated as abuse till proven otherwise. Usually appears 15-24 y.o.

## PREVENTION

- Swim shoes: 27 folds less warts.
- Quadrivalent vaccine could prevent 82,7% of genital warts.

### **The Prevalence and Genotype of Human Papillomavirus from Patients with Genital Warts in Eastern Guangdong Province.**

Luo ZY, et al. Asian Pac J Cancer Prev. 2015.

[Show full citation](#)

# ABOUT WARTS...

## TREATMENT

- Not all must be treated! Avoid painful procedures in children.
- Garlic: for those who wants “natural therapies” or pregnancy. Cut-rub BID-cover.
- Duct Tape: 24h application. Pruriginous. Knees and elbows. 16% at 6 weeks.
- Imiquimod: Good options for genital warts and periungual (qid in periungual).
- Oral cimetidine can be an option. Reported 84% effectivity 30-40 mg/Kg/day divided BID or TID. Requires 6-12 weeks.
- In recalcitrant periungual and subungual cases: squaric acid (home application 0,2% vs 2% inoffice). Only one case hives. 58% clearance at 7 weeks.

# ABOUT WARTS...



- RCT: EndWarts® (EU)/Compund W® Nitro freeze (USA) vs Wortie® or Wartner®: efficacy 70,7% vs 46,2% & 47,5%.

## **Efficacy and Safety of Three Cryotherapy Devices for Wart Treatment: A Randomized, Controlled, Investigator-Blinded, Comparative Study.**

Walczuk I, et al. Dermatol Ther (Heidelb). 2018.

[Show full citation](#)

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## FO11: Pediatric Dermatology M&M

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# SPITZOID LESIONS: ATYPICAL SPITZOID TUMOR (AST) OR SPITZOID MELANOMA (SM)? (DR. ROSMAN)



- Clinic presentation has wide variability.
- Histology: many features and variable images can fit into AST. A **low inter-observer agreement exist**. **Loss of p16 expression** is associated with borderline lesions but could not reliably distinguish AST from SM.
- **FISH assays:** may help stratify High/low risk atypical spitzoid proliferations, specially:
  - Homozygous loss of 9p21 (CDKN2A) → high risk
  - Isolated gain of 6p25 (RREB1) or gain 11q13 (CCND1)
- **Comparative Genomic Hybridization (CGH):**
  - May help to down-grade or up-grade risk.
  - Number of aberrations usually correlates with malignancy
- **TERT** (telomerase reverse transcriptase) **promoter mutations:** 22-71% of cutaneous melanoma in adults and in majority of pediatric melanoma. Promising to identify AST with more aggressive behaviour.

# KAPOSIFORM HEMANGIOENDOTHELIOMA TURNS INTO CONGENITAL INFANTIL FIBROSARCOMA (DR. MAGUINESS)



- Newborn girl. Leg swelling + thrombocytopenia.
- US: high flow US. MR. All compatible with kaposiform hemangioendothelioma + Kassabach-Meritt phenomenon.
- PLACENTA: results compatible with infantile myofibromatosis. They performed an US guided biopsy: infantile myofibromatosis. Genetic test: **ETV6-NTRK3 translocation**: final diagnosis: Congenital Infantil Fibrosarcoma.
- **CONGENITAL INFANTIL FIBROSARCOMA**
  - Is a very rare malignant soft tissue tumor (n=20).
  - Surgery
  - Neoadjuvant chemotherapy (larotrectinib)

Forensic Sci Med Pathol. 2015 Jun;11(2):235-42. doi: 10.1007/s12024-015-9671-y. Epub 2015 Mar 15.

**Diagnostic criteria for cutaneous injuries in child abuse: classification, findings, and interpretation.**

Tsokos M<sup>1</sup>.

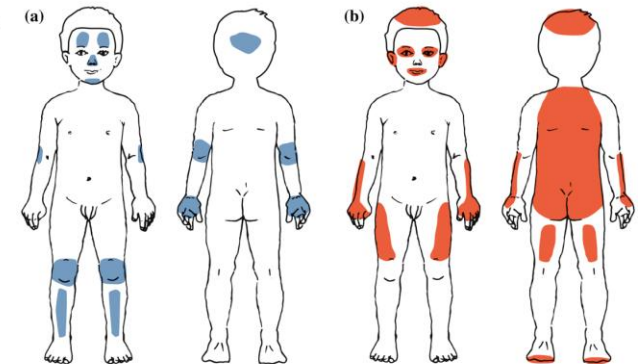


# CHILD ABUSE (DR. BOSS)

- 119.000 victims in US/ year
- Higher incidence in <3 y.o. Up to 75% missed in acute care setting.
- RED FLAGS:
  - Delay in reporting
  - <4 month is very rare to present bruise.
  - Geometric lesions
  - TEN location (Torso, Ears, Nose)
- YOU HAVE A WORD! LAB, X-ray, MH. Contact with Social Service.

Forensic Sci Med Pathol

**Fig. 1** Injury localization on a child. **a** Localizations typical of accidental falling.  
**b** Localizations typical of abuse



**Diagnostic criteria for cutaneous injuries in child abuse: classification, findings, and interpretation**

Michael Tsokos<sup>1</sup>

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