

#AAD2019

Highlights **AEDV**

IN 77TH AAD CONGRESS

1-5 MARCH 2019

★ WASHINGTON ★

Scientific Initiative of:



Sponsored by:



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Pediatric dermatology: Dr. Oriol Corral Magaña

Scientific Initiative of:



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F016, F035 & U017:ALERGIC CONTACT DERMATITIS (DRA. HUSSAIN & DR. YU)

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- CAD is prevalent in children (20% of all “atopic dermatitis”).
- Same presentation as Atopic dermatitis. Sometimes atypical presentation.
- Only 1 children per 30 adults is patch tested. Relevant results rates are similar in adults & children.

Limitations:

- Limited space → highly selective.
- Cooperation

TOP 3:

- Nickel
- Cobalt
- Neomycin

First standard base for children #38 by ACDS. (Yu et al 2018)

F016: IDENTIFYING AND TREATING COMMON SKIN CONDITIONS IN CHILDREN (DR. HUSSAIN)

#AAD2019



OCPs in teenagers with Acne

- 3 FDA approved OCPs for treatment of acne. For women after 1 year postmenarche. Thrombotic history, smoking and migraine with aura. Thrombotic events are rare in children. No matter in bone mass or growing.

Alopecia Areata treatment pearls

- Therapeutic pearl: Class I topical steroid cream am – Tretinoin 0,025% or 0,05% cream at bedtime. Mo-Fri (weekends off)

Therapeutic Pearl : Cozying up to your molluscum

- 50% response rate after exposure to infrared-generated heat 44°C x30 min weekly max 12 weeks.

PSORIASIS IN CHILDREN (DR. BOSS)

- Psoriasis and comorbidities (when to screen?):
 - Make family history!
 - 9-10 y.o. begin screening for: NAFLD (ALT), DM (Glucose), Dyslipemia (lipid panel), Depression & anxiety (ROS)
 - Hypertension: since 3 y.o. with blood pressure
- Psoriasis: biologic treatment in children (FDA):
 - Etanercept (4 y.o.) 0,8 mg/kg weekly
 - Ustekinumab (12 y.o.) 45 mg(<100) or 90 mg (≥100) at 0-4- q12w
 - Adalimumab and infliximab: approved for other diseases. May be considerate.
 - Unclear in children: Apremilast, IL-17 blockade, IL-23 blockade, other anti-TNFs

Clinical Review & Education

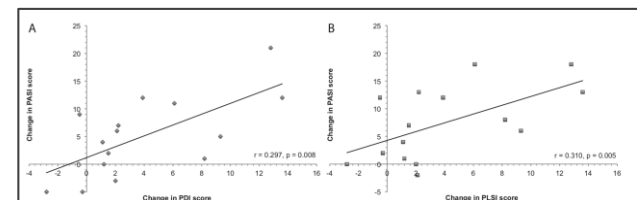
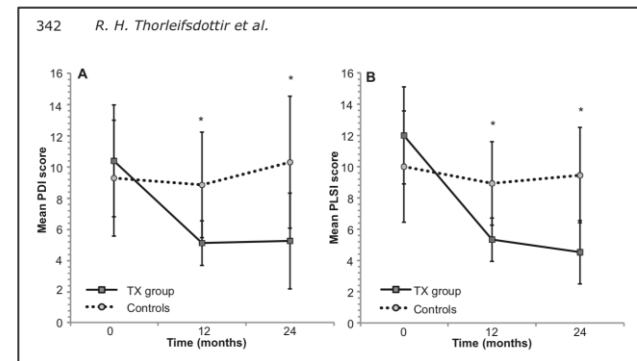
JAMA Dermatology | Consensus Statement

Pediatric Psoriasis Comorbidity Screening Guidelines

Emily Osler, MD; Audrey S. Wang, MD; Megha M. Tollefson, MD; Kelly M. Cordoro, MD; Stephen R. Daniels, MD, PhD; Andrew Eichenfield, MD; Joel M. Gelfand, MD, MSCE; Alice B. Gottlieb, MD, PhD; Alexa B. Kimball, MD, MPH; Mark Lebwohl, MD; Nehal N. Mehta, MD, MSCE; Amy S. Paller, MD; Jeffrey B. Schwimmer, MD; Dennis M. Styne, MD; Abby S. Van Voorhees, MD; Wynn L. Tom, MD; Lawrence F. Eichenfield, MD

PSORIASIS IN CHILDREN (DR. BOSS)

- Tonsillectomy? (Thorleifsdottir. 2017)
 - RCA 29 patients 15 T vs 14 c.
 - Principal variable: QoL. Secondary: correlation of QoL changes with PASI.
 - Tonsillectomy group present significant improvement in QoL and this correlates well with PASI scores.
 - Literature systematic review: variable outcomes. No general recommendations can be done.
 - Tonsillectomy may be an option for selected recalcitrant and recurrent cases.
 - **Personal recommendation: Do it always if there is a strong co-relation in recalcitrant cases.**



PEDIATRIC MYCOSIS FUNGOIDES (DR. SAMIMI)



- MF is quite rare but represents 30% of all pediatric lymphomas.
- The most common presentation is hypopigmented MF followed by erythematous/classic form.
- Early stages (T1+T2) 88-97%. Survival similar to match-aged patient.
- Diagnosis: biopsy + Laboratory (CBC, CMP, LDH).

Staging is not necessary in all patients:

- Similar survival rates
- Avoid unnecessary anxiety
- Aggressive early treatment will not affect survival rates.
- Expensive
- WHO is at risk? Older patient (>20 y.o.), LyP, poikilodermatous lesions.

PEDIATRIC MYCOSIS FUNGOIDES (DR. SAMIMI)

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Options for localized/ Limited Involvement Only (10%BSA)	Options for Localized/ Limited and Generalized Involvement	Options for Generalized Involvement Only (>10% BSA)
Imiquimod	Topical steroids	UVB, PUVA
Topical retinoids (tretinoine, tazorac, bexarotene)	Topical chemotherapy (Nitrogen Mustard, Carmustine)	TSEB low dose
Excimer laser	IL INFalpha	
Local RT		
PUVA		
PhDT		
IL Kenalog		