

#AAD2019

Highlights **AEDV**

IN 77TH AAD CONGRESS

1-5 MARCH 2019

★ WASHINGTON ★

Scientific Initiative of:



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Immune mediated dermatosis:
urticaria, hidradenitis
Dr. Antonio Martorell

Scientific Initiative of:



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HIGHLIGHTS IN CHRONIC URTICARIA: NEW INSIGHTS IN OMALIZUMAB

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Omalizumab and antiviral response

- Omalizumab can ameliorate the inadequate antiviral response in children with severe asthma are more susceptible to virus-induced asthma exacerbations, particularly those with higher serum IgE levels **An IFN restoration by a IgE-blocking?**

Omalizumab and partial responders

- Dosing every 2 weeks in poor or non-responders
- Delayed response in some patients
- Characteristics of responders Vs non responders:
 - Serum IgE level may predict likelihood of response to omalizumab
 - Non-responders have low baseline total IgE levels
 - Increase in IgE levels at 4 weeks is significantly less in non-responders
 - **Two-fold or more increases in total IgE levels in the 1st 4 weeks of treatment increases likelihood of response**

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Omalizumab and time to response

- **Serum autoreactivity (ASST, BHRA) predicts time to response to omalizumab therapy**
 - *Quick response occurs in patients with type 1 autoimmune CSU*
 - IgE antibodies to autoantigens
 - Immediate binding of omalizumab to soluble IgE
 - *Slow response occurs in patients with type IIb autoimmune CSU*
 - -ASST (Autologous serum skin test) + BHRA (Basophil histamine release assay) +
 - IgG anti FcεR1α protein antibodies
 - Membrane FcεR1α decays slowly over several weeks in response to omalizumab

	BHRA+	ASST +
Fast responders	1 of 38 (2.6%)	12 of 33 (36.4%) p<0.001
Slow responders	8 of 17 (47.1%)	11 of 13 (84.6%) p<0.01

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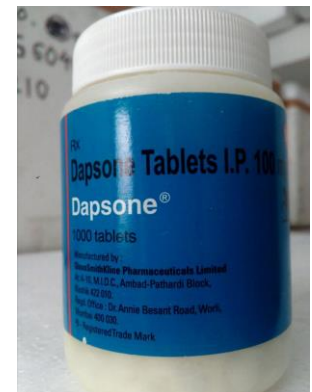
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Dapsone and Chronic Urticaria (CIU) and autoimmune urticaria (AIU)

- 79 pts with CIU (n=45) or AIU (n=34)
- Dapsone doses, 25-200 mg/d
- Improvement in 80% CIU and 76% AIU in a mean of 1.1 months
- Complete response, 44% CIU: 50% AIU
- *Stop in 18 cases, 10 remained hive free

Dapsone in resistant CIU (Rush experience from Garritson, Troiani, Haugen and Tharp)

- 56 pts with antihistamine resistant CIU
- All had neutrophils/eosinophils on bx (PPU)
- 84% treated with systemic steroids (5-60 mg/d) for disease control
- All treated with dapsone (75-250 mg/day)
- 88% clear or markedly improved: mean, 39 weeks
- 39% completely clear (4-39 months)
- 87% able to discontinue systemic steroids



HIGHLIGHTS IN HIDRADENITIS SUPURATIVA

HORMONAL AND METABOLIC DISREGULATION IN HS:

MANAGEMENT TOOLKIT

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Metformin for all HS patients?

Properties

- Decreases ovarian androgen production
- Increases insulin receptor sensitivity
- Improves glucose utilization by muscles and adipocytes
- Decreases hepatic glucose production
- Antioxidant properties
 - Platelet anti-aggregating effects: reduce rate of formation of advanced glycation end products & decreases cellular oxidative reactions

Dosing

- Polycystic ovarian syndrome dosing
 - 1500 to 2000 mg/day
 - Start at 500 mg daily (with the evening meal), titrate up by 500 mg every 2-4 weeks depending on GI side effects (up to 53%)
- **Meformin (Extended Release) *off label use***
 - Better GI side effect profile (12.5%)
 - Once daily dosing

Lactic acidosis symptoms! Subtle onset, with malaise, mialgia and somnolence

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Acta Derm Venereol 2014; 94: 553–557

CLINICAL REPORT

The Influence of Body Weight on the Prevalence and Severity of Hidradenitis Suppurativa

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LETTER TO THE EDITOR

Occurrence of hidradenitis suppurativa and phrynodema after bariatric surgery

CASE REPORT

Remission of hidradenitis suppurativa after bariatric surgery



Catriona Gallagher, MB, BCh, BAO,² Shivashini Kirthi, MB, BCh, BAO,² Thomas Burke, MB, BCh, BAO,² Donal O'Shea, MB, BCh, BAO, MD,² and Anne-Marie Tobin, MB, BCh, BAO, BScPharm, PhD²
Dublin, Ireland

Table 2 Vitamin D and zinc micronutrients in post-BS and typical hidradenitis suppurativa patients.

Characteristics	Post-BS HS (n = 12)	Typical HS (n = 62)	P
Age, median (range)	46.1 (30–58)	33.9 (18–67)	< 0.01
Sex, M/F	6/6	25/37	> 0.05
Hurley stage, n			
I	4	36	0.20
II–III	8	26	
BMI, kg/m ² ; mean ± SD	32.9 ± 8.1	25.9 ± 5.5	0.01
Obese, n (%) ^a	6 (50)	15 (24.2)	0.08
Active smoking, n (%)	6 (50)	26 (41.9)	> 0.05
Vitamin D deficiency, n (%) [†]	6 (50)	30 (48.3)	> 0.05
Vitamin D serum levels, ng/mL, median (IQR)	31.1 (12.7)	31.3 (14.6)	0.8
Zinc deficiency, n (%) [‡]	8 (66.7)	21 (33.9)	> 0.05
Zinc serum levels (mcg/L), median (IQR)	42.5 (49.2)	83.0 (31)	< 0.01

BMI, body mass index; BS, bariatric surgery; IQR, interquartile range. ^aBMI > 30; [†]level < 30 ng/mL; [‡]level < 70 µg/L.

- 12 patients with incident HS who had undergone a BS procedure
- Weight loss related to malabsorptive bariatric procedures.
- Multiple micronutritional deficiencies and insufficient responses to standard, first-line antibiotic treatments.
- Zinc, significantly lower in post-BS patients with HS compared with typical patients with HS.

1: Garcovich S, Di Stefani A, Capizzi R, Massi G, Peris K. Occurrence of hi1: Garcovich S, Di Stefani A, Capizzi R, Massi G, Peris K. Occurrence of hidradenitis suppurativa and phrynodema after bariatric surgery. *J Eur Acad Dermatol Venereol*. 2016 Jul;30(7):1215-7. doi: 10.1111/jdv.13140. Epub 2015 Apr 16. PubMed PMID: 25879252.

2: Garcovich S, De Simone C, Giovanardi G, Robustelli E, Marzano AV, Peris K. Post-bariatric surgery hidradenitis suppurativa: a new patient subset associated with malabsorption and micronutritional deficiencies. *Clin Exp Dermatol*. 2018 Aug 24. doi: 10.1111/ced.13732.