

#AAD2019

Highlights
AEDV

IN 77TH AAD CONGRESS

1-5 MARCH 2019

★ WASHINGTON ★

Scientific Initiative of:



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**Cutaneous manifestations in
systemic disease**
Dra M^a Elena de las Heras Alonso

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**U031 – SKIN & GUTS: INFLAMMATORY BOWEL DISEASE'S
CUTANEOUS MANIFESTATIONS AND ASSOCIATED CONDITIONS
7:30 – 8:30 AM; ROOM 146B**

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- Cutaneous manifestations of IBD (Thrash et al, 2013).
 - Perianal fissure/fistulae (36% Crohn disease, none in UC)
 - Swelling of oral cavity/labia (8,9% CD, none in UC)
 - Metastatic disease (rarely CD, none in UC)
 - Erythema nodosum (4-6% CD, 3% in UC)
 - Pyoderma gangrenosum (0,7% CD, 2% UC)
 - **Oral aphthous ulcers (commonly in both)**
 - Cutaneous polyarteritis nodosa (rarely in both)
 - Epidermolysis bullosa acquisita (commonly in CD, rarely in UC)
- 4 types:
 - Contiguous –oral/perianal
 - Specific/metastatic (Crohn only) – same pathology as GI lesions
 - Reactive – often tracts with disease activity
 - Associated –chronic inflammatory state versus HLA effects
 - **Treatment related – TNF inhibition**

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- Treatment of metastatic Crohn disease (Kurtzman, *JAAD 2014 review*)
 - Topical corticosteroids/top calcineurin inhibitors
 - PO metronidazol for months
 - PO steroids
 - TNF inhibitors/thiopurine
 - Surgery/thalidomide/hyperbaric O2
- Reactive lesions:
 - Erythema nodosum (concomittant ocurrence with pyoderma gangrenosum)
 - Pyoderma gangrenosum: UC > CD (peristomal)
 - Aphthous ulcers (1/3 of pts with IBD)
 - *Epidermolysis bullous acquisita*
 - Sweet syndrome (CD > UC)
- Additional reactive lesions:
 - Cutaneous polyarteritis nodosa
 - Vasculitis (granulomatous/leukocytoclastic)

ASSOCIATED LESIONS: VITILIGO, ECZEMA, ZINC DEFICIENCY, ALOPECIA AREATA, NAIL CLUBBING

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- **Treatment related – TNF inhibition:**
- Psoriasis induced by TNF- α inhibitors: Class effect (*Brown et al. J Am Acad Dermatol 2017; 76 (2): 334-341*): Variable onset, Infliximab > adalimumab, etanercept
 - **Doesn't track with GI activity (40% Crohn patients)**
- TAILS: TNF antagonist induced lupus-like syndrome with positive autoantibodies (ANA can be positive in IBD patients on TNF- α inhibitors without TAILS). Rare reports (UC). W>M
- **Anti-TNF/thiopurines cancer risk:**
- Melanoma and non-melanoma skin cancer in inflammatory bowel disease patients following tumor necrosis factor- α inhibitor monotherapy and in combination with thiopurines: analysis of the Food and Drug Administration Adverse Event Reporting System. *J Gastrointest Liver Dis 2014; 23 (3): 267-71.*
- Risk of melanoma and non-melanoma skin cancer in ulcerative colitis patients treated with thiopurines: a nationwide retrospective cohort. *Am J Gastroenterol 2014; 119 (11): 1781-93.*
Two-fold increase in risk of NMSC. No increased risk of melanoma.

NEED FOR SKIN SURVEILLANCE FOR IBD PATIENTS ON TNF INHIBITORS AND THIOPURINES!!

**S018 – CONSULTATIVE DERMATOLOGY FOR THE HOSPITALIZED
PATIENT
9:00 – 12:00 AM; ROOM 146B**

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- Predictive model for cellulitis:
- 259 pts diagnosed with cellulitis by the ED:
 - **79 (30,5%) diagnosed with pseudocellulitis after a dermatology review.**

• **ALT-70 (JAAD 2017)**

- Asymmetry (3 points)
- Leukocytosis (1 point)
- Tachycardia (1 point)
- Age > 70 (2 points)

• **SCORING**

- 0-2 cellulitis unlikely
- 5-7 cellulitis likely

- Mimickers: stasis dermatoses, deep vein thrombosis, contact dermatitis and gout.
- Infectious ddx in the immunocompetent/immunosuppressed (*Cryptococcus neoformans* can also present with cellulitic plaques, often BILATERAL).

**S018 – CONSULTATIVE DERMATOLOGY FOR THE HOSPITALIZED
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9:00 – 12:00 AM; ROOM 146B**

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- Non infectious ddx of cellulitis
 - Neutrophilic disease
 - Sweet syndrome
 - Giant cellulitis-like Sweet syndrome
 - **Necrotizing neutrophilic diseases treated for necrotizing fasciitis**
 - Metastatic (carcinoma erysipeloides)
 - Radiation recall
 - Gemcitabine (induces pseudocellulitis)
 - Mystery diagnoses: ?
 - Cellulitic plaques on the thighs in overweight or anasarca patients:
 - **ACUTE INFLAMMATORY EDEMA** due to fluid overload, poor lymphatic return and inflammation. Biopsy not necessary! (sent for publication).

SOCIETY FOR DERMATOLOGY HOSPITALISTS: since 2009, now 147 members