
AAD ANNUAL MEETING
AEDV
highlights
SAN DIEGO
8-12 MARZO
#AEDVENAAD2024
AEDV
1909
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

DERMATOLOGÍA PEDIÁTRICA

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

Dermatología Pediátrica (II)

Francisco José Rodríguez Cuadrado

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NO TENGO CONFLICTOS DE INTERESES

Lesiones vasculares

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RIESGO DE STURGE-WEBER EN MANCHAS EN VINO DE OPORTO:

96 pacientes con MVO frontal:

51 segmentaria grande, 45 pequeña

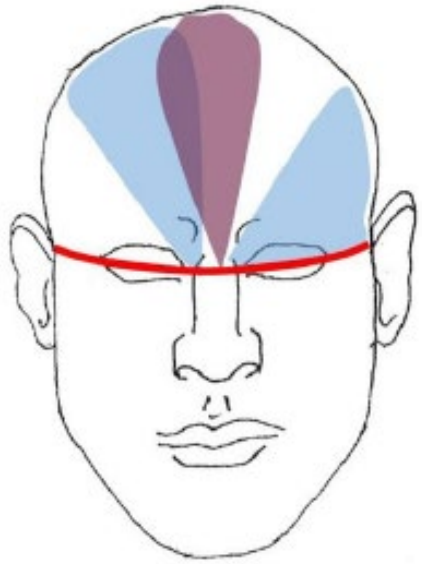
22% presentaron sd. Sturge-Weber

Todos presentaban MVO segmentaria grande

J Am Acad Dermatol. 2020 Oct;83(4):1110-1117. doi: 10.1016/j.jaad.2020.05.017. Epub 2020 May 12.

Forehead location and large segmental pattern of facial port-wine stains predict risk of Sturge-Weber syndrome

Markus D Boos [1], Xiuhua L Bozarth [2], Robert Sidbury [3], Andrew B Cooper [4], Francisco Perez [5], Connie Chon [6], Gabrielle Paras [7], Catherine Amlie-Lefond [2]



Lesiones vasculares

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HEMANGIOMAS INFANTILES DE ALTO RIESGO:

Desfigurantes: Frente, CC, mejilla, labio, oreja, nariz, pecho

Ulceración: Morfología superficial/mixta, > 5 cm, MMSS, segmentarios, raza negra

Infantile and Congenital Hemangiomas: A Checklist Approach For When To Worry & What To Do

Sonal Shah, MD
Associate Professor of Dermatology
Director of Pediatric Dermatology
Rainbow Babies & Children's Hospital
Case Western Reserve University
Department of Dermatology

University Hospitals Rainbow Babies & Children's

School of Medicine Case Western Reserve University

Anomalías sindrómicas: PHACE (fosa posterior, hemangioma, arterias, cardiaco, "eye"), LUMBAR ("lower body hemangioma", urogenital, mielopatía, "bone", anorrectal + arterias, renal)

Riesgo vital: Vía aérea, hemangiomatosis difusa neonatal (HI hepáticos>>otras localizaciones)

* Propranolol dosis baja (< 1 mg/kg/d): Recuperación más rápida de HI ulcerados.

Fernández Faith E, Shah S, Witman PM, Harfmann K, Bradley F, Blei F, Pope E, Alsumait A, Gupta D, Covelli I, Streicher JL, Cotton C, Tollefson M, Nguyen H, Hunt R, Moore-Clingenpeel M, Frieden IJ. Clinical Features, Prognostic Factors, and Treatment Interventions for Ulceration in Patients With Infantile Hemangioma. JAMA Dermatol. 2021 May 1;157(5):566-572.

*  **Propranolol está CI en sd. PHACES** (coartación aórtica, alteraciones cerebrovasculares).

Olsen GM, Hansen LM, Stefanko NS, Mathes E, Puttgen KB, Tollefson MM, Lauren C, Mancini AJ, McCuaig CC, Frieden IJ, Adams D, Baselga E, Chamlin S, Gupta D, Frommelt P, Garzon MC, Horii K, Klajn J, Maheshwari M, Newell B, Nguyen HL, Nopper A, Powell J, Siegel DH, Drolet BA. Evaluating the Safety of Oral Propranolol Therapy in Patients With PHACE Syndrome. JAMA Dermatol. 2020 Feb 1;156(2):186-190.

Lesiones vasculares

TRATAMIENTO DE HEMANGIOMAS INFANTILES - ATENOLOL:

Atenolol 2 mg/ml:

1 mg al día

Similares RAs que propranolol

Considerar en pacientes con broncoespasmo o alteraciones del sueño pese a optimización de propranolol

Lesiones congénitas

HAMARTOMAS – NEVO EPIDÉRMICO "EXTENSO":

Sobrecrecimiento somático:

Sd. relacionado con PIK3CA: MV, sobrecrecimiento lipomatoso

Sd. CHILD: Nevo ictiosiforme + defecto pierna ipsilateral

Facomatosis pigmentoqueratótica: Spilus, Spitz, raquitismo hipofosfatémico

Sd. del nevo epidérmico:

Malformaciones SNC, déficit cognitivo-intelectual, epilepsia

Colobomas, microftalmia

Defectos cardiacos estructurales, arritmias

Alteraciones renales y urinarias

Cifoescoliosis, anomalías de longitud MMII, displasia esquelética

Raquitismo hipofosfatémico

Physical Exam	Systemic Evaluation
❑ Overgrowth	❑ Skin biopsy
❑ Vascular Anomalies	❑ Neurology consultation
❑ Lipomas	❑ Ophthalmology consultation
❑ Ipsilateral limb defect	❑ EKG/ECHO
❑ Nevus spilus	❑ Renal/Bladder ultrasound
	❑ Follow skeletal development
	❑ Phosphate/Alkaline phosphate measurements

Enfermedades inflamatorias

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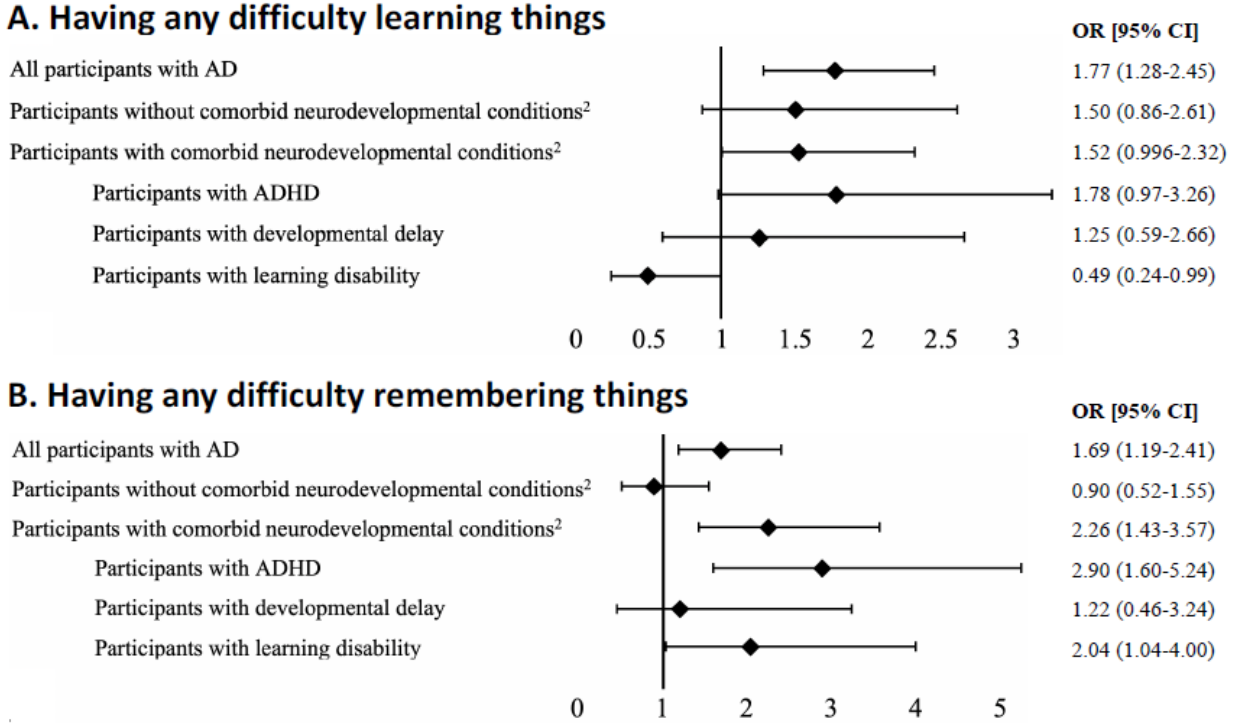
COMORBILIDAD COGNITIVO-PSIQUIÁTRICA EN DERMATITIS ATÓPICA:

Asociación DA-dificultades de aprendizaje y memoria

En análisis por subgrupos, se evidencia asociación DA-alteraciones del neurodesarrollo tipo TDAH

En pacientes con DA sin alteraciones del neurodesarrollo, NO hubo asociación DA-dificultades de aprendizaje y memoria

Figure 1. Adjusted odds of cognitive difficulties among children with AD relative to those without AD, among all participants and stratified by the presence or absence of comorbid neurodevelopmental conditions[1]



[1]All models were adjusted for sex, age, race, ethnicity, highest adult educational attainment, household income-to-poverty ratio, geographic region, insurance status, general health status, history of asthma, history of food allergies, and history of seasonal allergies/hay fever.
[2]Comorbid neurodevelopmental conditions include ADHD, developmental delay, and learning disability.

Enfermedades inflamatorias

OBESIDAD EN HIDRADENITIS SUPURATIVA:

TABLE 1: Differences in Hurley stage in obese vs non-obese patients

Metric	Non-obese n= 55 Mean	Obese n= 74 Mean	P-value
Hurley stage	1.709	1.622	0.675

No significación estadística entre gravedad de HS y obesidad (≠ adultos)

Más uso de biológicos en pacientes con obesidad

Más comorbilidades en pacientes con obesidad (HTA, DL, ansiedad, depresión, SII, etc.)

Metric	Non-obese n= 131 Mean (%)	Obese n= 49 Mean (%)	P-value
Number of patients on biologics	8 (6.1%)	9 (18.4%)	**0.012**
Number of patients on other medications	125 (95.4%)	48 (98.0%)	0.433
Number of patients with a major incision	24 (18.3%)	12 (24.5%)	0.357
Number of patients with laser hair removal	11 (8.4%)	2 (4.1%)	0.319
Number of comorbidities listed in chart	0.832	1.265	**0.050**

Enfermedades inflamatorias

ENFERMEDAD INFLAMATORIA INTESTINAL EN HIDRADENITIS SUPURATIVA:

5.5% con EII (CU>>>EC)

48.6% con síntomas gastrointestinales

Pediatr Dermatol. 2021 Jan;38(1):98-102. doi: 10.1111/pde.14417. Epub 2020 Oct 25.

Prevalence of inflammatory bowel disease among pediatric patients with hidradenitis suppurativa and the potential role of screening with fecal calprotectin

Allison M Lloyd-McLennan [1], Sabina Ali [2], Nicole W Kittler [3]

GS es endoscopia + biopsia.

Alternativa con S 95% y E 91 % > **CALPROTECTINA FECAL**

Enfermedades inflamatorias

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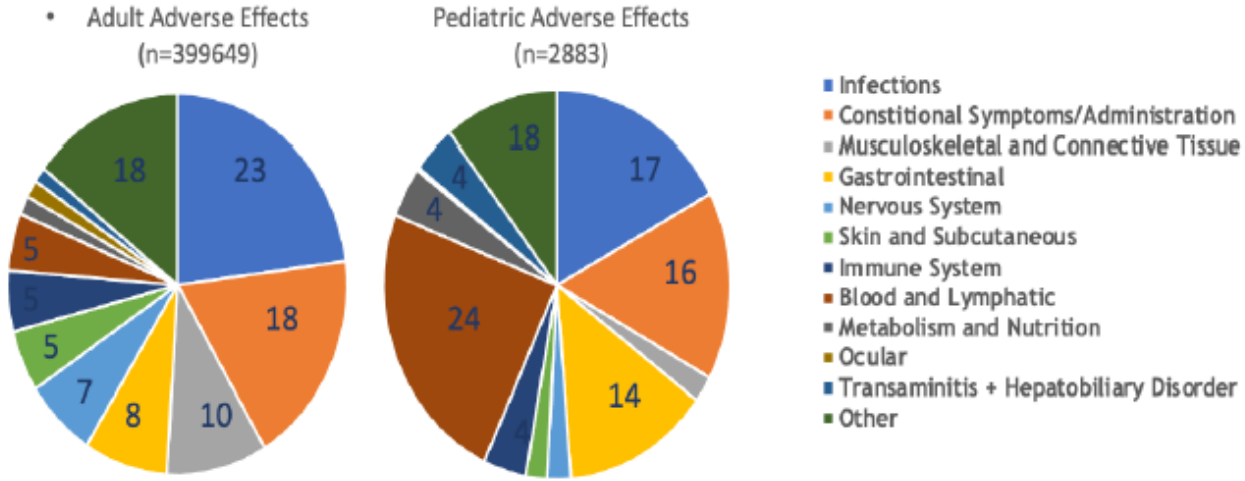
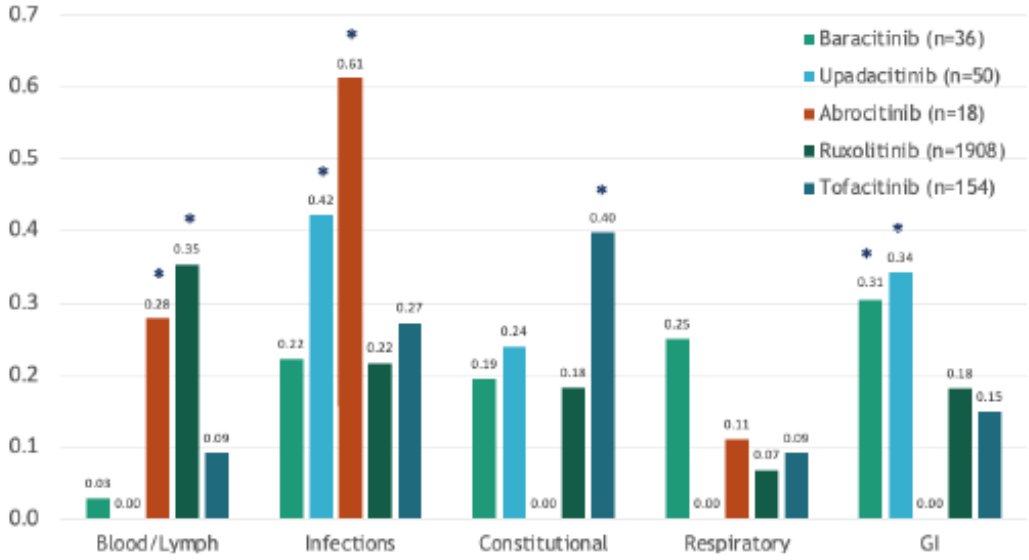
PERFIL DE SEGURIDAD DE iJAK:

Figure 1. Significant Differences in Between Adult (Age >18) and Pediatric (Age <18) Reported Adverse Effects During JAK-I Use



- Pooled data for all JAK-I evaluated
- Adverse effects reported at greater frequency in the pediatric population: 1) Gastrointestinal disorders ($p<0.05$) and 2) Blood and lymphatic disorders ($p<0.05$).
- Adverse effects reported at greater frequency in the adult population: 1) Infection ($p<0.05$), 2) Musculoskeletal and connective tissue disorders ($p<0.05$), 3) Nervous system disorders ($p<0.05$), and 4) Skin and subcutaneous tissue disorders ($p<0.05$).
- Notable adverse effects occuring in both adult and pediatric populations at similar reporting frequency: 1) Respiratory disorders and 2) vascular disorders

Figure 2. Pediatric Adverse Effects Reported During Use of Specific JAK-Inhibitors



- Blood / lymphatic disorders are highly reported for abrocitinib and ruxolitinib
- Infections are highly reported for abrocitinib and upadacitinib
- Tofacitinib has higher reporting of constitutional symptoms
- Baracitinib and upadacitinib have the highest reporting for GI disorders

Enfermedades inflamatorias

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RESUMEN FÁRMACOS APROBADOS POR EDAD:

- **Dermatitis atópica:**

Abrocitinib – 12 a (FDA)

Dupilumab – 6 m (FDA, EMA)

Tralokinumab – 12 a (FDA, EMA)

Upadacitinib – 12 a (FDA, EMA)

- **Psoriasis:**

Etanercept – 4 a (FDA), 6 a (EMA)

Ixekizumab – 6 a (FDA, EMA)

Secukinumab – 6 a (FDA, EMA)

Ustekinumab – 6 a (FDA, EMA)

Adalimumab – 4 a (EMA)

- **Hidradenitis supurativa:**

Adalimumab – 12 a (FDA, EMA)

- **Alopecia areata:**

Ritlecitinib – 12 a (FDA, EMA)

Miscelánea

MANEJO DE QUELOIDES EN POBLACIÓN PEDIÁTRICA:

- **Corticoide intralesional:**

Buena respuesta 78%

Recurrencia 8%

- **Excisión quirúrgica:**

Buena respuesta 80%

Recurrencia 50%

Table 2. Treatment Outcomes and Recurrence Rates by Treatment Method in Pediatric Keloid Patients

Treatment Method	Good Outcome (# of patients)	Bad Outcome (# of patients)	Recurrence (# of patients)	Total # of patients reporting outcome (good or bad)	Total # of patients
Excision	80% (n=32)	20% (n=8)	49.2% (n=29)	40	59
Intralesional Steroids	78.6% (n=22)	21.4% (n=6)	7.7% (n=3)	28	39

¡Corticoide IL como primera opción!

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La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2024.

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GRACIAS