Atopic Dermatitis
and
Other Papulosquamous Diseases

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Eczema

- Atopic dermatitis
- Seborrheic dermatitis
- Contact dermatitis
- Nummular eczema
- Stasis dermatitis

- Allergic
- Irritant
<table>
<thead>
<tr>
<th>Acute</th>
<th>Subacute</th>
<th>Chronic</th>
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<tbody>
<tr>
<td>Erythematous plaque +/- grouped vesicles</td>
<td>Erythematous plaque with scale and crust</td>
<td>Lichenified plaques</td>
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<tr>
<td>Prominent spongiosis</td>
<td>Spongiosis</td>
<td>Minimal spongiosis</td>
</tr>
<tr>
<td>Little acanthosis and hyperkeratosis</td>
<td>Acanthosis and hyperkeratosis</td>
<td>Irregular to psoriasiform epidermal hyperplasia</td>
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Atopic Dermatitis

- Chronic relapsing skin disease
- Most commonly starts before 5 yo
- Pruritus → clinical hallmark often precedes the lesions

- 3 stages:
  - Infantile (2m-2y)
  - Childhood (2-10y)
  - Adult
Infantile

- 60% of AD by age 1, 90% by age 5
- Cheeks, scalp, forehead, neck, wrists, extensor surfaces
- Worsening with immunizations and viral infx
- Can resolve by 2 yrs of age
- Worse in winter months
- Exudative
- Areas affected = areas they can scratch
Childhood

- Less exudative
- Antecubital / popliteal fossae is classic
- Eyelids, face, neck, flexor wrists
- Itch-scratch cycle
- If >50% BSA $\rightarrow$ growth retardation
- Severe AD $\rightarrow$ psychological disturbances
Adolescents and Adults

- Adults → hand eczema may predominate
- Eyelids, nipple also common
- Lichenification and prurigo
- Staph colonization universal
- Worse with stress
- A/W wet work
- R/O contact allergy
Major Features

- Pruritus
- Typical morphology and distribution of skin lesions
- Chronic or chronically relapsing dermatitis
- Personal or family history of atopy
Minor Features

- Xerosis
- **Ichthyosis/palmar hyperlinearity/keratosis pilaris**
- Immediate (type I) skin test
- Elevated serum IgE
- Early age of onset
- Cutaneous infections/impaired cell-mediated immunity
- Tendency toward non-specific hand or foot dermatitis
- Nipple eczema
- Cheilitis
- Recurrent conjunctivitis
- **Dennie–Morgan infraorbital fold**

- Keratoconus
- **Anterior subcapsular cataract**
- Orbital darkening
- Facial pallor
- **Pityriasis alba**
- Anterior neck folds
- Pruritus when sweating
- **Intolerance to wool and lipid solvents**
- Perifollicular accentuation
- Food intolerance
- Environmental/emotional factors
- White dermatographism/delayed blanch
Associated Symptoms

- **Respiratory allergies present in 70% of pts**
  - Most commonly dust mites, molds, pet dander, pollen

- **Wheezing/asthma**

- **Food allergies (40%)**
  - Milk, eggs, peanuts, soy, wheat, shellfish

- **80% of pts with infantile AD will develop seasonal allergies or asthma**
### Common Eczema Triggers

<table>
<thead>
<tr>
<th>Irritants</th>
<th>Allergens</th>
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| - Soaps, detergents  
- Disinfectants (chlorine)  
- Contact with:  
  - Juices from fresh fruits, meats, vegetables  
  - Chemicals, fumes on the job | - House dust mites  
- Pets (cats > dogs)  
- Pollens (seasonal)  
- Molds  
- Dandruff |

<table>
<thead>
<tr>
<th>Microbes</th>
<th>Others</th>
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| - Certain bacteria *(Staphylococcus aureus)*  
- Viruses  
- Certain fungi | - Hot or cold temperatures  
  - Heat  
  - Humidity  
  - Perspiration from exercising  
- Foods  
- Stress  
- Hormones |
The cytokine profile of early atopic dermatitis is similar to the following condition:

- A. Psoriasis
- B. Lepromatous leprosy
- C. Tuberculoid leprosy
- D. Allergic Contact dermatitis
The cytokine profile of early atopic dermatitis is similar to the following condition:

- A. Psoriasis

- **B. Lepromatous leprosy**

- C. Tuberculoid leprosy

- D. Allergic Contact dermatitis
Immunologic

Early
- Th2 response
  - IL-4
  - IL-5
  - IL-10
  - IL-13

Chronic
- Th1 response
  - IL-2
  - IFN-γ
  - TNF-β
  - IL-12
  - IL-18
<table>
<thead>
<tr>
<th>Th1</th>
<th>Th2</th>
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<tbody>
<tr>
<td>• Atopic dermatitis (chronic)</td>
<td>• Atopic dermatitis (early)</td>
</tr>
<tr>
<td>• Psoriasis</td>
<td>• CTCL</td>
</tr>
<tr>
<td>• ACD</td>
<td>• Lepromaotus leprosy</td>
</tr>
<tr>
<td>• Tuberculoid leprosy</td>
<td>• Disseminated cutaneous leishmaniasis</td>
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<tr>
<td>• Cutaneous leishmaniasis</td>
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Early Atopic Dermatitis

- Th-2 predominance
  - IL-4, IL-5, IL-10, IL-13
  - IL-4 $\rightarrow$ downregulates IFN-γ
  - IL-4 and IL-5 $\rightarrow$ ↑IgE and eosinophilia
  - IL-10 $\rightarrow$ inhibits delayed type hypersensitivity
The following cytokines are increased in early Atopic Dermatitis, except:

- A. IL-4
- B. IFN-γ
- C. IL-13
- D. PGE2 (Prostaglandin E2)
- E. B and D
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- A. IL-4
- B. IFN-γ
- C. IL-13
- D. PGE2 (Prostaglandin E2)
- E. B and D
Skin barrier function

- Defective skin barrier
  - ↓ Filaggrin
  - ↓ Ceramides
  - ↑ Proteases

Results in
- ↑ Allergen absorption
- ↑ Transepidermal water loss
- ↑ Microbial colonization
Genetics

- Risk of atopy with atopic parents
  - 1 parent $\rightarrow >25\%$
  - 2 parents $\rightarrow 79\%$

- Stronger association between siblings than parents

- Higher risk with maternal rather than paternal atopy

- Mutations in filaggrin
The following is an ophthalmologic complication associated with Atopic Dermatitis?

- A. Anterior subcapsular cataracts
- B. Pinguecula
- C. Recurrent styes
- D. Uveitis
The following is an ophthalmologic complication associated with Atopic Dermatitis?

- A. Anterior subcapsular cataracts
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Ophthalmologic abnormalities

- Cataracts → 10% of patients with AD
  - Anterior → Atopic
  - Posterior → Atopic and Glucocorticoids (Prednisone)

- Eyelid dermatitis
- Chronic blepharitis
- Keratoconus
Cutaneous / vascular stigmata

What is this sign?
Hertoghe’s sign
Cutaneous / vascular stigmata
- Dennie-Morgan folds
  - darkening under the eyes
Cutaneous / vascular stigmata
Cutaneous / vascular stigmata

Dirty neck

- hyperkeratosis and hyperpigmentation
Cutaneous / vascular stigmata

White dermatographism
Cutaneous / vascular stigmata
Keratosis Punctata
Hyperlinear palms
Pityriasis alba
Keratosis Pilaris
Lichenification
Susceptibility to Infection

- > 90% chronic lesions have *Staph aureus*
- Secondary infection should be considered with flares
- Treat carriers in the family
- MRSA

**Tx:**
- Bleach baths
- Bactroban
- Oral antibiotics
Eczema herpeticum
Viral infections

- Pts with AD are more prone to viral infections
  - Verruca
  - Molluscum
  - HSV

- Eczema vaccinatum
  - Severe, generalized eruption
  - Smallpox vaccination or contact with vaccinated person
Treatment

Education

Allergen Avoidance

Barrier Protection
Treatment

**Pruritus**
- Hydroxyzine
- Benadryl
- Ice
- Menthol

**Infection**
- Bactroban
- Beach Baths
- Hibiclens
- Oral antibiotics

**Inflammation**
- Topical steroids
- Topical TCIs
- Tar
- Phototherapy
- Immunomodulators
Regional Eczemas
Ear eczema

- **Sites**
  - Most frequently external auditory canal
    - Often manifestation of Seb derm or ACD
  - Helix and postauricular fold also commonly affected
  - Earlobe ➔ nickel allergy
  - Infections
    - Staph, Strep, Pseudomonas
Eyelid dermatitis

- Atopic dermatitis
  - Both upper and lower eyelids
- Allergic contact dermatitis
  - Upper eyelids
  - Volatile substances, tosylamide, epoxy hardeners, insect sprays, lemon peel
Nipple dermatitis

- Atopic dermatitis
- Allergic/irritant contact dermatitis
- Paget’s disease
- Nevvoid hyperkeratosis of the nipples
- Candida/ Bacteria
  - Source may be breastfeeding infant
Hand Eczema

- Many potential causes
  - ACD
  - ICD
  - AD
  - Dyshidrosis

- Multiple clinical presentations

- Biopsy not always definitive

- Major occupational problem
  - 80% of all occupational dermatoses
Pompholyx
(Acute Vesiculobullous Hand Dermatitis)

- Deep seated vesicles
- Palm and lateral fingers
- Symmetrical
- Pruritus
- Hyperhidrosis is common
- Chronic: hyperkeratotic, scaly, fissuring
- Rule out bullous tinea or id reaction
Hyperkeratotic hand dermatitis

- Middle age – elderly men
- Hyperkeratotic fissure prone areas in middle of palm
- Must also consider psoriasis
- Very refractory to treatment
Id Reaction

- Response to inflammatory process
  - Often tinea pedis
- Lateral fingers and palms
- Pruritic
- Treat underlying infection
The following is true about this condition:

A. 2 peaks of incidence: childhood and elderly
B. Exacerbated by a dry environment
C. Topical steroids are of limited value
D. Usually not associated with atopy
The following is true about this condition:

A. 2 peaks of incidence: childhood and elderly
B. Exacerbated by a dry environment
C. **Topical steroids are of limited value**
D. Usually not associated with atopy
Juvenile Plantar Dermatosis

- Seen from 3 yo – puberty
- More common in atopic children
- Symmetrical smooth, glazed, erythematous patches
- Weight-bearing and frictional areas
- Forefoot > heel; toeweb spared

Cause
- Repeated maceration by occlusive shoes

Tx
- Avoidance of maceration
- Topical steroids no better than barrier protection
Nummular Eczema

- Discrete coin shaped lesions
- VERY pruritic
- Usually on lower legs and extensor surface of arms
- Atopic dermatitis often nummular in adolescents
- Treatment responsive
Wiskott-Aldrich Syndrome

- X-linked recessive --- wAitEr
- Defect $\rightarrow$ WASP on short arm of X chromosome which controls assembly of actin filaments
- Triad:
  1. Eczematous dermatitis
  2. Recurrent infx
  3. Purpura
- Increased IgA, IgE and variable IgM
- Death usually by age 15 – infection, bleeding, lymphoma
- Lymphoma develops in 25% of pts who survive past childhood
- A/W autoimmune disease
Hyper IgE Syndrome

- AD – STAT 3 mutation
- AR – DOCK8, TYK2
- Begins by 2 months of age
- Eczematous dermatitis
- Coarse facies with broad nasal bridge
- Retention of primary teeth
- Recurrent infx
  - Deep seated Staph infx
  - Pneumonias $\rightarrow$ bronchiectasis, pneumatoceles
  - Candida
- Arterial aneurysms: chiari 1 mal, coronary vasc abnormal $\rightarrow$ MIs
- $\uparrow$ IgE and IgD (>2,000 IU/ml)
- Eosinophilia
- Increased risk for lymphoma
- Job Syndrome or Buckley’s syndrome – AD HIES
Chronic Granulomatous Disease

- ¾ of cases are X linked recessive, others AR
- Defects in the subunits of NADPH-oxidase complex
  - CYBB gene, impaired superoxide production
- Decreased ability to destroy catalase + organisms
  - Staph, Serratia, E.coli, Apergillus, Candida, Listeria, Pseudomonas
- Staph aureus infections and abscesses are hallmark
  - Bones, skin, liver, lung
- Seb derm like eruption and aphthae
- Gingivostatmtis (apthouslike ulcerations)
- Nitro blue tetrazolium test
  - Low reduction to blue formazan
- Carriers: DLE like skin eruption, SLE
  - like systemic symptoms
- Survival not increase with BMT
Seborrheic dermatitis

- Erythematous, greasy, scaly plaques
  - Scalp, ears, face, chest, intertriginous areas
  - Often pruritic
- Two age peaks
  - first 3 mo of life
  - 4th-7th decades
- Generalized, erythrodermic forms
Seborrheic dermatitis

- Pathogenesis unknown, but proposed:
  - Malesseia furfur (Pityrosporum ovale) – lipophilic yeast
  - Increased sebum secretion
  - Abnl sebum composition
  - Drugs: arsenic, gold, methyldopa, cimetidine, neuroleptics

- Associated diseases:
  - Parkinson’s disease
  - Epilepsy
  - Increased incidence & severity in HIV +
Subsets

- **Pityriasis sicca**: dandruff
- **Pityriasis steatoides**: oily seb derm
- **Cradle cap**: scalp of infants
- **Marginal blepharitis**: edge of the eyelids
- **Sebopsoriasis**: psoriasis & seb derm overlap
- **Erythroderma desquamativum**: generalized exfoliative erythroderma with sudden confluence of lesions as a complication of seb derm in infants
  - AKA: Leiner’s disease
  - Familial form: functional deficiency of C5
Treatment

- Low potency topical steroids
  - Watch for steroid rosacea
- Topical antifungals (esp imidazoles)
- Topical calcineurin inhibitors
- Selenium sulfide
- Vitamin D3 analogs
- Low-dose isotretinoin
Psoriasis

- Affects ~2% of Americans
- Polygenic predisposition + triggering environmental factors
- Well-demarcated, usu symmetric, erythematous papules & plaques with white scale
  - Scalp, elbows, knees, hands, feet, trunk, nails
  - Erythrodermic & pustular forms
- Psoriatic arthritis in 10-25% pts
  - Joint sx before 4th decade
  - H/o warm, swollen joints
Pathogenesis

- **Hyperproliferation of keratinocytes**
  - T-cell and cytokine mediated

- **Overexpression of type-1 cytokines**
  - IL-2, IL-6, IL-8, IL-12
  - IFN-γ, TNF-α

- **Streptococci**
  - β–hemolytic streptococci of Lancefield groups A, C, and G can cause exacerbation of chronic plaque psoriasis
  - Guttate psoriasis

- **Stress**
Psoriasis – Clinical Patterns

- **Chronic plaque psoriasis**: MC form seen in 90% pts, stable lesions of trunk & extremities
- **Guttate psoriasis**: lesions 0.5-1.5cm
  - Strep inf often precedes
- **Small plaque psoriasis**: lesions 1-2 cm, thicker & scalier than guttate
- **Inverse psoriasis**: intertriginous areas, scaling often absent
- **Erythrodermic psoriasis**: prominent erythema, superficial scale
- **Pustular psoriasis**:
  - Generalized - von Zumbusch type
  - Localized – Pustulosis palmaris et plantaris & Acrodermatitis continua of Hallopeau
Psoriasis – Clinical Patterns

- **Psoriasis ostracea**: thick plaques w/ tough lamellar scales like the outside of an oyster shell
- **Psoriasis follicularis**: tiny scaly lesions @ follicular orifices
- **Psoriasis figurata / annulata / gyrata**: curved linear patterns produced by central involution
- **Napkin psoriasis**: onset usu 3-6 mo, diaper area, readily responsive to treatment, usu resolves by 1 yo
Generalized pustular psoriasis (von Zumbusch)

- H/o plaque psoriasis and often psoriatic arthritis
- Ill-appearing
  - Fever, erythroderma, hypocalcemia, cachexia
- Sudden onset
  - Flexural erythema → generalizes and pustules appear
  - Lakes of pus periungually, palms, and at the edge of psoriatic plaques
  - Mucous membrane lesions
    - Lips red & scaly
    - Superficial ulcers
    - Geographic tongue
Generalized pustular psoriasis (von Zumbusch)

- **Causes**
  - Withdrawal of systemic corticosteroids
  - Iodides, coal tar, terbinafine, minocycline, hydroxychloroquine, acetazolamide, salicylates

- **Treatment**
  - Acitretin is the drug of choice (rapid response)
  - Isotretinoin, cyclosporine, methotrexate, biologics, dapsone
Impetigo herpetiformis

- Generalized pustular psoriasis of pregnancy

- Flexural erythema, studded with pustules, followed by generalized pustular flare

- Treatment
  - Many patients only respond to delivery
  - Prednisone 1 mg/kg/day ****
  - May contribute to neonatal lung maturity
Psoriasis: Additional Findings

- Nail changes: 40% pts
  - Pits – most common, fingers > toes
  - Subungual hyperkeratosis
  - Oil spots, salmon patches – nearly specific
  - Splinter hemorrhages
  - Onycholysis
- Geographic tongue
- Psoriatic arthritis
Psoriatic arthritis

- 10-25% of psoriasis pts
- Nearly 50% HLA-B27
- 5 clinical patterns
  - Asymmetric oligoarthritis or polyarthritis with swelling and tenosynovitis of one or a few hand joints (70%)
  - Asymmetrical distal interphalangeal joint involvement with nail damage (16%)
  - Arthritis mutilans with osteolysis of phalanges and metacarpals (5%)
  - Symmetrical polyarthritis-like rheumatoid arthritis, with claw hands (15%)
  - Ankylosing spondylitis alone or with peripheral arthritis (5%)
Drug-induced psoriasis

- PLAN-B
  - Prednisone taper, Lithium, Antimalarials, Beta-blockers
- Terbinafine
- Calcium-channel blockers
- Captopril
- Glyburide
- Granulocyte colony-simulating factor (G-CSF)
- ILs
- IFNs
- Lipid lowering drugs
- anti-TNFs
Psoriasis Treatment

- Topical
- Light
- Systemic
Topical Tx

- Corticosteroids
- Tar
- Anthralin
- Tazarotene
- Calcipotriene
- Calcineurin inhibitors
- Salicylic acid
Light Tx

- NB-UVB is more effective than BB-UVB
  - Efficacy close to that of PUVA

- Eximer laser

- PUVA
  - Increase risk of SCC and melanoma
More elaborate techniques

- **Goeckerman technique**
  - 2-5% tar applied & tar bath taken at least 1x/day
  - Excess tar removed with mineral oil
  - Then, UV light
  - +/- topical corticosteroids

- **Psoriasis day-care centers**
  - Patients clear in average of 18 days
  - 75% remain free of disease for extended periods
More elaborate techniques

- Ingram technique
  - Daily coal tar bath
  - Followed by daily UV light
  - Anthralin paste
  - Talcum powder
  - Stockinette dressings
Systemic tx

- Corticosteroids
  - Only in impetigo herpetiformis when the mother cannot deliver
  - Can cause rebound or pustular psoriasis
- Methotrexate
  - Psoriatic arthritis
- Cyclosporine
  - Fast-acting
  - Erythrodermic psoriasis
- Retinoids
  - Acitretin
Systemic Tx

- Anti-TNFs
  - All treat psoriatic arthritis
    - Infliximab (Remicade)
    - Etanercept (Enbrel)
    - Adalimumab (Humira)

- Others
  - Alefacept (Amevive)
Reactive Arthritis = Reiter syndrome

- **Trigger: GI/GU infection**
  - Chlamydia, Shigella, Salmonella, Yersinia, Campylobacter, Ureaplasma, Borrelia, Cryptosporidium, gonococci

- **Young men 20-40yo**
  - HLA-B27 predisposes

- **Usu resolve spontaneously w/i 12 mo**
  - 50% may experience recurrence
Reactive Arthritis

- **Triad**
  - **Urethritis**
    - Bacterial or nonbacterial
  - **Conjunctivitis**
    - Also keratitis, iritis
  - **Arthritis**
    - Asymmetric, sudden onset
    - Peripheral joints: knee, ankle, metatarsophalangeal
    - Sacroiliitis
Skin findings

- Psoriasiform lesions in 1/3
- Hyperkeratotic, thick crust
  - Keratoderma blenorrhagicum - soles
  - Balanitis circinata - glans penis
- Mucosa: painless, shallow, red erosions
  - Buccal, palatal, & lingual mucosa
Reactive Arthritis - Treatment

- Tx skin disease as psoriasis
- Rest
- NSAIDS
- Systemic corticosteroids
- Sulfasalazine
- Infliximab
- Methotrexate
- ABX – tx acute GU infection
Subcorneal pustular dermatosis = Sneddon-Wilkinson disease

- Middle-aged women
- Superficial pustules
  - Annular & serpiginous patterns
  - Abdomen, axillae, groin
  - Pustules are sterile
  - Relapsing and remitting course
- Associated with IgA monoclonal gammopathy
- Treatment
  - Dapsone
  - Sulfapyridine
Eosinophilic pustular folliculitis

- Follicular papules & pustules
  - head, trunk, ext
- Assoc with peripheral eosinophilia
- Tends to be chronic w/ recurrences
  - NOT eosinophilic pustular folliculitis of inf
Eosinophilic pustular folliculitis

- 3 clinical types:
  - Classic (Ofugi disease):
    - Japanese men, pustules in seb distribution
  - Assoc w/ immunosuppression:
    - HIV +, severely pruritic papules on face & upper trunk
  - Infancy / Neonatal period:
    - Follicular pustules on scalp
Eosinophilic pustular folliculitis

- **Treatment:**
  - topical steroids
  - NSAIDs, esp indomethacin

- Clinical improvement assoc with decrease in eosinophilia
Pustular Eruptions of Palms & Soles

- Palmoplantar pustulosis
- Acrodermatitis Continua (Hallopeau)
- Infantile acropustulosis
Palmoplantar pustulosis

- Chronic, sterile pustule formation
- High rate of recurrence
- Often resistant to tx
- 3:1 Females, ages 20-60yo
- Assoc: smoking, thyroid, H. pylori, anxiety
- no increased freq of psoriasis-linked genes
- SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, osteitis)
Palmoplantar pustulosis

- Acitretin
- Potent topical steroids, topical retinoids
- Vitamin D3 analogues
- Cyclosporine, MTX
- Bath PUVA
- Grenz ray therapy: produced at low kilovoltages, therefore very low penetration (absorbed within the first 2 mm of skin). Appears to reduce Langerhans cell numbers, producing an anti-inflammatory effect.
Acrodermatitis Continua (Hallopeau)

- Rare, sterile pustular eruption
  - begins distally, spreads proximally
  - continuous pustulation $\rightarrow$ nail destruction, atrophy of distal phalanx
- Can be associated w/ generalized pustular psoriasis (von Zumbusch)
- Tx same as for palmoplantar pustulosis
  - caution w/ potent topical steroids if already signs of atrophy
Infantile Acropustulosis

- Less than 10 months of age
- Intensely pruritic
  - Pustules at the edges of the palms & soles
- Histology
  - Subcorneal pustule with neutrophils
  - Eosinophils may be numerous
- Treatment
  - Topical corticosteroids
  - Dapsone
Small Plaque Parapsoriasis

- Hyperpigmented or yellowish red scaling patches on trunk
- 1-5cm
- Male > Female, peak incidence in 5th decade
- Digitate variant – follows cleavage lines
- Rarely progresses to CTCL without treatment
  - LPP: 10%/decade progress to overt MF

Tx:

- Phototherapy: UVB or NBUVB (usually refractory to topicals alone)
Confluent and Reticulated Papillomatosis (Gougerot and Carteaud)

- Acquired ichthyosiform dermatosis
- Young adults
- Persistent brown, scaly macules, papules, plaques
  - Neck, upper trunk, axillae
  - Confluent centrally, reticulated at periphery

Tx:
- Topical: keratolytics, retinoids, vit D derivatives
- First line: Minocycline 100mg bid x 6 weeks
- Also clarithromycin, erythromycin, azithromycin
  - suggests abnl response to infection or inflammation
Pityriasis Rosea

- Salmon-colored papules & macules with dry, crinkled epidermis → desquamates leaving collarette of scale
- Herald patch, “hanging curtain” sign
- Spring & Fall, Females, Papular PR: kids <5y, esp in AA

ETIOLOGY: HHV-6, -7

Tx:
- self-limited (3-8 weeks)
- topical steroids / UVB / erythromycin
Pityriasis Rubra Pilaris

- Follicular red-brown papules w/ central horny plug, yellowish-pink scaling patches, confluent palmoplantar hyperkeratosis
- Scalp, lateral neck & trunk, extensor ext, w/ “islands of sparing”
- Bimodal (before 5y & in 50s)
- HIV patients: PRP + acne conglobata, hidradenitis suppurativa, or lichen spinulosis

HISTO: hyperkeratosis, follicular plugging, checkerboard para at the follicular orifice

Tx: systemic retinoids, MTX, topical lactic acid/urea
Aquagenic Wrinkling of the Palms

- white papules w/ central pore 3-5 min after water exposure

- ? AD

- assoc with CF
Exfoliative Dermatitis = Erythroderma

- Diffuse scarlet erythema w/ small laminated scales, exfoliation
- Pruritis, fever/chills, secondary infection & sepsis
- 7% mortality

ETIOLOGY:
- pre-existing chronic dermatoses (psoriasis, atopic derm), drug, malignancy, PF, Norwegian scabies, generalized dermatophytosis, immunodeficiency (kids)

HISTO: often non-specific, may retain features of primary disease process (MF, psoriasis)

Tx: topical mid-potency steroids, IV steroids, antibiotics, cyclosporine
References


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- Systemic Agents for the Treatment of Atopic Dermatitis. Arash Akhavan-Donald Rudikoff - Atopic Dermatitis and Eczematous Disorders - 2013
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