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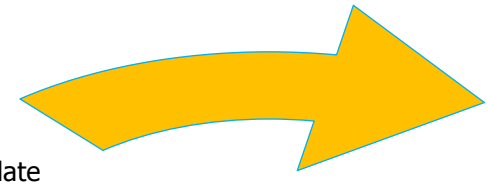

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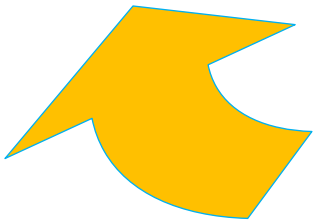
DERMATOLOGY UPDATE 4: Summer 2017



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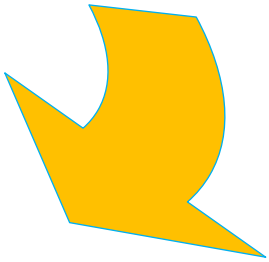

Welcome to the latest copy of this Update. The aims of this publication are:

- To bring together a range of recently-published research reports, articles and electronic resources to help all staff keep up-to-date with research and practice.
- To remind readers of the services available from the Library and Knowledge Service – we can supply you with 1:1 or small group training in evidence searching skills; obtain full-text articles for you; or provide you with an evidence search service to help you with your evidence based practice, patient care, decision making and research.
- To respond to your information needs – if you have any suggestions on the type of information sources you would find helpful in future editions of the Update, then please let us know.

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If you work in the **community**: Steve Collman (Community Outreach Librarian) steve.collman@nhs.net , or phone ext. 1547

Accessing Articles

The following abstracts are taken from a selection of recently published articles.
If the article is available electronically, this is noted in the Abstract. [Press CTRL-click to open the link. You will need to be registered for OpenAthens (see above) to be able to access the full text.]
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Contents

Articles

Healthcare Database – A selection of articles found in Medline database
(published: January 2017 – July 2017)

Items ordered with the most recent first

1. The effect of statins on severity of psoriasis: A systematic review.

Author(s): Ramessur, Ravi; Gill, Dipender

Source: Indian journal of dermatology, venereology and leprology; 2017; vol. 83 (no. 2); p. 154-161

Publication Date: 2017

Publication Type(s): Journal Article Review

PubMedID: 27549870

Available in full text at Indian journal of dermatology, venereology and leprology [Indian J Dermatol Venereol Leprol] NLMUID: 7701852 - from EBSCOhost

Available in full text at Indian Journal of Dermatology, Venereology and Leprology - from ProQuest

Available in full text at Indian Journal of Dermatology, Venereology & Leprology - from EBSCOhost

Abstract: BACKGROUND Psoriasis is becoming increasingly recognized as a chronic systemic inflammatory disease. Statins are generally well-tolerated drugs with pleiotropic effects including decreasing inflammation and may have the potential to reduce psoriasis severity. AIMS To examine whether oral statins reduce the severity of psoriatic skin disease. METHODS We searched MEDLINE, EMBASE and adapted for Google Scholar, Cochrane Central Register for Controlled Trials and Clinical trials.gov to January 6, 2016. We primarily examined randomized controlled trials that assessed the change in PASI score over a follow-up period of at least 8 weeks, for participants with an established diagnosis of psoriasis taking an oral statin versus placebo or other active treatment. Beyond this, we also examined other interventional studies that investigated the effect of statins on psoriasis severity using other designs. We extracted efficacy and adverse event data. The two study authors examined issues of study quality and study inclusion independently. RESULTS Three studies were identified which measured the change in psoriasis severity using PASI, comparing statin with placebo or standard therapy alone in a prospective, randomized study design; these showed conflicting results. However, among the excluded studies, majority of which used a single arm, non-placebo controlled study design, most showed an improvement in PASI scores after statin use. LIMITATIONS Included studies were of limited sample size and quality. They were not amenable to pooled analysis. CONCLUSIONS This review highlights the paucity of high quality, randomized, double-blinded, placebo-controlled trials investigating the effects of statins on psoriasis severity using clinically objective measures. There is insufficient evidence that the use of oral statins as an adjunctive therapy can reduce the severity of psoriasis.

Database: Medline

2. Management of chronic spontaneous urticaria in routine clinical practice: A Delphi-method questionnaire among specialists to test agreement with current European guidelines statements.

Author(s): Giménez-Arnau, A; Ferrer, M; Bartra, J; Jáuregui, I; Labrador-Horrillo, M; Frutos, J Ortiz de; Silvestre, J F; Sastre, J; Velasco, M; Valero, A

Source: Allergologia et immunopathologia; 2017; vol. 45 (no. 2); p. 134-144

Publication Date: 2017

Publication Type(s): Journal Article

PubMedID: 28029407

Abstract: BACKGROUND Chronic spontaneous urticaria (CSU) is a frequent clinical entity that often presents a diagnostic and therapeutic challenge. OBJECTIVE To explore the degree of agreement that exists among the experts caring for patients with CSU diagnosis, evaluation, and management. METHODS An online survey was conducted to explore the opinions of experts in CSU, address controversial issues, and provide recommendations regarding its definition, natural history, diagnosis, and treatment. A modified Delphi method was used for the consensus. RESULTS The questionnaire was answered by 68 experts (dermatologists, allergologists, and primary care physicians). A consensus was reached on 54 of the 65 items posed (96.4%). The experts concluded that CSU is a difficult-to-control disease of unpredictable evolution. Diagnostic tests should be limited and based on clinical history and should not be indiscriminate. Autoinflammatory syndromes and urticarial vasculitis must be ruled out in the differential diagnosis. A cutaneous biopsy is only recommended when wheals last more than 24h, to rule out urticarial vasculitis. The use of specific scales to assess the severity of the disease and the quality of life is recommended. In patients with severe and resistant CSU, second-generation H1-antihistamines could be used at doses up to four times the standard dose before giving second-line treatments. Omalizumab is a safe and effective treatment for CSU that is refractory to H1-antihistamines treatment. In general, diagnosis and treatment recommendations given for adults could be extrapolated to children.CONCLUSIONSThis work offers consensus recommendations that may be useful in the management of CSU.

Database: Medline

3. Creation of an Internal Teledermatology Store-and-Forward System in an Existing Electronic Health Record: A Pilot Study in a Safety-Net Public Health and Hospital System.

Author(s): Carter, Zachary A; Goldman, Shauna; Anderson, Kristen; Li, Xiaxiao; Hynan, Linda S; Chong, Benjamin F; Dominguez, Arturo R

Source: JAMA dermatology; Jul 2017; vol. 153 (no. 7); p. 644-650

Publication Date: Jul 2017

Publication Type(s): Journal Article Validation Studies

PubMedID: 28423156

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: Importance External store-and-forward (SAF) teledermatology systems operate separately from the primary health record and have many limitations, including care fragmentation, inadequate communication among clinicians, and privacy and security concerns, among others. Development of internal SAF workflows within existing electronic health records (EHRs) should be the standard for large health care organizations for delivering high-quality dermatologic care, improving access, and capturing other telemedicine benchmark data. Epic EHR software (Epic Systems Corporation) is currently one of the most widely used EHR system in the United States, and development of a successful SAF workflow within it is needed. ObjectivesTo develop an SAF teledermatology workflow

within the Epic system, the existing EHR system of Parkland Health and Hospital System (Dallas, Texas), assess its effectiveness in improving access to care, and validate its reliability; and to evaluate the system's ability to capture meaningful outcomes. Design, Setting, and Participants Electronic consults were independently evaluated by 2 board-certified dermatologists, who provided diagnoses and treatment plans to primary care physicians (PCPs). Results were compared with in-person referrals from May to December 2013 from the same clinic (a community outpatient clinic in a safety-net public hospital system). Patients were those 18 years or older with dermatologic complaints who would have otherwise been referred to dermatology clinic. Main Outcomes and Measures Median time to evaluation; percentage of patients evaluated by a dermatologist through either teledermatology or in-person compared with the previous year. Results Seventy-nine teledermatology consults were placed by 6 PCPs from an outpatient clinic between May and December 2014; 57 (74%) were female and their mean (SD) age was 47.0 (12.4) years. Teledermatology reduced median time to evaluation from 70.0 days (interquartile range [IQR], 33.25-83.0 days) to 0.5 days (IQR, 0.172-0.94 days) and median time to treatment from 73.5 to 3.0 days compared with in-person dermatology visits. Overall, a greater percentage of patients (120 of 144 [83.3%]) were evaluated by a dermatologist through either teledermatology or in-person during the 2014 study period compared with the previous year (111 of 173 [64.2%]). Primary care physicians followed management recommendations 93% of the time. Conclusions and RelevanceEpic-based SAF teledermatology can improve access to dermatologic care in a public safety-net hospital setting. We hope that the system will serve as a model for other health care organizations wanting to create SAF teledermatology workflows within the Epic EHR system.

Database: Medline

4. Clinical Characteristics and Outcomes of Patients With Cellulitis Requiring Intensive Care.

Author(s): Cranendonk, Duncan R; van Vught, Lonneke A; Wiewel, Maryse A; Cremer, Olaf L; Horn, Janneke; Bonten, Marc J; Schultz, Marcus J; van der Poll, Tom; Wiersinga, W Joost

Source: JAMA dermatology; Jun 2017; vol. 153 (no. 6); p. 578-582

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 28296993

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: Importance Cellulitis is a commonly occurring skin and soft tissue infection and one of the most frequently seen dermatological diseases in the intensive care unit (ICU). However, clinical characteristics of patients with cellulitis requiring intensive care treatment are poorly defined. Necrotizing fasciitis is often confused for cellulitis at initial presentation and is considered to be more severe and thus has previously been described in more detail. Objective To describe the clinical presentation and outcomes of patients with ICU-necessitating cellulitis and to compare them with patients with necrotizing fasciitis. Design, Setting, and Participants This prospective cohort study includes all ICU admissions from 2 tertiary hospitals in the Netherlands. Of 2562 sepsis admissions, 101 had possible, probable, or definite cellulitis or soft tissue infections. Retrospective review identified severe cellulitis was the reason for ICU admission in 23 patients, necrotizing fasciitis in 31 patients, and other diagnoses in 47 patients. Main Outcomes and Measures Patient and disease characteristics, cultured pathogens, lengths of stay, and short-term and long-term mortality. Results Overall, 54 patients with cellulitis (n = 23; mean [SD] age, 57.2 [17.7] years) or necrotizing fasciitis (n = 31; mean [SD] age, 54.3 [13.5]) were included in this study. Patients with

cellulitis were found to be less severely ill than patients with necrotizing fasciitis. This is reflected in rates of shock (7 [30.4%] vs 19 [61.3%]; P = .03), need for mechanical ventilation (12 [52.2%] vs 19 [93.5%]; P = .003) and slightly lower mean Sequential Organ Failure Assessment scores (8 vs 10; P = .046). Median (interquartile range [IQR]) Acute Physiology and Chronic Health Evaluation IV scores did not differ significantly (82 [75-98] vs 76 [70-96]; P = .16). Patients with cellulitis had more chronic comorbidities than patients with necrotizing fasciitis (20 [87.0%] vs 17 [54.8%]; P = .02), especially cardiovascular insufficiencies (10 [43.5%] vs 4 [12.9%]; P = .02) and immunodeficiencies (9 [39.1%] vs 3 [9.7%]; P = .02). Among patients with cellulitis and patients with patients with necrotizing fasciitis, Staphylococcus aureus (10 [43.5%] vs 4 [12.9%]; P = .02), Streptococcus pyogenes (2 [8.7%] vs 19 [61.3%]; P .99) and 90-day mortality rate (30.4% vs 22.6%; P = .54) were similar. Conclusions and Relevance Patients with cellulitis patients are seldom admitted to the ICU. However, while these patients are less critically ill on admission than patients with necrotizing fasciitis, they have more chronic comorbidities and most notably similar short-term and long-term mortality. Trial Registrationclinicaltrials.gov Identifier: NCT01905033.

Database: Medline

5. Assessment of major comorbidities in adults with atopic dermatitis using the Charlson comorbidity index.

Author(s): Thyssen, Jacob P; Skov, Lone; Hamann, Carsten R; Gislason, Gunnar H; Egeberg, Alexander

Source: Journal of the American Academy of Dermatology; Jun 2017; vol. 76 (no. 6); p. 1088

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 28392292

Abstract: BACKGROUND There is a growing interest in comorbidities of adults with atopic dermatitis (AD).OBJECTIVESTo examine the burden of comorbidities in adult patients with AD using the Charlson comorbidity index (CCI) in nationwide registries. METHODS All Danish patients ≥18 years on January 1, 2012 with AD diagnosed by a hospital dermatologist were included. Patients were age- and sex-matched in a 1:4 ratio with general population controls. Severity was determined by systemic AD treatment and analyzed by conditional logistic regression. RESULTS In total, 10,738 adult patients with AD and 42,952 controls were analyzed. CCI score was significantly increased in smokers with AD compared with controls (0.41 vs 0.13, P < .001). Nonsmokers with AD had a similar CCI score as controls (0.09 vs 0.08, P = .12). In analyses restricted to patients with severe AD, a stronger difference in CCI score was observed for smokers (0.48 vs 0.14, P < .001) than for nonsmokers (0.10 vs 0.08, P = .01). LIMITATIONS Observational studies do not establish cause and effect. CONCLUSION On the basis of nationwide data, the risk for major comorbidities was significantly increased in adult patients with AD compared with controls. The risk difference was predominantly found in patients with severe disease and among smokers.

Database: Medline

6. Comparison of Posttransplant Dermatologic Diseases by Race.

Author(s): Chung, Christina Lee; Nadhan, Kumar S; Shaver, Christine M; Ogrich, Lauren M; Abdelmalek, Mark; Cusack, Carrie Ann; Malat, Gregory E; Pritchett, Ellen N; Doyle, Alden

Source: JAMA dermatology; Jun 2017; vol. 153 (no. 6); p. 552-558

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 28273280

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: Importance The risk for skin cancer has been well characterized in white organ transplant recipients (OTRs); however, most patients on the waiting list for organ transplant in the United States are nonwhite. Little is known about cutaneous disease and skin cancer risk in this OTR population. Objective To compare the incidence of cutaneous disease between white and nonwhite OTRs. Design, Setting, and Participants This retrospective review of medical records included 412 OTRs treated from November 1, 2011, through April 22, 2016, at an academic referral center. Prevalence and characteristics of cutaneous disease were compared in 154 white and 258 nonwhite (ie, Asian, Hispanic, and black) OTRs. Clinical factors of cutaneous disease and other common diagnoses assessed in OTRs included demographic characteristics, frequency and type of cancer, anatomical location, time course, sun exposure, risk awareness, and preventive behavior. Main Outcomes and Measures Primary diagnosis of malignant or premalignant, infectious, and inflammatory disease. ResultsThe 412 patients undergoing analysis included 264 men (64.1%) and 148 women (35.9%), with a mean age of 60.1 years (range, 32.1-94.3 years). White OTRs more commonly had malignant disease at their first visit (82 [67.8%]), whereas nonwhite OTRs presented more commonly with infectious (63 [37.5%]) and inflammatory (82 [48.8%]) conditions. Skin cancer was diagnosed in 64 (41.6%) white OTRs and 15 (5.8%) nonwhite OTRs. Most lesions in white (294 of 370 [79.5%]) and Asian (5 of 6 [83.3%]) OTRs occurred in sun-exposed areas. Among black OTRs, 6 of 9 lesions (66.7%) occurred in sun-protected areas, specifically the genitals. Fewer nonwhite than white OTRs reported having regular dermatologic examinations (5 [11.4%] vs 8 [36.4%]) and knowing the signs of skin cancer (11 [25.0%] vs 10 [45.4%]).Conclusions and Relevance Early treatment of nonwhite OTRs should focus on inflammatory and infectious diseases. Sun protection should continue to be emphasized in white, Asian, and Hispanic OTRs. Black OTRs should be counseled to recognize the signs of genital human papillomavirus infection. Optimal posttransplant dermatologic care may be determined based on the race or ethnicity of the patients, but a baseline full-skin assessment should be performed in all patients. All nonwhite OTRs should be counseled more effectively on the signs of skin cancer, with focused discussion points contingent on skin type and race or ethnicity.

Database: Medline

7. Dermoscopic Clues for Diagnosing Melanomas That Resemble Seborrheic Keratosis.

Author(s): Carrera, Cristina; Segura, Sonia; Aguilera, Paula; Scalvenzi, Massimiliano; Longo, Caterina; Barreiro, Alicia; Broganelli, Paolo; Cavicchini, Stefano; Llambrich, Alex; Zaballos, Pedro; Thomas, Luc; Malvehy, Josep; Puig, Susana; Zalaudek, Iris

Source: JAMA dermatology; Jun 2017; vol. 153 (no. 6); p. 544-551

Publication Date: Jun 2017

Publication Type(s): Multicenter Study Journal Article Observational Study

PubMedID: 28355453

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: ImportanceMelanomas that clinically mimic seborrheic keratosis (SK) can delay diagnosis and adequate treatment. However, little is known about the value of dermoscopy in recognizing

these difficult-to-diagnose melanomas.ObjectiveTo describe the dermoscopic features of SK-like melanomas to understand their clinical morphology. Design, Setting, and ParticipantsThis observational retrospective study used 134 clinical and dermoscopic images of histopathologically proven melanomas in 134 patients treated in 9 skin cancer centers in Spain, France, Italy, and Austria. Without knowledge that the definite diagnosis for all the lesions was melanoma, 2 dermoscopy-trained observers evaluated the clinical descriptions and 48 dermoscopic features (including all melanocytic and nonmelanocytic criteria) of all 134 images and classified each dermoscopically as SK or not SK. The total dermoscopy score and the 7-point checklist score were assessed. Images of the lesions and patient data were collected from July 15, 2013, through July 31, 2014.Main Outcomes and MeasuresFrequencies of specific morphologic patterns of (clinically and dermoscopically) SK-like melanomas, patient demographics, and interobserver agreement of criteria were evaluated. Results Of the 134 cases collected from 72 men and 61 women, all of whom were white and who had a mean (SD) age of 55.6 (17.5) years, 110 (82.1%) revealed dermoscopic features suggestive of melanoma, including pigment network (74 [55.2%]), blue-white veil (72 [53.7%]), globules and dots (68 [50.7%]), pseudopods or streaks (47 [35.1%]), and blue-black sign (43 [32.3%]). The remaining 24 cases (17.9%) were considered likely SKs, even by dermoscopy. Overall, lesions showed a scaly and hyperkeratotic surface (45 [33.6%]), yellowish keratin (42 [31.3%]), comedo-like openings (41 [30.5%]), and milia-like cysts (30 [22.4%]). The entire sample achieved a mean (SD) total dermoscopy score of 4.7 (1.6) and a 7-point checklist score of 4.4 (2.3), while dermoscopically SK-like melanomas achieved a total dermoscopy score of only 4.2 (1.3) and a 7-point checklist score of 2.0 (1.9), both in the range of benignity. The most helpful criteria in correctly diagnosing SK-like melanomas were the presence of blue-white veil, pseudopods or streaks, and pigment network. Multivariate analysis found only the blue-black sign to be significantly associated with a correct diagnosis, while hyperkeratosis and fissures and ridges were independent risk markers of dermoscopically SK-like melanomas.Conclusions and RelevanceSeborrheic keratosis-like melanomas can be dermoscopically challenging, but the presence of the blue-black sign, pigment network, pseudopods or streaks, and/or blue-white veil, despite the presence of other SK features, allows the correct diagnosis of most of the difficult melanoma cases.

Database: Medline

8. Association of Dermatology Consultations With Patient Care Outcomes in Hospitalized Patients With Inflammatory Skin Diseases.

Author(s): Milani-Nejad, Nima; Zhang, Myron; Kaffenberger, Benjamin H

Source: JAMA dermatology; Jun 2017; vol. 153 (no. 6); p. 523-528

Publication Date: Jun 2017

Publication Type(s): Journal Article

PubMedID: 28296992

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: ImportanceThe value of inpatient dermatology consultations has traditionally been demonstrated with frequency in changes of diagnosis and management; however, the impact of dermatology consultations on metrics such as hospital length of stay and readmission rates remains unknown. ObjectiveTo determine the association of dermatology consultations with patient care in hospitalized patients using objective values. Design, Setting, and Participants We retrospectively queried the deidentified database of patients hospitalized between January 1, 2012, and December 31, 2014, at a single university medical center. A total of 413 patients with a primary inflammatory

skin condition discharge diagnosis and 647 patients with primary inflammatory skin condition admission diagnosis were selected. Main Outcomes and Measures Hospital length of stay and 1-year readmission with inflammatory skin conditions.ResultsThe 413 patients with a primary inflammatory skin condition discharge diagnosis were 61.0% female and had a mean (SD) age of 55.1 (16.4) years. The 647 patients with primary inflammatory skin condition admission diagnosis were 50.8% female and had a mean (SD) age of 57.8 (15.9) years. Multivariable modeling showed that dermatology consultations were associated with a reduction of 1-year inflammatory skin condition readmissions among patients who were discharged primarily with an inflammatory skin condition (readmission probability, 0.0025; 95% CI, 0.00020-0.030 with dermatology consult vs 0.026; 95% CI, 0.0065-0.10 without; odds ratio, 0.093; 95% CI, 0.010-0.840; P = .03). No other confounding variable was associated with reduction in readmissions. Multivariable modeling also showed that dermatology consultations were associated with a reduction in the adjusted hospital length of stay by 2.64 days (95% CI, 1.75-3.53 days; P < .001).Conclusions and Relevance Dermatology consultations were associated with improvements of outcomes among hospitalized patients. The expansion of the role of dermatology consultation services may improve patient care in a cost-effective manner.

Database: Medline

9. Acute and Chronic Urticaria: Evaluation and Treatment.

Author(s): Schaefer, Paul

Source: American family physician; Jun 2017; vol. 95 (no. 11); p. 717-724

Publication Date: Jun 2017

Publication Type(s): Journal Article Review

PubMedID: 28671445

Available in full text at American family physician [Am Fam Physician] NLMUID: 1272646 - from EBSCOhost

Abstract: Urticaria commonly presents with intensely pruritic wheals, sometimes with edema of the subcutaneous or interstitial tissue. It has a lifetime prevalence of about 20%. Although often self-limited and benign, it can cause significant discomfort, continue for months to years, and uncommonly represent a serious systemic disease or life-threatening allergic reaction. Urticaria is caused by immunoglobulin E- and non-immunoglobulin E-mediated release of histamine and other inflammatory mediators from mast cells and basophils. Diagnosis is made clinically; anaphylaxis must be ruled out. Chronic urticaria is idiopathic in 80% to 90% of cases. Only a limited nonspecific laboratory workup should be considered unless elements of the history or physical examination suggest specific underlying conditions. The mainstay of treatment is avoidance of triggers, if identified. The first-line pharmacotherapy is second-generation H1 antihistamines, which can be titrated to greater than standard doses. First-generation H1 antihistamines, H2 antihistamines, leukotriene receptor antagonists, high-potency antihistamines, and brief corticosteroid bursts may be used as adjunctive treatment. In refractory chronic urticaria, patients can be referred to subspecialists for additional treatments, such as omalizumab or cyclosporine. More than one-half of patients with chronic urticaria will have resolution or improvement of symptoms within a year.

Database: Medline

10. Initiation, Switching, and Cessation of Psoriasis Treatments Among Patients with Moderate to Severe Psoriasis in the United States.

Author(s): Armstrong, April W; Koning, J Will; Rowse, Simon; Tan, Huaming; Mamolo, Carla; Kaur, Mandeep

Source: Clinical drug investigation; May 2017; vol. 37 (no. 5); p. 493-501

Publication Date: May 2017

Publication Type(s): Journal Article

PubMedID: 28303523

Abstract: BACKGROUND Psoriasis patients frequently switch among multiple therapies while managing their psoriasis. Determining treatment transitions is fundamental to understanding how patients access and use treatments. OBJECTIVEWe aimed to identify patterns of treatment transitions of US patients with moderate to severe psoriasis over 5 years. METHODSThis was a retrospective, longitudinal cohort study in which US patients aged ≥18 years who had at least one psoriasis claim (International Classification of Diseases, Ninth Revision [ICD-9] diagnosis) were continuously enrolled in a health plan between October 2007 and September 2012. Data from eligible patients were projected to reflect the total US insured population with moderate to severe psoriasis, and the proportions of patients who started, stopped, switched, and restarted treatment at any time between September 2011 and September 2012 were analyzed. Treatment categories were biologics, traditional oral systemics, topicals, phototherapy, lapsed from treatment, and treatment-naive. RESULTS There were 8.9 million patients in the claims database, of whom 0.9 million (10.4%) had a psoriasis diagnosis and 46,369 (0.5%) met the inclusion criteria. When projected, 1.7 million insured patients had moderate to severe psoriasis. Of these, an estimated 807,000 patients had lapsed treatment, an additional 346,000 were receiving treatment, and 547,000 were defined as being treatment-naive. A total of 81,000 of 346,000 patients had switched treatment in the preceding year. In addition, many patients stopped (438,000) and restarted (384,000) treatment in the 12-month period. CONCLUSION Based on health claims data, undertreatment of moderate to severe psoriasis appeared to be common.

Database: Medline

11. Management and Novel Adjuncts of Necrotizing Soft Tissue Infections.

Author(s): Cocanour, Christine S; Chang, Phillip; Huston, Jared M; Adams, Charles A; Diaz, Jose J; Wessel, Charles B; Falcione, Bonnie A; Bauza, Graciela M; Forsythe, Raquel A; Rosengart, Matthew R

Source: Surgical infections; Apr 2017; vol. 18 (no. 3); p. 250-272

Publication Date: Apr 2017

Publication Type(s): Journal Article Review

PubMedID: 28375805

Abstract: Necrotizing soft tissue infections (NSTI) have been recognized for millennia and continue to impose considerable burden on both patient and society in terms of morbidity, death, and the allocation of resources. With improvements in the delivery of critical care, outcomes have improved, although disease-specific therapies are lacking. The basic principles of early diagnosis, of prompt and broad antimicrobial therapy, and of aggressive debridement have remained unchanged. Clearly novel and new therapeutics are needed to combat this persistently lethal disease. This review emphasizes the pillars of NSTI management and then summarizes the contemporary evidence

supporting the incorporation of novel adjuncts to the pharmacologic and operative foundations of managing this disease.

Database: Medline

12. Malignancy rates in a large cohort of patients with systemically treated psoriasis in a managed care population.

Author(s): Asgari, Maryam M; Ray, G Thomas; Geier, Jamie L; Quesenberry, Charles P

Source: Journal of the American Academy of Dermatology; Apr 2017; vol. 76 (no. 4); p. 632-638

Publication Date: Apr 2017

Publication Type(s): Journal Article

PubMedID: 28162854

Abstract: BACKGROUND Moderate to severe psoriasis often requires treatment with systemic agents, many of which have immunosuppressive properties and could increase cancer risk, including nonmelanoma skin cancer (NMSC).OBJECTIVE We sought to estimate the overall malignancy rate (excluding NMSC) and NMSC rate among 5889 patients with systemically treated psoriasis. METHODS We identified a cohort of adult Kaiser Permanente Northern California health plan members with psoriasis diagnosed from 1998 to 2011 and treated with at least 1 systemic antipsoriatic agent and categorized them into ever-biologic or nonbiologic users. Malignancy rates were calculated per 1000 person-years of follow-up with 95% confidence intervals (CI). Crude and confounder-adjusted hazard ratios (aHRs) were calculated using Cox regression. RESULTS Most biologic-exposed members were treated with TNF-alfa inhibitors (n = 2214, 97%). Overall incident cancer rates were comparable between ever-biologic as compared to nonbiologic users (aHR 0.86, 95% CI 0.66-1.13). NMSC rates were 42% higher among individuals ever exposed to a biologic (aHR 1.42, 95% CI 1.12-1.80), largely driven by increased cutaneous squamous cell carcinoma risk (aHR 1.81, 95% CI 1.23-2.67).LIMITATIONS No information was available on disease severity. CONCLUSION We found increased incidence of cutaneous squamous cell carcinoma among patients with systemically treated psoriasis who were ever exposed to biologics, the majority of which were TNF-alfa inhibitors. Increased skin cancer surveillance in this population may be warranted.

Database: Medline

13. Quality of Life and Sexual Distress in Women With Erosive Vulvovaginal Lichen Planus.

Author(s): Cheng, Harriet; Oakley, Amanda; Conaglen, John V; Conaglen, Helen M

Source: Journal of lower genital tract disease; Apr 2017; vol. 21 (no. 2); p. 145-149

Publication Date: Apr 2017

Publication Type(s): Journal Article Observational Study

PubMedID: 27906807

Abstract: OBJECTIVES Erosive vulvovaginal lichen planus (EVLP) is a chronic and painful genital dermatosis. Little is published about its impact on quality of life. This study aimed to evaluate quality of life and sexual function in women with EVLP.MATERIALS AND METHODS Women with genital dermatoses were surveyed using the Dermatology Life Quality Index (DLQI) and Hospital Depression and Anxiety Scales. A subgroup completed the Female Sexual Distress Scale and Female Sexual Function Index subscales. Patient characteristics including age, diagnosis, and current treatment

were recorded. Results from women with EVLP were compared with other diagnoses. RESULTS Data from 77 women who participated between March 2013 and March 2014 were analyzed. Of these, 17 had EVLP. Comparator groups included women with vulval lichen sclerosus (n = 48) and vulval dermatitis (n = 12). In women with EVLP, 59% reported at least moderate impact on quality of life; mean DLQI scores: EVLP, 7.18; lichen sclerosus, 3.79; dermatitis, 8.67; p = .008. Overall, scores suggested depression in 14% and anxiety in 16% of participants. Sexual distress scores 11 or higher were recorded by 69% of women with EVLP, 63% of women with lichen sclerosus, and 56% of women with dermatitis. In those completing all sections of the survey (n = 40), DLQI was significantly correlated with depression (p = .004), sexual distress (p = .001), and sexual satisfaction (p = .01).CONCLUSION SSixty-nine percent of women with EVLP reported sexual distress. Women with EVLP reported lesser quality of life than those with lichen sclerosus. Quality of life, anxiety and depression, sexual distress, and sexual function were all related in these participants.

Database: Medline

14. Diagnosis and management of psoriasis.

Author(s): Kim, Whan B; Jerome, Dana; Yeung, Jensen

Source: Canadian family physician Medecin de famille canadien; Apr 2017; vol. 63 (no. 4); p. 278-285

Publication Date: Apr 2017

Publication Type(s): Journal Article Review

PubMedID: 28404701

Available in full text at Canadian family physician Medecin de famille canadien [Can Fam Physician] NLMUID: 0120300 - from EBSCOhost

Available in full text at Canadian Family Physician - from Highwire Press

Available in full text at Canadian Family Physician - from National Library of Medicine

Abstract: OBJECTIVE To provide primary care clinicians with an up-to-date and practical overview of the diagnosis and management of psoriasis. QUALITY OF EVIDENCE PubMed, MEDLINE, EMBASE, and Cochrane databases were searched for relevant meta-analyses, randomized controlled trials, systematic reviews, and observational studies about the diagnosis and management of psoriasis. MAIN MESSAGE Psoriasis is a chronic, multisystem inflammatory disease with predominantly skin and joint involvement. Beyond the physical dimensions of disease, psoriasis has an extensive emotional and psychosocial effect on patients, affecting social functioning and interpersonal relationships. As a disease of systemic inflammation, psoriasis is associated with multiple comorbidities, including cardiovascular disease and malignancy. The diagnosis is primarily clinical and a skin biopsy is seldom required. Depending on the severity of disease, appropriate treatment can be initiated. For mild to moderate disease, first-line treatment involves topical therapies including corticosteroids, vitamin D3 analogues, and combination products. These topical treatments are efficacious and can be safely initiated and prescribed by primary care physicians. Patients with more severe and refractory symptoms might require further evaluation by a dermatologist for systemic therapy. CONCLUSION Many patients with psoriasis seek initial evaluation and treatment from their primary care providers. Recognition of psoriasis, as well as its associated medical and psychiatric comorbidities, would facilitate timely diagnosis and appropriate management with effective and safe topical therapies and other medical and psychological interventions, as needed. More severe and refractory cases might warrant referral to a dermatologist for further evaluation and possible systemic therapy.

Database: Medline

15. Facial Hyperpigmentation in Skin of Color: Special Considerations and Treatment.

Author(s): Vashi, Neelam A; Wirya, Stephen A; Inyang, Meyene; Kundu, Roopal V

Source: American journal of clinical dermatology; Apr 2017; vol. 18 (no. 2); p. 215-230

Publication Date: Apr 2017

Publication Type(s): Journal Article Review

PubMedID: 27943085

Abstract: Differences in cutaneous diseases in people of color call for nuanced evaluation and management. One of the most common dermatological complaints from patients with skin of color is dyspigmentation, particularly hyperpigmentation. The challenge for clinicians is to establish correct diagnoses along with consistently successful treatments to meet the needs of the increasingly diverse population served. This review focuses on facial hyperpigmentation and outlines the most common skin disorders and treatment options.

Database: Medline

16. Adherence in dermatology.

Author(s): Ahn, Christine S; Culp, Leonora; Huang, William W; Davis, Scott A; Feldman, Steven R

Source: The Journal of dermatological treatment; Mar 2017; vol. 28 (no. 2); p. 94-103

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

PubMedID: 27180785

Abstract: Non-adherence to treatment and medical recommendations is one of the leading causes of treatment failure, poor clinical outcomes, and increased healthcare utilization. Although non-adherence is observed across all medical specialties, adherence to treatment in dermatology deserves special attention given the multiple different routes of treatment. Adherence can be measured using subjective methods (patient reporting and questionnaires) or objective methods (pill counts, electronic chips, and pharmacy records). Adherence to dermatologic treatments varies based on the specific condition but is poor for systemic therapies and even worse with topical agents. Among the factors that influence adherence, duration of treatment, complexity of regimen, and access play a large role. Interventions to improve adherence can range from simplifying treatment regimens to scheduling more frequent office visits. Due to the profound effect on cost, healthcare outcomes, and mortality, understanding and improving adherence is equally as important as making the correct diagnosis and prescribing the correct treatment.

Database: Medline

17. Practical strategies for the diagnosis and assessment of atopic dermatitis.

Author(s): Eichenfield, Lawrence F; Stein Gold, Linda F

Source: Seminars in cutaneous medicine and surgery; Mar 2017; vol. 36 (no. 2)

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

PubMedID: 28654708

Abstract: Atopic dermatitis (AD) has a significant, lifelong clinical impact on affected individuals and has profound effects on quality of life both for patients and their families. The diagnosis usually can be reliably established on the basis of the history and physical examination. In patients with skin of color, blanching of the skin may be helpful to detect erythema, lichenification, follicular accentuation, and hypopigmentation (all of which are more common than in lighter-skinned patients). Once the diagnosis of AD is established, an assessment of severity, persistence, and impact on the patient's and family's life is important as a guide to treatment decisions.

Database: Medline

18. Addressing Practice Gaps in Cutaneous Surgery: Advances in Diagnosis and Treatment.

Author(s): Kreicher, Kathryn L; Bordeaux, Jeremy S

Source: JAMA facial plastic surgery; Mar 2017; vol. 19 (no. 2); p. 147-154

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

PubMedID: 27768177

Available in full text at JAMA facial plastic surgery [JAMA Facial Plast Surg] NLMUID: 101589532 - from EBSCOhost

Abstract: ImportanceCutaneous surgery is performed by otolaryngologists, plastic surgeons, oculoplastic surgeons, dermatologic surgeons, and some primary care physicians. Practice gaps exist among cutaneous surgeons, as do differences in how different physicians approach preoperative, intraoperative, and postoperative decision-making. ObjectiveTo present the newest and best evidence to close common practice gaps in cutaneous surgery. Evidence Review We performed a detailed search of peer-reviewed publications that were identified through a search of PubMed/MEDLINE (January 1, 2000, through June 30, 2016) using the literature search terms "cutaneous surgery," "Mohs micrographic surgery," "plastic surgery," in combination with "safety," "cost," "anesthesia," "anti-coagulation," "bleeding," "pain," "analgesia," "anxiety," or "infection," among others. Bibliographies from these references, as well as meta-analyses, were also reviewed. FindingsA total of 73 peer-reviewed studies, including randomized clinical trials, were selected to support the conclusions of the article. Levels of evidence were analyzed for selected studies using recommendations from the American Association of Plastic Surgeons based on guidelines from the Oxford Centre for Evidence-Based Medicine. Large cutaneous surgical resections can be done effectively and safely, taking steps to assure patient comfort under local anesthesia. Medically necessary anticoagulant and antiplatelet medication should be continued during cutaneous surgery. In preparation for surgery, patient anxiety and pain must be addressed. Music and anxiolytics limit anxiety, prevent cardiovascular compromise, and improve patient satisfaction. Cutaneous surgeons and support staff should carefully consider the dose and injection angle of local anesthetic. Postoperative opioids and topical antibiotics might cause harm to patients and should be avoided. Acetaminophen and ibuprofen provide adequate pain control with fewer adverse effects than opioid medications. Conclusions and Relevance Clinicians performing cutaneous surgery should understand the importance of patient safety and comfort, as guided by recent evidence.

Database: Medline

19. Teledermatology for the Diagnosis and Management of Skin Cancer: A Systematic Review.

Author(s): Finnane, Anna; Dallest, Kathy; Janda, Monika; Soyer, H Peter

Source: JAMA dermatology; Mar 2017; vol. 153 (no. 3); p. 319-327

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

PubMedID: 27926766

Available in full text at JAMA dermatology [JAMA Dermatol] NLMUID: 101589530 - from EBSCOhost

Abstract: Importance As technology becomes more commonplace in dermatological practice, it is essential to continuously review the accuracy of teledermatology devices and services compared with in-person care. The last systematic review was conducted over 5 years ago. Objective To synthesize and assess the quality of the evidence to address 3 research questions: (1) How accurate is teledermatology for skin cancer diagnosis compared with usual care (face-to-face [FTF] diagnosis)? (2) Does teledermatology save clinician and/or patient time, compared with usual care? (3) What are the enablers and barriers to adoption of teledermatology in clinical practice for the diagnosis of skin cancer?Evidence ReviewThe review protocol was registered in the PROSPERO database. Six databases (Cochrane, PubMed, Medline, Science Direct, Embase, and Web of Science) were searched for studies investigating the diagnostic accuracy and concordance, management accuracy and concordance, measures of time (waiting times, delay to diagnosis), and enablers and barriers to implementation. Potentially eligible articles were screened by 2 reviewers. The Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) tool was used to evaluate the risk of bias and applicability of individual studies assessing diagnostic accuracy. Findings Twenty-one studies were reviewed. The diagnostic accuracy (defined as agreement with histopathology for excised lesions or clinical diagnosis for nonexcised lesions) of FTF dermatology consultation remains higher (67%-85% agreement with reference standard, Cohen κ, 0.90) when compared with teledermatology (51%-85% agreement with reference standard, κ, 0.41-0.63), for the diagnosis of skin cancer. However, some studies do report high accuracy of teledermatology diagnoses. Most studies of diagnostic accuracy and concordance had significant methodological limitations. Studies of health service outcomes found teledermatology reduced waiting times and could result in earlier assessment and treatment. Patients reported high satisfaction and were willing to pay out of pocket for access to such services. Conclusions and Relevance Robust implementation studies of teledermatology are needed, paying careful attention to reducing risk of bias when assessing diagnostic accuracy. Teledermatology services consistently reduced waiting times to assessment and diagnosis, and patient satisfaction was high.

Database: Medline

20. Omalizumab for treating chronic spontaneous urticaria: an expert review on efficacy and safety.

Author(s): Giménez-Arnau, Ana M

Source: Expert opinion on biological therapy; Mar 2017; vol. 17 (no. 3); p. 375-385

Publication Date: Mar 2017

Publication Type(s): Journal Article Review

PubMedID: 28125304

Abstract: INTRODUCTION Chronic spontaneous urticaria (CSU) is characterized by the recurrence of itchy hives and/or angioedema for greater than six weeks, with no known external trigger. Omalizumab, a humanized, recombinant, monoclonal anti-IgE antibody, is the only approved add-on therapy for H1-antihistamine refractory CSU patients. Areas covered: The objective of this article is to discuss the mechanism of action, pharmacokinetics and pharmacodynamics of omalizumab for the treatment of CSU. The review also summarizes efficacy and safety data from proof-of-concept, phase II (X-CUISITE, MYSTIQUE), and pivotal phase III omalizumab studies (ASTERIA I, ASTERIA II, and GLACIAL). Expert opinion: Omalizumab is a clinically effective and safe biological therapy for treating H1-antihistamine refractory CSU patients. It significantly reduces CSU symptoms (hives, itch and angioedema), and improves patient health-related quality of life. While omalizumab is already integral to the treatment of antihistamine refractory CSU, widespread use will depend on legal and economic factors, as well as improvements in the early and accurate diagnosis of CSU patients who would benefit from treatment.

Database: Medline

21. Preeclampsia Associates with Asthma, Allergy, and Eczema in Childhood.

Author(s): Stokholm, Jakob; Sevelsted, Astrid; Anderson, Ulrik D; Bisgaard, Hans

Source: American journal of respiratory and critical care medicine; Mar 2017; vol. 195 (no. 5); p. 614-621

Publication Date: Mar 2017

Publication Type(s): Journal Article

PubMedID: 27626972

Available in full text at American Journal of Respiratory and Critical Care Medicine - from ProQuest

Available in full text at American journal of respiratory and critical care medicine [Am J Respir Crit Care Med] NLMUID: 9421642 - from EBSCOhost

Abstract: RATIONALE Preeclampsia reflects an unusual increase in systemic inflammation during pregnancy.OBJECTIVES We studied associations between preeclampsia and asthma, allergy, and eczema in Copenhagen Prospective Studies on Asthma in Childhood2000 (COPSAC2000) and in national registries.METHODSCOPSAC2000 is a high-risk birth cohort of 411 Danish children. Asthma, allergy, and eczema were diagnosed prospectively, and lung function measured at age 1 month and 7 years. Sensitization was evaluated at age 6 months, 18 months, 4 years, and 6 years by skin prick tests and IgE measurements. The register-based cohort included 1.7 million children from Danish national registries in the 35-year period 1977-2012. Children born to mothers with preeclampsia were analyzed regarding risk of asthma, allergy, and eczema. MEASUREMENTS AND MAIN RESULTS In the COPSAC2000 cohort, 5.6% (n = 23) were diagnosed with preeclampsia. Preeclampsia was associated with increased risk of treatment with inhaled corticosteroids at age 7 years (adjusted odds ratio, 4.01 [95% confidence interval (CI), 1.11-14.43]; P = 0.0337), increased bronchial responsiveness to methacholine (adjusted β-coefficient log-μmol, -0.80 [95% CI, -1.55 to -0.06]; P = 0.0348), and allergic rhinitis (adjusted odds ratio, 4.83 [95% CI, 1.58-14.78]; P = 0.0057) in the 7-year-old children. Furthermore, the children had an increased risk of sensitization to both aeroallergens and food allergens, and increased amount of total IgE during childhood. In the registry-based cohort, 3.7% (n = 62,728) were born to mothers with preeclampsia. Preeclampsia was associated with increased risk of asthma, eczema, and aeroallergen and food allergy, especially pronounced after a duration of preeclampsia of 14 days or more. Maternal asthma increased the risk

of preeclampsia. CONCLUSIONS Preeclampsia is a shared prenatal risk factor for asthma, eczema, and allergy in childhood pointing toward in utero immune programming of the child.

Database: Medline

22. Epidemiology, treatment, and economics of patients presenting to the emergency department for skin and soft tissue infections.

Author(s): Linder, Kristin E; Nicolau, David P; Nailor, Michael D

Source: Hospital practice (1995); Feb 2017; vol. 45 (no. 1); p. 9-15

Publication Date: Feb 2017

Publication Type(s): Journal Article

PubMedID: 28055287

Abstract :OBJECTIVES Skin and soft tissue infections (SSTIs) are among the most common bacterial diseases and represent a significant disease burden. The purpose of this study was to describe the real-world management of patients with SSTIs presenting to the emergency department (ED).METHODS This is a retrospective cohort study. Adult patients identified with a primary diagnosis of SSTI determined by ICD-9 codes were assessed from index presentation for up to 30 days. Records were reviewed 30 days prior to inclusion to ensure index hospitalization was captured. For recurrent visits, a similar strategy was implemented 30 days afterward. RESULTS Of 446 encounters screened, 357 were included; 106 (29.7%) were admitted to the hospital and 251 (70.3%) were treated outpatient. Of patients with a Charlson Comorbidity Index (CCI) score two or greater, 60.9% were treated as inpatients, whereas admission rates were 30.1% and 14.1% for patients with a CCI score of one and zero, respectively. Inpatients had an average length of stay (LOS) of 7.3 ± 7.1 days. No difference was detected in overall re-presentation to the facility 22.6% and 28.3% ($p > 0.05$) or in SSTI related re-presentation 10.4% and 15.1% ($p > 0.05$) between inpatient and outpatients. The most common gram-positive organisms identified on wound/abscess culture were MSSA (37.1% inpatients) and MRSA (66.7% outpatients). Mean total cost of care was $13,313 for inpatients and $413 for outpatients. CONCLUSION This analysis identifies opportunities to improve processes of care for SSTIs with the aim of decreasing LOS, reducing readmissions, and ultimately decreasing burden on the healthcare system.

Database: Medline

23. Benefit-risk tradeoff preferences for chronic hand eczema treatments.

Author(s): Hauber, A Brett; Mohamed, Ateesha F; Gonzalez, Juan Marcos; Otteson Fairchild, Angelyn; Zelt, Susan C; Graff, Ole

Source: The Journal of dermatological treatment; Feb 2017; vol. 28 (no. 1); p. 40-46

Publication Date: Feb 2017

Publication Type(s): Journal Article

PubMedID: 27160959

Abstract: Hand eczema affects approximately 16% of the US population. The long-term prognosis is poor, and 5-7% experience severe chronic hand eczema (sCHE) that interferes with daily activities. Treatments for CHE may be ineffective or associated with adverse events (AEs) that may dissuade patients from pursuing or continuing treatment. For quantification of patient experiences and

benefit-risk preferences for outcomes associated with CHE treatments, a web-based discrete choice experiment survey was administered to patients in the United States with a self-reported physician diagnosis of CHE and severe symptoms not resolved with topical agents. Respondents answered a series of treatment choice questions, each requiring evaluation of a pair of hypothetical profiles of medications for sCHE defined by efficacy and risk of several AEs. Improvement in CHE clearing of 25-50% was rated from 1.5 to 3.1 times as important as eliminating a 5% risk of permanent bone problems. The mean maximum acceptable risk of permanent vision problems in exchange for an improvement in CHE clearing of 25-50% ranged from 3.4% to 4.8%. This study demonstrated that patients with CHE rated efficacy improvements associated with treatment of sCHE as more important than eliminating the risks of specific AEs.

Database: Medline

24. Eczema and Urticaria as Manifestations of Undiagnosed and Rare Diseases.

Author(s): Youssef, Molly J; Chiu, Yvonne E

Source: Pediatric clinics of North America; Feb 2017; vol. 64 (no. 1); p. 39-56

Publication Date: Feb 2017

Publication Type(s): Journal Article Review

PubMedID: 27894451

Abstract: Eczema and urticaria are common disorders encountered in pediatric patients, but they may occasionally be the presenting complaint in a child with an underlying rare disease. Immunodeficiency syndromes should be suspected when eczema is associated with neonatal onset, recurrent infections, chronic lymphadenopathy, or failure to thrive. Nutritional deficiencies and mycosis fungoides are in the differential diagnosis for a child with a recalcitrant eczematous eruption. Autoinflammatory syndromes should be suspected in a child with chronic urticaria, fever, and other systemic signs of inflammation. Although these disorders are rare, early recognition allows for appropriate treatment and decreased morbidity for the child.

Database: Medline

25. Reappraisal of Conventional Diagnosis for Dermatophytes.

Author(s): Pihet, Marc; Le Govic, Yohann

Source: Mycopathologia; Feb 2017; vol. 182 (no. 1-2); p. 169-180

Publication Date: Feb 2017

Publication Type(s): Journal Article Review

PubMedID: 27718160

Abstract: Dermatophytoses include a wide variety of diseases involving glabrous skin, nails and hair. These superficial infections are a common cause of consultation in dermatology. In many cases, their diagnosis is not clinically obvious, and mycological analysis therefore is required. Direct microscopic examination of the samples using clearing agents provides a quick response to the clinician and is usually combined with cultures on specific media, which must be used to overcome the growth of contaminating moulds that may hamper the recovery of dermatophytes. Accurate identification of the causative agent (i.e. at the species level), currently based on morphological criteria, is necessary not only to initiate an appropriate treatment but also for setting prophylactic measures. However,

conventional methods often lack sensitivity and species identification may require up to 4 weeks if subcultures are needed. Histological analysis, which is considered the "gold standard" for the diagnosis of onychomycoses, is seldom performed, and as direct examination, it does not allow precise identification of the pathogen. Nevertheless, a particular attention to the quality of clinical specimens is warranted. Moreover, the sensitivity of direct examination may be greatly enhanced by the use of fluorochromes such as calcofluor white. Likewise, sensitivity of the cultures could be enhanced by the use of culture media containing antifungal deactivators. With the generalization of molecular identification by gene sequencing or MALDI-TOF mass spectrometry, the contribution of historical biochemical or physiological tests to species identification of atypical isolates is now limited. Nevertheless, despite the recent availability of several PCR-based kits and an extensive literature on molecular methods allowing the detection of fungal DNA or both detection and direct identification of the main dermatophyte species, the biological diagnosis of dermatophytosis in 2016 still relies on both direct examination and cultures of appropriate clinical specimens.

Database: Medline

26. Non-dermatophyte Dermatoses Mimicking Dermatophytoses in Humans.

Author(s): Libon, F; Nikkels-Tassoudji, N; Dezfoulian, B; Arrese, J E; Nikkels, A F

Source: Mycopathologia; Feb 2017; vol. 182 (no. 1-2); p. 101-111

Publication Date: Feb 2017

Publication Type(s): Journal Article Review

PubMedID: 27590363

Abstract: Human dermatophytic cutaneous infections usually present as single or multiple slowly progressing annular erythemato-squamous lesions with a tendency to central healing on the hairless skin. In the intertriginous regions (feet, inguinal, axillar, submammary), dermatophytic colonisations and infections manifest as whitish, slightly hyperkeratotic, pruritic and sometimes fissurated lesions. On the scalp, dermatophytic infections commonly lead to single or multiple more or less inflammatory and alopecic lesions. On the plantar and palmar aspects of the feet and hand, dermatophytosis presents as an eczema-like chronic dermatosis. Abscess-like lesions may occur due to zoophilic dermatomycosis. Dermatophytic infections of the nails reveal ill-defined whitish-yellowish colorations of the distal end or the lateral aspects of the nails, sometimes combined with partial nail embrittlement or even complete destruction. Despite the ubiquity of dermatophytic skin infections and their usually highly typical clinical features, a differential diagnosis has to be considered, in particular when treatment is not efficient or when treatment resistance occurs. This review presents the differential diagnosis in terms of frequency as well as the diagnostic methods permitting the distinction of annular, intertriginous, alopecic, palmoplantar, abscess-like and onychodystrophic lesions.

Database: Medline

27. Fumaric acid esters for psoriasis: a systematic review.

Author(s): Smith, D

Source: Irish journal of medical science; Feb 2017; vol. 186 (no. 1); p. 161-177

Publication Date: Feb 2017

Publication Type(s): Journal Article Review

PubMedID: 27271164

Abstract: BACKGROUNDPsoriasis is a chronic skin disease associated with increased morbidity and mortality. Effective and safe long term treatment options are required to manage the illness successfully. A number of systemic agents are available, however, each of them has potentially significant side effects. Fumaric acid esters (FAE) are used first line in Germany for the management of moderate to severe psoriasis, however, their use in Ireland is on an unlicensed basis (Clinical and Experimental Dermatology 37:786-801, 2012).OBJECTIVES The purpose of this literature review is to evaluate the efficacy and safety of FAEs in the management of moderate to severe psoriasis in adult patients. The reviewer intends to systematically review all available literature on the efficacy and/or safety of fumaric acid esters in the management of moderate to severe psoriasis in adult patients. METHODS A systematic review of the literature was performed by one reviewer. The PubMed, TRIP, Embase, and Cochrane Collaboration databases were systematically interrogated to include randomised controlled trials, cohort studies and case studies evaluating the efficacy and/or safety of FAEs in the management of moderate to severe psoriasis in adult patients. Inclusion criteria were studies which included adults over 18 years of age, with a diagnosis of moderate to severe chronic plaque psoriasis, who were treated with FAEs and no other systemic anti-psoriatic agents concurrently. Exclusion criteria were studies involving children, mild psoriasis, studies which did not include patients with chronic plaque psoriasis, the use of FAE for the management of illnesses other than psoriasis, and patients treated with more than one systemic anti-psoriatic agent concurrently. RESULTS In total 19 articles were selected for review including 2 randomised placebo controlled trials, 1 non-randomised comparative study, 7 retrospective cohort studies, 2 prospective cohort studies and 7 case studies. The findings suggest that FAEs are a safe and effective treatment option for the management of moderate to severe psoriasis in adult patients. Gastrointestinal side effects may occur on treatment initiation and may be minimised by slow dose titration. Lymphocytopenia and eosinophilia are common, however, they are rarely of significance and there is no high level of evidence available to suggest a resultant increased risk of infection or malignancy. Rarely alterations of renal and hepatic function may occur, however, these are largely reversible on treatment withdrawal. CONCLUSION In conclusion, the use of FAE in the management of moderate to severe psoriasis is a promising treatment option, especially for those patients intolerant of, or unresponsive to other agents. If blood parameters are closely monitored during treatment as per the European Medicine Agencies guidelines (European Medicines Agency, 'Updated recommendations to minimise the risk of the rare brain infection PML with Tecfidera', http://www.ema.europa.eu/docs/en_GB/document_library/Press_release/2015/10/WC500196017.pdf , 2015) they may be safely used in practice. The licensing of FAEs in Ireland for the treatment of moderate to severe psoriasis would be desirable, increasing available treatment options.

Database: Medline

28. Concurrent pityriasis rosea and Bell's palsy.

Author(s): Voss, Vanessa; Mattox, Adam; Guo, Mary

Source: BMJ case reports; Jan 2017; vol. 2017

Publication Date: Jan 2017

Publication Type(s): Case Reports Journal Article

PubMedID: 28115404

Available in full text at BMJ Case Reports - from Highwire Press

Abstract: Pityriasis rosea is a dermatological disease with a well-documented clinical appearance, but less is known about causes and treatment. Bell's palsy is a neurological condition leading to acute idiopathic hemifacial paralysis. Recent studies indicate that human herpesvirus (HHV) 6-7 reactivation may be a contributing factor to both conditions. We report a case of the 2 concurrent diagnoses that supports a common contributing factor and suggests further awareness and research into the role HHV 6-7 may play in the aetiology of both conditions.

Database: Medline

29. Hyperbaric oxygen therapy for a refractory skin ulcer after radical mastectomy and radiation therapy: a case report.

Author(s): Enomoto, Mitsuhiro; Yagishita, Kazuyoshi; Okuma, Kae; Oyaizu, Takuya; Kojima, Yasushi; Okubo, Atsushi; Maeda, Takuma; Miyamoto, Satoko; Okawa, Atsushi

Source: Journal of medical case reports; Jan 2017; vol. 11 (no. 1); p. 5

Publication Date: Jan 2017

Publication Type(s): Case Reports Journal Article

PubMedID: 28049509

Available in full text at Journal of Medical Case Reports - from National Library of Medicine

Available in full text at Journal of Medical Case Reports - from BioMed Central

Available in full text at Journal of Medical Case Reports - from ProQuest

Abstract: BACKGROUND Radiation therapy is performed as an adjuvant therapy when indicated following surgical resection of malignant tumors. However, radiation exposure induces acute or chronic dermatitis, depending on the radiation dose, interval, tissue volume, or irradiated area of the body. Radiation-induced skin ulcers and osteomyelitis of the underlying bone are intractable late-stage complications of radiation therapy, and often require reconstructive surgery to cover exposed tissue. Hyperbaric oxygen therapy has been suggested as a treatment for delayed radiation injury with soft tissue and bony necrosis. CASE PRESENTATION A 74-year-old Japanese female underwent left radical mastectomy for breast cancer (T3N3M0, stage IIIB) in 1987. Radiation therapy was initiated 6 weeks after the surgery. She received telecobalt-60 in a total dose of 50 Gy with 25 fractions to the left supraclavicular, parasternal and left axillary regions, and electron treatment (9 MeV) in a total dose of 50 Gy in 25 fractions to the left chest wall. After irradiation, her skin became thinner and more fragile on the left chest wall, but no severe infections were observed. She noticed a small ulcer that repeatedly healed and recurred in 2000. She visited the hospital where she received radiation therapy and was treated for a skin ulcer on the left chest wall in December 2012. A fistula developed and then pus was discharged in January 2013. She was referred to the hyperbaric medical center in February 2013, and the fistula (1.5 × 3 cm) with pus discharge was observed. She was diagnosed with a late-onset radiation-induced skin ulcer that developed 25 years after radical mastectomy. HBO2 (2.5 atmospheres absolute with 100% oxygen for 60 minutes) was indicated for the refractory ulcer and osteomyelitis of the ribs. The patient was treated with HBO2 a total of 101 times over the course of 1 year and completely recovered .CONCLUSIONS Hyperbaric oxygen therapy can be performed safely for even more than 100 sessions in patients with radiation-induced skin ulcers and osteomyelitis. Hyperbaric oxygen therapy can be considered as an alternative, conservative treatment when surgical resection for late-onset, radiation-induced skin ulcers is not indicated because of fragile skin in the irradiated areas.

Database: Medline

30. Diabetic Foot Infections: an Update in Diagnosis and Management.

Author(s): Grigoropoulou, Pinelopi; Eleftheriadou, Ioanna; Jude, Edward B; Tentolouris, Nikolaos

Source: Current diabetes reports; Jan 2017; vol. 17 (no. 1); p. 3

Publication Date: Jan 2017

Publication Type(s): Journal Article Review

PubMedID: 28101794

Abstract: Foot infections are a common problem in patients with diabetes and a risk factor for limb amputation. They occur as a result of skin ulceration, which facilitates penetration of pathogens to deeper tissues. The diagnosis of infection is clinical. Aerobic gram-positive cocci are the most common pathogens. Ulcers which are chronic, preceded by administration of antibiotics and hospitalization or complicated by severe infection are polymicrobial. Antibiotic therapy is initially empiric based on the severity of the infection. Definitive therapy is modified according to the results of the microbiological culture and the response to empiric treatment. The optimal duration of antibiotic therapy ranges from 1-2 weeks for mild infections to 2-4 weeks and even longer for severe infections and osteomyelitis. Surgical consultation should be sought for infections complicated with abscesses, necrotizing fasciitis or osteomyelitis. With appropriate care, infection resolves in about 80-90% of non-limb threatening and in about 60% of severe infections.

Database: Medline

NICE Resources

A full range of NICE guidance etc. can be found at https://www.nice.org.uk/guidance/conditions-and-diseases/skin-conditions

- Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people (TA455)
  Technology appraisal guidance [TA455] Published date: 12 July 2017

- Apremilast for treating active psoriatic arthritis(TA433)
  Technology appraisal guidance [TA433] Published date: 22 February 2017

- Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs (TA445)
  Technology appraisal guidance [TA445] Published date: 24 May 2017

- Ixekizumab for treating moderate to severe plaque psoriasis (TA442)
  Technology appraisal guidance [TA442] Published date: 26 April 2017

- TopClosure Tension Relief System for wound closure (MIB97)
  Medtech innovation briefing [MIB97] Published date: March 2017

- Skin involvement in systemic sclerosis: rituximab (ES7)
  Evidence summary [ES7] Published date: March 2017

- Hyperhidrosis: oxybutynin (ES10)
  Evidence summary [ES10] Published date: March 2017

- Refractory extrapulmonary sarcoidosis: infliximab (ES4)
  Evidence summary [ES4] Published date: January 2017

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