

10-15 JUNIO 2019













Oncological dermatology and surgery

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Paraneoplastic dermatoses





Paraneoplastic Dermatomyositis

The risk of neoplasm:

- Is present in both genders
- Is aumented in all groups of age but is higher in those older than 44
- Is highest in the 1st year after diagnosis but persists beyond the fifth year

Neoplasm screening is necessary in all patients older than 15 years diagnosed with DM and must be repeated until the third year after the diagnosis



New paraneoplastic associations

Pityriasis Lichenoides acuta: (PLEVA)

T-cell predominant infiltrate. T-cell clonality in a subset of patients.

Ascociated with cutaneous T-cell lymphoma and large plaque parapsoriasis

- A series of patients presented association with:
- Angioimmunoblastic T-cell lymphoma
- Diffuse large B-cell lymphoma
- Cutaneous T-cell lymphoma
- JAK2 + Polycythemia Vera
- Peripheral B-cell lymphoma
- Multiple Myeloma
- Adenocarcionoma of prostate
- Aplastic anemia

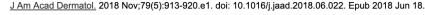


New paraneoplastic associations

Paraneoplastic granuloma annulare

- Occurring within 6 months of dx of solid organ malignancy
- Persistent GA that resolved with cancer treatment
- Lung cancer most common
- Clinical &histopathologic features similar to classic GA
- Generalized, perivascular inflammatory infiltrate and refractory to treatment







Paraneoplastic erythroderma

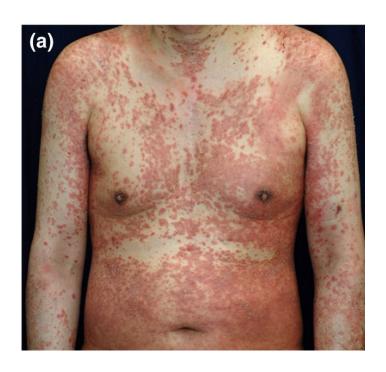
Suspect underlying malignancy when:

- Other possible origins have been dismissed
- Insidious and progressive course, recalcitrant to conventional therapy

Repeat biopsy in TCCL and Sézary Syndrome

Special consideration:

- Papuloerythroderma of Ofuji: higher risk of malignancies
- GVHD-like erythroderma associated with thymoma: multi-organ autoimmunity





Letter to the Editor 🔯 Full Access

Thymoma-associated multi-organ autoimmunity: two cases and a review of the literature

K. Shiba, Y. Fujita 🔀, H. Miyazawa, K. Muramatsu, M. Watanabe, M. Nishimura, S. Shinkuma, T. Nomura, W. Nishie, J. Taguchi, I. Kinoshita, H. Shimizu

First published: 03 January 2017 | https://doi.org/10.1111/jdv.14108 | Cited by: 4



Paraneoplastic bullous pyoderma gangrenosum

38 cases of bullous pyoderma gangrenosum

- Hematologic neoplasms 65,8%
 - Acute myeloblastic leukemia (44,5%)
 - Chronic myelogenous leukemia (10,5%)
 - Myelodisplastic syndrome(5,3%)
 - Multiple mieloma (2,6%)



An Bras Dermatol. 2018 Jan-Feb;93(1):133-134. doi: 10.1590/abd1806-4841.20187031.

Bullous pyoderma gangrenosum as a predictor of hematological malignancies.

Milán



Management of surgical complications





Management of postoperative hypertrophic scars

- CO2 Laser
- Fraccionated laser
 - Fractionated CO2
 - Fractionated nonablative
- Dermoabrasion
 - Mechanic
 - Manual





HOW WE DO IT

A Simple Technique to Perform Manual Dermabrasion with Sandpaper

