

 #WCD2019

AEDV

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Patrocina:

janssen  Immunology
PHARMACEUTICAL COMPANIES OF 

Organiza:



AEDV

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Pediatric dermatology:

Dr. Alba Sánchez Orta

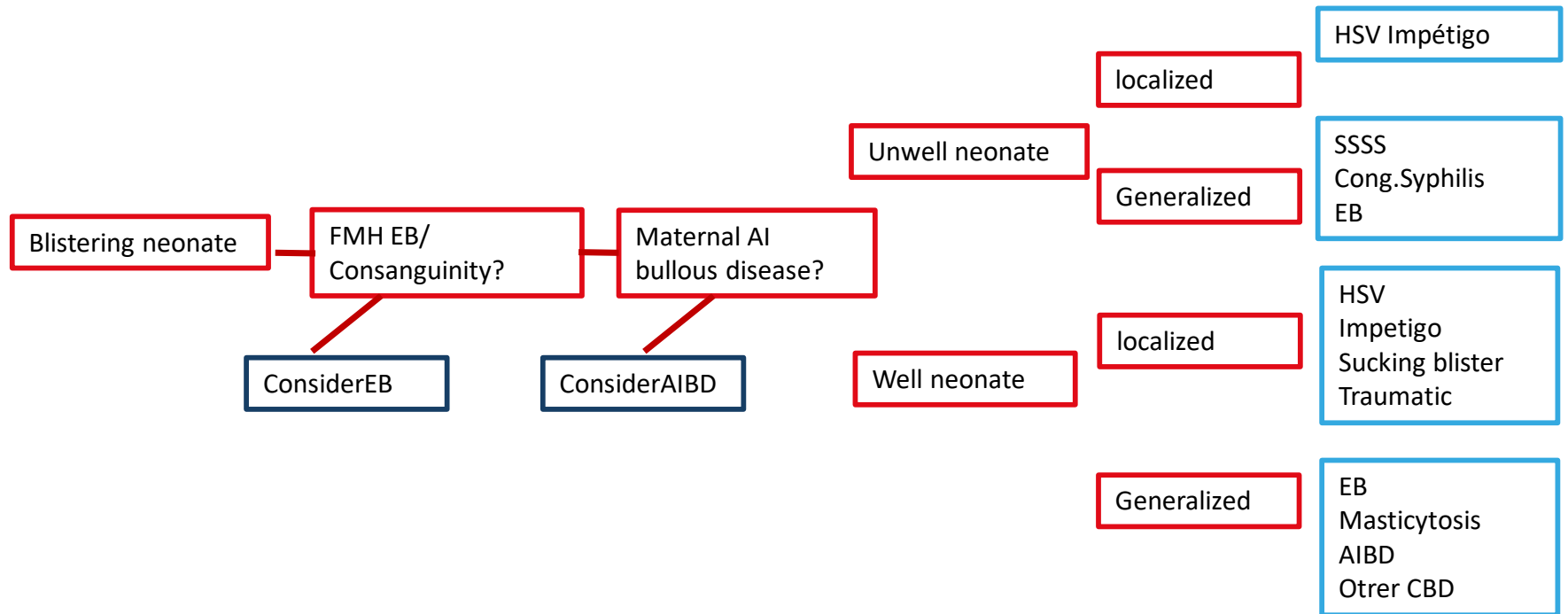
Patrocina:



Organiza:



Neonatal rashes and blisters



Pediatr Dermatol. 2018 Sep;35(5):660-665. doi: 10.1111/pde.13538. Epub 2018 Jul 4.

Management of afebrile neonates with pustules and vesicles in a pediatric emergency department.

Manice CS¹, Planet PJ², Chase HS³, Lauren CT^{1,4}.

Pediatr Dermatol. 2018 Sep;35(5):696-697. doi: 10.1111/pde.13573. Epub 2018 Jul 4.

Afebrile neonates with pustules should not be managed as febrile infants.

Aronson PL¹.



Neonatal rashes and blisters

Pediatr Dermatol. 2018 Sep;35(5):660-665. doi: 10.1111/pde.13538. Epub 2018 Jul 4.

Management of afebrile neonates with pustules and vesicles in a pediatric emergency department.

Manice CS¹, Planet PJ², Chase HS³, Lauren CT^{1,4}.

Pediatr Dermatol. 2018 Sep;35(5):696-697. doi: 10.1111/pde.13573. Epub 2018 Jul 4.

Afebrile neonates with pustules should not be managed as febrile infants.

Aronson PL¹.

- 64 afebrile infants age 60 days old or younger with pustules or vesicles evaluated in a pediatric emergency department.
- One-third of the infants underwent a full sepsis evaluation, including lumbar puncture, and were hospitalized
- a majority of the infants who underwent the full evaluation also received parenteral antibiotics and acyclovir.
- No infants were diagnosed with HSV or an invasive bacterial infection (bacteremia or bacterial meningitis).



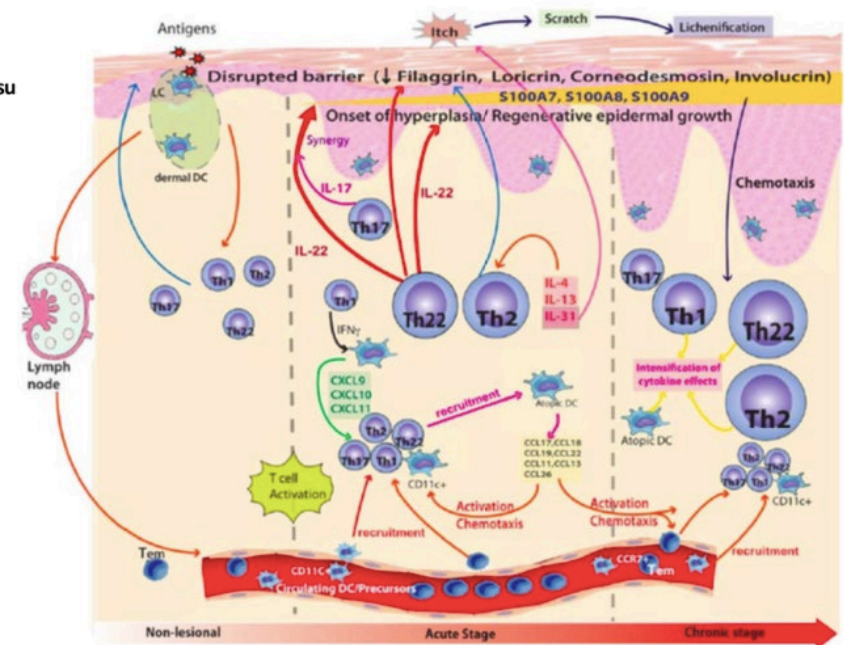
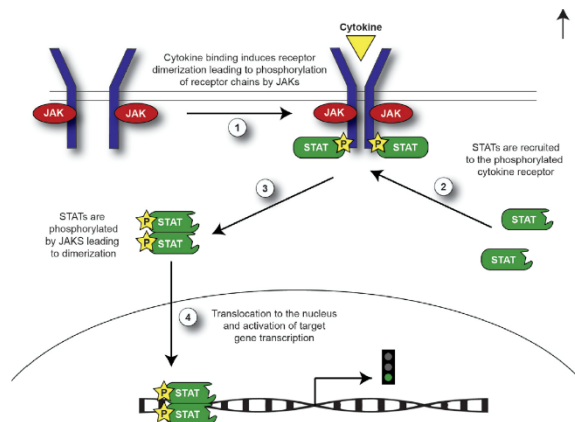
Atopic dermatitis

- methylprednisolone 0.5 mg/kg/day for 1–2 weeks tapered over 1 month
- but there is no RCT evidence for the safety or efficacy of this specific regimen

Use of systemic corticosteroids for atopic dermatitis: International Eczema Council consensus statement

Systemic steroids for atopic dermatitis

A.M. Drucker,¹ K. Eyerich,² M.S. de Bruin-Weller,³ J.P. Thyssen,⁴ P.I. Spuls,⁵ A.D. Irvine,⁶ G. Girolomoni,⁷ S. Dhar,⁸ C. Flohr,⁹ D.F. Murrell,¹⁰ A.S. Paller,¹¹ E. Guttman-Yassky¹²



Atopic dermatitis

New topical treatments

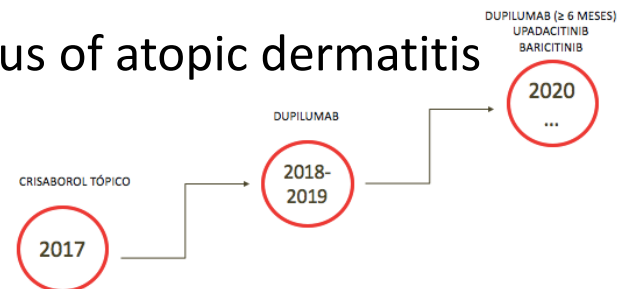
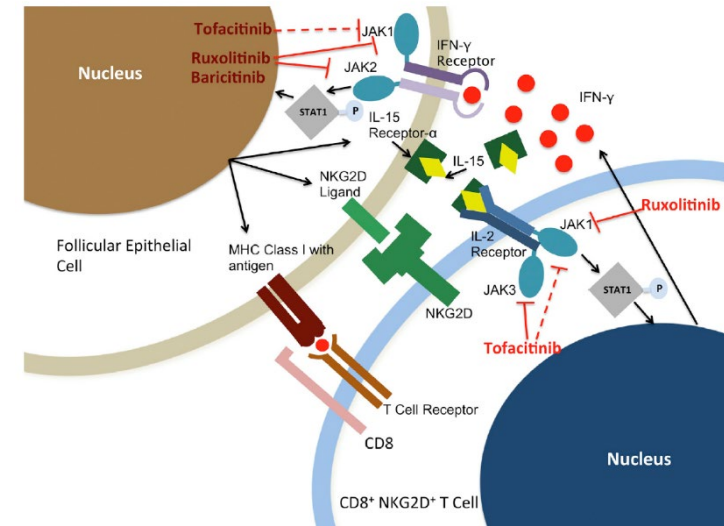
- Phosphodiesterase 4 inhibitors: CRISABOROL
- JAK inhibitors: TOFACITINIB

New oral treatments

- JAK inhibitors

Biological drugs

- Inhibitors of the activation of lymphocyte populations TH2
- Inhibitors of activation of other TH lymphocyte populations
- Inhibitors of B lymphocyte activation
- Inhibitors of interleukins related to pruritus of atopic dermatitis



Atopic dermatitis

New topical treatments

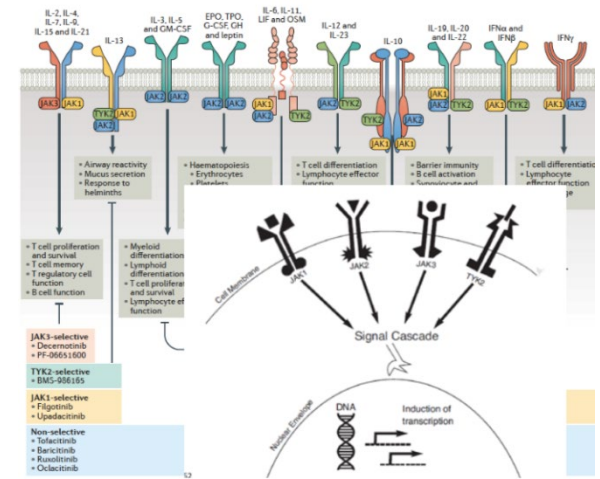
- Phosphodiesterase 4 inhibitors: CRISABOROL
- JAK inhibitors: TOFACITINIB

New oral treatments

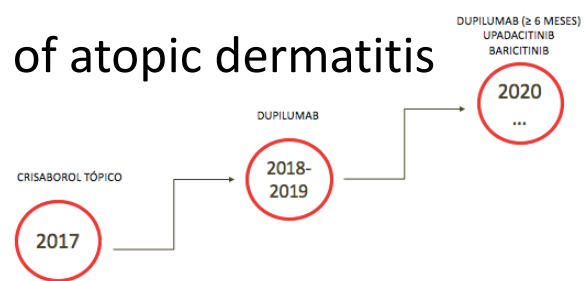
- JAK inhibitors

Biological drugs

- Inhibitors of the activation of lymphocyte populations TH2
- Inhibitors of activation of other TH lymphocyte populations
- Inhibitors of B lymphocyte activation
- Inhibitors of interleukins related to pruritus of atopic dermatitis



JAK1-selective <ul style="list-style-type: none"> • Filgotinib • Upadacitinib 	Non-selective <ul style="list-style-type: none"> • Tofacitinib • Baricitinib • Ruxolitinib • Oclacitinib
--	---



Atopic dermatitis

Dupilumab Efficacy and Safety in Adolescents with Moderate-to-Severe Atopic Dermatitis: Results from a Multicenter, Randomized, Placebo-Controlled, Double-Blind, Parallel-Group, Phase 3 Study

Eric L. Simpson¹, Amy S. Paller², Elaine C. Siegfried³, Mark Boguniewicz⁴, David M. Pariser⁵, Andrew Blauvelt⁶, Thomas Hultsch⁷, Heribert Staudinger⁸, Rick Zhang⁹, Mohamed A. Kamal¹⁰, John D. Davis¹⁰, Marcella Ruddy¹⁰, Neil M.H. Graham¹⁰, Ashish Bansal¹⁰

Skinmed. 2019 May 29;17(2):107-109. eCollection 2019.

Dupixent® (Dupilumab): A Newly Approved Interleukin-4 Receptor Antagonist for the Treatment of Atopic Dermatitis in Pediatric Patients.

Gupta AK^{1,2}, Love RP², Abramovits W^{3,4,5,6}, Vincent KD⁷.

Lebrikizumab y Tralokinumab: Inhibitors of IL-13



Nemolizumab: Inhibitor of IL - 31

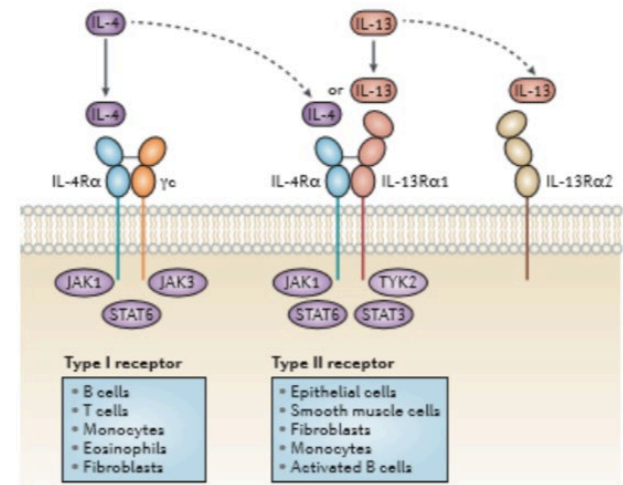
DOI: 10.1111/pde.13697

ORIGINAL ARTICLE

WILEY Pediatric Dermatology

Long-term off-label dupilumab in pediatric atopic dermatitis: A case series

Alison D. Treister BS, BSHS  | Peter A. Lio MD 



J Dermatol. 2019 Jun 5. doi: 10.1111/1346-8138.14934. [Epub ahead of print]

Nemolizumab in moderate to severe atopic dermatitis: An exploratory analysis of work productivity and activity impairment in a randomized phase II study.

Mihara R¹, Kabashima K², Furue M³, Nakano M¹, Ruzicka T⁴.



Psoriasis in children

Cochrane Database Syst Rev. 2019 Mar 6;3:CD001976. doi: 10.1002/14651858.CD001976.pub2.

WITHDRAWN: Antistreptococcal interventions for guttate and chronic plaque psoriasis.

Owen CM¹, Chalmers R, O'Sullivan T, Griffiths CE.

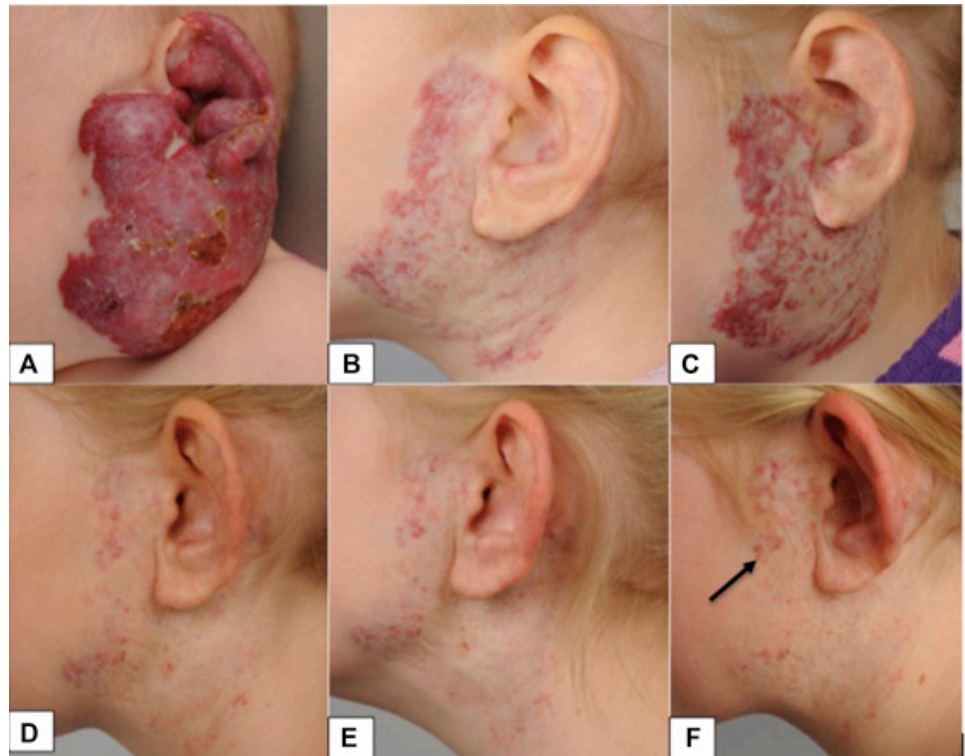
Although both antibiotics and tonsillectomy have frequently been advocated for patients with recurrent guttate psoriasis or chronic plaque psoriasis, there is to date no good evidence that either intervention is beneficial.



Hemangiomas – Dra. Baselga

Do all hemangiomas have the same evolution?

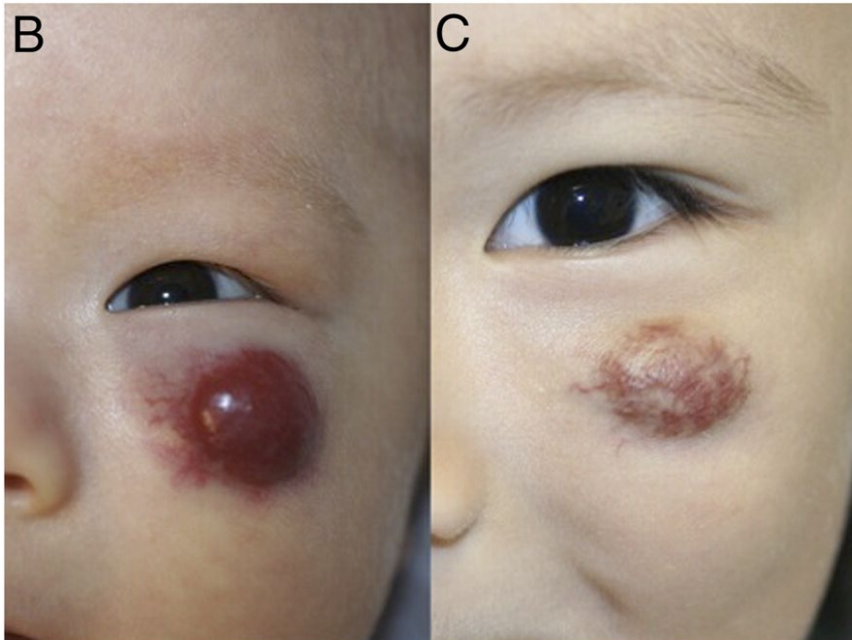
- 59 patients with IH growth at 3 years of age or later
- 85% females
- More common in head and neck
 - 53% Phace
- Deep hemangiomas
- Almost all received systemic treatment



Hemangiomas – Dra. Baselga

IH involute, but do not “disappear”

Untreated hemangioma leave sequel in 56-69% cases !



JAMA Dermatology | [Original Investigation](#)

Risk Factors for Degree and Type of Sequelae After Involution of Untreated Hemangiomas of Infancy

Eulalia Baselga, MD; Esther Roe, MD; Julien Coulie, MD; Fania Z. Muñoz, MD; Laurence M. Boon, MD; Catherine McCuaig, MD; Angela Hernandez-Martin, MD; Ignasi Gich, MD; Luis Puig, MD

Hemangiomas - Dra. Baselga

Which IH will leave more sequel?

How to identify them?

Location

- Glabella
- Nasal tip
- Lip
- Central face
- Breast

Size

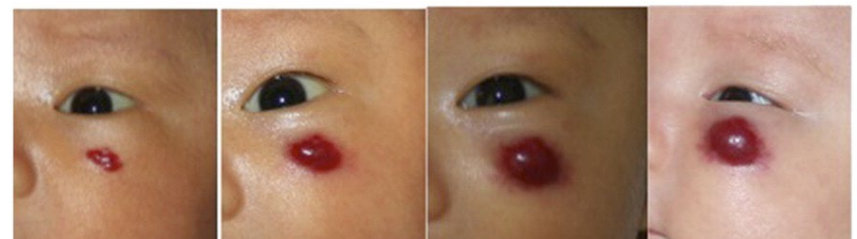
- Larger

IH characteristics

- Ulcerated
- Pedunculated
- Mixed>Superf>Deep
- Border/thickness
superficial
component

DESFIGUREMENT

**Treatment decisions have to be taken early.
“Early referral and close follow/up during the early proliferative
phase”**



Phaces syndrome (OMIM 606519)

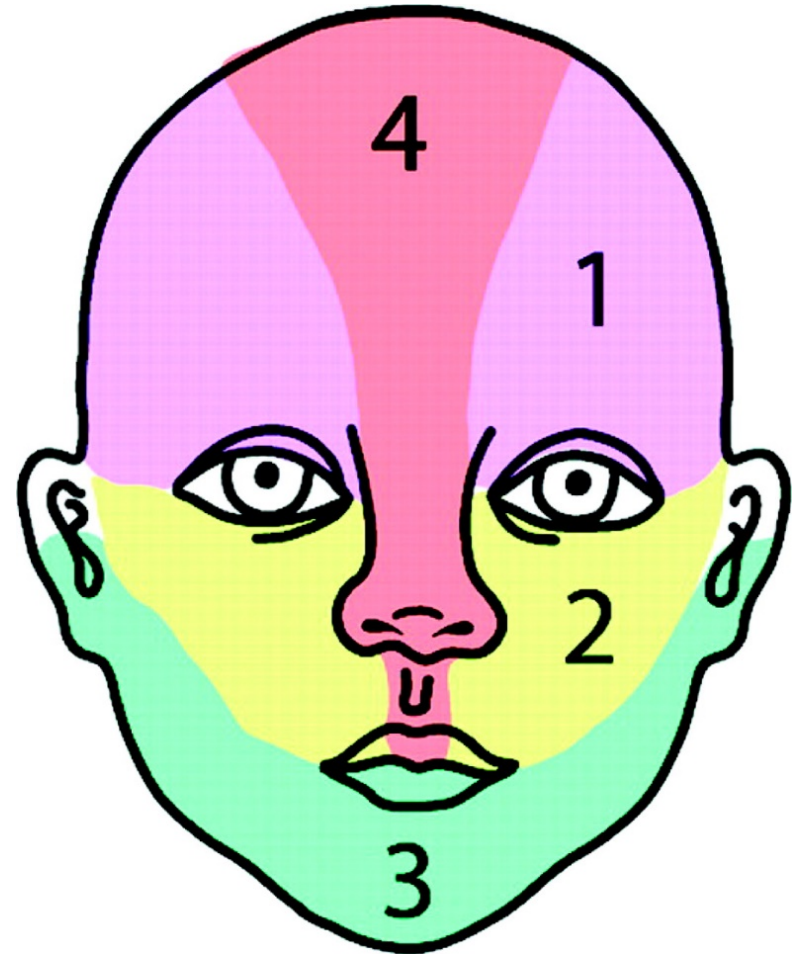


90% Of patients with phaces > 1
Extracutaneous manifestation

- **P**osterior fossa malformation
- Large segmental Facial **H**emangioma
- **A**rterail anormalities **91%**
- **C**ardiac aorta coartation **45%**
- **E**ye anormaities
- **S**ternal raphe

CNS structural and Cerebrovascular

- S1 more risk than others (but if extensive more risk)
- S1 was associated with significantly higher risk for
 - Structural CNS anomalies
 - Cerebrovascular anomalies
- Isolated S2 lower risk / just 1 case
- $S1 > S3 < S4$



Phaces syndrome without SH

Pediatric Dermatology Vol. 28 No. 3 235-241, 2011

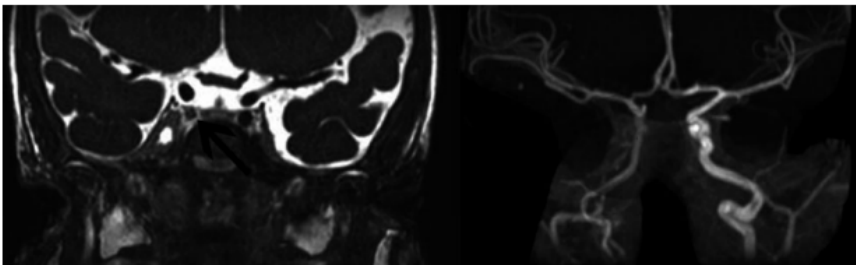
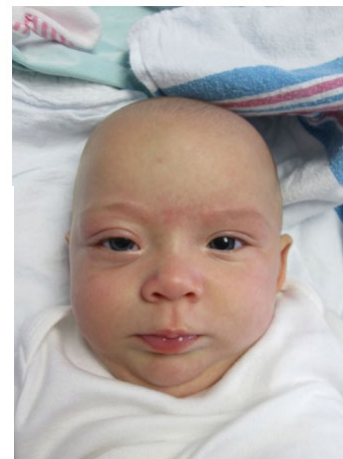
PHACE without Face? Infantile Hemangiomas of the Upper Body Region with Minimal or Absent Facial Hemangiomas and Associated Structural Malformations

Adam S. Nabatian, B.A.,* Sandy S. Milgraum, M.D.,† Christopher P. Hess, M.D., Ph.D.,‡
Anthony J. Mancini, M.D.,§ Alfons Krol, M.D., F.R.C.P.C.,¶ and
Ilona J. Frieden, M.D.**

Pediatric Dermatology Vol. 32 No. 6 e267-e272, 2015

Orbital Hemangioma with Intracranial Vascular Anomalies and Hemangiomas: A New Presentation of PHACE Syndrome?

Nina K. Antonov, M.D.,* Allyson Spence-Shishido, M.D.,† Kalyani S. Marathe, M.D.,
M.P.H.,‡ Brook Tloutan, M.D.,§ Michael Kazim, M.D.,¶ Sally Sultan, M.D., M.S.,**
Christopher P. Hess, M.D., Ph.D.,†† Kimberly D. Morel, M.D.,§,*** Ilona J. Frieden, M.D.,†,‡,‡‡
and Maria C. Garzon, M.D.§,***



No imagen de rutina excepto



- Diagnóstico incierto de HI
- ≥ 5 HI cutáneos
- Riesgo asociado de anomalías anatómicas (PHACE, LUMBAR)

Ecografía



- Modalidad de elección si el dx de HI incierto
- Screening HI hepáticos

RM



- Alto riesgo de anomalías estructurales asociadas

Phaces syndrome / screening criteria

- LARGE segmental hemangiomas on face > 5 cm
- Segmental Hemangiomas of the scalp
- Segmental Hemangiomas of trunk if something else
- No hemangiomas at all and something else characteristic of PHAE
- Orbital hemangiomas / Should be considered segmental?

• Phaces syndrome / initial work

- MRI with gadolinium and **MRA** head and **neck**
- Echocardiogram
- Ophthalmologic exam
- Hearing test if postnatal screening has not been done
- Laryngeal exam in beard area affected
- Growth curve and thyroid