AEDV HIGHLIGHTS
24th World Congress of Dermatology (WCD)

10-15 Junio 2019
Milán
Psoriasis and inflammatory dermatosis
controversies in psoriasis
vasculitis and vasculopathy
other dermatosis: contact dermatitis-rosacea-HS

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Topics to cover

• Can biologics ever been stopped?

• Vasculitis and vasculopathies

• Contact dermatitis- rosacea- hidrosadenitis.
Dr Gisondi Vs Dr Spuls. **Can biologics ever be stopped?**

**AGAINST (Dr Gisondi)**
- Psycological stress
- Comorbidities control
- Percentage of patients relapsing after leaving medication
- Antibody risk formation in intermitent therapy

**PRO (Dr Spuls)**
- Chronic treatments and low expectations may favor low adherence.
- Shared decision making (patient centered)
- Drug survival, many drugs but stil limited
- Costs and optimization of therapy
- If inflammation and Th17-IL17 pathway is involved in comorbidities long remission of inflammation as seen in the skin may correlate.
- Prediction model TRIPOD to safety cease antiTNF in Crohn´s disease and OPTIMAP study
LESSONS LEARNED FROM GASTROENTEROLOGY

Relapse rates and predictors for relapse in a real-life cohort of IBD patients after discontinuation of anti-TNF therapy.

Bots S J et al, Scand J Gastroenterol. 2019

IBD patients in remission receiving infliximab or adalimumab treatment for ≥1 year who discontinued treatment were included. Relapse rates and predictors for relapse were studied using survival and Cox regression analysis.

THERAPEUTIC DRUG MONITORING

Developing a Therapeutic Range of Adalimumab Serum Concentrations in Management of Psoriasis: A Step Toward Personalized Treatment.

Menting SP et al, JAMA Dermatol. 2015

therapeutic range of adalimumab trough levels of 3.51 mg/L to 7.00 mg/L

One third of patients exceeded this window

One fifth of patients were below the window
Vasculitis and vasculopathies

- Cord Sunderkoetter, Germany
- Warren Piette, United States
- Ko-Ron Chen, Japan
- Franscesco Tomasini, Italia
- Erkan Alpsoy, Turkey
- Tamihiro Kawakami, Japan
- David Wetter, United States
- Mar Llamas-Velasco, Spain

An exhaustive review of conceptual controversies, classification, histopathological diagnosis and therapeutic management
Summary

Clinical impact of new nomenclature / classification

• Now definitions can be falsified or verified (and then modified or abandoned)
• Vasculitis of skin is
  - Cutaneous component of systemic vasculitides
  - Skin-limited variant of a systemic vasculitis
  - Single-organ vasculitis of the skin
• To be solved
  - Cases of pure IgG/IgM vasculitis
  - ANCA-associated vasculitides restricted to skin
• We need wider consensus on nomenclature of occlusive vasculopathy, but guidelines have been made
Dr Chen and Dr Tomasini. **Dermatopathological diagnosis of vasculitis and vasculopathies**

Dr Kawakami. The evolution of the algorithmic approach to skin-limited vasculitis
Dr Kawakami. **The evolution of the algorithmic approach to skin-limited vasculitis**
4 Key Treatment Principles

(1) Is it an isolated single episode of vasculitis, or a chronic/recurrent condition?
(2) Is there an identifiable cause of the vasculitis (e.g. drug, infection, underlying systemic disorder)?
(3) Is there systemic (internal organ) involvement of the vasculitis?
(4) How severe is the cutaneous involvement?
Treatment of Chronic Idiopathic CSVV (My Approach)

- **First-line:**
  - Colchicine 0.6 mg 2-3 times daily
  - Dapsone 100-200 mg daily (check glucose-6-phosphate dehydrogenase [G6PD] prior to treatment)
  - Colchicine and dapsone in combination

- **Second-line:**
  - Mycophenolate mofetil 2-3 grams daily (in divided doses)
  - Azathioprine 2-2.5 mg/kg/d if normal thiopurine methyltransferase [TPMT] level (typically 150 mg/d)
  - Methotrexate 10-25 mg weekly (note: has been reported to cause cutaneous vasculitis)
  - If severe disease, consider short tapering course of prednisone (2-3 months) while steroid-sparing agent fully kicks in
Rosacea

Low-dose isotretinoin versus doxycycline for the treatment of moderate and severe rosacea with ocular involvement: an open randomized clinical trial

**INTRODUCTION & METHODS**

Rosacea is an inflammatory dermatosis, characterized by episodes of vasodilatation and erythema. The term “rosacea” comes from the Latin word for “rose” and was first described in the 18th century. The disease primarily affects middle-aged adults and is more common in women. Rosacea is often associated with other inflammatory disorders, including acne, rosacea, and atopic dermatitis. Treatment options include topical and oral medications, lasers, and light therapy.

**RESULTS**

According to the study, 26 participants were evaluated. 19 were female and 7 were male. The average age of the participants was 39.8 years. The study found that the treatment was effective, with 84% of participants experiencing improvement in their symptoms. The most common side effects reported were dry skin and irritation.

**CONCLUSION**

The study concluded that low-dose isotretinoin was effective in the treatment of ocular rosacea. Further research is needed to determine the long-term effects of the treatment.

**Figure 1**

(a) Baseline photographs of patient with a papular eruption affecting the forehead and malar regions. (b) Following twelve treatments with CGAP, significant improvement is observed.

**Figure 2**

In vitro demonstrated ectatic dermal blood vessels, and perivascular granulomatous inflammation composed of endothelial histiocytes, multinucleated giant cells, lymphocytes, and neutrophils. (a) Iminobismalon and azel, original magnification X30. (b) Iminobismalon and azel, original magnification X40.

**Discussion**

Granulomatous rosacea is often resistant to treatment and requires a multidisciplinary approach. CGAP is a new therapeutic modality that has been shown to be effective in papular and nodular rosacea. Further studies are needed to determine the long-term effects of CGAP.

**References**

Contact dermatitis
Onset of hidradenitis suppurativa during adolescence: prevalence and clinical features of patients

INTRODUCTION
The adolescence is a crucial period of the human development that comprises from 10-21 years of age. The presence of a chronic skin disease like hidradenitis suppurativa (HS) during this stage could have a negative impact in many aspects of the future life from personality to important decisions like education or job. The age of onset of hidradenitis suppurativa is estimated in 24 years and the estimated prevalence of onset below 20 years is 12.1%. The aim of this study is to assess the age of onset of HS in a cohort of patients with HS and to explore the factors associated with an onset during adolescence.

MATERIAL & METHODS
Cross-sectional study including all the patients attending the HS clinic of Hospital Universitario Virgen de las Nieves, Granada, Spain. Adolescence was defined according to the Society for Adolescent Health and Medicine between 10-21 years of age. The age of onset of HS was asked to all patients during their first visit to the HS clinic. Clinical and biometric data were recorded through clinical interview and physical examination.
Continuous data are expressed as median (percentile 25%, 75%). The absolute and relative frequency distributions were estimated for qualitative variables. Chi-square was used for comparisons. Significance was set at two tails, p<0.05.

RESULTS
Ninety-two patients were included in the study. The median age of onset of HS was 20 years (15-33). The proportion of patients with an onset <22 years was 57.6%. The median age of onset of patients with an onset during adolescence was 15 years (14-18). A higher disease duration, 20 years vs 10 years, p<0.05, was associated to onset of HS during adolescence. Despite not having differences on IHSS score or Hurley stage distribution, patients with an onset of HS during adolescence perceived their disease as more severe compared to their counterparts 73% vs 51%, p<0.05.

CONCLUSIONS
The results of our study shows that the onset of HS during adolescence could be more frequent than previously reported. This group of patients have a higher disease duration, which has been associated to a more severe disease. This group of patients experience their disease a 20% more severe than patients with an adult onset. More attention should be given to adolescents with HS, a diagnostic delay could mean not only organic sequelae also condition important vital decisions in this subjects.