

HIGHLIGHTS



SINGAPORE

3-8 / july / 2023

Con el patrocinio de:



Iniciativa científica de:





Infecciones de Transmisión sexual y otras Infecciones

Enfermedades Infecciosas (no ITS)



Cristina Galván Casas

Fundación Lucha contra las Infecciones

cgalvan@lluita.org

**NO TENGO CONFLICTOS
DE INTERÉS**

HIGHLIGHTS



WEDV
25th World Congress of Dermatology

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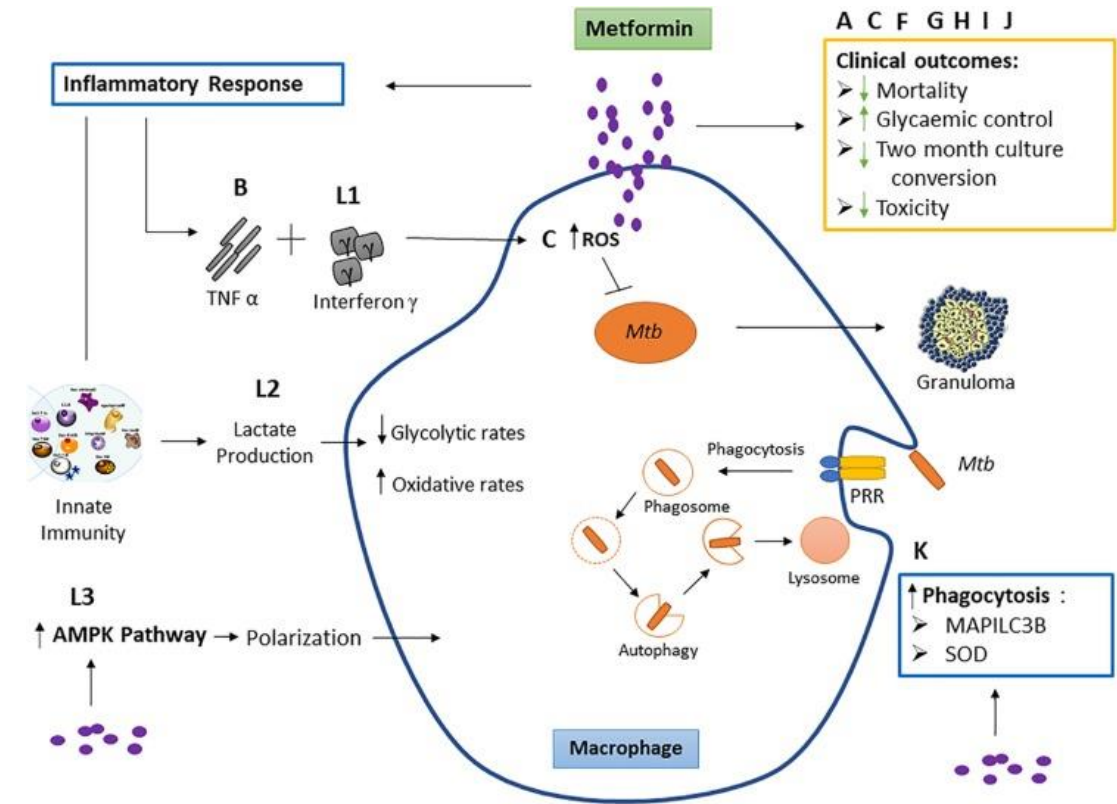
Efficacy and Tolerability of Adjunct Metformin for Multibacillary Leprosy (MetLep) Fase 2 (Clinical trial: NCT05243654) Marlous Rahaedjan

Nuevos casos de Lepra
MB

Tt^o
Convencional +
Placebo

Tto
Convencional +
MTF 1gr

Dra. Marlous Rahaedjan



Naicker N, Sigal A, Naidoo K. Metformin as Host-Directed Therapy for TB Treatment: Scoping Review. *Front Microbiol.* 2020 Apr 29;11:435. doi: 10.3389/fmicb.2020.00435. PMID: 32411100; PMCID: PMC7201016.

SIMPLIFICANDO la TRICOSCOPIA – Dra Samahy, Egypt

- 6 esenciales (Brasileiro 2016) y 2 específicos
(descamación perifolicular + cualquier distrofia (coma, sacacorchos, zigzag, código morse...))
- 1 predictivo (Dhaille 2019)
(coma, sacacorchos, zigzag, código morse y vaina blanquecina)
- 4 suficientes (Kumar 2020)
-pelos cortos rotos, puntos negros, pelos en coma, descamación perifolicular-

Ectotrix (Microsporum): código morse, zigzag, escamas difusas

Endotrix (Trichophyton): sacacorchos

EPIDEMIOLOGÍA – HISTORIA (Dr R. Hay)

Sexually Transmitted *Trichophyton mentagrophytes* Genotype VII Infection among Men Who Have Sex with Men

Arnaud Jabet, Sarah Dellière, Sophie Seang, Aziza Chermak, Luminita Schneider, Thibault Chiarabini, Alexandre Teboul, Geoffroy Hickman, Alizée Bozonnat, Cécile Brin, Marion Favier, Yanis Tamzali, François Chasset, Stéphane Barete, Samia Hamane, Mazzouz Benderdouche, Alicia Moreno-Sabater, Eric Dannaoui, Christophe Hennequin, Arnaud Fekkar, Renaud Piarroux, Anne-Cécile Normand, Gentine Monsel

syphilis diagnosis for 1 patient. Two patients were co-infected with monkeypox virus, and mpox developed in another patient 1 month after the dermatophytosis for 2 others, contamination from sex partners who had similar skin lesions was suspected. Likewise, 2 patients reported secondary appearance of lesions



Figure. Clinical appearance of *Trichophyton mentagrophytes* genotype VII infections in men in France, 2022. A, B) Swollen lesions of the mustache (A) and beard (kerions) (B). C) Papular and nodular inguinal lesions. D) Peri-anal mpox lesions with associated papules and pustules with central umbilication and a large lesion with a central necrotic crust, surrounded by extensive erythematous-squamous circinate lesions caused by TMVII infection.



SITUACIÓN UK + “MEMORIA HISTÓRICA”

....ESTAMOS PENSANDO EN...

- ↑Casos en últimos 10 años
- Clínica de sarna
- Fracasos te
- Situaciones s

Andamos todos igual
Necesitamos Datos
Necesitamos Fármacos

nt efficacies after antecedent	
Cases perme retreat	ment pretreated (end of study)
Total N	No. (%)
749 ((30.0%)
49 ((55.6%)
49 ((71.4%)
1 (26.5%)	7/13 (53.8%)



thrin-Based Treatment Strategies against Scabies
 _2 Jun;245:184-189. doi:
 2022 Feb 14. PMID: 35176310.

Grupos: PMT 2 aplica

Grupo B: =A + PMT di
 genitales si dermatosc

Grupo C: =B en fracas

a x2

es,



Meyersburg D, Kaiser A, Bauer JW. 'Loss of efficacy of topical 5% permethrin for treating scabies: an Austrian single-center study'. J Dermatolog Treat. 2022 Mar;33(2):774-777. doi: 10.1080/09546634.2020.1774489. Epub 2020 Jun 4. PMID: 32495666.

TUBERCULOSIS



Sociedad de Dermatología de piel de color - Dra Archana Singal

- 1,5-3% afectan a la piel
- Dificultad diagnóstica,
 - Gran simuladora (inmunidad del huésped)
 - Paucibacilar (demostración del bacilo)
- 60% tenía un foco sistémico. Imprescindible un buen estudio general
- El tratamiento inadecuado por insuficiente estudio de extensión favorece las resistencias



Micobacterias no TBC -Dr Pérez Alfonso

- Ubicuos. Revisar sus publicaciones ¡Reciben 10 casos a la semana en su hospital tras procedimientos estéticos!
- Dificultad de tratamiento y Frecuencia de resistencias intrínsecas e inducibles, +++ M.Abscesus
- Están probando **Clofacimina**, con buenas expectativas
- Sus recomendaciones son:
 - Identificar siempre el microorganismo
 - Hacer test de susceptibilidad a Drogas
 - Acompañar siempre de Drenaje Quirúrgico (material que usan para los cultivos)

Hongos – Múltiples presentaciones

- ¡No sólo *Trichopython Indotineae*! *T. Rubrum*, *Candida Auris*...
- *T. Indotineae* (antes *T. Mentagrophytes* genotipo VIII)

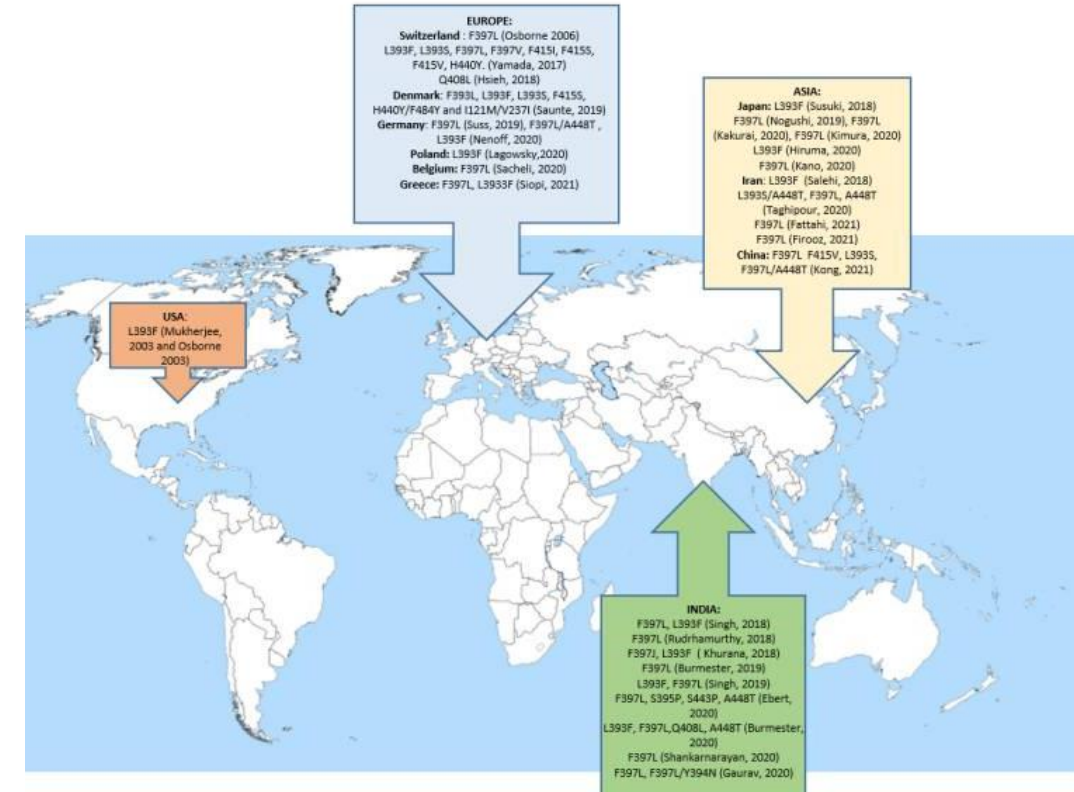
Tinea incógnito (SUPERCÓGNITO), muy extensa y atípica

Multiresistente (Itraconazol: ↑eficacia, ↓resistencias, ↓interacciones)

Casos autóctonos al menos en USA y Italia

Recomendaciones

- Evitar combinaciones con esteroides
- Evitar usar antimicóticos sin un diagnóstico claro
- Tratar hasta cura completa (resistencias, recidivas, extensión). Olvidarse de la farmacoeconomía y las pautas de prospecto.





ANTIBIÓTICOS TÓPICOS

- Resistencia a Mupirocina
 - S. Aureus 7.6%,
 - S. Aureus M. Resistente 13.8%
- 0.3% de resistencia del SAMR a Retapamulina



- La DECOLONIZACIÓN post ingreso en personas colonizadas por SAMR disminuye un 30% las infecciones recurrentes tras el alta.
 - 4% clorexidina para ducha diaria
 - 0.12% clorexidina para enjuague bucal, 2 veces al día
 - 2% mupirocina intranasal, 2 veces al día

Cinco días seguidos, dos veces al mes, 6 meses



EVITAR LA PROGRESIÓN DE LAS RESISTENCIAS PAPEL DEL DERMATÓLOGO

- Tratar las heridas que están claramente infectadas. Limitar los tratamientos preventivos.
- Usar AB que no sirvan para infecciones sistémicas: Mupirocina, Fusidico.
- Elegir AB de espectro limitado (cultivo y antibiograma...)
- Usar pautas suficientes Y evitar exceder el tiempo de tratamiento. Mejor rotar que mantener.

El Hachem et al. Multicentre consensus recommendations for skin care in inherited epidermolysis bullosa. Orphanet J Rare Dis. 2014 May 20;9:76. doi: 10.1186/1750-1172-9-76. PMID: 24884811; PMCID: PMC4110526)

IMUNOTERAPIA DEL MELANOMA

- Melanomas tratados con checkpoint inhibidores
- 18 pacientes, 9 centros
- Colitis asociada al tratamiento: puede encontrarse Clostridium difficile y complicar seriamente la evolución
- -Cualquier paciente sometido a este tratamiento + diarrea = TESTAR C. Difficile

Vuillamy et al.. Clostridium difficile infection and immune checkpoint inhibitor-induced colitis in melanoma: 18 cases and a review of the literature. Melanoma Res. 2023 Jun 1;33(3):192-198. doi: 10.1097/CMR.0000000000000878. Epub 2023 Mar 27. PMID: 36995276; PMCID: PMC10144273.



RESISTENCIAS - ALTERNATIVAS A LOS AB

- Experimental. Bacteriófagos en modelos animales
- Los fagos son muy exclusivos en su dieta, por lo que usan un cóctel de fagos
- Reconocen que quedan muchas barreras antes de que puedan ser probados *in-vivo*

Plumet et al.. Bacteriophage Therapy for Staphylococcus Aureus Infections: A Review of Animal Models, Treatments, and Clinical Trials. *Front Cell Infect Microbiol.* 2022 Jun 17;12:907314. doi: 10.3389/fcimb.2022.907314. PMID: 35782148; PMCID: PMC9247187

VACUNA CONTRA LA TIÑA

- Vacunan terneros con un cultivo congelado y desecado de *Trichophyton verrucosum*.
- Encuentran inmunidad en dos semanas, completa a los 28 días y duradera 12 meses.

Rybníkář A, Chumela J, Vrzal V, Krupka V. Immunity in cattle vaccinated against ringworm. *Mycoses.* 1991 Sep-Oct;34(9-10):433-6. doi: 10.1111/j.1439-0507.1991.tb00809.x. PMID: 1820524..



CUANDO VAYAMOS DE VACACIONES A LA LUNA

- Estudian el microbioma de la piel de los astronautas
 - ↓Gamma y Betaproteobacterias
 - ↑Malassezia y Firmicutes - Streptococcus y Staphylococcus
- Demuestran intercambio entre el astronauta, la nave y el ambiente
- Demuestran alteración de la proporción de bacterias en el microbioma del astronauta *Corynebacterium* spp., *Staphylococcus* spp., *Streptococcus* spp. and *Cloacibacterium* spp. Q
- Consideran que estas modificaciones pueden conducir a dermatopatias

Posters – Tratamientos para Molusco Contagioso



Molluscum contagiosum in a 8 year old female treated with Azelaic Acid cream : a case report

Heirich Fwrier P. Manallili, MD¹, Jesse Adalbert Chua, MD²

¹Consultant, Tarlac Medical Center ²Consultant, Sioson General Hospital

Abstract


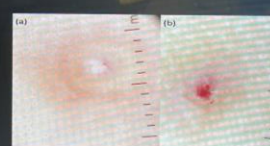
We report a case of an eight year old female who came in due to whitish papules and nodules with central umbilication on the inguinal area for three weeks. Dermoscopy showed white to yellow, amorphous structures with surrounding vessels. Diagnosis was molluscum contagiosum. Patient was started on Azelaic acid 20% cream twice a day for two weeks together with a moisturizer. Patient only noted mild irritation while on treatment which is well tolerated. After treatment, there was decrease in the size of the papules from baseline. Dermoscopy post-Azelaic Acid showed decrease in vascularity.

Introduction

Molluscum contagiosum is a viral infection caused by poxvirus characterized by smooth, dome-shaped, discrete, opalescent papules with a central core. One of the topical therapies for molluscum contagiosum is Azelaic acid. Theories of its action may also be by its anti-inflammatory activity by decreasing kallikrein 5 and total proteinase activity. It may also modify follicular epidermal hyperproliferation leading to the extrusion of the molluscum body. There had only been few published reports which describe the action of Azelaic acid on the molluscum contagiosum while on treatment.

Case Report

- Patient is an eight year old female who came in due to whitish papules and nodules with central umbilication on the inguinal area for three weeks.
- Dermoscopy showed to white yellow, amorphous structures with surrounding vessels.
- Diagnosis was molluscum contagiosum.
- Patient was started on Azelaic acid 20% cream twice a day for two weeks together with a moisturizer. Dermoscopy post-Azelaic acid showed decrease in vascularity.

Discussion

- Molluscum contagiosum (MC) is a self-limited infectious dermatosis, frequent in the pediatric population, sexually active adults, and immunocompromised individuals.
- It presents as firm rounded papules from 2 to 5 mm, pink or skin-colored, with a shiny and umbilicated surface which may be single, multiple or clustered, and occasionally may have an erythematous halo or be pediculated with or without pruritus.
- Dermoscopic findings often include central pore or umbilication, polylobular white-to-yellow amorphous structures, and peripheral crown vessels.
- Azelaic acid has been used in the recent decades in Dermatology in the treatment of acne, rosacea, melasma and some off-the-label diseases such as hidradenitis suppurativa, male pattern baldness, keratosis pilaris, psoriasis vulgaris and periorificial dermatitis.
- Common side effects include stinging, pruritus, dryness and erythema of which was tolerable.

Conclusion

Azelaic acid can be one of the new agents that can be used for molluscum contagiosum with less side effects. More studies can still be made to identify its main mechanism of action and if this medication can be used in a larger population.

The clinical efficacy of urea 30% cream versus placebo in the treatment of molluscum contagiosum: a pilot, double-blind, randomized, placebo-controlled clinical trial

Jose R. Reyes Memorial Medical Center, Department of Dermatology
Christine Marie P. Serrano, MD, DPDS, Kei George J. Rebolledo, MD, DPDS, Zharli Gulmatico-Flores, MD, FPDS, Lillian Lopez-Villafuerte, MD, FPDS, Noemie Salta-Ramos, MD, FPDS

INTRODUCTION

Molluscum contagiosum (MC) is a common viral infection of the skin in children. It presents with characteristic dome-shaped papules with a central umbilication. The current treatment options for this disease: topical mechanical elimination, application of chemical solutions, and immunomodulators that often lead to significant adverse effects.

Urea, a polar hydroscopic molecule, exerts both emollient and keratolytic actions. This can induce keratin conformational changes resulting to denaturation of the protein structure, with minimal adverse effects.

An alternative agent, which will lead to significant clearing of lesions with no or lower side effects, will be of great benefit to the clinician. The utility of urea in MC lesions has not yet been investigated in literature, and this is the first study to evaluate its utility in MC.

OBJECTIVE

This study evaluated the efficacy of urea 30% cream compared with placebo for the treatment of molluscum contagiosum lesions in children.

SPECIFIC OBJECTIVES:

1. To determine the efficacy of urea 30% cream in the reduction of the total number of MC lesions compared with placebo.
2. To determine the efficacy of urea 30% cream in increasing the patient's or caregiver's satisfaction with the treatment of MC compared with placebo using a 5-point Likert scale.
3. To determine the tolerability, safety, and any adverse effects of the utilization of urea 30% cream in the treatment of molluscum contagiosum.

METHODOLOGY

- Newly diagnosed patients with molluscum contagiosum at the outpatient department of Jose R. Reyes Memorial Medical Center, Department of Dermatology were included.
- Baseline assessment and photographs were done.
- Randomization and concealed allocation was performed by a secondary investigator. Group A was instructed to apply 30% urea cream twice daily and Group B was given placebo cream applied twice daily.
- Application was continued for 6 weeks with follow-up done at weeks 2, 4, and 6, with assessment of efficacy, tolerability, adverse effects, and patient satisfaction. Digital photographs were taken.

RESULTS AND DISCUSSION

Table 2. Comparison of reduction of lesions between groups

	Total (n=42)	Urea 30% Cream (n=21)	Placebo (n=21)	P-value
Frequency (%)				
Moderate to significant improvement	8 (19.0)	8 (38.1)	0 (0.0)	0.001
Week 2	12 (28.6)	10 (47.6)	2 (9.5)	0.001
Week 4	11 (26.2)	10 (47.6)	1 (4.8)	0.001
Week 6	11 (26.2)	10 (47.6)	1 (4.8)	0.001

Table 3. Comparison of total molluscum lesion count at 2 week follow-up intervals

	Baseline	2 nd week	4 th week	6 th week
Median (interquartile Range)	5 (3-13)	3 (2-8)	2 (1-7)	2 (1-7)
Urea 30% cream	7 (5-13)	5 (3-13)	3 (2-8)	2 (1-7)
Placebo	5 (3-13)	5 (3-13)	4 (2-10)	2 (1-7)

Table 4. Comparison of improvement at 2 week follow-up intervals

	2 nd week	4 th week	6 th week
Frequency (%)			
Urea 30% cream	0	1 (8.3)	1 (8.3)
Worsening	0 (0.0)	1 (8.3)	3 (25)
No to mild improvement	3 (41.4)	4 (33.3)	2 (16.7)
Moderate improvement	1 (8.3)	0 (0.0)	0 (0.0)
Significant improvement	1 (8.3)	0 (0.0)	0 (0.0)
Worsening	2 (16.7)	3 (25)	3 (25)
No to mild improvement	0 (0.0)	7 (58.3)	6 (50)
Moderate improvement	1 (8.3)	0 (0.0)	0 (0.0)

Table 5. Caregiver satisfaction

	Urea 30% Cream (n=21)	Placebo (n=21)
Frequency (%)		
Highly satisfied	2 (9.5)	3 (14.3)
Satisfied	4 (19.0)	4 (19.0)
Neutral	4 (19.0)	4 (19.0)
Dissatisfied	0	0
Highly dissatisfied	0	0

Table 6. Adverse events

	Urea 30% Cream (n=21)	Placebo (n=21)
Frequency (%)		
None	16 (76.2)	16 (76.2)
Mild	4 (19.0)	0
Moderate	0	0
Severe	0	0

CONCLUSION

- Urea 30% cream was superior to placebo in terms of reducing the number of lesions.
- The adverse reactions from urea 30% cream were pruritus and erythema, and were mild and tolerable.
- Along with the high satisfaction ratings, the use of urea 30% cream is a promising alternative treatment option for molluscum contagiosum in children.

Could oral isotretinoin be a novel in the armamentarium of molluscum contagiosum? A case series of three Nepalese boys.

Vikash Paudel, MD
Department of Dermatology
Patan Academy of Health Sciences, Nepal
National Medical College And Teaching Hospital, Nepal
+97798499948600


Abstract

Molluscum contagiosum (MC) is a viral infection caused by the Poxvirus characterized by multiple umbilicated papules. We report three cases of MC, recalcitrant to topical therapy, who were treated with oral isotretinoin with good outcome. Studies are needed to confirm the effectiveness of oral isotretinoin to offer a promising therapeutic option.

Background

- Molluscum contagiosum (MC) is a viral infection caused by the Poxvirus.¹
- Although several treatments are available, some MC are recalcitrant to standard therapies.
- Oral isotretinoin has been studied as a potential treatment for MC, but further studies are needed to confirm its effectiveness.²
- We present a case series of three patients with recalcitrant MC who were treated with oral isotretinoin.

Clinical Images



Discussion

- Molluscum contagiosum is a viral infection caused by a DNA virus.¹
- It can be transmitted through direct contact sexual or nonsexual contact.
- Mostly, the infection typically resolves on its own, but can persist longer in immunocompromised patients.²
- Treatment options, physical destruction, topical agents, systemic therapies.
- Isotretinoin can also be used as an alternative treatment.^{3,4}
- It influences cell cycle progression, cellular differentiation, and apoptosis, creating an unfavorable environment for the virus.⁴
- Its efficacy in MC is thought to be related to its ability to induce apoptosis of virally infected cells.
- While spontaneous resolution should always be anticipated, isotretinoin may be a promising treatment option for persistent or treatment-resistant cases of MC.

Case Series

- A 20 years HIV infected Nepalese boy who was under antiretroviral therapy for 2 years with severe and recalcitrant MC in face and neck of one year duration.
- Because the unavailability of therapies like systemic cidofovir and interferon, oral isotretinoin was tried at our resource limited setting as an alternative due to its possible effects in the keratinocytes microenvironment at a dose of 0.5mg/kg. He had dramatic improvement within a month of therapy without significant side effects. (Fig A,B,C,D)
- With this response, we tried the same isotretinoin in two other male patients (25 year and 22 years), immunocompetent, who also had severe molluscum of six month duration in same dose i.e. 0.5mg/kg. They also had similar response and were free of their problems in one and two months respectively.

Key Message

- Randomized controlled studies are needed to confirm the efficacy, dose and duration of oral isotretinoin in MC.
- Its safety profile, easy availability and cost effectiveness appears to offer an attractive and novel therapeutic option.

Paudel Vikash

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2023.



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