Cases from the Crescent City

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Disclosure

- Investigator: Regeneron, Novartis
What is the most likely diagnosis?

a. Chronic cutaneous lupus
b. Cutaneous sarcoidosis
c. Demodex folliculitis
d. Perioral dermatitis
e. Rosacea
• The answer is B, cutaneous sarcoidosis.
• This is a case of lupus pernio which presents as indurated, lumpy, violaceous lesions on the nose, cheeks, lips, and ears (areas most affected by cold = pernio).
• This variant is more frequently associated with cystic lesions in the distal phalanges.
• Lupus Pernio has a high predictive value for:
  – pulmonary involvement (75%)
  – involvement of the nasal and oral mucosa, larynx and pharynx, salivary glands, tongue, and tonsils.(50%)
Sarcoidosis

• Bimodal onset:
• 1/3 patients with systemic sarcoidosis will develop skin lesions.
• Commonly presents: red-brown papules/plaques
• Mimicker: hypopgimented, SQ nodules, ichtyosiform, alopecia, verrucous plaques, erythema multiforme
This is a 59 y/o lady previously treated for renal cell carcinoma and breast cancer presenting for asymptomatic erythematous scaly plaques over the bilateral axilla for 10 years progressing to involve the back and the thighs. Patient also started to have new skin colored nodules over the nose, eyelids and fingers.
• What is the most likely diagnosis?
  a. Rosacea
  b. Demodex folliculitis
  c. Psoriasis
  d. CTCL
  e. Perioral dermatitis
answer is d, CTCL

- Primary cutaneous CD8+ small/medium-sized pleomorphic T-cell lymphoma is a rare type of cutaneous T-cell lymphoma that usually affects the head and neck area with an indolent course however it can be more widespread.\(^1\) Granulomatous morphology is an unusual histopathologic pattern that has been described with many cutaneous T-cell lymphomas mainly mycosis fungoides however it is rarely described with CD8+ small/medium-sized pleomorphic T-cell lymphoma.\(^2\)

- Biopsy of nasal bridge showed CD8+ small/medium pleomorphic primary cutaneous T-cell lymphoma with prominent granulomatous inflammation.

- Biopsy of the axilla was consistent with Mycosis fungoides with positive T-cell rearrangement. No internal involvement was found.

- Presence of prominent granulomatous infiltrates may make the diagnosis of cutaneous T-cell lymphoma very challenging.\(^3\) Granulomatous process surrounding lymphomas is not well understood; it might be due to cytokines secretion by neoplastic cells or an immune defense against the tumor.\(^4\)

- Presence or absence of granulomatous pattern doesn’t affect the prognosis nor the treatment of cutaneous T-cell lymphoma.\(^4\)

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• 31 year old M with HIV presents with a chief complaint of 6 m h/o worsening bilateral lower extremity edema.
• It has progressed to the point that patient can no longer walk. He denies any history of heart failure, hepatic insufficiency or renal insufficiency.
• Over same time period he developed asymptomatic brown/purple plaques and nodules on his arms, legs and back.
• ROS: +fatigue, wt gain, leg swelling
• PE: 4+ pitting edema; scattered violaceous papules, plaques and nodules on all extremities and trunk, with lower extremities more involved than elsewhere
• LYMPH: no palpable LAD
The diagnosis is:

A. Bacillary angiomatosis
B. Herpes simplex
C. Kaposi’s sarcoma
D. Merkel cell carcinoma
E. Nodular amyloidosis
Kaposi’s Sarcoma

- It is the most common tumor in HIV-infected patients and is an AIDS defining illness.
- The patient’s CD4 count is considered to be the most important factor in tumor development, which explains why a rise in combination antiretroviral therapy has correlated with a decline in the incidence of AIDS related KS.
- Lymphedema is classically associated with a non-AIDS-related variant called classical KS, it can be seen in the AIDS-related type.
- The edema most likely results from a combination of vascular obstruction caused by tumor-related lymphadenopathy and the associated increased cytokine production, which increases the permeability of lymphatic vessels.
AIDS-Related Kaposi’s Sarcoma

• The characteristic findings are whorled spindle-cells, leukocytic infiltration, and neovascularization of small blood vessels.

• KS associated with HHV-8/Kaposi’s sarcoma-associated herpes virus (KSHV)

• There is a staging system for AIDS-related KS that sorts a patient into prognostic categories based on the extent of the tumor (including associated lymphedema), immune status (as determined by the CD4 count), and severity of systemic illness. Patients may be screened for visceral involvement with a stool occult blood test and a chest x-ray for pulmonary lesions, but these manifestations are less common among AIDS-related KS.

• Kaye, K. Kaposi’s Sarcoma associated Herpesvirus in J. Bennett (Ed.) Mandell, Douglas, and Bennett’s Principles and Practice of Infectious Diseases. Philadelphia, PA: Elsevier. 2015

• Louisiana Dermatological Society Meeting, New Orleans, April 16, 2016
<table>
<thead>
<tr>
<th>Kaposi’s Sarcoma Subtype</th>
<th>Epidemiology</th>
<th>Clinical Features</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classical</td>
<td>Older males, Mediterranean or Ashkenazi Jewish origin</td>
<td>Skin of lower extremities</td>
<td>Indolent Risk of developing non-Hodgkin lymphoma, second malignancy</td>
</tr>
<tr>
<td>African/Endemic</td>
<td>Mid-age African adults/kids</td>
<td>Multiple skin tumors</td>
<td>Progressive</td>
</tr>
<tr>
<td>AIDS associated</td>
<td>Mostly homosexual males and IV drug users</td>
<td>Disseminated mucocutaneous and visceral involvement</td>
<td>Aggressive Lesions may regress or flare with start of antiretroval treatment</td>
</tr>
<tr>
<td>Iatrogenic/Organ transpl</td>
<td>Immunocompromised individual other than AIDS associated</td>
<td>Localized or disseminated mucocutaneous involvement Visceral may occur</td>
<td>Variable May regress with discontinuation of immunosuppression</td>
</tr>
</tbody>
</table>
What is the most likely diagnosis?

- Contact dermatitis
- Guttate psoriasis
- Pityriasis rosea
- Secondary syphilis
- Tinea corporis
• The answer is C, pityriasis rosea.
• The largest plaque shown is the herald patch or initial lesion, which is a pink to salmon-colored patch or plaque with slightly raised margin.
• Following the appearance of the herald patch, symmetrical lesions appear with longitudinal axes following the Langer lines of the trunk.
• HHV-6, HHV-7 more recent focus association

• Pityriasis Rosea-like Drug eruption: ACE inhibitors, metronidazole, isotretinoin, imatinib, clonidine, gold, arsenic, bismuth, omeprazole, etanercept, tripelennamine, ketotifen, salcarsan, BCG vaccine

• Drug induced PR is slower to resolve than idiopathic form.
• Which biologic agent blocks the interleukin-4 receptor?
  a. Dupilumab
  b. Guselkumab
  c. Secukinumab
  d. Tocilizumab
  e. Ustekinumab
• The answer is A, Dupilumab.
• The anti-interleukin-4 receptor (IL-4R) α antibody dupilumab inhibits signaling via IL-4 and IL-13 on immune cells.
• Guselkumab is an IL-23 inhibitor.
• Secukinumab is an IL-17A inhibitor.
• Tocilizumab is an IL-6 inhibitor.
• Ustekinumab is an IL-12 and IL-23 inhibitor.

• Tsianakas A. et al. Dupilumab: a milestone in the treatment of atopic dermatitis
• Lancet. 2016; Volume 387, Issue 10013, Pages 4-5.
Cytokine Activation in AD Skin

• This 11 year-old patient is brought in by his mother for worsening eczema. The patient has been well controlled with emollients and topical steroids in the past.
• His mother is concerned because there are some new bumps near his eye that have come up over the past few days.
• They are mildly pruritic and minimally painful.
• The patient denies changes in vision or photophobia.

What the best choice of treatment?
a. Cephalexin
b. Desonide
c. Doxycycline
d. Imiquimod
e. Valacyclovir
• The answer is E Valacyclovir.
• The diagnosis is eczema herpeticum.
• AD patients are especially susceptible to cutaneous bacterial and viral infections, and may develop severe or fatal herpes simplex virus infection or eczema herpeticum, requiring intensive antiviral therapy.
• Decreased filaggrin and decreased production of antimicrobial peptides may have pathologenic role.

• Leung DY. Why is eczema herpeticum unexpectedly rare? Antiviral Res. 2013; 98 (2); 153-7
Atopic Dermatitis: Pathogenesis

• Genes
  – Altered protein expression in epidermis: i.e. filaggrin
  – Proteins with immunologic function not specific to the skin: i.e. IL-4, IL-5

• Epidermal Dysfunction
  – Lipid defects
  – Tight junction defects

• Immune Dysregulation
  – Th2 predominant cytokine profile: IL-4, IL-5, IL-13
  – IL-22 increased in lesional skin

• Pruritus
  – Persistent and severe in AD
  – Currently elucidating mechanisms: role of IL-31
Th17 cells produce:

a. IFN-gamma
b. IL-13
c. IL-17
d. IL-4
e. IL-5
• The answer is c, IL-17.
• The Th17 cells produce IL-17, IL-22 and TNF-alpha.
• Other cell types that produce IL-17: mast cells, neutrophils and macrophages.

• Patients with genetic deficits in the IL-17 pathway have had impaired mucocutaneous immune response to which microorganism?
  a. Candida albicans
  b. Malassezia furfur
  c. Mycobacterium marinum
  d. Salmonella enterica
  e. Streptococcus pyogenes
• The answer is *Candida albicans*.

• Genetic defects resulting in IL-17 pathway deficiencies have been associated with impaired mucocutaneous immune responses, particularly against *Candida albicans* and *Staphylococcus aureus*.
  – However, the immune responses to both of these pathogens are complex and not mediated exclusively by the IL-pathway.
  – Most of these patients had genetic defects that affected other immune pathways including the Th1 pathway and IL-22.

• In the trials for the new IL-17 inhibitors, small percentages of patients experienced neutropenia, which was generally mild to moderate (2 cases of grade-3 neutropenia in the study of brodalumab)
  – but there was no evidence for increased risk of opportunistic infections or mucocutaneous candidiasis.

• This disease can flare during treatment with secukinumab:
  a. Ankylosing spondylitis
  b. Atopic dermatitis
  c. Crohn’s disease
  d. Psoriatic arthritis
  e. Rheumatoid arthritis
The answer is Crohn’s disease.

When Secukinumab was tested in patients with Crohn’s disease, the patients in the treatment group had a lack of therapeutic effect and an increased risk of adverse events.

Secukinumab has shown favorable results in the treatment of ankylosing spondylitis and psoriatic arthritis.

• Which genetic syndrome is associated with an inability to mount a Th17 immune response?
  a. Bloom syndrome
  b. Dyskeratosis congenita
  c. Fanconi syndrome
  d. Hyper IgE syndrome
  e. Wiskott-Aldrich syndrome
The answer is Hyper IgE syndrome.

Patients with hyper-IgE syndrome (Job's syndrome) have been shown to have defects in Th17 cells (which produce IL-17 and -22), but not Th1 cells (which produce IFN-γ).

These patients are prone to chronic S. aureus abscesses, chronic candidiasis, and pulmonary infections.

• Bloom syndrome is associated with immune deficiency involving low levels of IgM and IgA.
  • Defect BLM gene: functions in unwinding DNA and genomic stability
  • Increased malignancies: esp leukemias/lymphomas
• Dyskeratosis congenita is not associated with cutaneous infections.
  • Defect DKC1 gene: dyskerin gene interacts with telomerase enzyme
  • Bone marrow dysfunction: anemias, leukopenia, thrombocytopenia, pancytopenia
  • Predisposition to malignancies: H&N SCC, leukemia, Hodgkin lymphoma
• Fanconi syndrome is not associated with cutaneous infections.
  • Bone marrow dysfunction: anemias, thrombocytopenia, pancytopenia
  • Predisposition to malignancies: muscosal SCC, AML, hepatocellular ca, incr risk breast and pancreatic ca.
• Wiskott-Aldrich is associated with increased risk of sinus and ear infections
  • WASP gene mutation, WASP expressed in ALL hematopoietic cell lineages
  • Low serum IgM, IgG₂, elevated IgA, IgE, IgD
  • Hepatosplenomegaly, lymphadenopathy, autoimmune disorders common
  • 25% develop lymphomas
32-year-old male with history of allogeneic stem cell transplant 3 months prior with new onset rash, abdominal pain, nausea, vomiting, and diarrhea. He has elevated liver enzymes, alkaline phosphatase, and total bilirubin. Histopathology of the skin from the postauricular region shows a subepidermal bullae with basal vacuolar change and dyskeratotic keratinocytes consistent with grade IV graft versus host disease.
What is the best initial treatment?

A. Corticosteroids
B. Cyclosporine
C. Methotrexate
D. Mycophenolate mofetil
E. Tacrolimus
• The answer is A. corticosteroids.
• Acute graft versus host disease (GVHD) occurs due to recognition of host tissues as foreign by immunocompetent donor cells.
• The three main features of acute GVHD are skin eruption, diarrhea, and bilirubin elevation.
• 3 organs systems affected: skin, GI, liver
• **Systemic corticosteroids** for both acute and chronic GVHD are the gold standard, but less than 50% of patients with have a sustained response to steroids and will need secondary therapy.
## Risk Factors for GVHD

<table>
<thead>
<tr>
<th>Donor</th>
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<tbody>
<tr>
<td>HLA incompatibility with recipient</td>
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<tr>
<td>Unrelated</td>
</tr>
<tr>
<td>Female (esp multiparous) with male recipient</td>
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<table>
<thead>
<tr>
<th>Recipient</th>
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<tr>
<td>Age (older &gt; middle &gt; pediatric)</td>
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<table>
<thead>
<tr>
<th>Stem cell source</th>
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</thead>
<tbody>
<tr>
<td>Peripheral &gt; bone marrow &gt; chord</td>
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<tr>
<td>T-cell-replete graft</td>
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<tr>
<th>Other</th>
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<tr>
<td>Myeloablative conditioning regimen (higher rate aGVHD)</td>
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</table>
GVHD

Acute

- Morbilliform with acral predilection
- Can affect GI tract and Liver

Chronic: Polymorphous Condition

- Lichen planus-like
- Lichen sclerosus-like
- Morphea-like
- Poikiloderma
- Scleroderma-like
- SQ: Fasciitis
- Oral: Keratotic plaues, LP-like lesions
- Restriction of oral opening from sclerosus
- Genital: LP-like; Vaginal scarring/stenosis
- Less specific: nail changes, alopecias, xerostomia, mucosiits, mucocele, ichthyosis, edema, bullae, morbilliform
<table>
<thead>
<tr>
<th>stage</th>
<th>skin</th>
<th>Liver: Bilirubin</th>
<th>Gut: Diarrhea</th>
<th>grade</th>
<th>histologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;25% BSA</td>
<td>2-&lt;3mg/dl</td>
<td>Nausea or 500-1000ml/d</td>
<td>I</td>
<td>Focal basovacuolar changes</td>
</tr>
<tr>
<td>2</td>
<td>25-50% BSA</td>
<td>3-6mg/dl</td>
<td>1000-1500ml/d</td>
<td>II</td>
<td>I + epidermal necrotic keratinocytes and/or perifollicular or dermal lymphytic infiltrate</td>
</tr>
<tr>
<td>3</td>
<td>&gt;50% BSA</td>
<td>6-15mg/dl</td>
<td>&gt;1500ml/d</td>
<td>III</td>
<td>II + clefts/microvesicles</td>
</tr>
<tr>
<td>4</td>
<td>Erythroderma with bullae</td>
<td>&gt;15mg/dl</td>
<td>Severe abdominal pain +/- ileus</td>
<td>IV</td>
<td>III+ large areas of epidermal sloughing</td>
</tr>
</tbody>
</table>
60 year old male with history of itchy crops of red papules and vesicles. There is no significant family history of similar rash. Pathology shows focal acantholytic dyskeratosis. The diagnosis is:

A. Allergic contact dermatitis
B. Darier’s disease
C. Grovers disease
D. Hailey Hailey disease
E. Lymphomatoid papulosis
The correct answer is C Grover’s disease.

- Grover's disease is a transient or persistent, monomorphous, papulovesicular, asymptomatic or pruritic eruption classified as non-familial acantholytic disorder.
- It is more common in middle age and elderly men.
- The etiology is unknown, but excessive UV exposure, heat, sweating, and ionizing radiation are linked to the disease.
- Darier’s disease and Hailey Hailey are similar acantholytic disorder that are hereditary.
- These diseases also can involve intertriginous areas and the neck.
- Colonje et al. McKee’s Pathology of the Skin. 4th ed. Chapter 5 pages 151-179
This finding is most commonly associated with:

A. gout
B. lupus erythematosus
C. psoriasis
D. rheumatoid arthritis
E. scleroderma
The correct answer is C psoriasis.

– This photograph shows a telescoping digit which is a result of progressive erosive disease and osteolysis caused by psoriatic arthritis (PsA).
– It is also called the “opera glass hand.”
– Up to 57% of psoriatic arthritis patient have erosive disease and functional disability occurs in 11-19% of patients.
– Rheumatoid arthritis tends to affect the same joint in all of the digits, whereas PsA is more likely to affect all of the joints in any one digit.
– Gout is associated with gouty arthritis which causes limited joint mobility.
– Scleroderma is associated with ventral pterygium of the nails, Raynaud’s phenomenon and sclerodactyly.
– Lupus erythematosus is associated with tortuous capillary loops of the nail fold and Raynaud’s phenomenon.

You are consulted in the Emergency Department for a 15-year-old female who presented with a 3 day history of flu like symptoms and painful blisters on the face for the past 24 hours. She has a history of depression, ADHD, asthma. Which drug is the most likely cause?

a. Fluoxetine  
b. Lamotrigine  
c. Lithium  
d. Methylphenidate  
e. Montelukast
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a. Fluoxetine
b. Lamotrigine
c. Lithium
d. Methylphenidate
e. Montelukast
• The answer is B lamotrigine.
• The patient developed Stevens-Johnson syndrome SJS secondary to Lamotrigine.
• 50% of all SJS cases are due to drug exposure, and usually take 1-3 weeks of starting the drug to appear.
• The anticonvulsant class of medications are high risk for causing SJS.
• Lamotrigine is a commonly used mood stabilizer and anti-convulsant.
• The risk of SJS is increased when Lamotrigine is used with Valproate.
• The frequency of SJS and TEN in patients treated with lamotrigine is:
  – 1:1000 adults
  – 3:1000 children.

• Worswick et al. Stevens Johnson syndrome and toxic epidermal necrolysis: a review of treatment options. Dermatol Ther 2011;24;207-18
• Louisiana Dermatologic Society Meeting November 16, 2014.
SJS

- Skin Lesions: dusky macules with or without epidermal detachment; macular atypical targets; bullae
- <10% BSA detachment
- Affecting trunk and face
- Severe mucosal involvement
- Systemic symptoms
- May progress to TEN
- Drug induced, occasionally mycoplasma pneumoniae, rarely immunizations
• What is the best treatment option?
  a. Hydrocortisone cream
  b. Doxycycline
  c. Prednisone
  d. Menadione
  e. Mupirocin ointment
• This 60-year-old male has severe reaction to cetuximab being used for colorectal cancer.
• The papules are tender and pruritic.
• What is the best treatment option?
  a. Hydrocortisone cream
  b. Doxycyline
  c. Prednisone
  d. Menadione
  e. Mupirocin ointment
The answer is B, Doxycycline.

Cetuximab is EGFR antagonist.

Grade 2 and 3 eruptions (≥10-30% BSA, tenderness, pruritus, and/or superinfection) often require systemic treatment.

Tetracyclines are considered first-line agents and are likely active through their antiinflammatory properties.

Given the higher prevalence of bacterial superinfection with Staphylococcus species than in acne vulgaris, tetracyclines likely also play an antimicrobial role.


A 23 year old female presents to clinic for a brown spot on the right eyelid that appeared 2 weeks ago. It is asymptomatic. She has never had a similar rash on any other areas. She requests medication to fade the area. What is the most likely diagnosis?
A 23 year old female presents to clinic for a brown spot on the right eyelid that appeared 2 weeks ago. It is asymptomatic. She has never had a similar rash on any other areas. She requests medication to fade the area. What is the most likely diagnosis?

A. Contact dermatitis
B. Congenital nevus
C. Erythema dyschromicum perstans
D. Fixed drug eruption
E. Lichen planus
The answer is D Fixed drug eruption.

The patient had a fixed drug eruption to Naproxen.

Fixed drug eruptions typically occur within 1-2 weeks of exposure to a drug.

Round erythematous violaceous hyperpigmented or targetoid lesions can recur in the same location, usually within 24 hours of the second exposure.

There is a predilection for the lips, face, hands, feet and genitalia.

The most common causes are sulfa medications, pseudoephedrine, NSAIDs, barbituates, tetracycline and carbamazebine

A 31 year old pregnant female at 18 weeks gestational age presents to clinic with a 1 week history of these painful lesions on the legs. She reports associated fevers and malaise for the past 1 week. You decided to perform a biopsy. What is the most likely pattern seen on histopathology?

a. Eosinophilic spongiosis
b. Leukocytoclastic vasculitis
c. Lobular Panniculitis
d. Septal Panniculitis
e. Subepidermal blister
• The answer is D septal panniculitis.
• The photograph is a picture of erythema nodosum which is a predominantly septal panniculitis with a predominance of lymphocytes.
  • Predominant neutrophilic and eosinophilic types have been reported.
  • There is generally no vasculitis associated.
  • The presence of thrombophlebitis has also been reported, but is not a classic finding.

• Triggers:
  – Pregnancy
  – Drugs (Oral contraceptives, aspirin, prazosin, gold, sulfonamides, bromide, and penicillins)
    – Infections (streptococcal, tuberculosis, and hepatitis)
• Calonje et al. McKee’s Pathology of the Skin. 4th ed. 2012. pages 326-361
A 53 year old woman, with history of inflammatory carcinoma of the left breast s/p mastectomy and radiation therapy in 2011, presented for initial evaluation of a concerning rash on her chest. Symptoms began gradually several months ago and involved the skin of the left breast and chest. She complained of redness, irritation, burning, pain, and stinging sensation in the affected areas. She is currently on Tamoxifen and Methotrexate. What is the diagnosis?

A. Contact dermatitis  
B. Morphea  
C. Psoriasis  
D. Radiation recall dermatitis  
E. Recurrent breast cancer
The answer is radiation recall dermatitis.

Radiation recall dermatitis (RRD) is an acute inflammatory reaction at sites of previous irradiation after administration of a promoting agent.

DRUGS:

- anthracyclines (doxorubicin)
- taxanes (paclitaxel)
- antimetabolites (gemcitabine)


Louisiana Dermatological Society Meeting, New Orleans, April 16, 2016
The most likely positive test is:

H&E

treponemal immunostain)
This 35-year-old homeless male with history of IV drug abuse, Hepatitis C presents to clinic for rash on the trunk. The most likely positive test is:

A. Anti-nuclear antibody
B. Cryptococcal Ag
C. Rheumatoid factor
D. Rapid plasma reagin
E. Scabies prep
• The answer is rapid plasma reagin or RPR.
• This is a case of lues maligna, a rare form of secondary syphilis.
• Widespread pustules and nodules necrotic sharply demarcated ulcers
• 60x more likely in HIV/AIDS
• Treatment: IV or IM Penicillin + corticosteroid to prevent Jarisch-Herxheimer reaction

• Louisiana Dermatological Society Meeting, New Orleans, April 16, 2016
You see a 14 year old boy with history of Acute Lymphoblastic Leukemia in remission, and graft versus host disease. Which medication is the cause of this patient’s photodamage?
You see a 14 year old boy with history of Acute Lymphoblastic Leukemia in remission, and graft versus host disease. Which medication is the cause of this patient’s photodamage?

A. Methotrexate
B. Mycophenolate mofetil
C. Tacrolimus
D. Thalidomide
E. Voricoanzole
• The answer is Voriconazole.
• The drug has been associated with phototoxicity presenting as a photodistributed eruption, photodamage or erythema.

• Louisiana Dermatological Society Meeting March 7, 2015
A 57-year-old female with a past medical history of metastatic colon cancer, develops extremely painful hands and feet ten days after initiation of a new medication.
A 57-year-old female with a past medical history of metastatic colon cancer, develops extremely painful hands and feet ten days after initiation of a new medication. Which drug is the most likely cause?

A. Ondansetron
B. Oxycodone
C. Regorafenib
D. Simvastatin
E. Verapamil
• The answer is C. Regorafenib.
• The patient has **hand-foot skin reaction** (HFS), also known as palmo-plantar erythrodysethisia.
• These reactions occur with the use of **multikinase inhibitor** chemotherapeutic agents, such as regorafenib.
• Other offenders: 5-FU, capecitabine, pegylated liposomal doxorubicin, and cytarabine.

  • Louisiana Dermatological Society Meeting November 16, 2014
This 40-year-old female complains of a rash since childhood on the trunk, arms, and legs. It is asymptomatic and does not respond to topical steroids. What is your diagnosis?

- Id reaction
- Lichen nitidus
- Lichen planus
- Milia
- Molluscum contagiosum
• The answer is B, lichen nitidus.
• This woman had generalized lichen nitidus which was biopsy proven.
• Lichen nitidus is an uncommon idiopathic inflammatory cutaneous eruption first described by Pinkus in 1901.
  – Composed of multiple, small, discrete, glistening, flesh-colored to slightly pink papules that may occur anywhere on the skin;
  – however, the most common sites are the glans and shaft of the penis, genitalia, abdomen, and extremities.
• As in lichen planus, the Koebner phenomenon or isomorphic response is observed and is the hallmark of LN.
• The lesions are usually asymptomatic but may be mildly pruritic.

• Cho EB, Kim HY, Park EJ, Kwon IH, Kim KH, Kim KJ. Three cases of lichen nitidus associated with various cutaneous diseases. Ann Dermatol - August 1, 2014; 26 (4); 505-9