WHAT'S THAT ITCH??

Gina Mangin, MPAS, PA-C

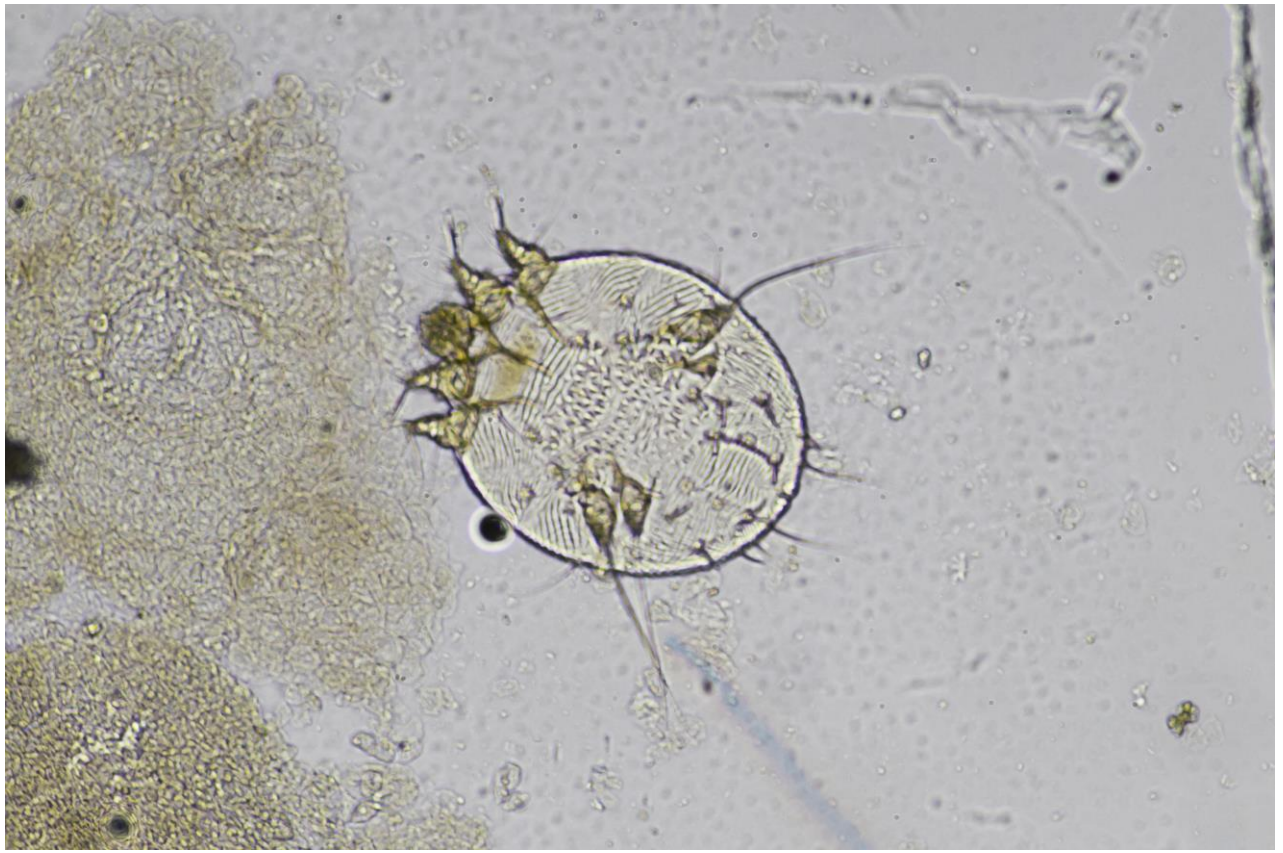
DISCLOSURES

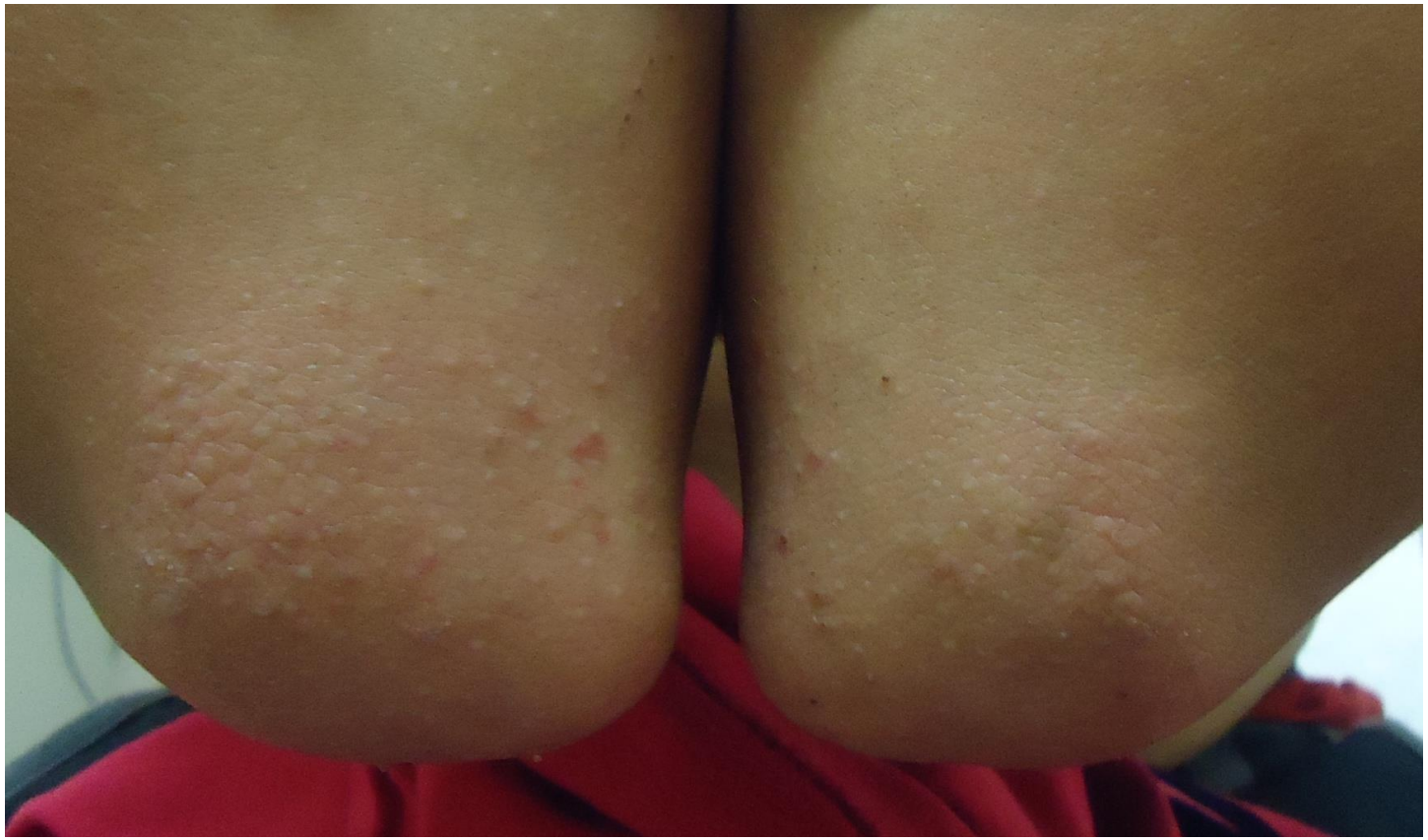
- Speaker for Abbvie
- Speaker for Regeneron Sanofi- Genzyme
- Speaker for Dermavant
- Ad Board Consultant for Arcutis
- Ad Board Consultant for Amgen
- Ad Board Consultant for Bristol Myers
- Ad Board Consultant for Lilly
- Ad Board Consultant for Johnson and Johnson
- Ad Board Consultant for Incyte
- Ad Board Consultant for Leo

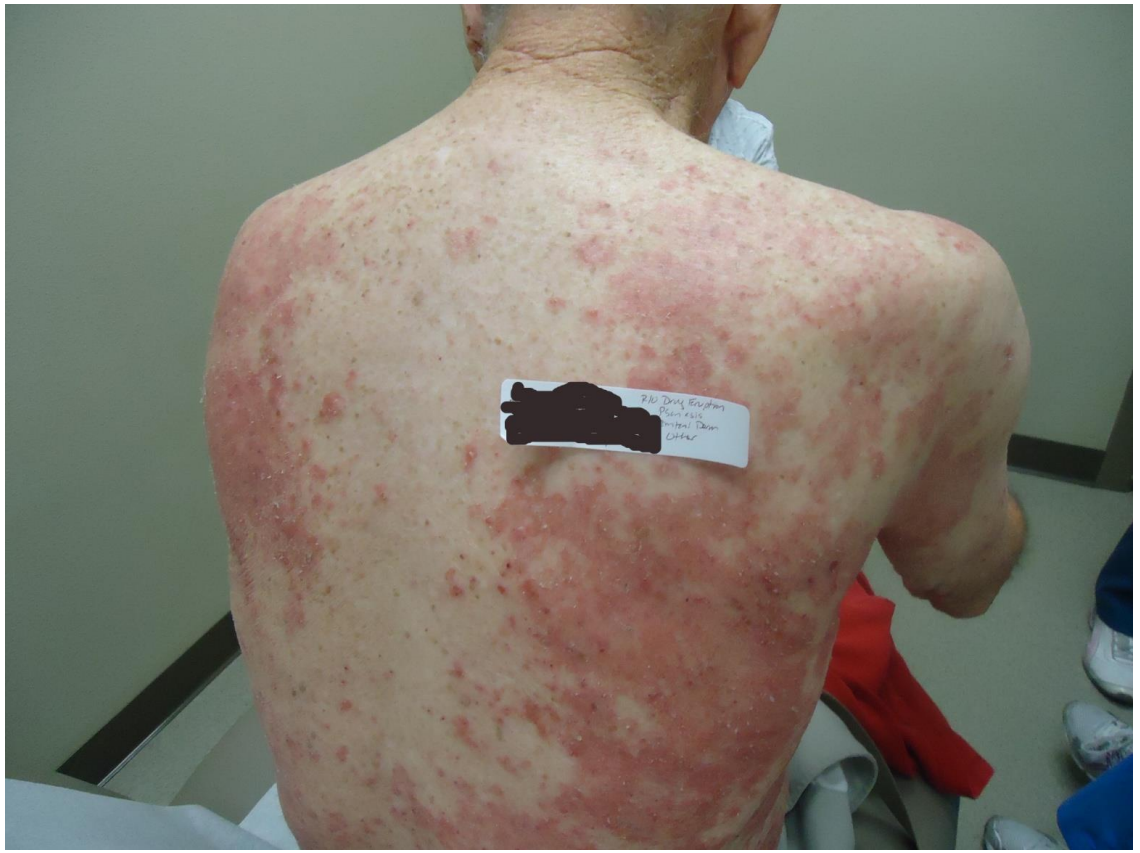
ITCH/PRURITIS

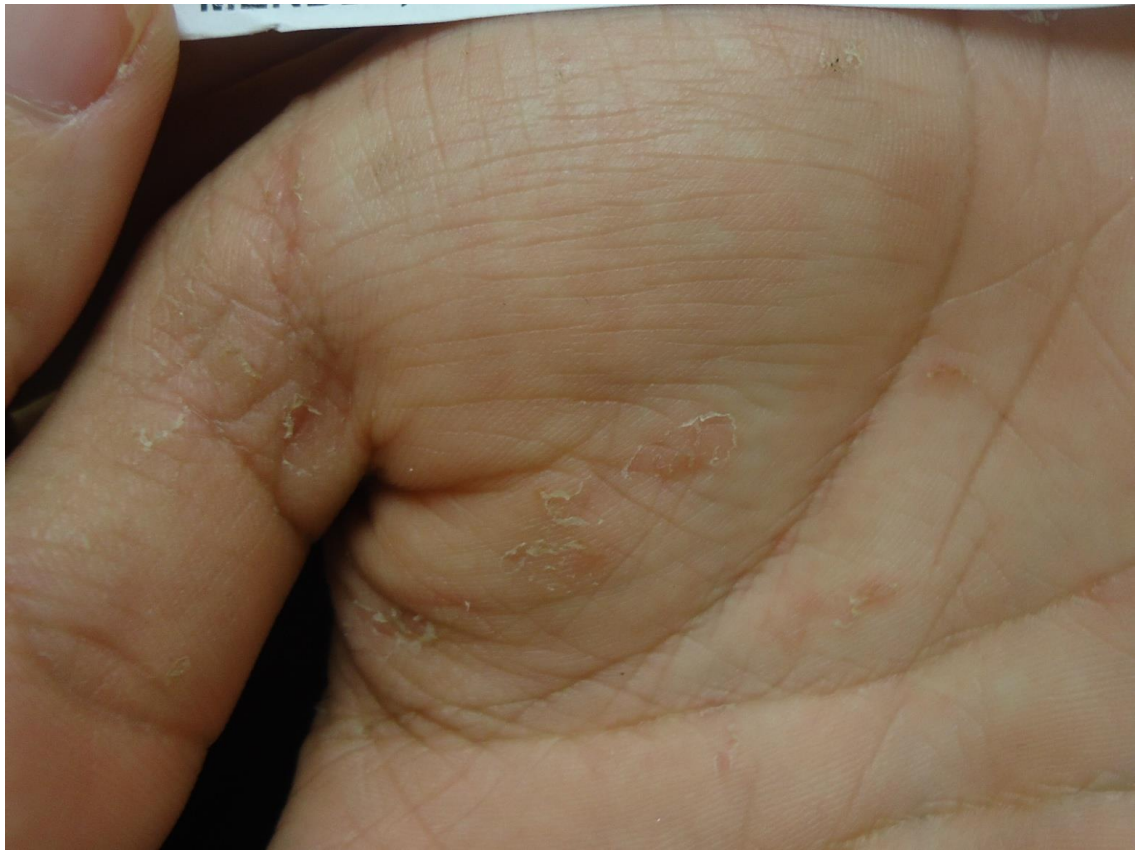
- #1 complaint with patients with a rash
- Rash
- Drug
- Insect
- In My head

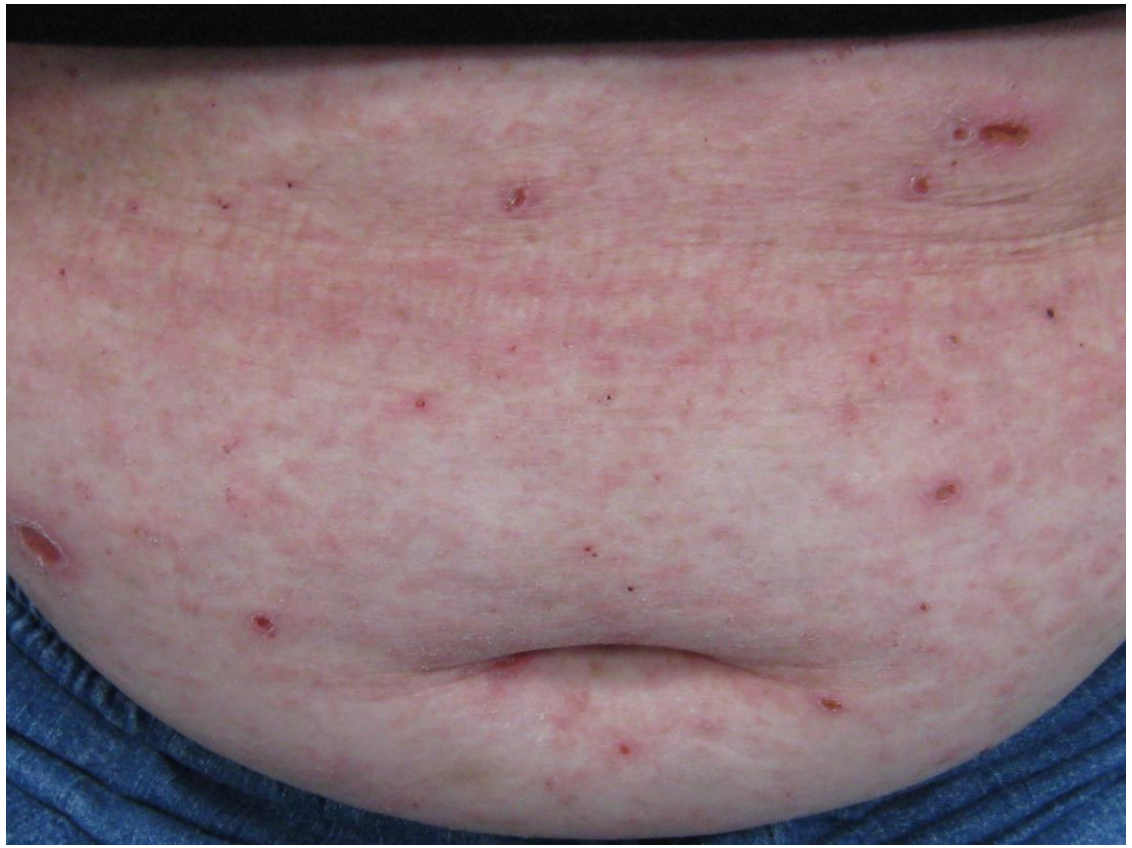
SCABIES

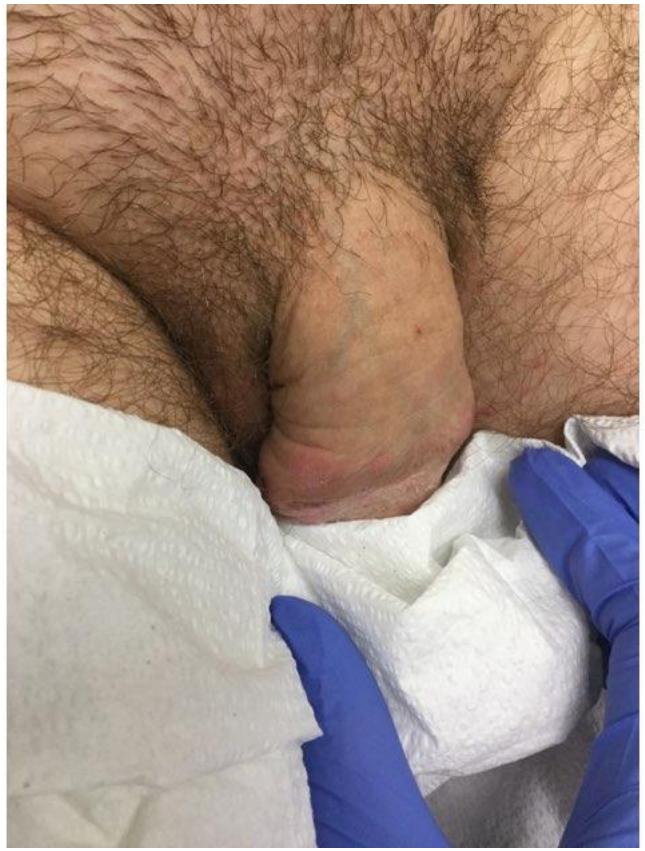












SCABIES

- Sarcoptes scabiei
- Presents with papules, vesicles, pustules, and nodules
- Web of fingers, flexor surfaces of wrists, axillae, abdomen
- Burrows: tiny grey irregular tracks
- Itch worse at night

SCABIES

- Transmitted via close contact, including sex
- 10-15 mites on an individual at a time
- After mating the male dies
- Female burrows and lays up to 3 eggs each day
- Eggs to adult hood 10-14 days

SCABIES TX

- **Permethrin**
- **Ivermectin**
- **Spinosad**
- Malathion
- Lindane
- Crotamiton
- Benzyl Benzoate: not used in US

- Permethrin: apply twice, one week apart

  Keep on for 12 hours then wash off

  Children up to 2y/o and elderly: scalp,neck,face, ears

  Choice in PG women: only small amount absorbed

- Ivermectin : 0.2mcg/kg day one and repeat in one week

- Spinosad 0.9%

SPINOSAD 0.9%

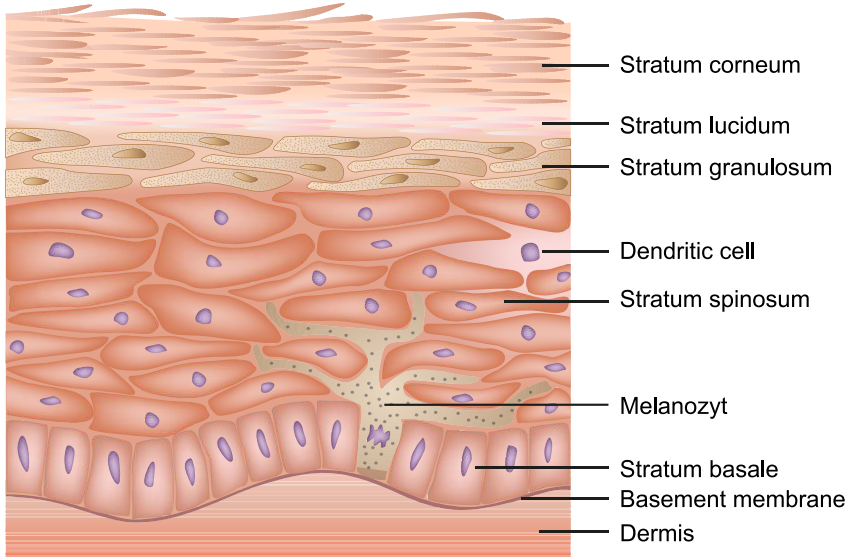
- Approved for headlice and scabies: 4y/o & older
  - PG: not systemically absorbed but no studies done in Pg or lactating women
- Does not penetrate the dermis: stay in stratum corneum
- Neuronal overexcitation causing death to insect
- Apply Hairline to toe: allow to dry for 10 minutes
- Wash off in 6 hours
- Complete clinical clearance 78.1%
- SE: skin irritation and dry skin

BULLOUS PEMPHIGOID

- Autoantibodies against components of hemidesmosomes
- **BP 180 & BP 230**
- Subepidermal blisters with eosinophilic infiltrate
- Occurs at DEJ- Epidermis ”lifts” off

J Am Acad Dermatol.221 Jul;85(1):1-14

Structure of the Epidermis



Stratum corneum

Desosomes

Hemidesomoes

Basement membrane

BULLOUS PEMPHIGOID

- More common in elderly
  - 70 - 80y/o
- Urticarial plaques (20%)
  - Pts present very itchy
- **Large tense Bullae**
  - **Subepidermal blisters**- entire epidermis is pulled off dermis
- Trunk & extremities
- Associated with neurological Disorders

J Am Acad Dermatol.2021 Jul;85(1):1-14

WORK- UP FOR PEMPHIGOID

- Biopsy H&E
- Biopsy DIF- perilesional
  - **NOT LOWER EXTREMITY**
- Serum – BP 180 and 230 antibodies
- Review **ALL medications**
- Exam trunk, extremities, scalp, buttocks

DRUGS CAUSE BP

F- Furosemide (Lasix)

A- ACE (Captopril)

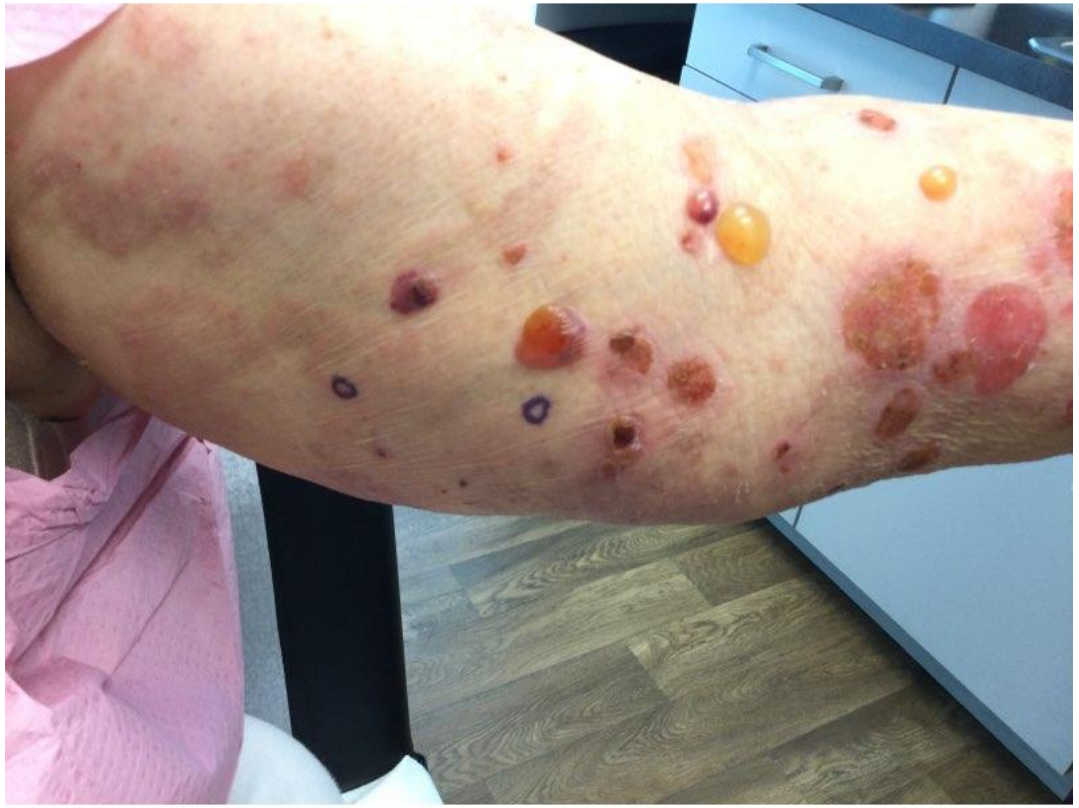
N- PeNicillamine

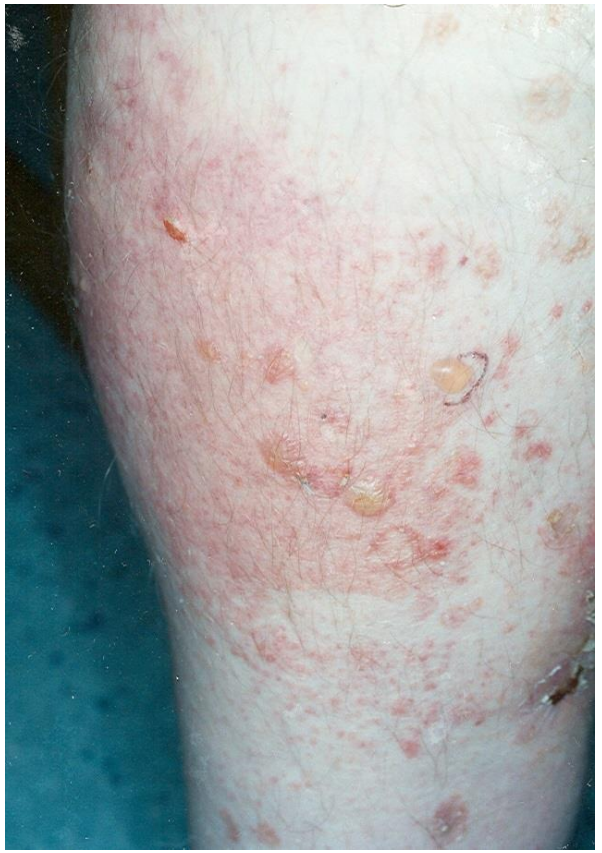
G- Gliptins DIABETES MEDICATIONS- DPP-4i Inhibitors/Gliptins

- SITAGLIPTIN (Januvia)
- LINAGLIPTIN (Tradjenta)
- SAXAGLIPTIN (Onglyza)

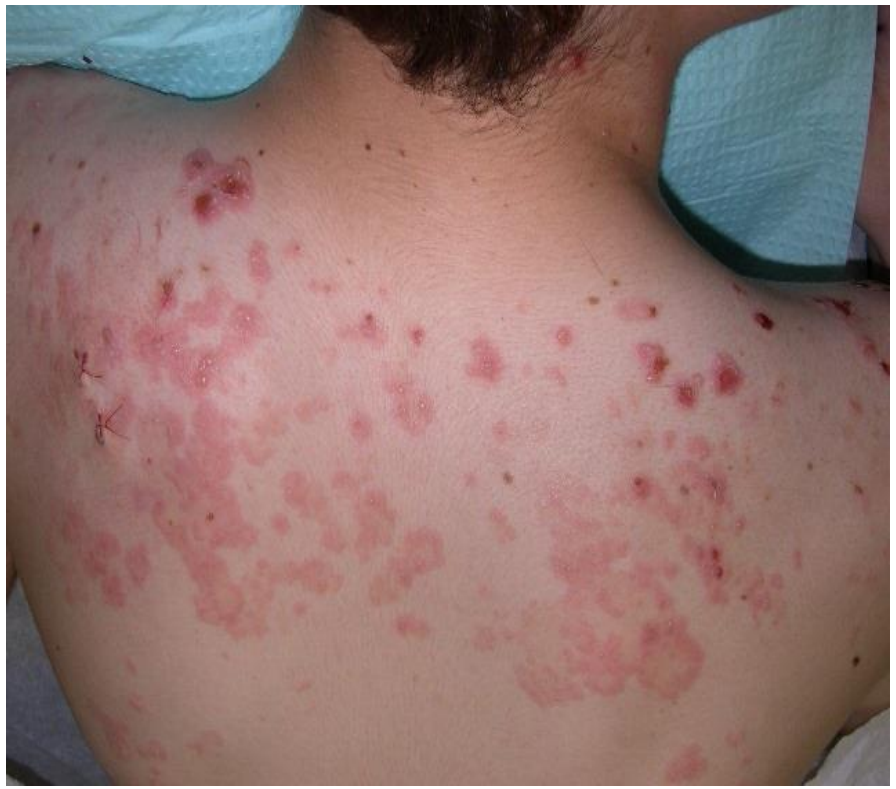
Dr.Joe English/ Dr. Altman/Dr. Ron Feldman

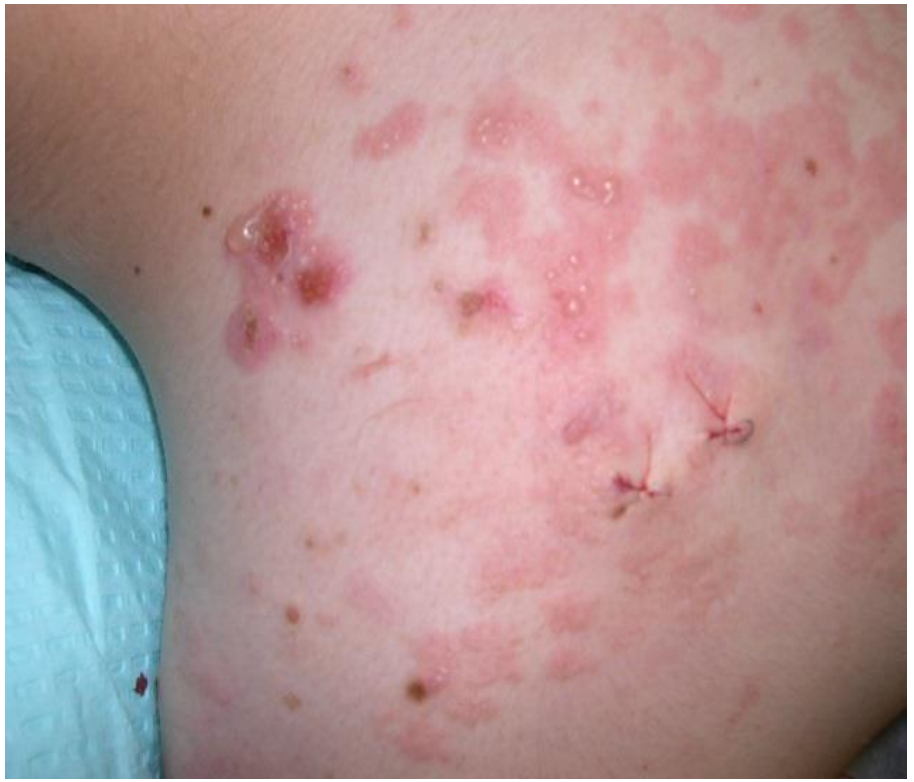
BULLOUS PEMPHIGOID



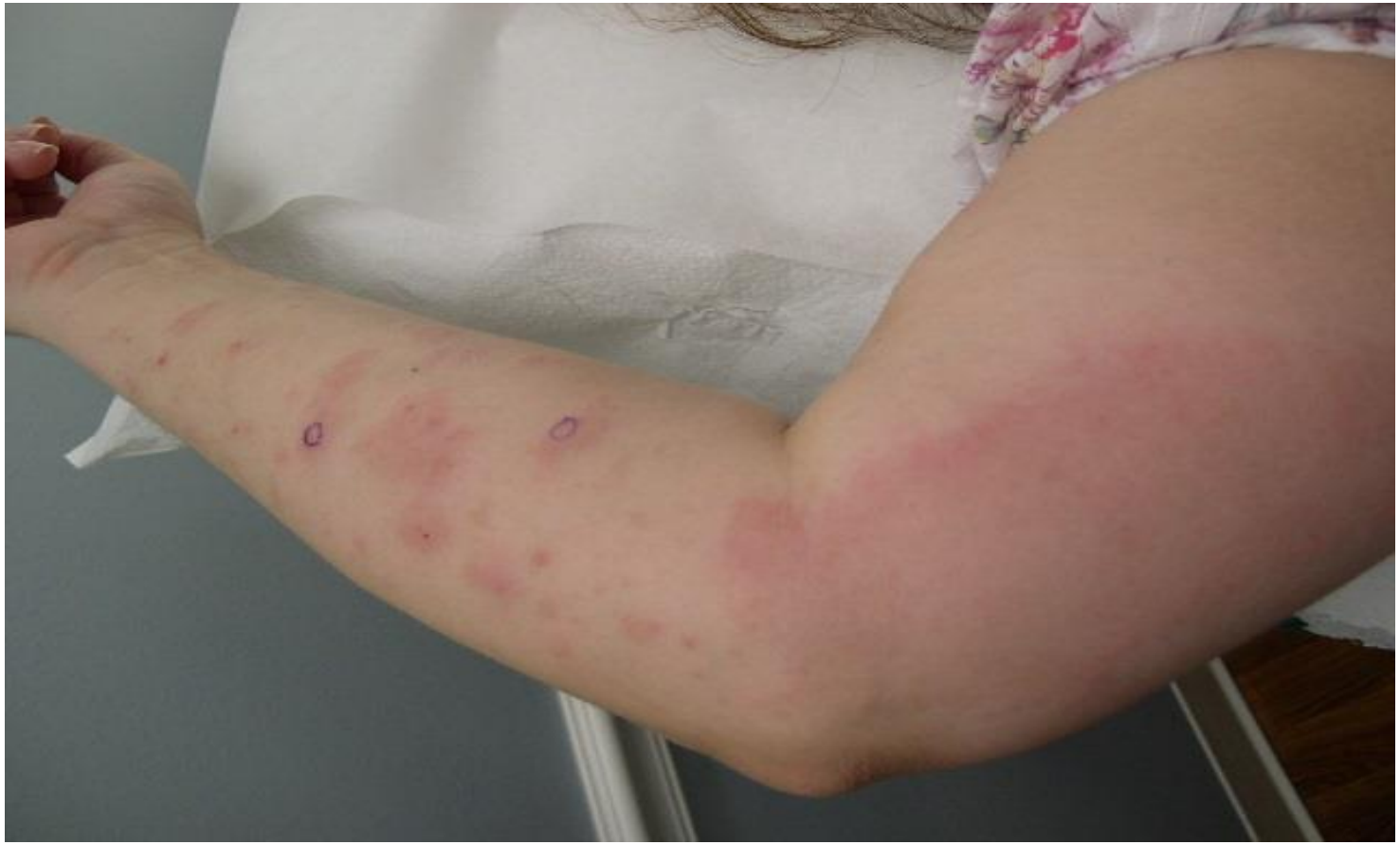


BULLOUS PEMPHIGOID





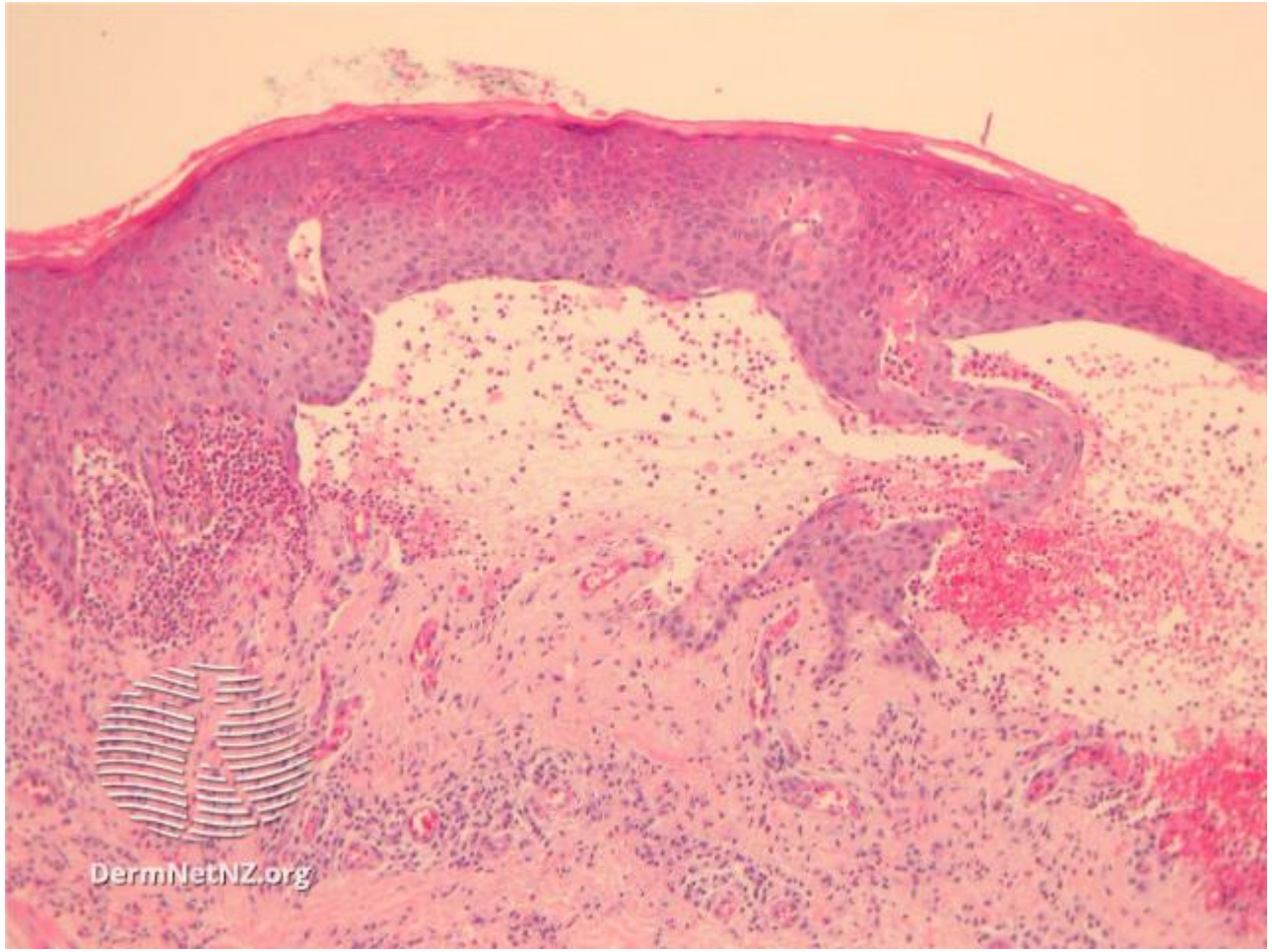
BULLOUS PEMPHIGOID



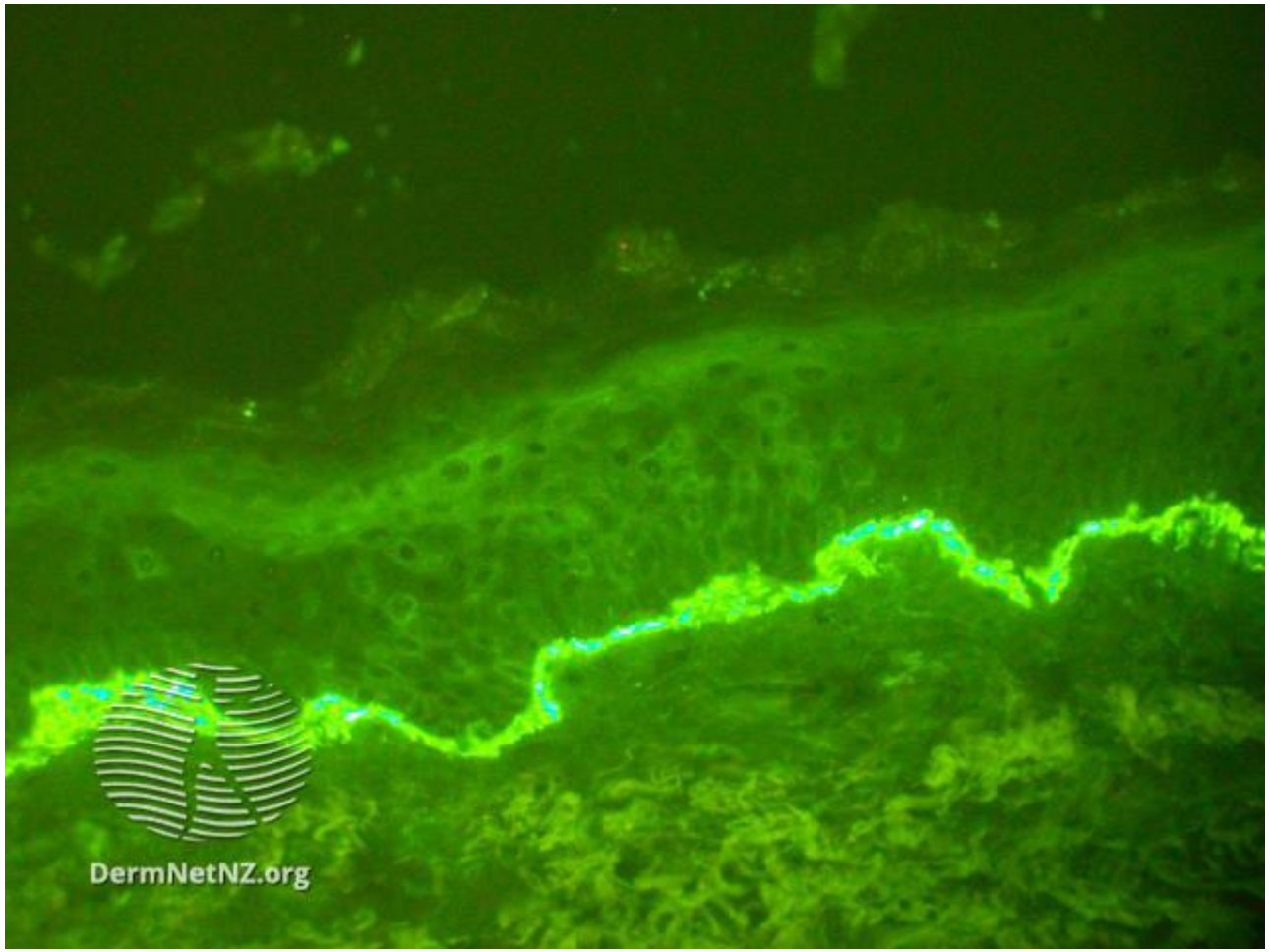
BULLOUS PEMPHIGOID

Eosinophil Rich

Subepidermal Split



Linear IgG and/or C3 at BASEMENT membrane



TXS FOR BP

- Doxycycline
- Topical Steroids- high potency
- Prednisone
- Mycophenolate
- Azathioprine
- Dapsone

J Am Acad Dermatol.2021 Jul;85(1):18-27

DUPILUMAB FOR BP

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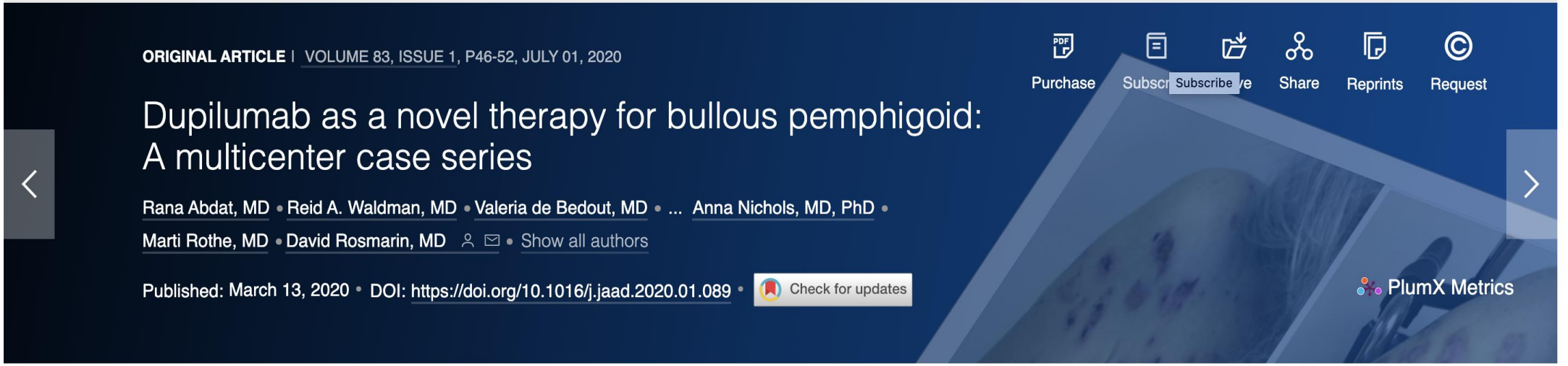

ORIGINAL ARTICLE | VOLUME 83, ISSUE 1, P46-52, JULY 01, 2020

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Dupilumab as a novel therapy for bullous pemphigoid: A multicenter case series

Rana Abdat, MD • Reid A. Waldman, MD • Valeria de Bedout, MD • ... Anna Nichols, MD, PhD • Marti Rothe, MD • David Rosmarin, MD • Show all authors

Published: March 13, 2020 • DOI: https://doi.org/10.1016/j.jaad.2020.01.089 • Check for updates

PlumX Metrics

Key words

References

Background

Bullous pemphigoid (BP) is an autoimmune blistering disorder occurring mostly in the elderly that lacks adequate treatments.

TXS FOR BP

- Doxycycline
  - 100mg BID
  - +/- Niacinamide

- Prednisone
  - 0.5-1.0mg/kg/day

DERMATITIS HERPETIFORMIS

DERMATITIS HERPETIFORMIS

- Cutaneous manifestation of Celiac DZ
  - Approx 10% known to have DH
- IgA granular layer
- Packed neutrophils in dermal papillae
- IgA antibodies against gliadin cross linked to tissue transglutaminase

Am J Clin Dermatol. 2021 May;22(3):329-338

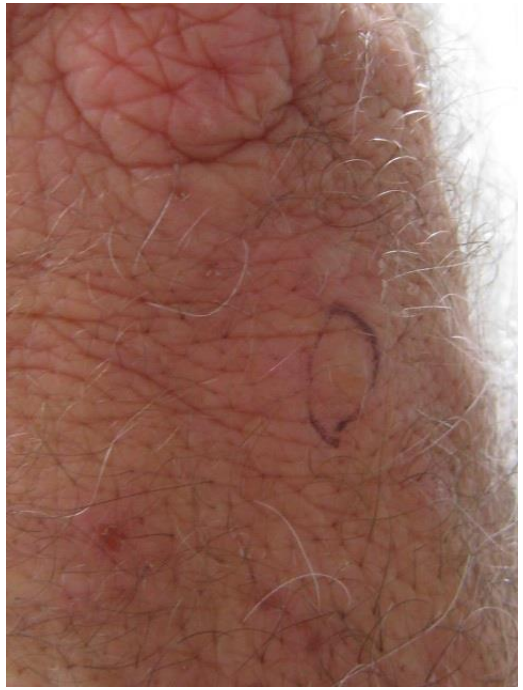
- More Common Caucasian
- Male (slight)
- 40-50 y/o
- Associated Dx
  - DM
  - Autoimmune thyroid dz
  - Connective Tissue dz (Sjogren)

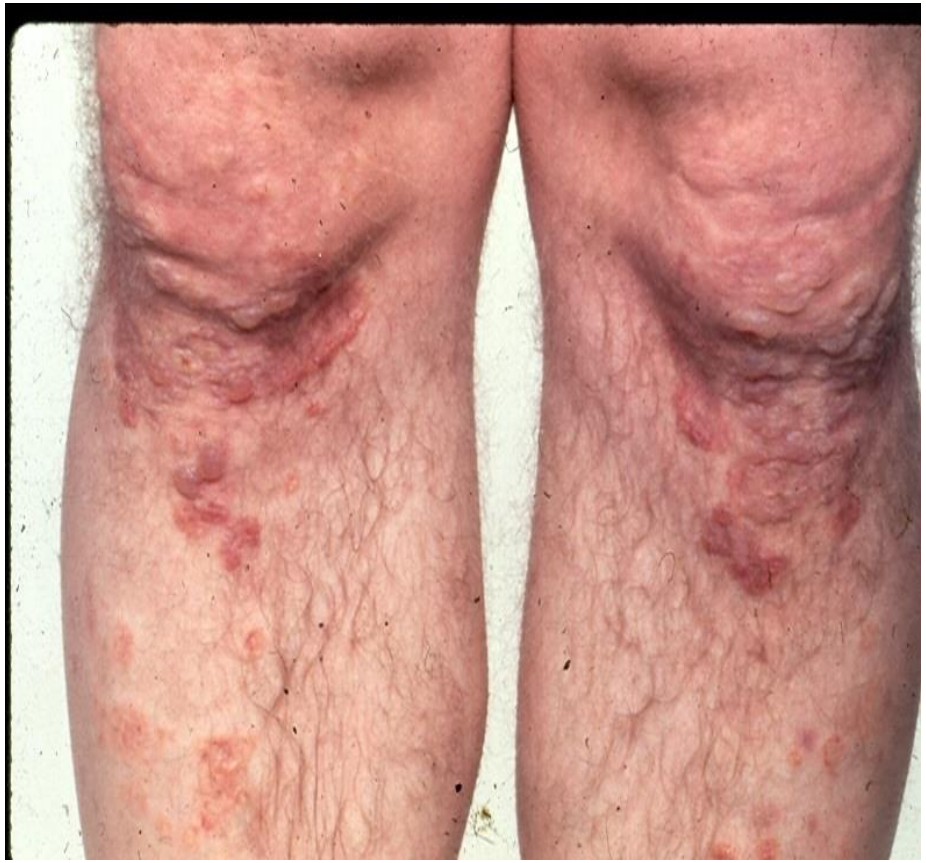
Am J Clin Dermatol.2021 May;22(3):329-338

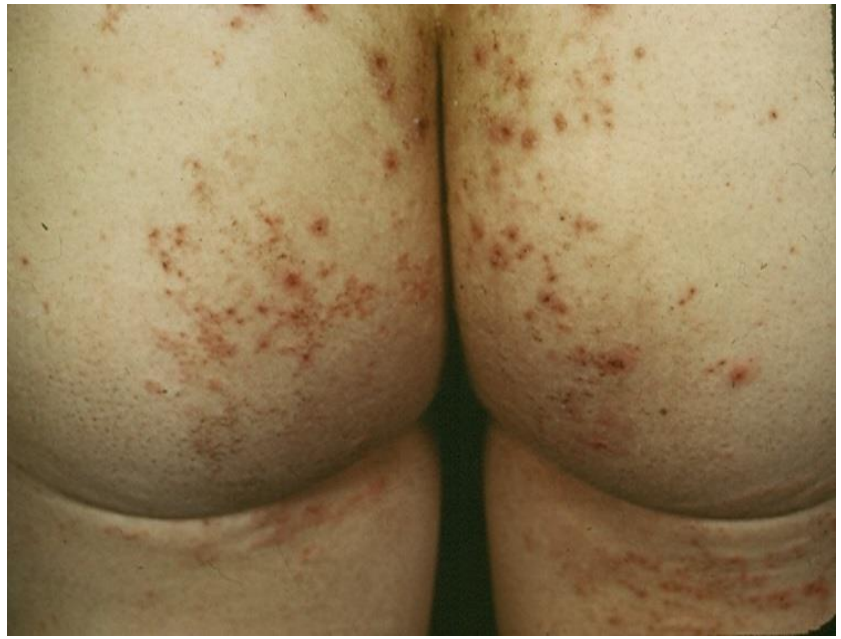
DERMATITIS HERPETIFORMIS

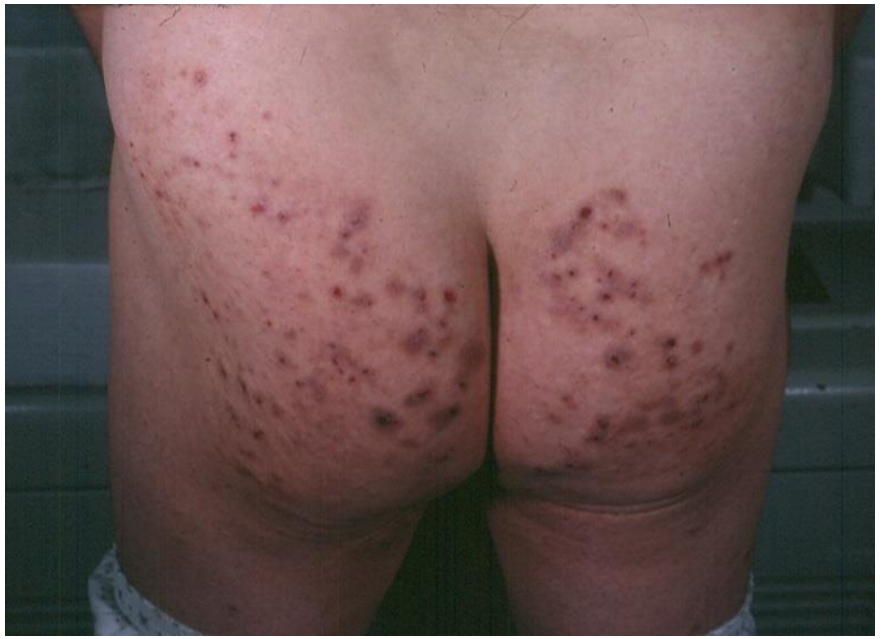
- VERY ITCHY
- Itchy clustered vesicles on erythematous base
- Elbows, extensor surfaces, buttocks
- Higher risk of T-cell Lymphoma and Thyroid dz

Am J Clin Dermatol.2021 May;22(3):329-338
Front Immunol.2019 Jun 11;10:1290









WORK- UP FOR DERMATITIS HERPETIFORMIS

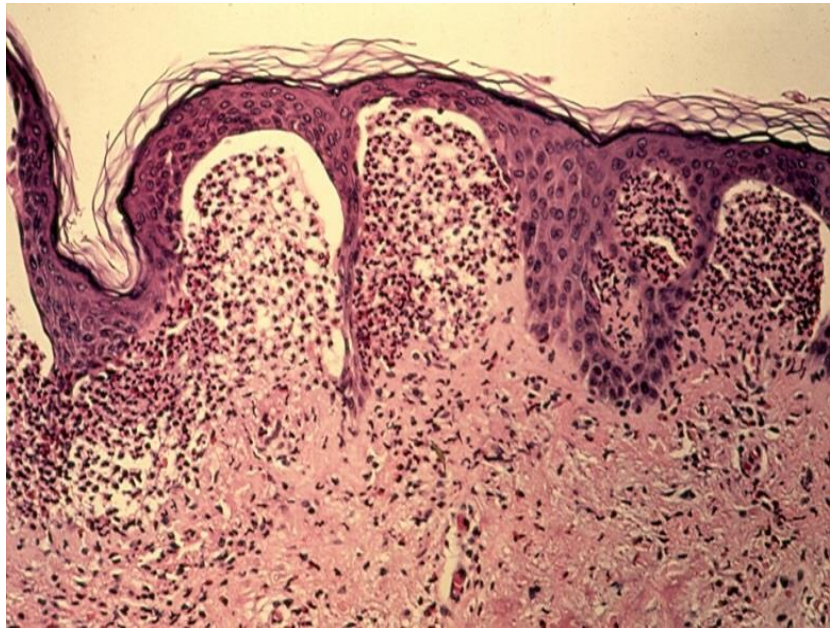
- Biopsy H&E
- Biopsy DIF- perilesional
  pathognomonic
- Serum – anti-tissue transglutaminase (TTG/IGA) & anti endomysial antibodies
- Review ALL medications
- Exam trunk, buttocks, extensors surfaces

BIOPSY FOR DERMATITIS HERPETIFORMIS

- H&E
- DIF
  - Granular IgA within dermal papillae

DERMATITIS HERPETIFORMIS

Neutrophilic infiltrate

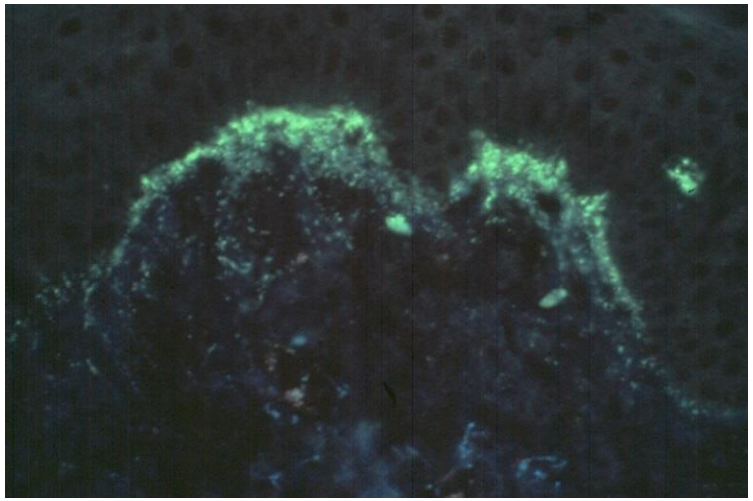


Slide courtesy of Dr. Christopher Crotty

DERMATITIS HERPETIFORMIS

Granular Deposition IgA

Along BASEMENT MEMBRANE



Slide courtesy of Dr. Christopher Crotty

TX FOR DERMATITIS HERPETIFORMIS

- **GLUTEN FREE DIET**

- Dapsone
  - Start 25-50mg daily and titrate to 100mg/daily
  - Check G6PD
  - Baseline CBC, CMP, recheck at 2weeks then q3-6 months
  - Side Effects: HA, hemolytic anemia, peripheral neuropathy, dapsone hypersensitivity syndrome

Am J Clin Dermatol.2021 May;22(3):329-338
Clin Exp Dermatol.2019 Oct;44(7):728-731

GLUTEN FREE DIET

B- Barley

R- Rye

O- Oats* **(oats pure and Not contaminated with wheat, barley, or rye can be consumed)**

W- Wheat

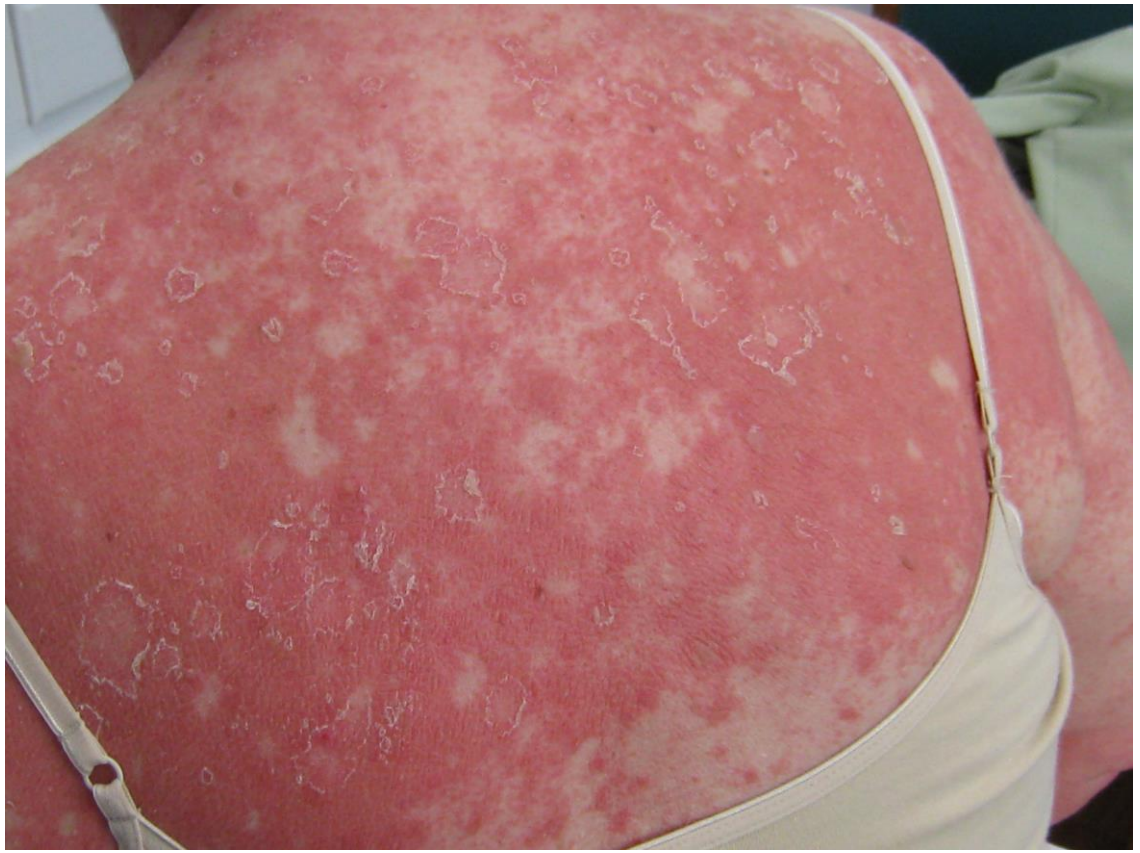
J Eur Acad Dermatol.2009 Jun;23(6):633-8

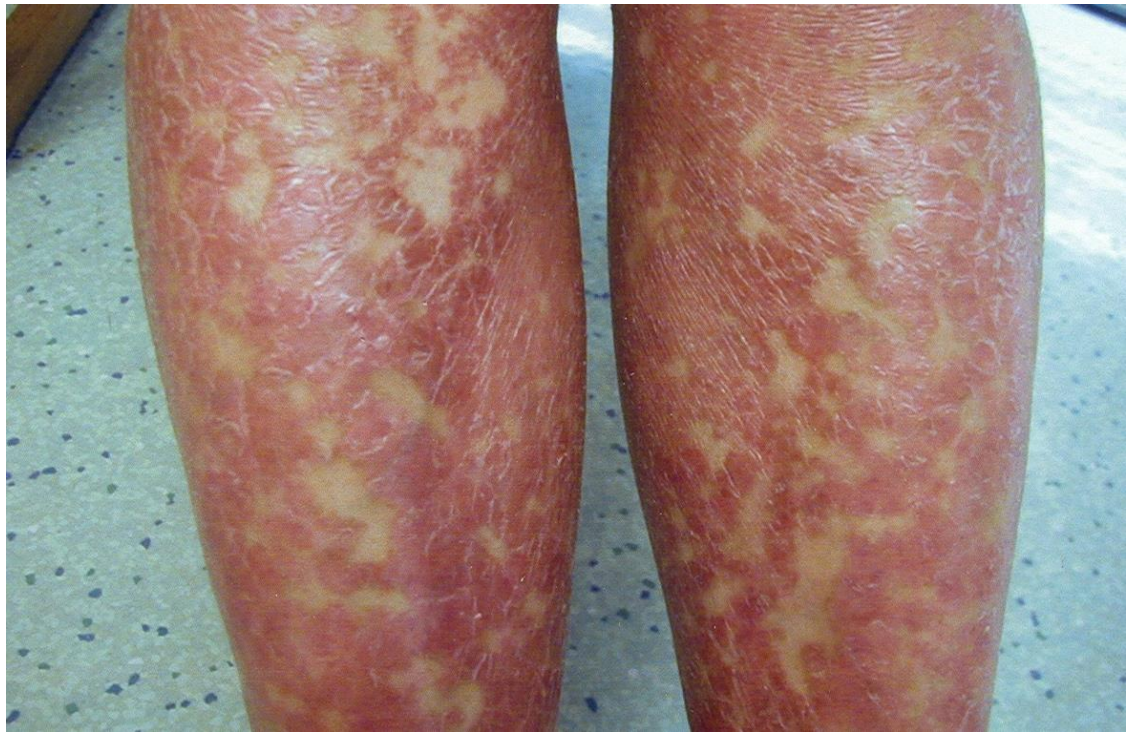
PITYRIASIS RUBRA PILARIS

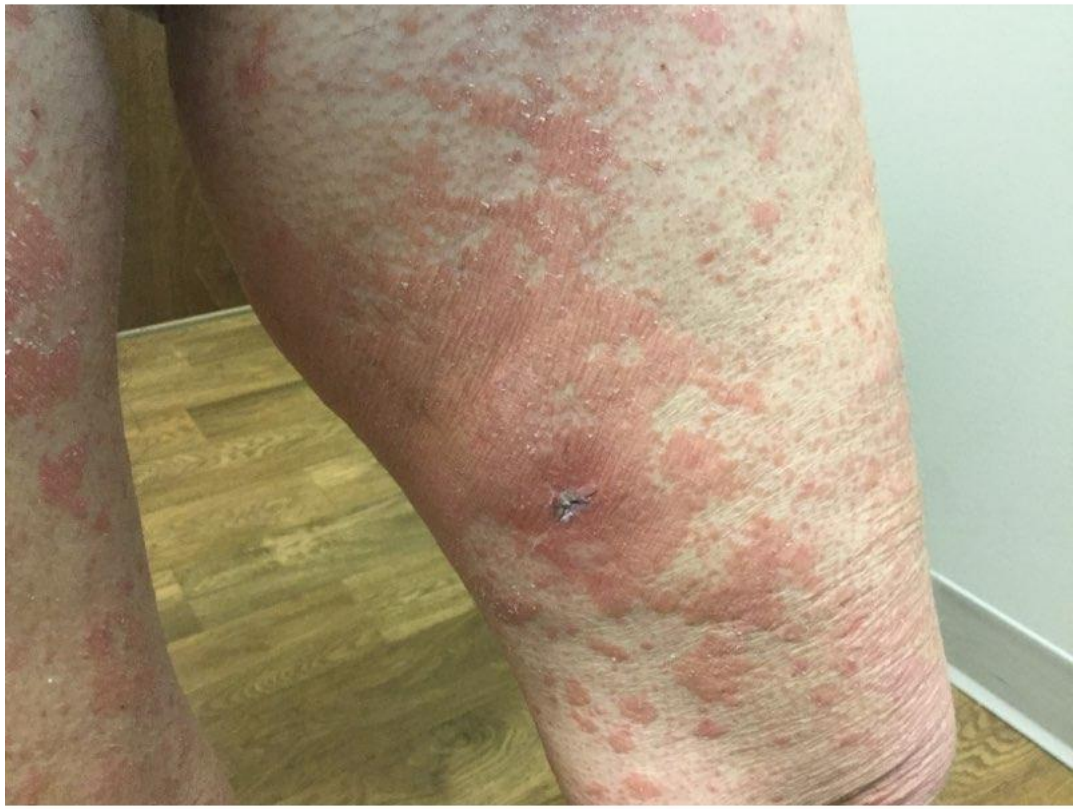
- Small pustules, pink scaly patches, reddish brown papules
- Palmar/plantar hyperkeratosis
- Common 1st 5 years of life OR early 50s
- Men = Women
- Starts on neck and trunk, spreads to extremities
- **ISLANDS OF SPARING**
- **ITCHY**

- **Unknown etiology**

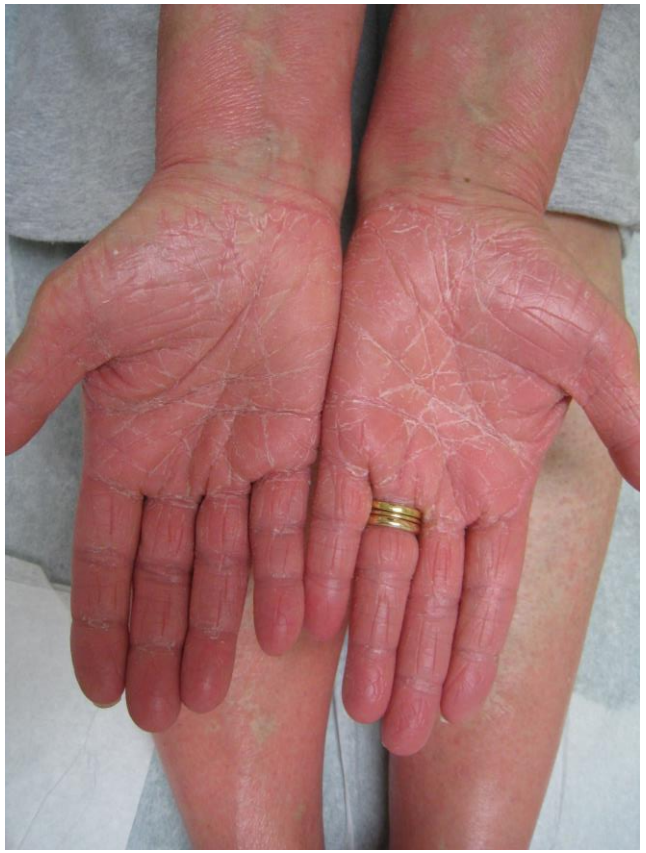
PITYRIASIS RUBRA PILARIS

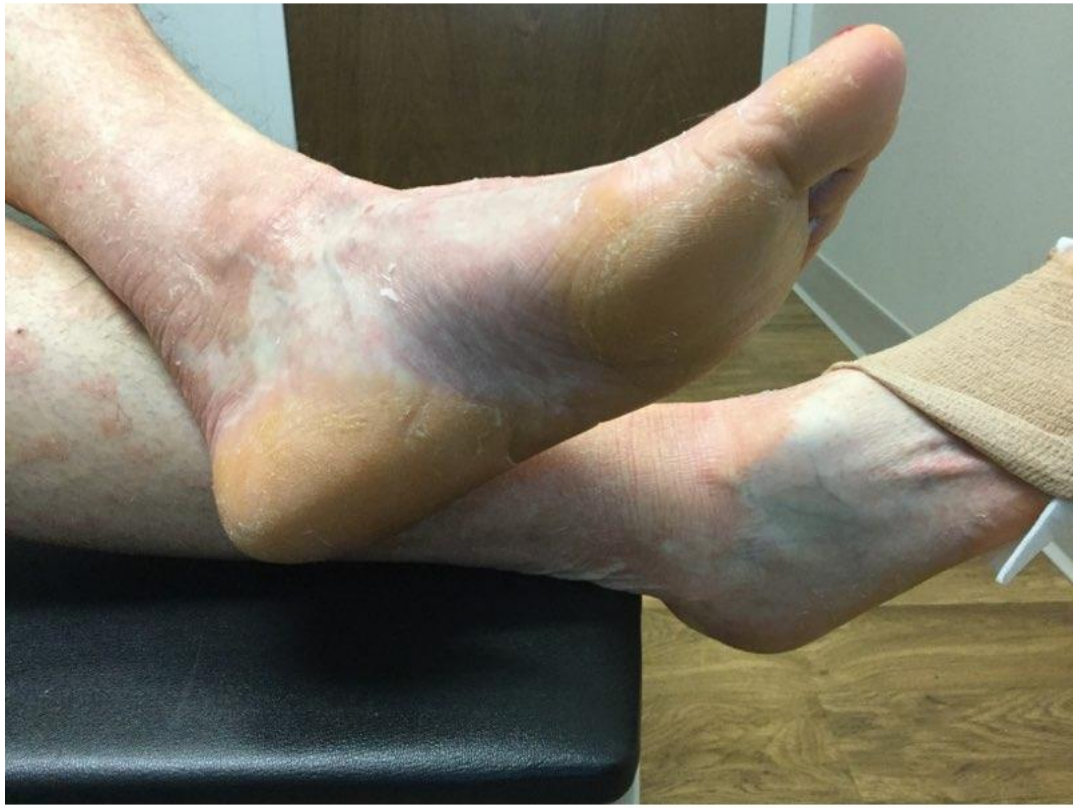






HYPERKERATOSIS HANDS AND FEET

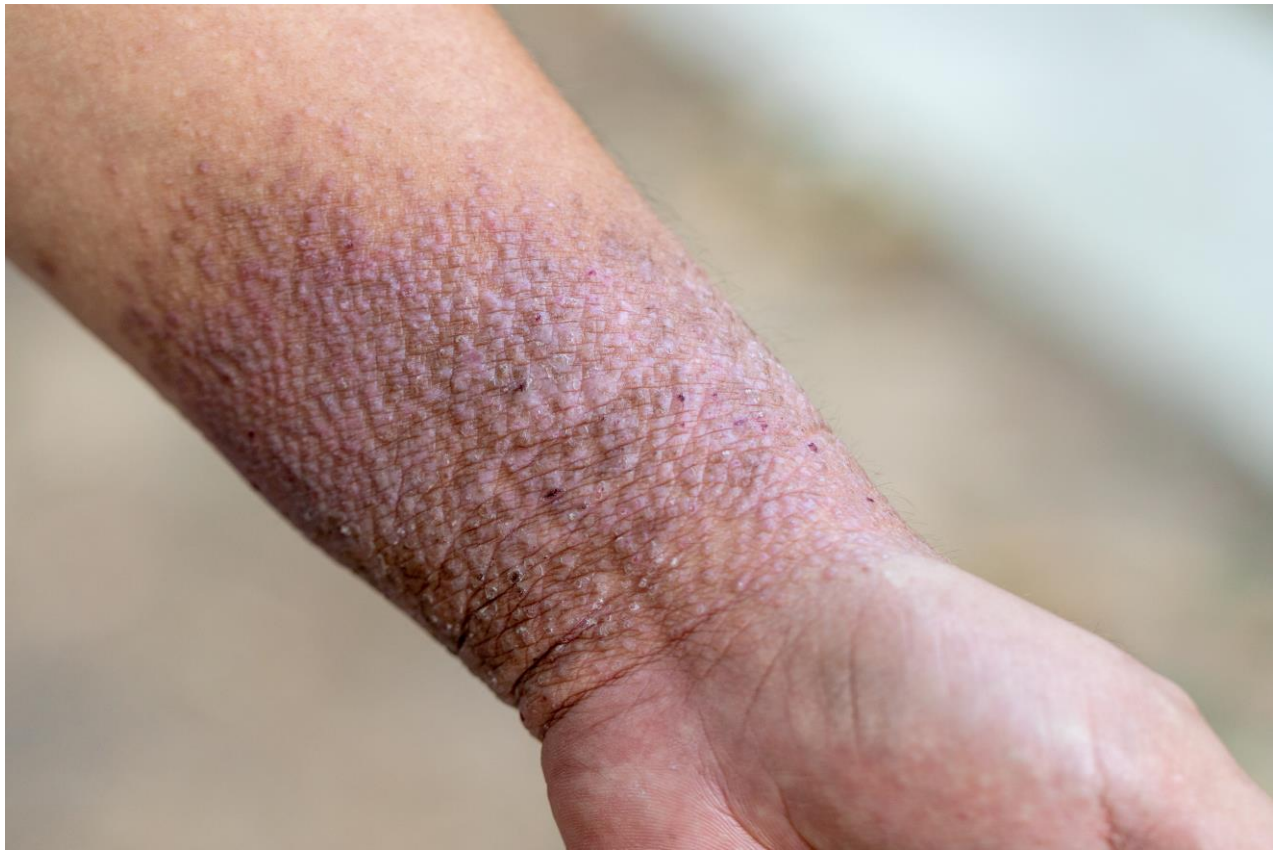




PRP TX

- Systemic steroids-short term
- Topical Corticosteroids (clobetasol/Halbetasol)
- Isotretinoin 0.5mg-1mg/kg/day
- Acitretin 10-75mg
- Methotrexate 2.5-30mg
- NBUVB in combo with Retinoid
- Ustuekinumab
- Secukinumab

ATOPIC DERMATITIS



ATOPIC DERMATITIS

- Chronic Inflammatory skin condition
- 16 million in US/2.6 million uncontrolled
  - 20% children, 10% adults
- 50%- 60% appear in first year of life and usually within 1st 5 yrs
- Adults: 1 in 4 develop in adulthood
- History of accompanied asthma and hay fever

ATOPIC DERMATITIS

- Multifactorial Causes
  - Genetic Filaggrin Mutation
  - Immune Dysfunction/ IL-4 IL-13
  - Itch/Scratch Cycle
  - Epidermal Barrier Dysfunction
- Essential Features
  - **Pruritus**
  - Extensor surfaces (infants) flexural surfaces (child) Face, scalp and hands for adults: Eczema features/typical morphology
  - Waxing and Waning hx: Chronic History/relapsing

ATOPIC DERMATITIS POLYMORPHIC

- Erythematous papules and plaques
- Lichenoid patches
- Nummular patches
- Follicular papules/patches
- Prurigo like papules

ATOPIC DERMATITIS TOPICAL TX

- **Topical moisturizers and Emollients**
- **Gentle Soap**
- Topical Corticosteroids
- Topical calcineurin inhibitors: 2nd line
- Topical Crisoborole
- Topical Ruxolitinib
- NBUVB- 2nd line treatment

MAINTENANCE

MOISTURIZERS/EMOLLIENTS

- Combat Xerosis and trans epidermal water loss
  - ****apply after bathing**
- Apply at least once to twice daily
  - No studies proven how many times a day most effective
- Ointments>Creams > Lotions
  - Ointments less preservatives & highest ratio of lipids
  - Lotions higher water content, can evaporate and less ideal
- Free of additives, fragrances, perfumes, and sensitizing agents
- Main Primary Treatment for Mild Disease
  - **USE IN ALL SEVERITIES OF DISEASE**

BATHING

- Hydrate skin, remove scale, crust, allergens, pollutants
- **MOISTUIRZE with Ointment or Cream AFTER BATHING**
- Once daily for 5 – 10 min Warm water
- Gentle NONSOAP Cleansers
  - low pH, hypoallergenic
  - Soap are surfactants and strip natural moisturizers
- Wet Wraps
  - Increase penetration of topical agent
  - Apply moisturizer or low dose steroid
  - Apply damp cotton soft pajamas
  - Apply dry pajamas over
  - Keep on for 12 hours

TOPICAL CORTICOSTEROIDS

- Decrease the Inflammatory response- suppress release of proinflammatory cytokines
- Apply twice daily for two to three weeks: until inflammatory lesions resolved
- Flares- Mid to high Potency
- Low- face, neck, axillae, groin
- Side Effects
  - Skin atrophy
  - Purpura
  - Telangiectasia
  - Striae
  - Focal hypertrichosis
  - Acneiform/rosacea eruptions

TOPICAL CORTICOSTEROIDS

Class I Very High Potency:	Clobetasol 0.05%
Class II High Potency:	Fluocinonide 0.05%
Class III-IV Medium:	Triamcinolone 0.1%
Class V Medium Low:	Fluticasone 0.005%
Class VI Low:	Desonide 0.05%
Class VII Very Low:	Hydrocortisone 2.5%

**** Can vary depending on graph/chart

TOPICAL CALCINEURIN INHIBITORS

- Tacrolimus 0.03%/0.1% & Pimecrolimus 1%
- Inhibit calcineurin dependent T-cell activation-blocking production of proinflammatory cytokines
- 2nd line therapy
- Short term or long term use
- No risk of skin atrophy
  - Ok to apply skin folds, eyelids, face
- SE: stinging and burning
- Black Box
  - Risk of skin cancer and Lymphoma: seen with oral
  - 10 year surveillance studies fail to find evidence for this

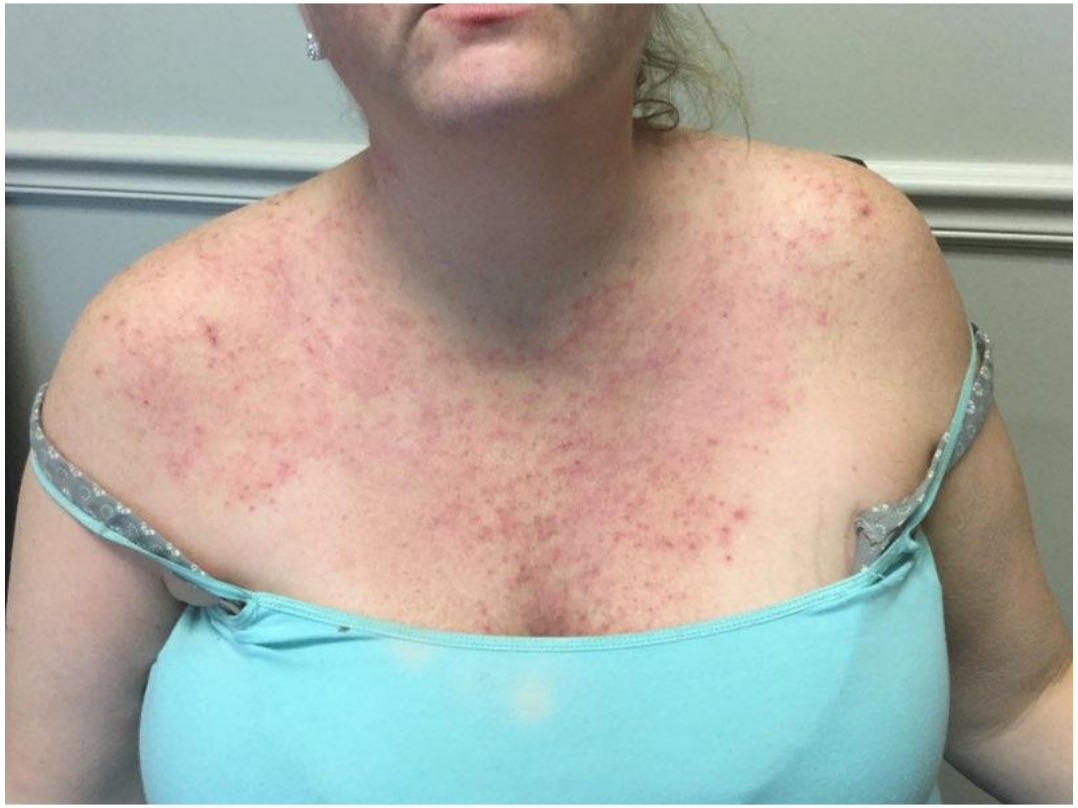
ATOPIC DERMATITIS SYSTEMIC TX MODERATE OR SEVERE DZ

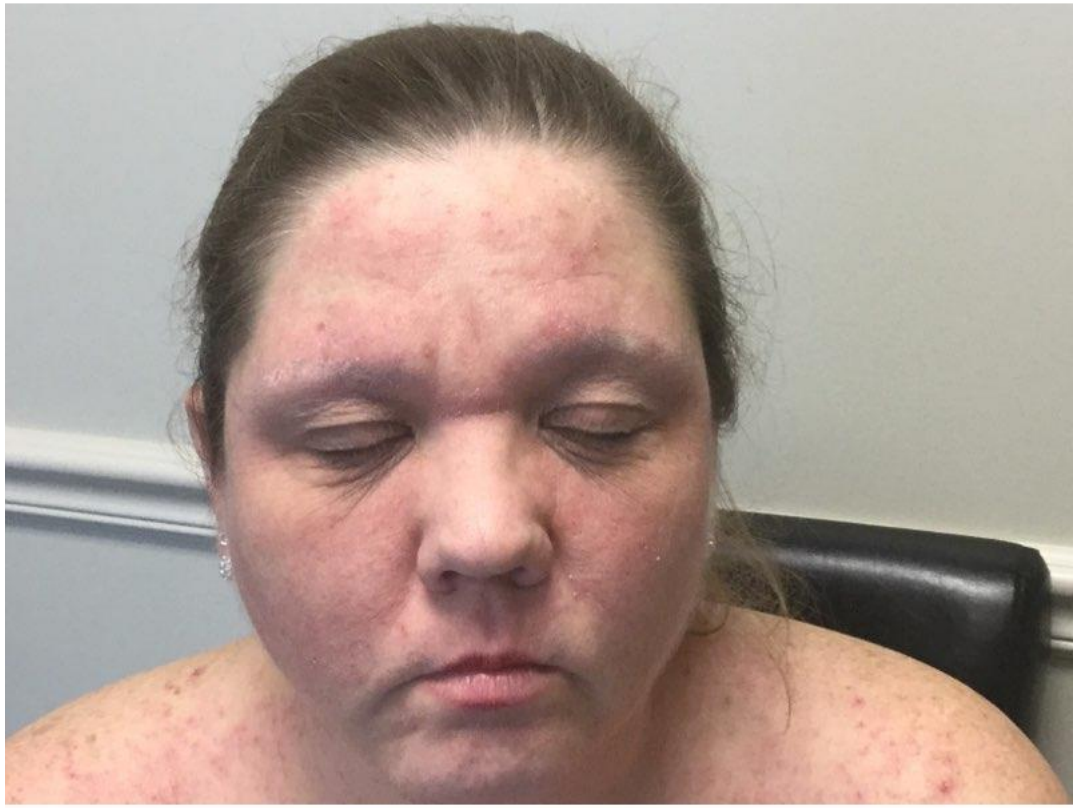
- Methotrexate
- Cyclosporine (short term)
- Mycophenolate

- Dupilumab (IL4/IL13)
  - Approved down to 6M
- Tralokinumab (IL13)
  - 18 y/o
- Upadacitinib (JAK 1):15-30mg daily
  - 12y/o to adults
- Abrocitinib (JAK 1): 100mg
  - 18 y/o older

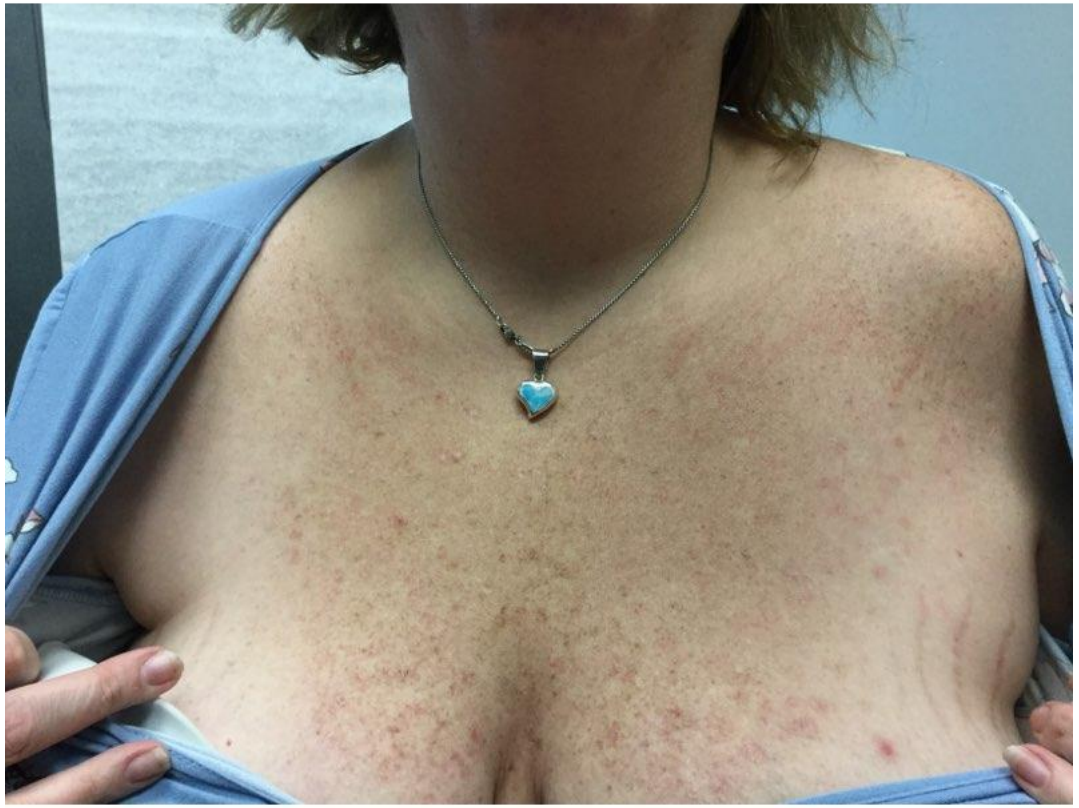
BIOLOGICS

- Dupilumab
  - Binds to IL-4alpha subunit: Both IL4 and IL-13
  - Targeted immunomodulator
  - Dosing either Monthly or every 2 weeks
  - 6m to adults
- Tralokinumab
  - Neutralizes IL-13
  - 12y/o to adults
  - Dosed q monthly
- Lebrikizumab
  - Inhibits the dimerization of IL-13 alpha 1
  - Dosed every 4 weeks
  - Currently in Phase III trials

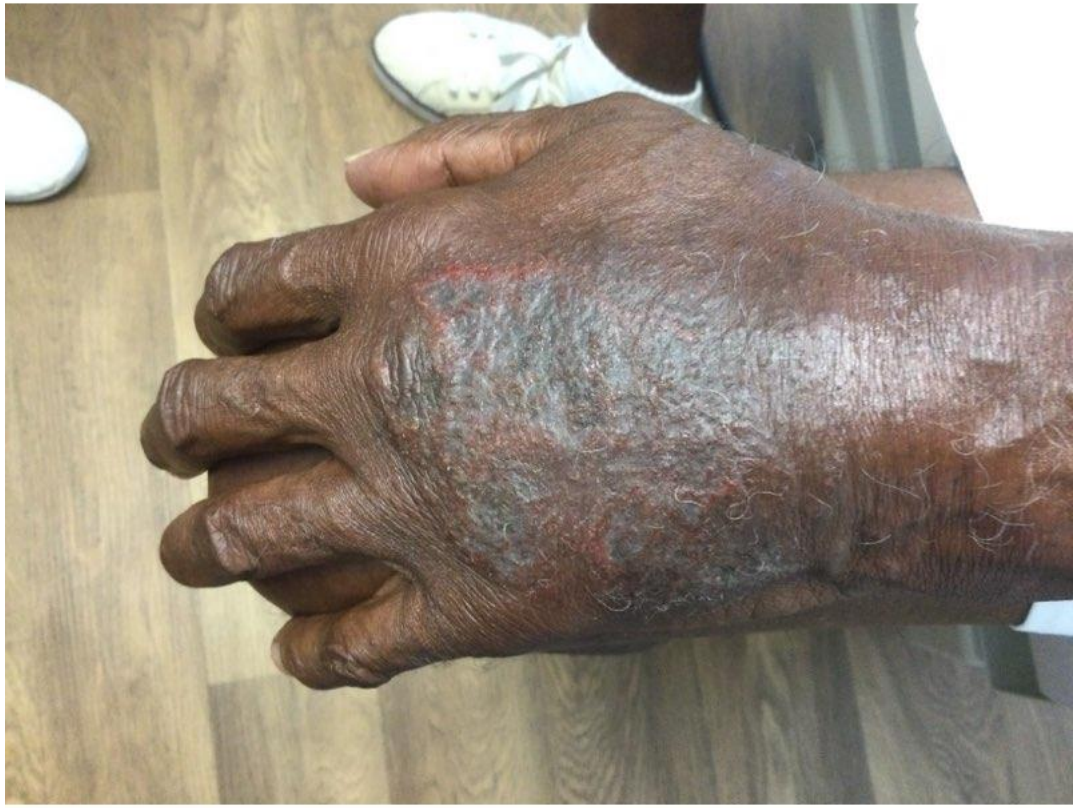


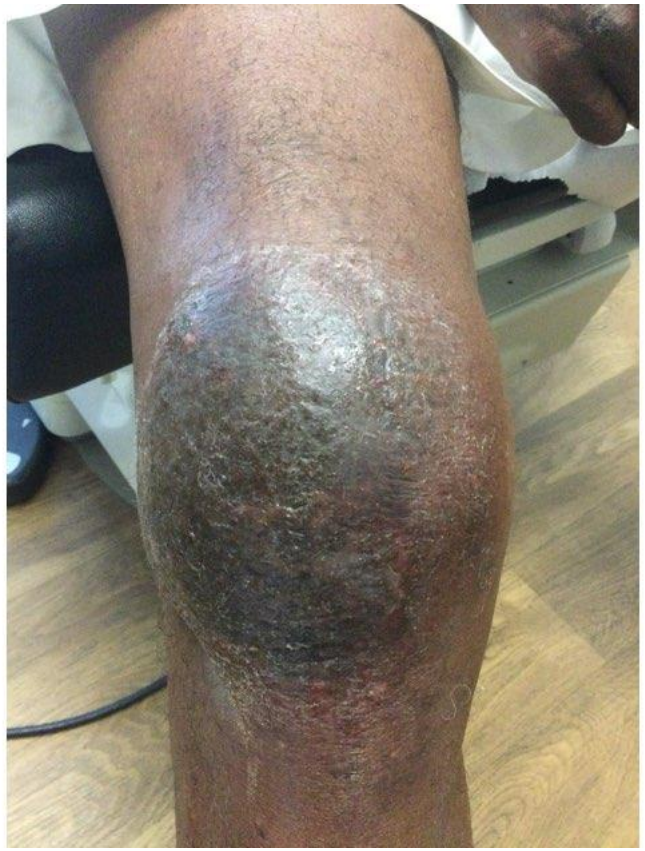


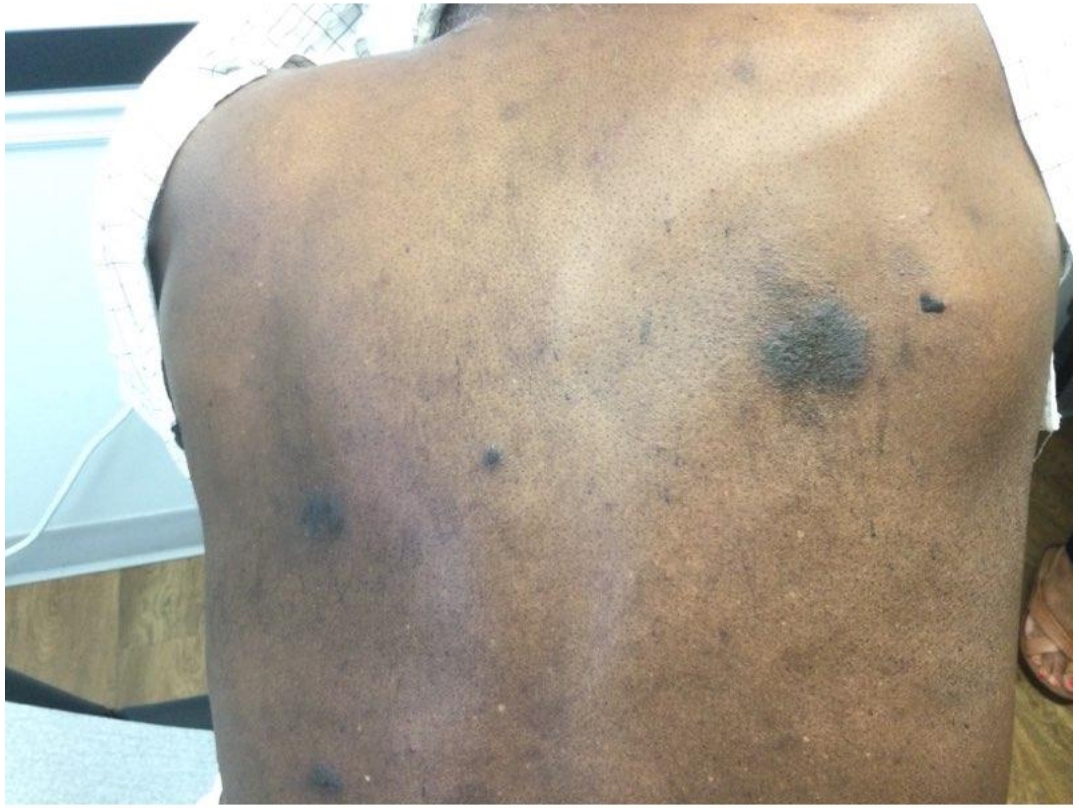
POST DUPILUMAB



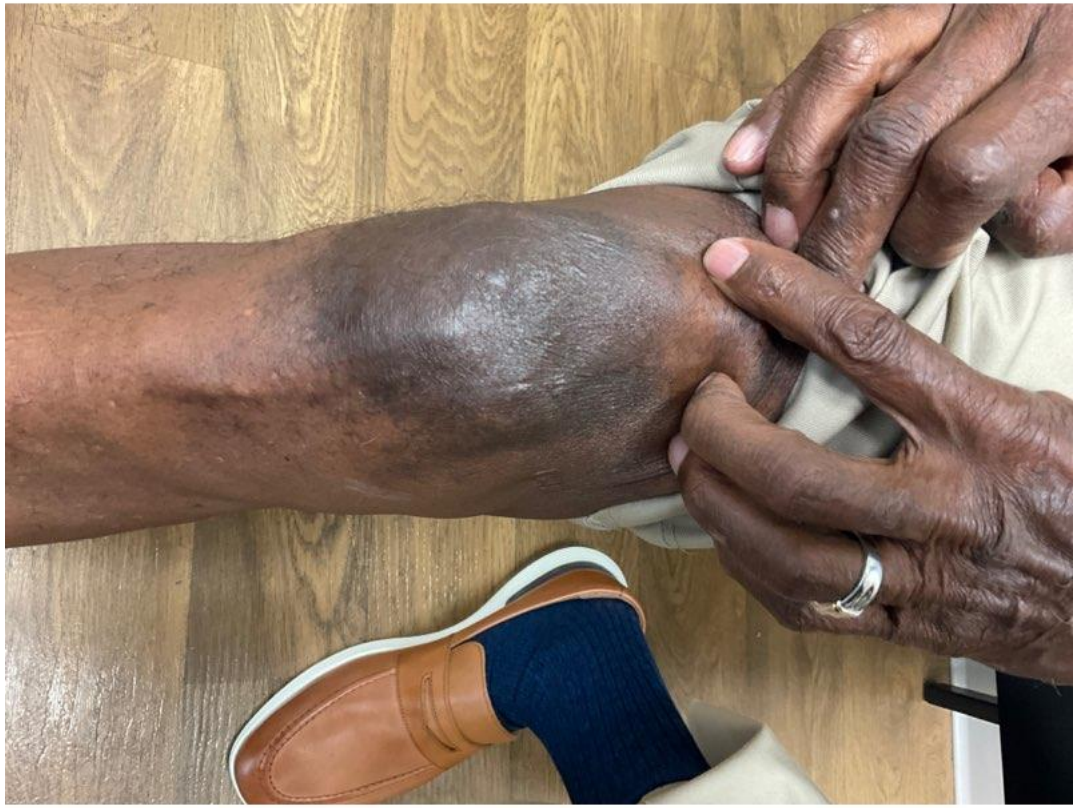
PRE MYCOPHENOLATE



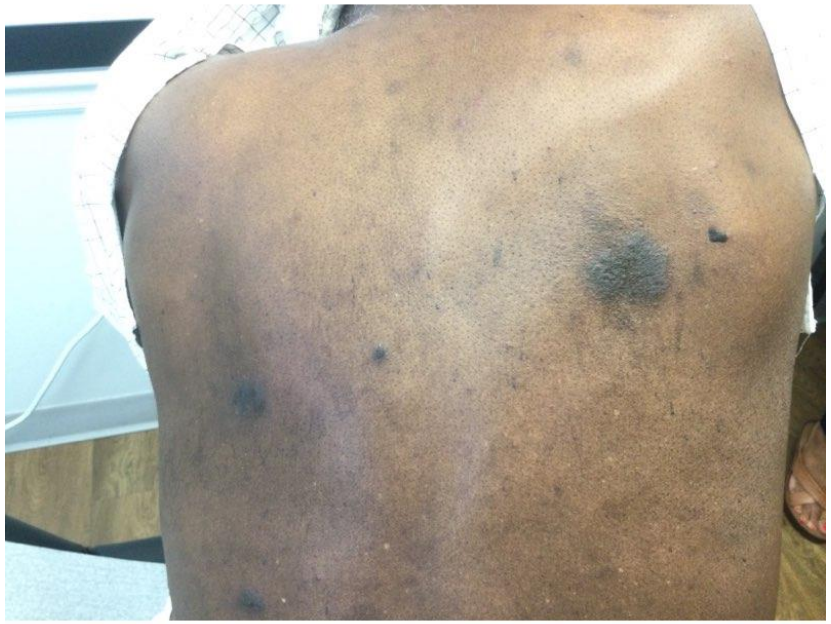




POST MYCOPHENOLATE



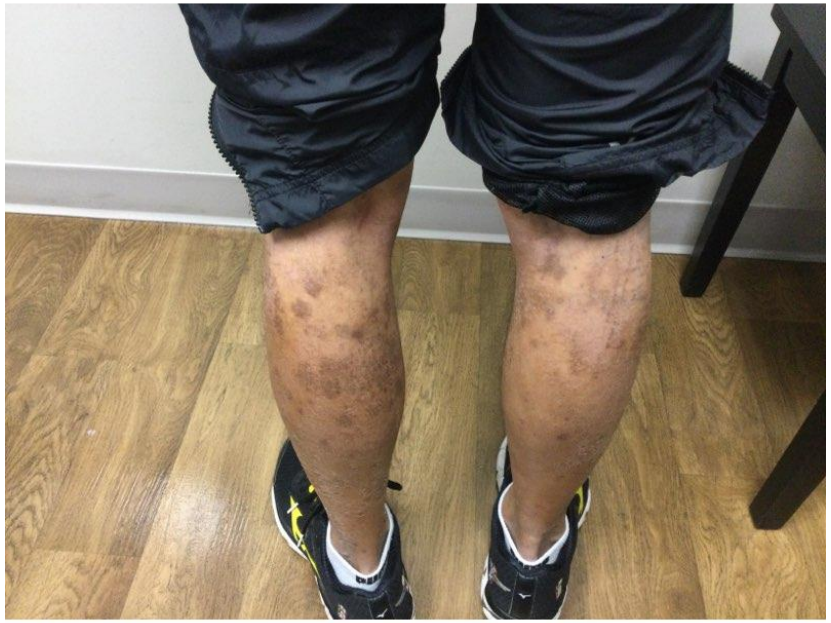
Pre Mycophenolate



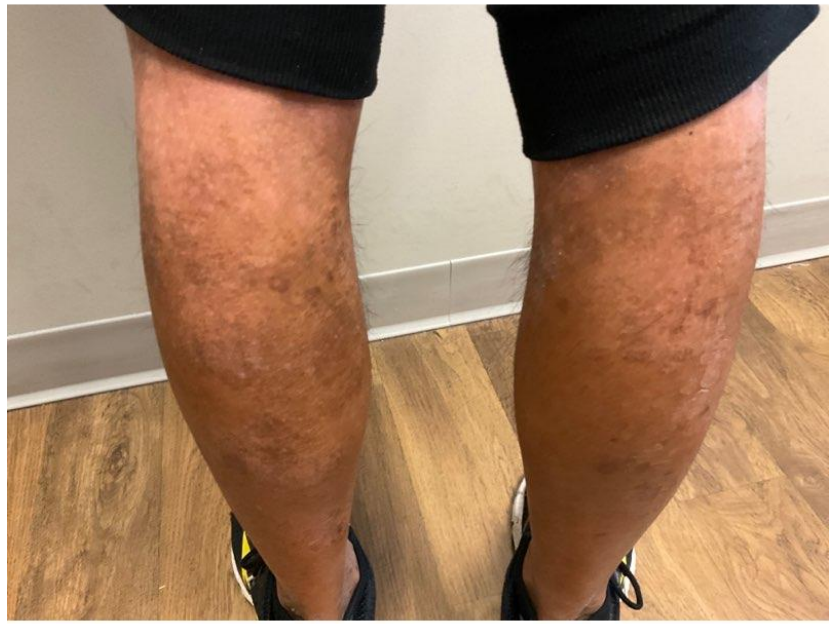
Post Mycophenolate

ATOPIC DERMATITIS

Pre Oral JAK

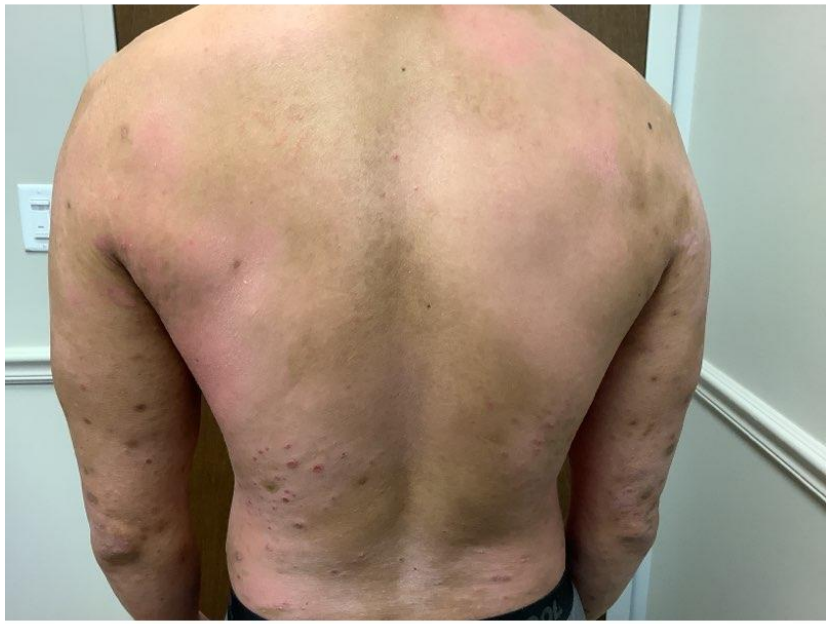


Post Oral JAK

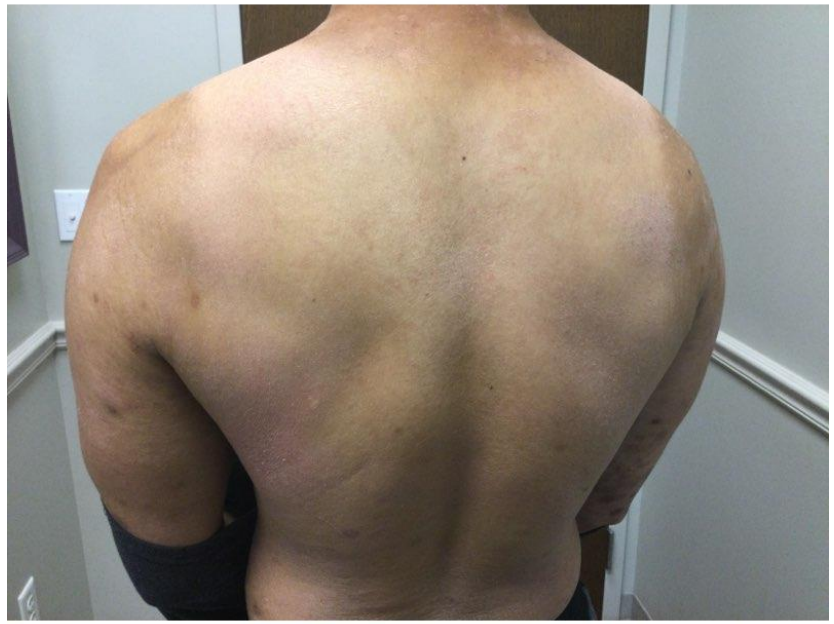


ATOPIC DERMATITIS

Pre Oral JAK



Post Oral JAK



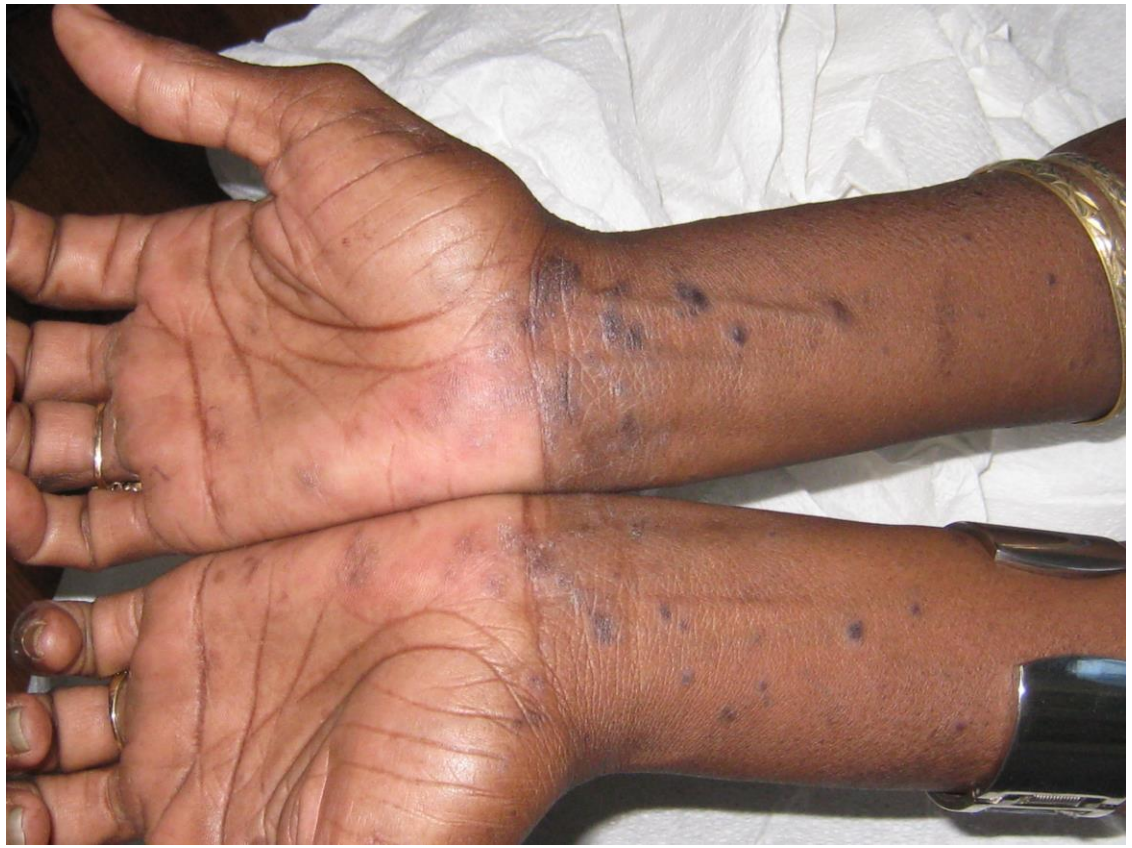
NOT RECOMMENDED FOR AD

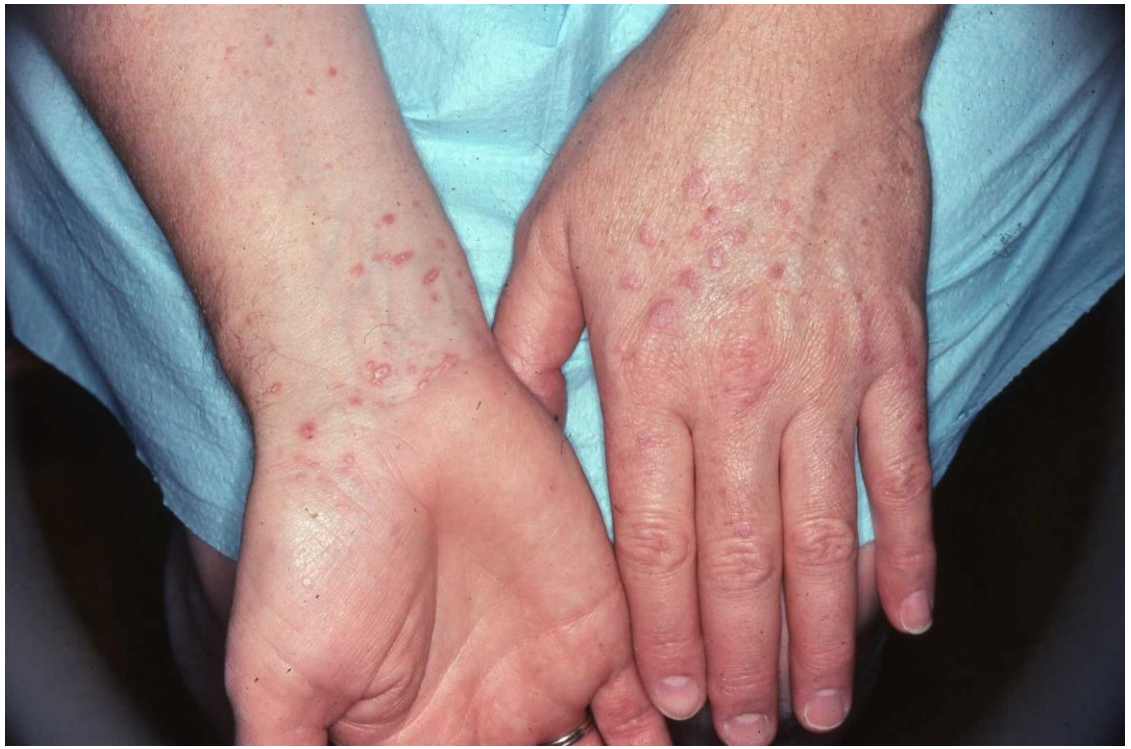
- Oral antibiotics without proven positive culture
- Skin prick testing or blood tests for routine evaluation of eczema
  - Asthma is a stronger risk factor for food allergy than AD
- Probiotics (limited evidence to support their treatment)
- Systemic Steroids for continuous or chronic management
  - Can have rebound flares and increased dz severity upon discontinuation
  - HTN, glucose intolerance, Adrenal suppression, gastritis, decreased bone density

LICHEN PLANUS

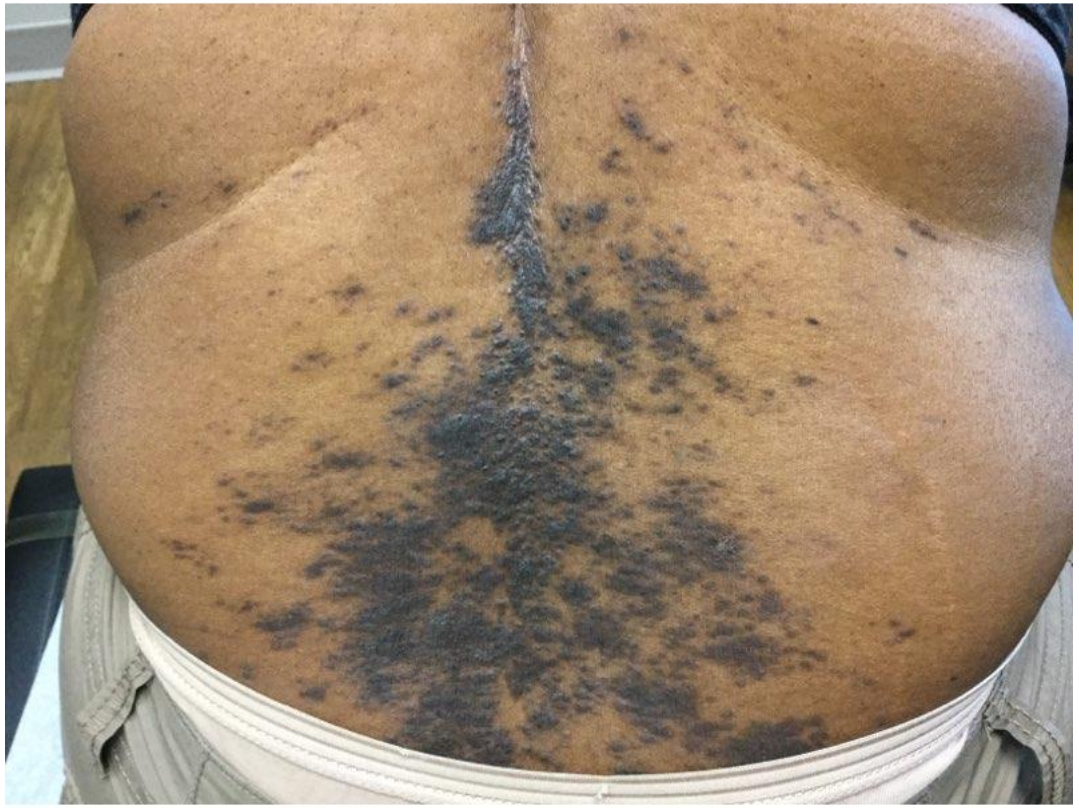
1. Planar: Flat
2. Purple
3. Pruritic
4. Papular
5. Polygonal: non circular

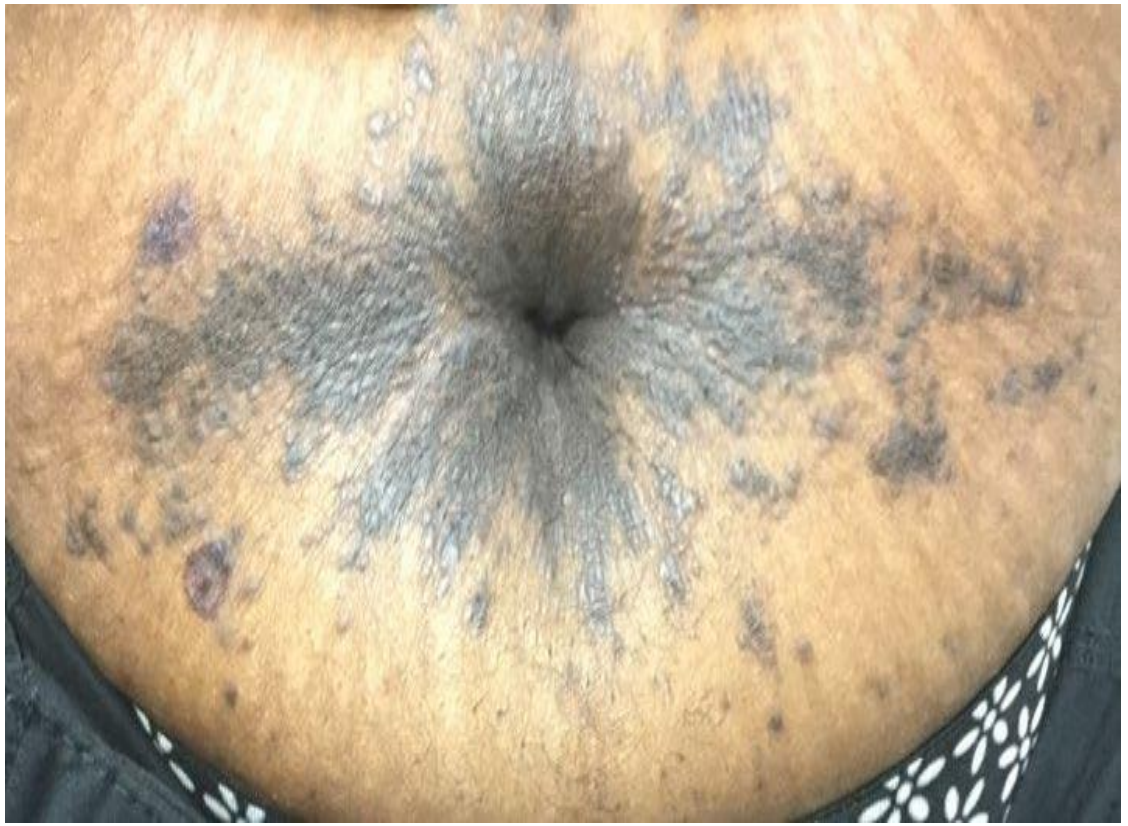
LICHEN PLANUS





LICHEN PLANUS SOC





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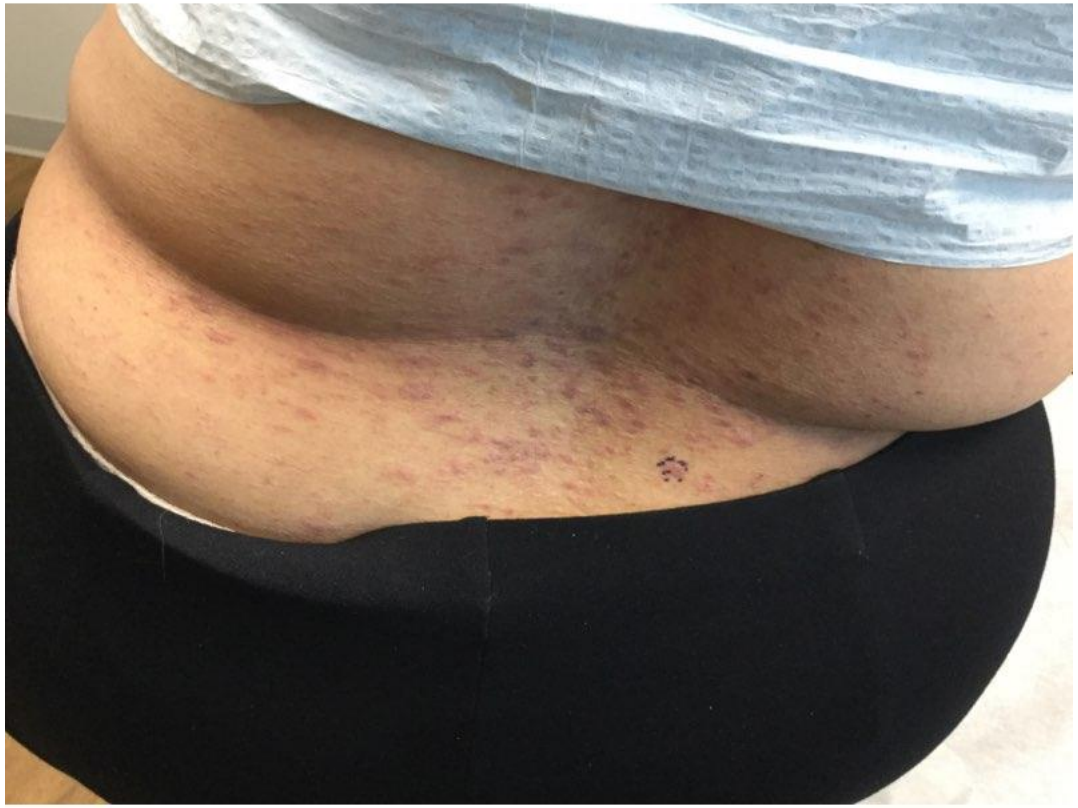
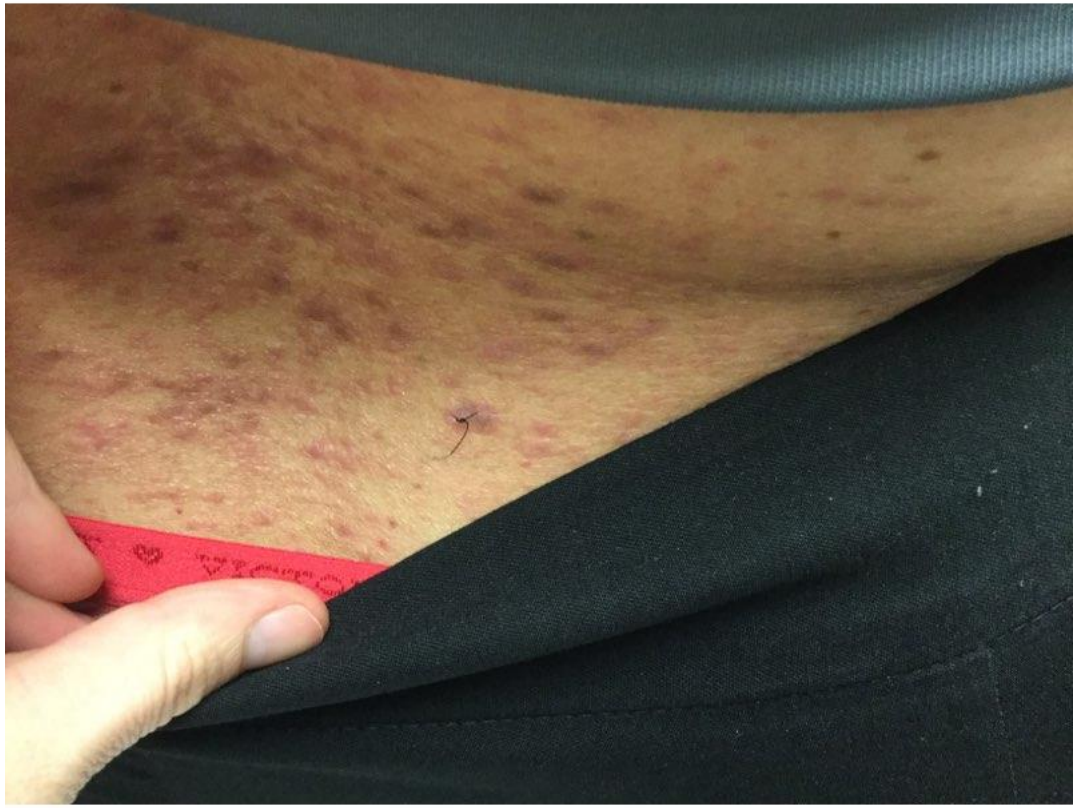




LICHEN PLANUS

- Scalp, Flexor wrists, thighs, dorsal hands, shins
- Sometimes mucosal involvement
  - Wickham's striae
- Lasts approx 1 yr or resolves spontaneously
- Association with Hepatitis C (1-20%)
- Drug Related
  - Ace Inhibitors
  - Thiazide diuretics (HCTZ)
  - Antimalraials
  - Beta blockers
  - TNF inhibitors
  - quinidine

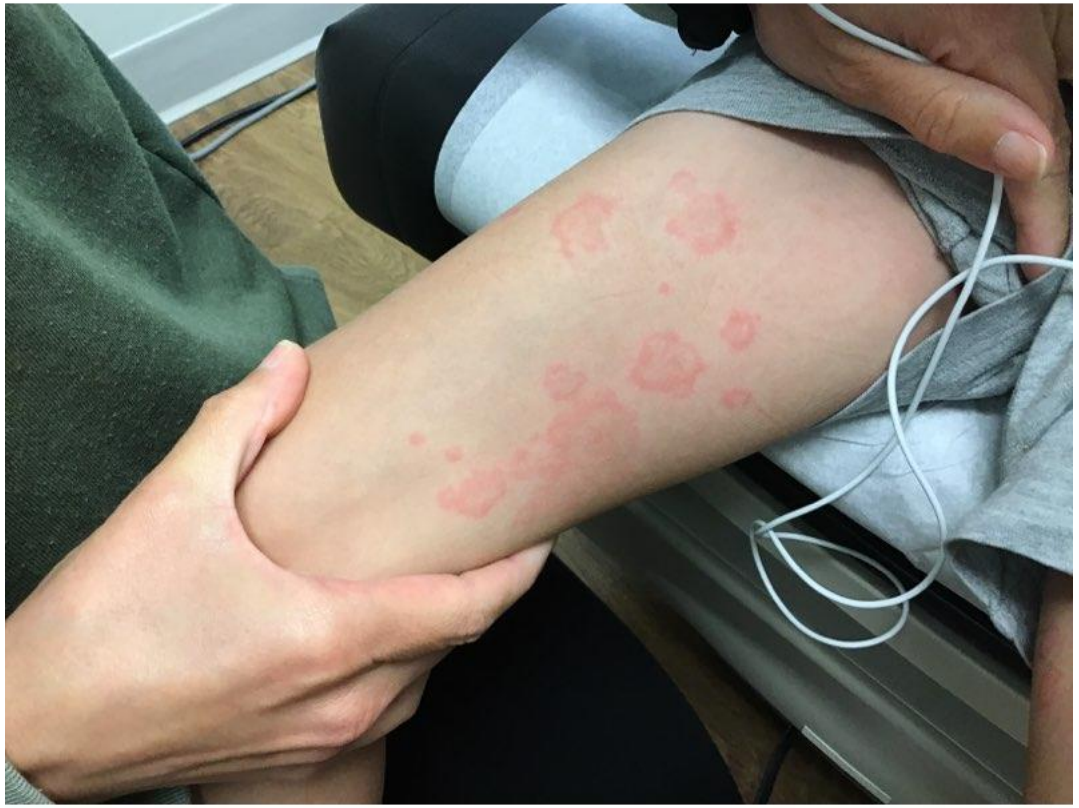
LICHEN PLANUS TX

- Topical corticosteroids
- Topical tacrolimus
- NBUVB
- IL steroids
- Cyclosporine
- Mycophenolate
- Apremilast

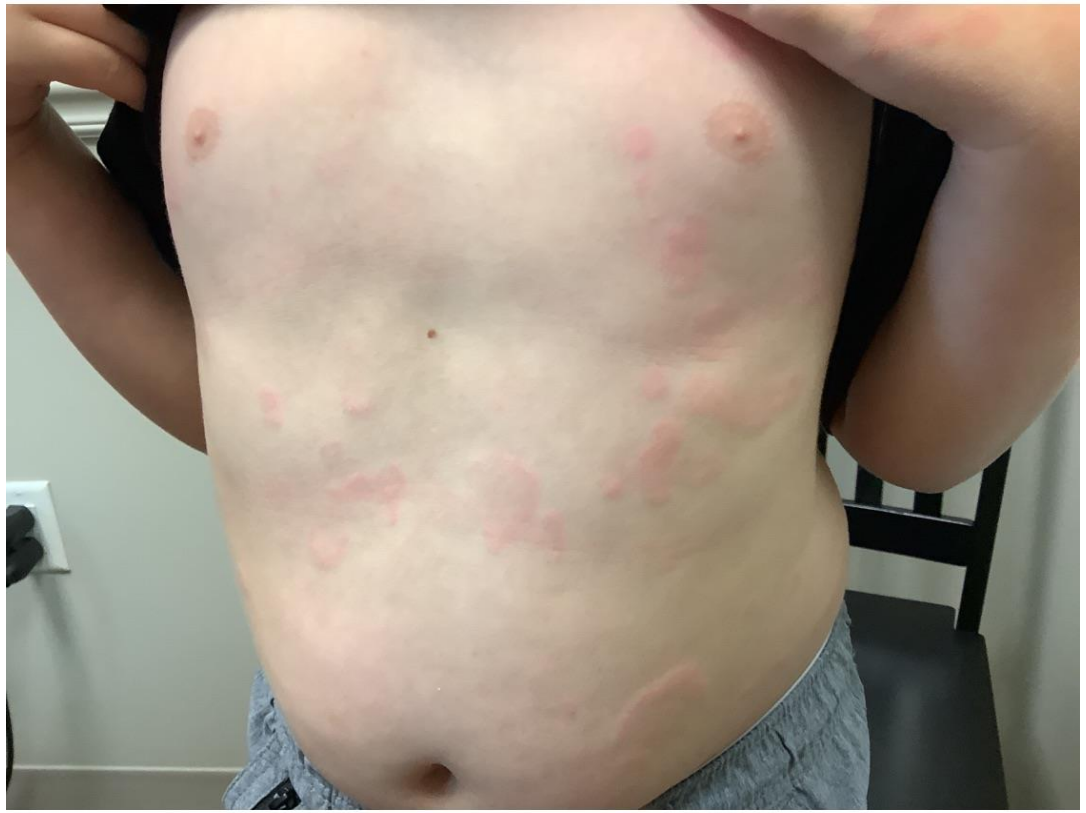
URTICARIA

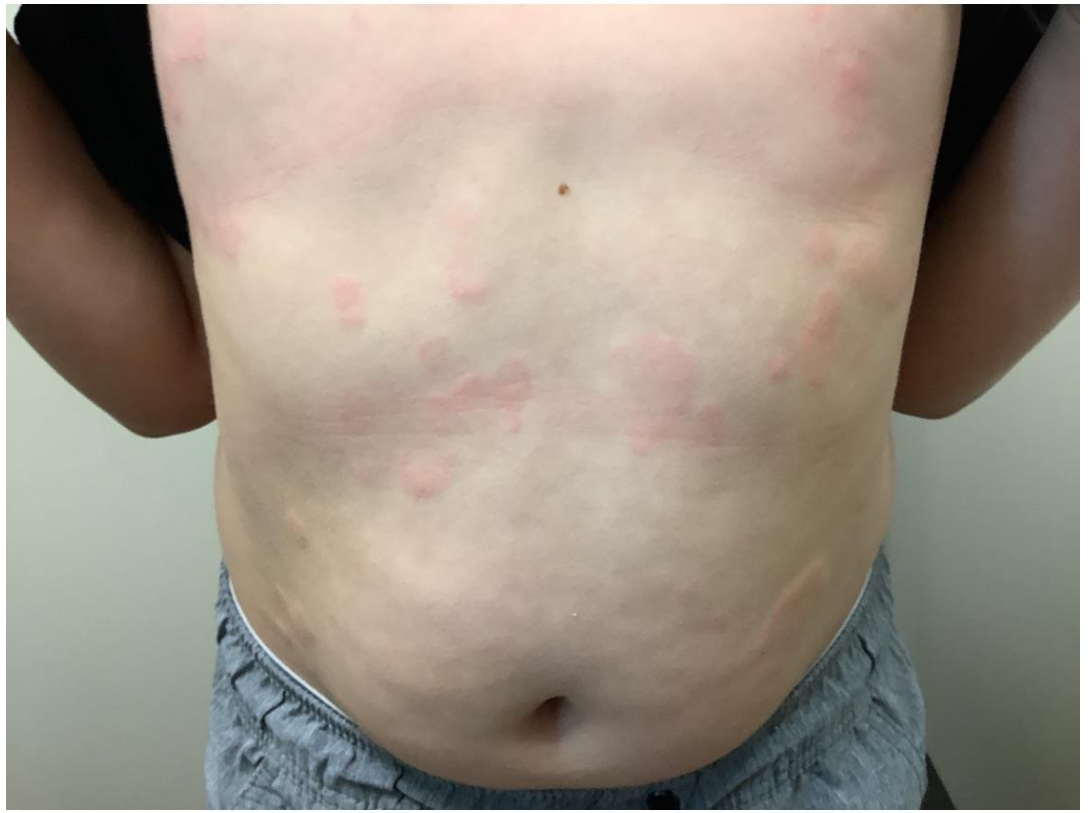
- Edematous pink to red wheals
- Central clearing
- Pruitis
- Wheals last < 24 hours
- Acute Vs Chronic

URTICARIA



URTICARIA





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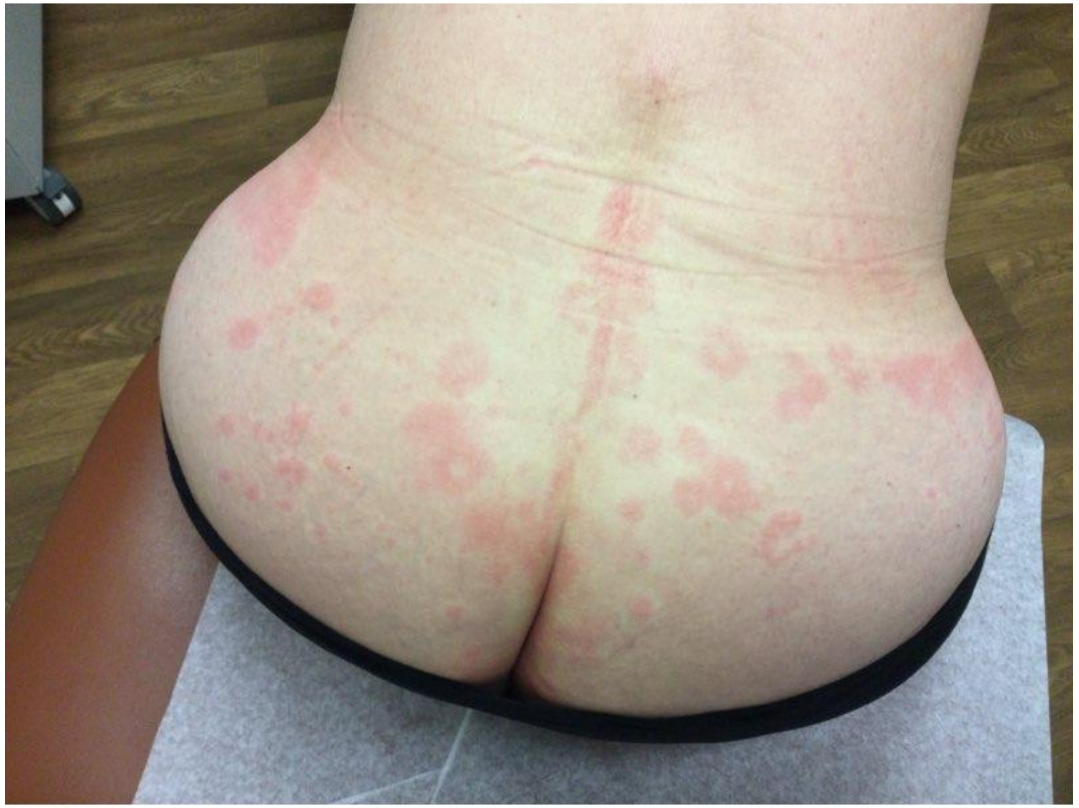

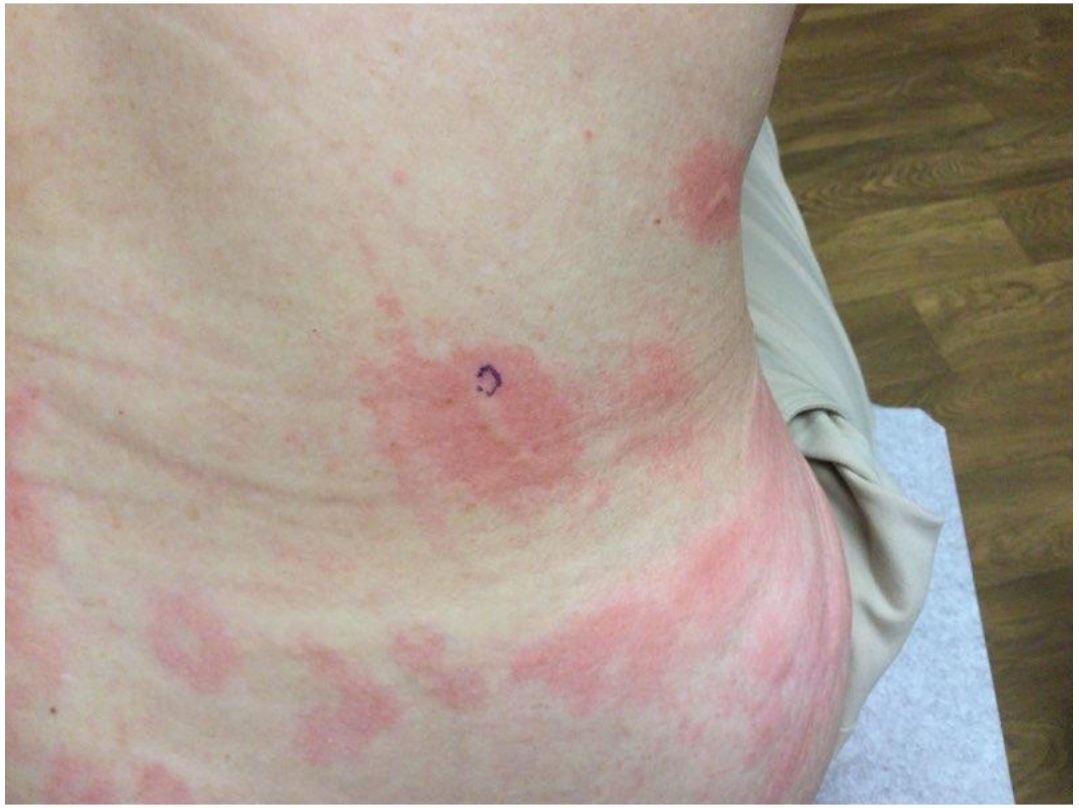

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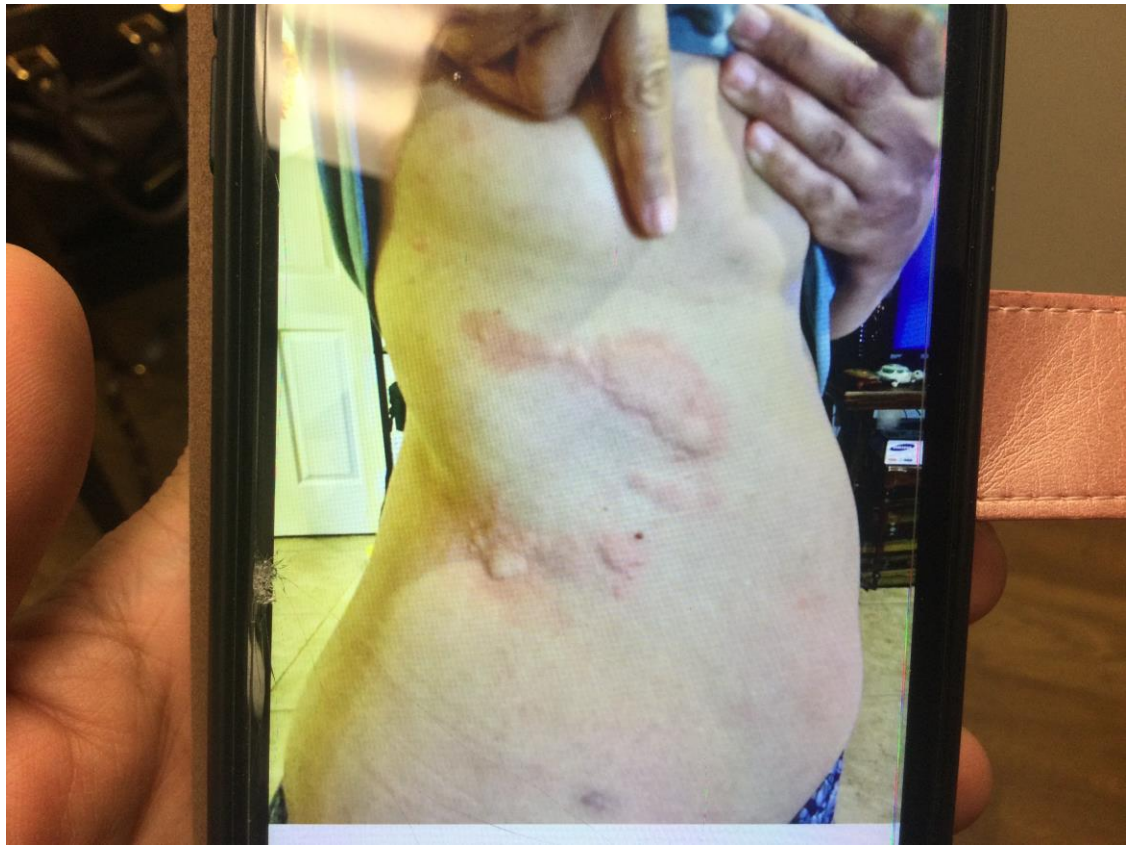
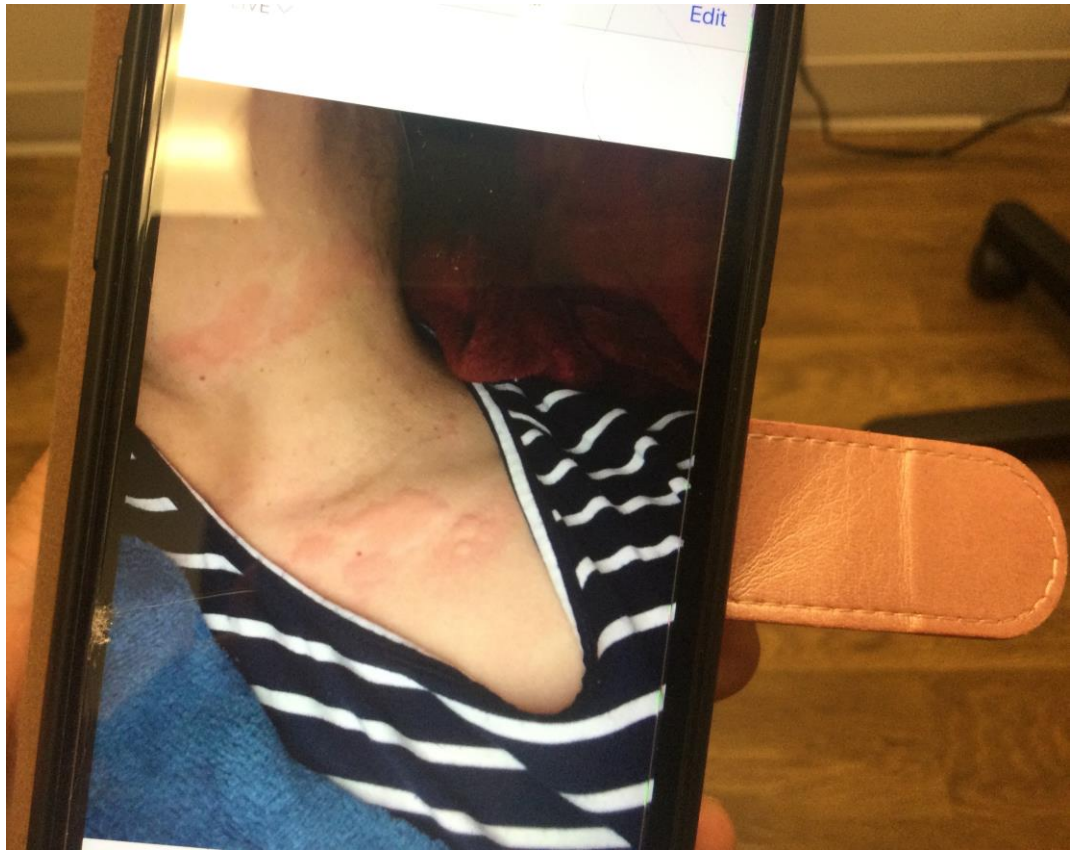




ACUTE URTICARIA

- Last days to 6 weeks
- Most common in Children
- Infection (URI/streptococcal)) 40%
- Drug 10% (PCN)
- Food <1%
- Idiopathic 50%

CHRONIC URTICARIA

- Last greater than 6 weeks
- Females 2:1
- 4th decade of life more common
- Autoimmune (50%)
- Chronic Infection (5%)
- Idiopathic (50%)

URTICARIA TX

- Acute : H1 antihistamine 2-4 times a day
  - Second generation;
    - Cetirizine
    - Levocetirizine
    - Famotidine
    - Loratadine
    - Acrivastine
    - Azelastine

URTICARIA TX CHRONIC

- H1 antihistamines second generation
- Cyclosporine
- Omalizumab
  - Must have an Epi Pen

ID REACTION AUTOSENSITIZATION DERMATITIS

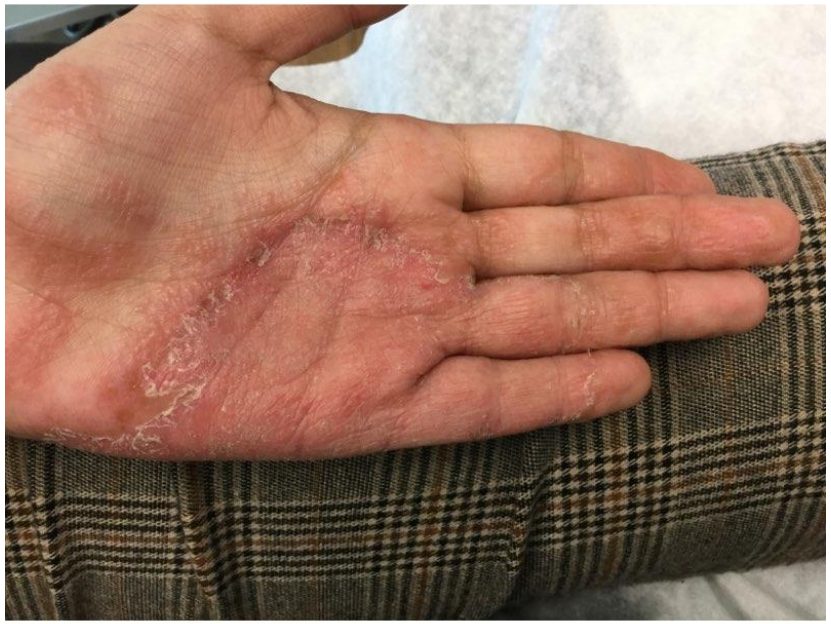
- Widespread delayed dermatitis following days after a localized dermatitis
  - Allergic contact Dermatitis: Nickel
  - Stasis Dermatitis
  - Tinea Infections: Tinea Capitis

- Rebound after steroid taper

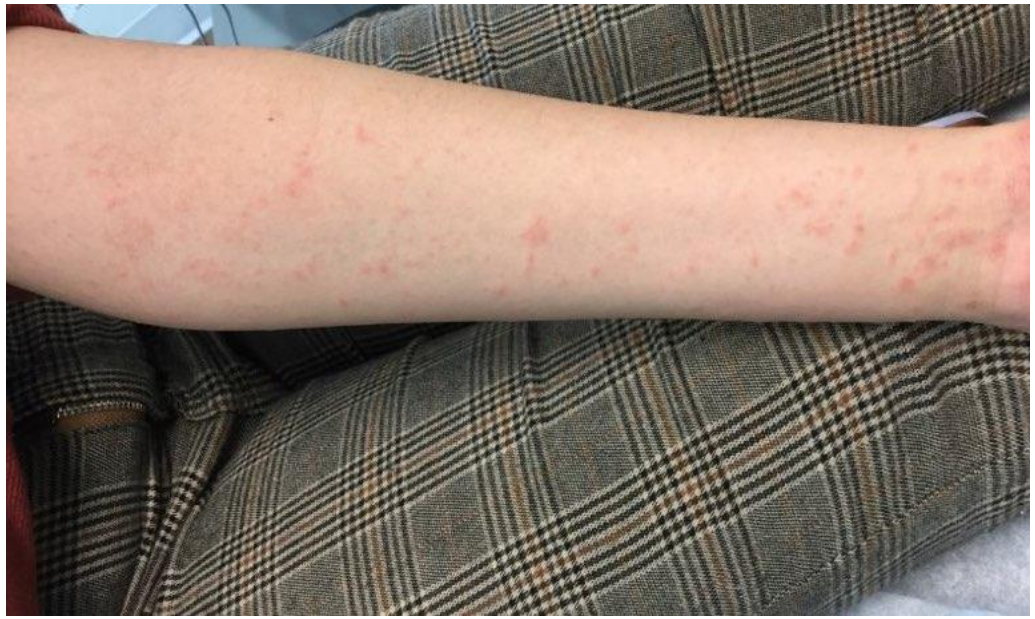
- Tx: oral an topical steroids

TINEA MANUM/ID REACTION

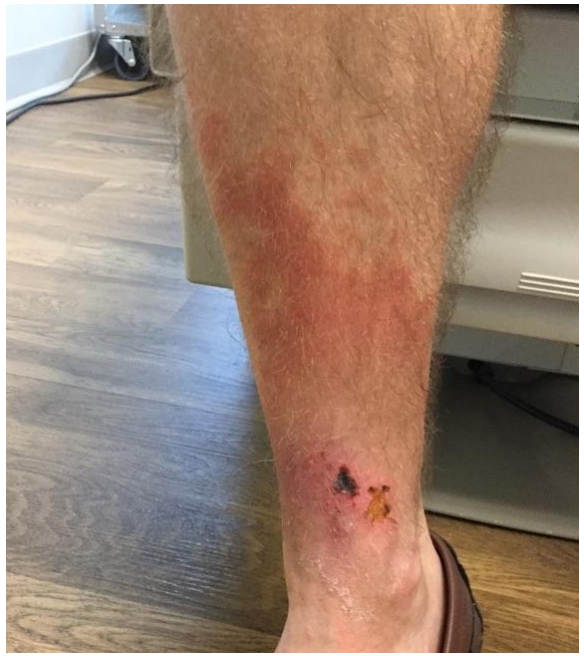
Tinea

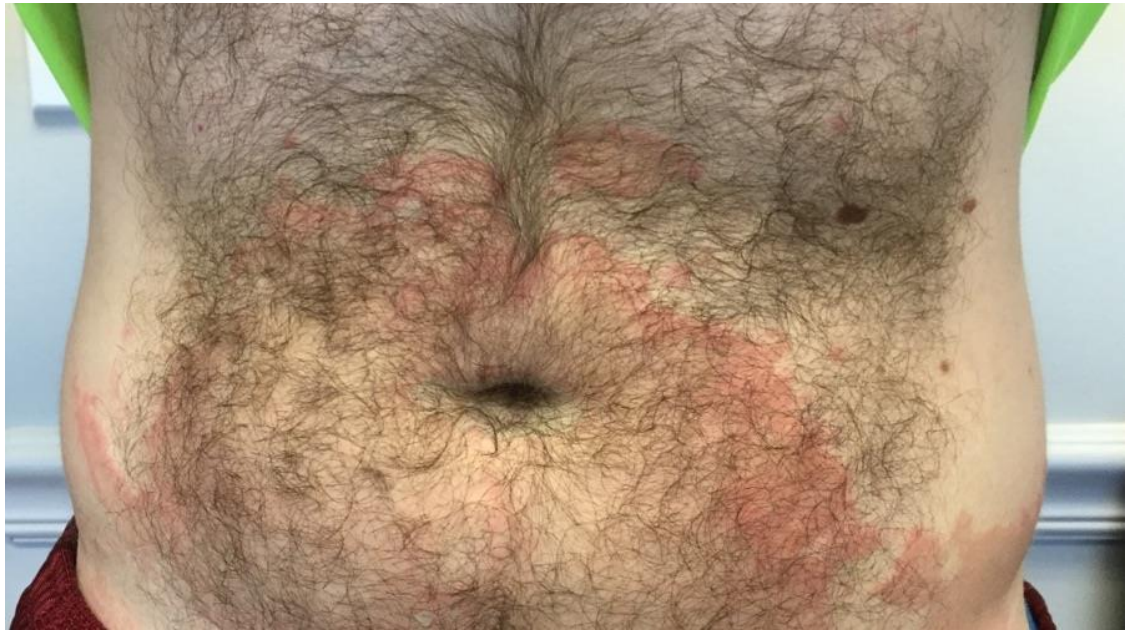


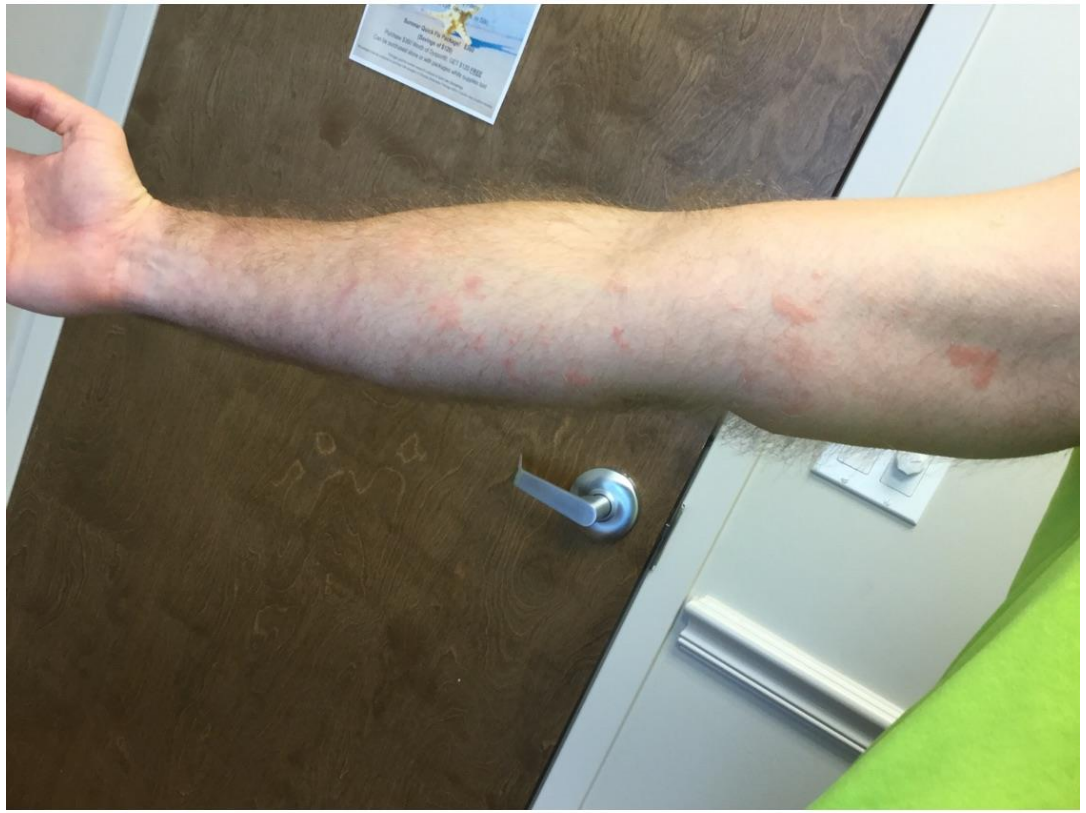
ID Reaction



FIRE ANTS/ID REACTION

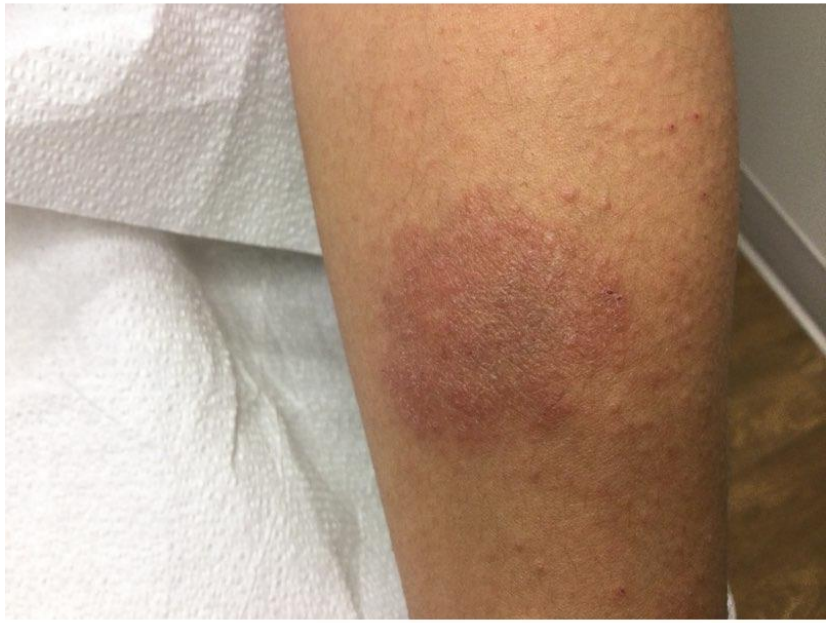




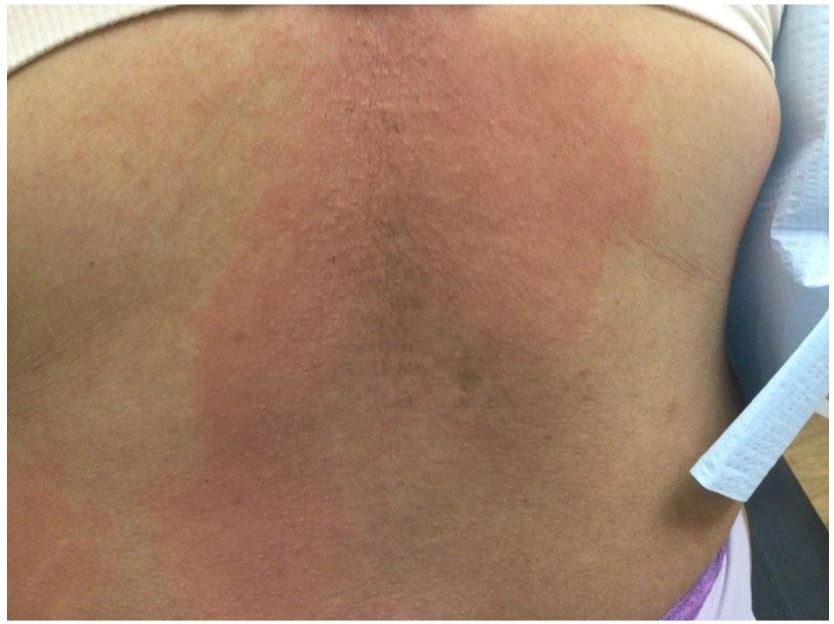


TINEA CORPORIS/ID REACTION

Tinea



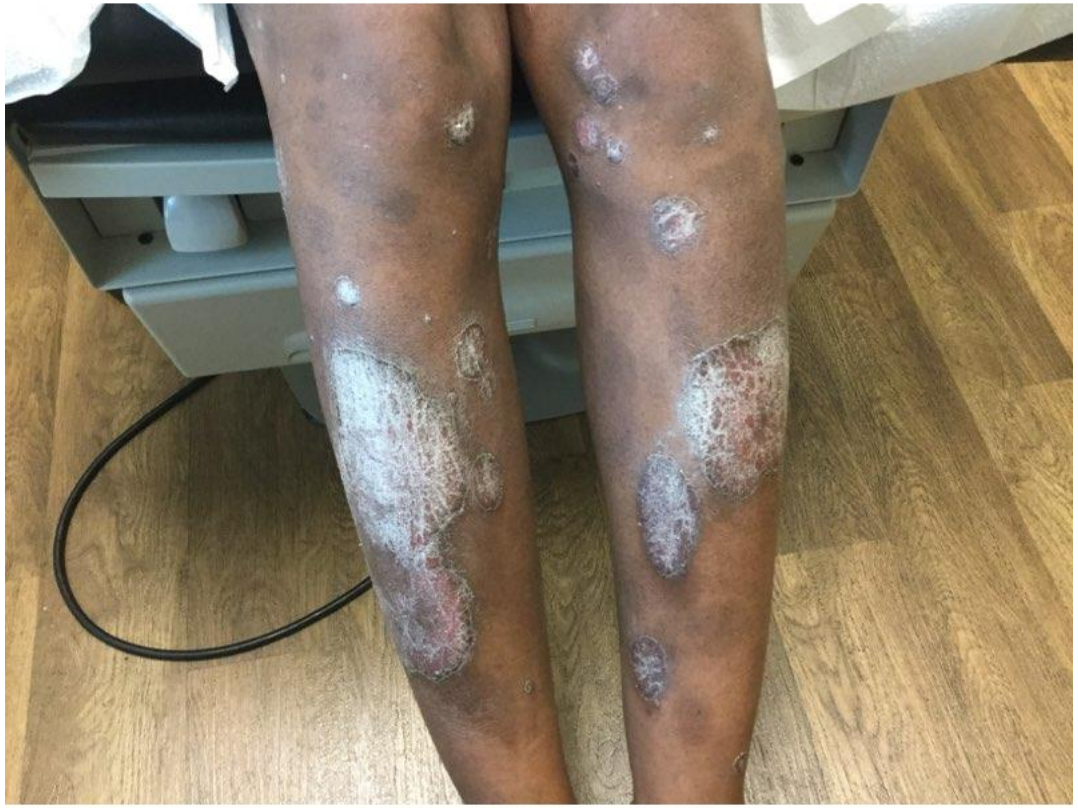
ID Reaction

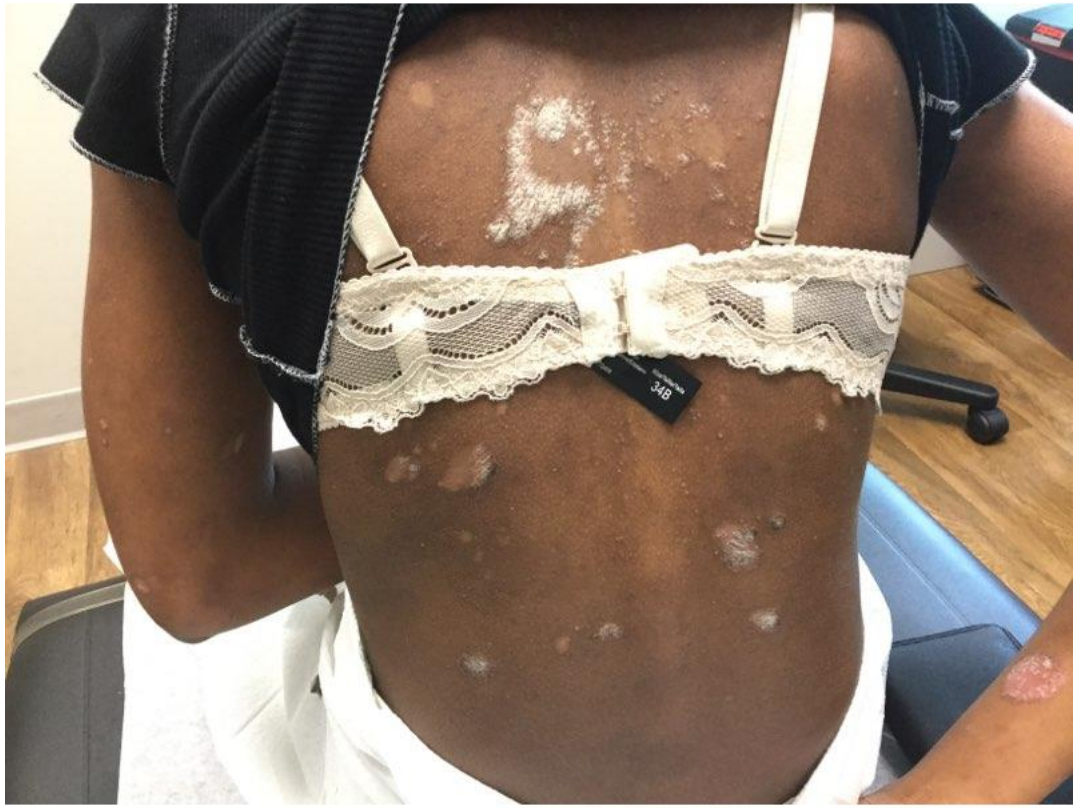


PSORIASIS

- Well demarcated Thick silvery plaques
- Elbows, knees, umbilicus scalp, gluteal cleft, nails
- Itchy or burning
- Plaque
- Guttate: Strep
- Inverse
- Pustular
- Palmoplantar
- Psoriatic arthritis: 30% will develop

PSORIASIS





PSORIASIS TX

- Topicals
  - Topical corticosteroids
    - Class I : Clobetasol
    - Class II: halbetasol/betamethasone, Triamcinolone
    - Class III: Fluocinolone
    - Class IV: hydrocortisone
- Topicals: Non-steroidal
  - Tapiranof
  - Roflumilast
  - Calcipotriene
- NBUVB
  - Extrac Laser

PSORIASIS TX SYSTEMICS

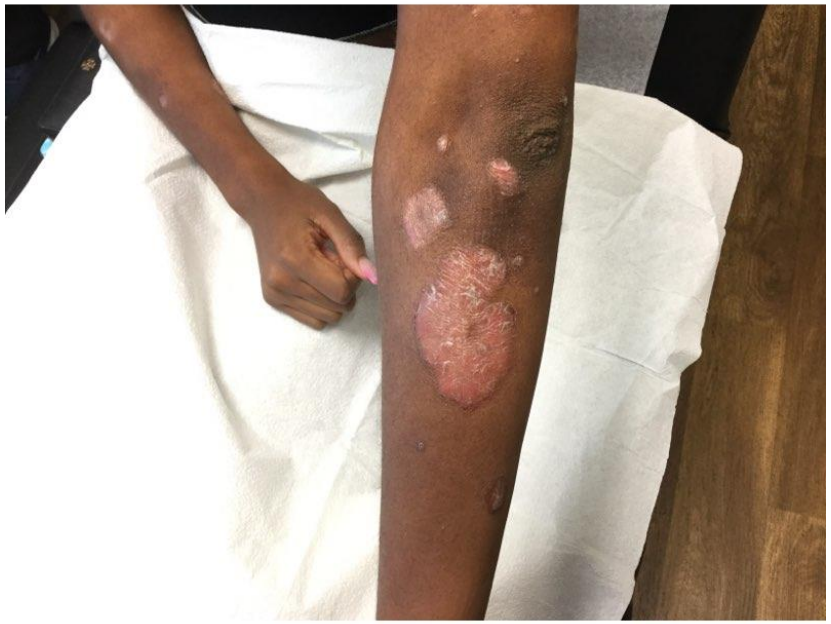
- Methotrexate
- Cyclosporine: max 1 yr
- Apremilast
- Acitretin
- Deucravacitnib (JAK)
- Biologics
  - TNF Inhibitors
  - IL12/23
  - IL 17
  - IL 23

BLOOD WORK BIOLOGICS

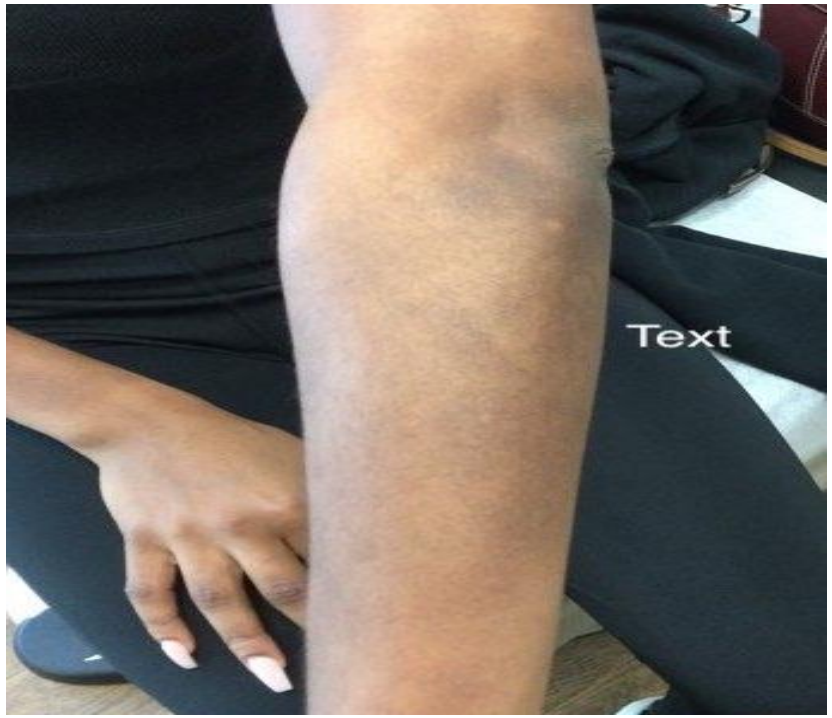
- QuantiFERON/PPD
  - TNF Inhibitors
  - IL12/23
  - IL 17
  - IL 23
  - JAK
- Hepatitis
- Lipids: JAK
- HIV

PSORIASIS

Pre Biologic

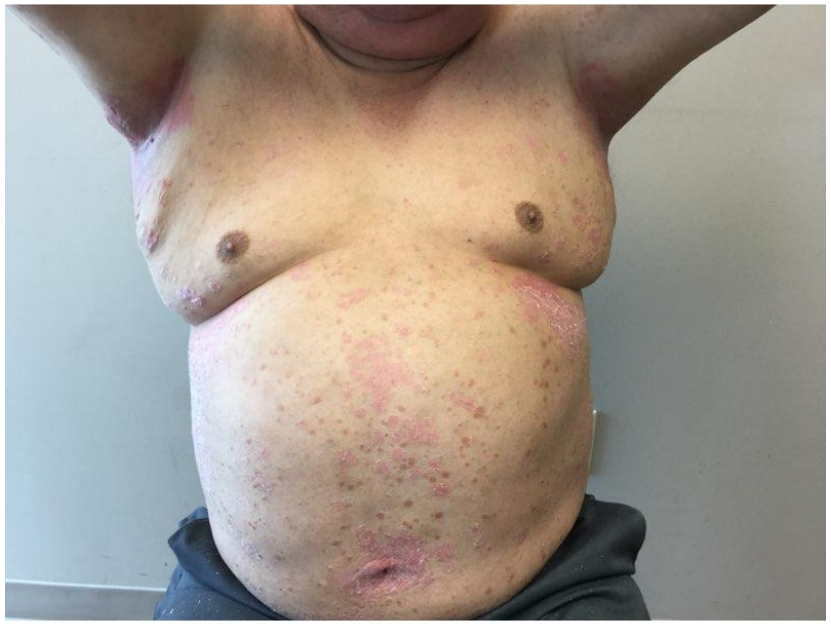


Post Biologic

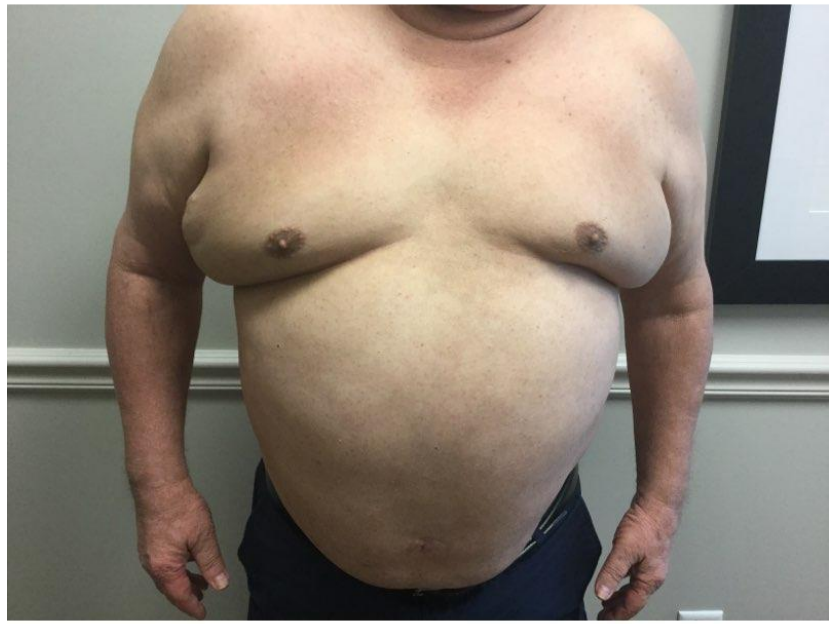


PSORIASIS

Pre Biologic

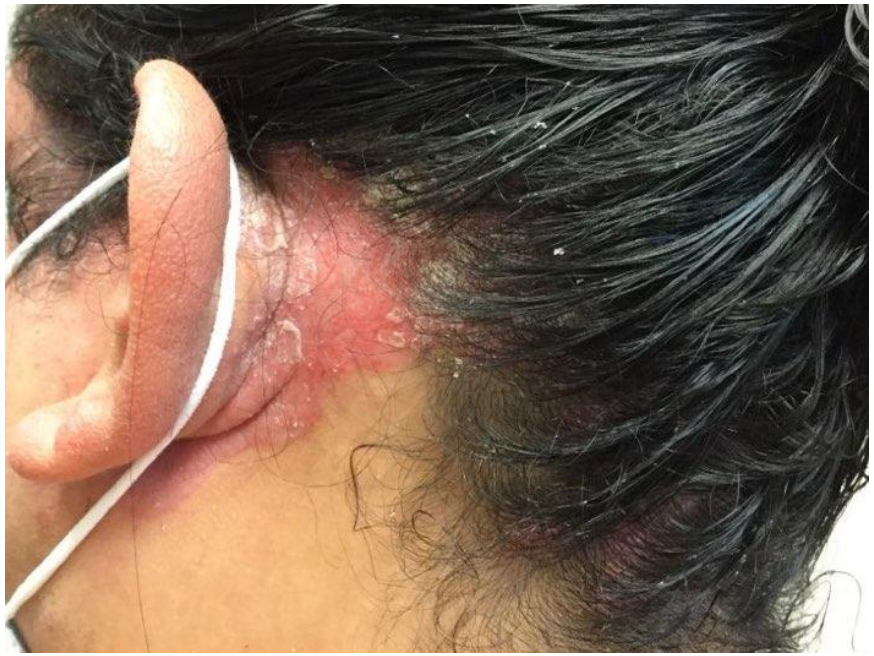


Post Biologic

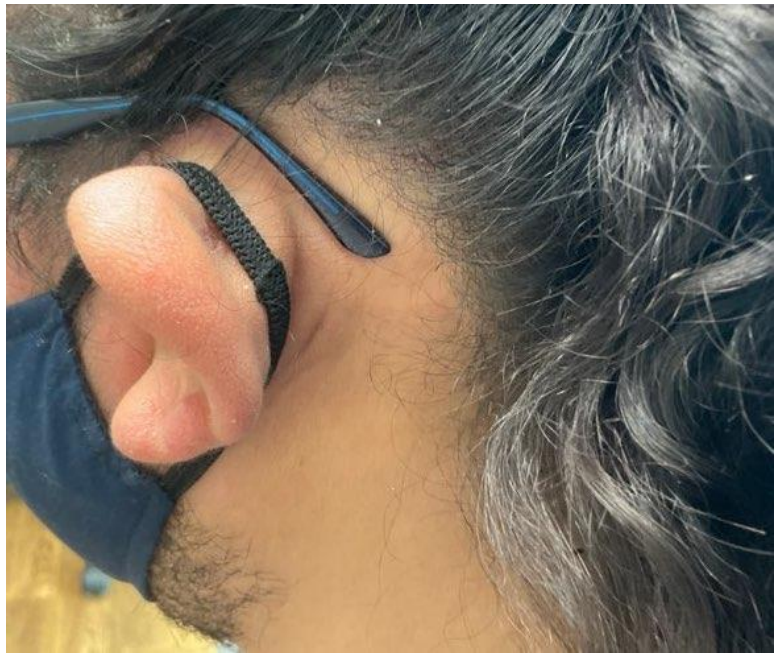


PSORIASIS

Pre Biologic

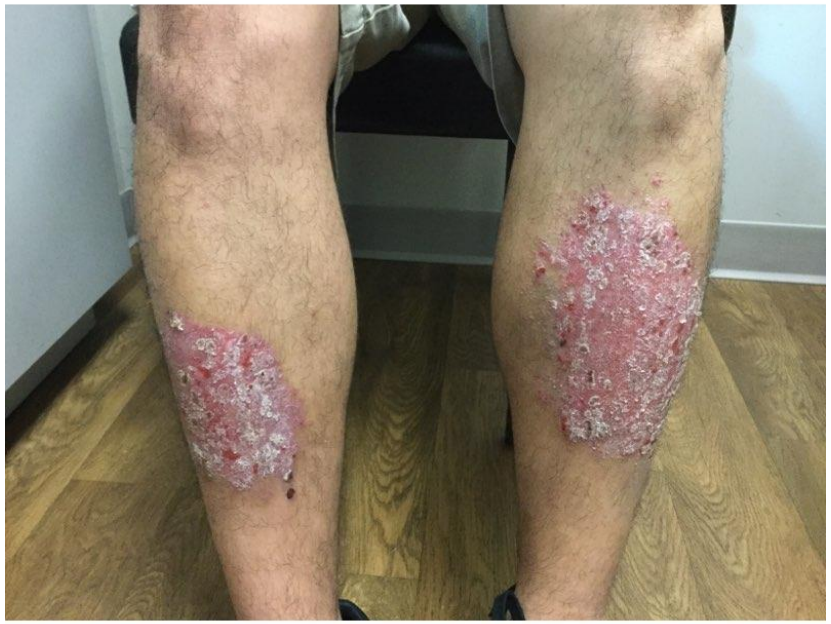


Post Biologic



PSORIASIS

Pre Biologic



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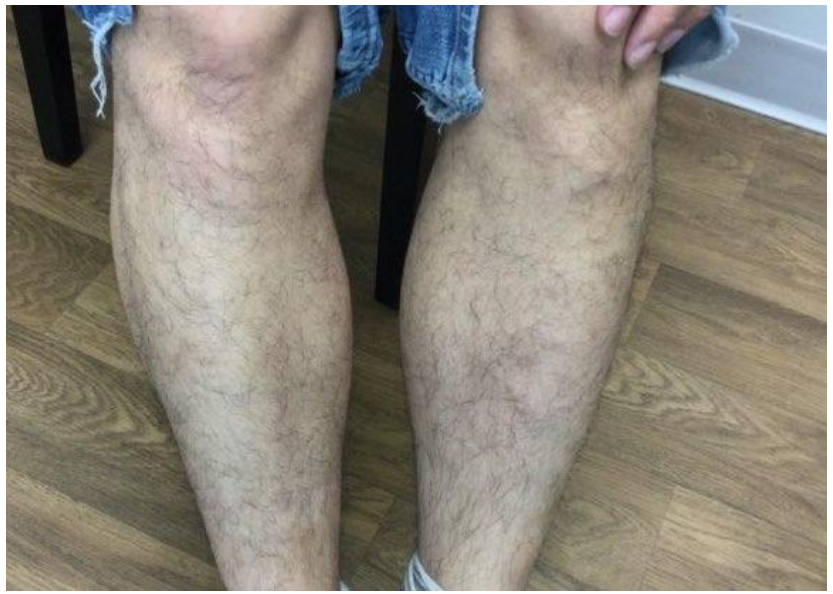
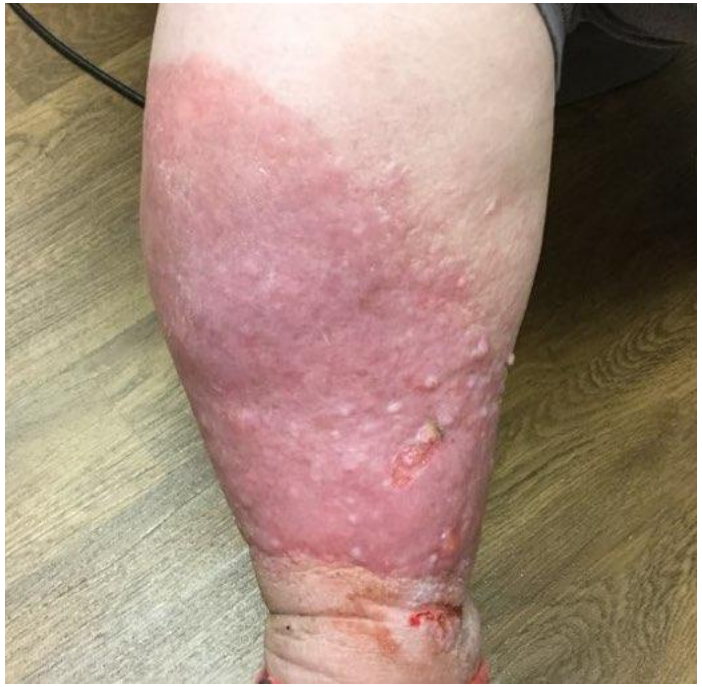
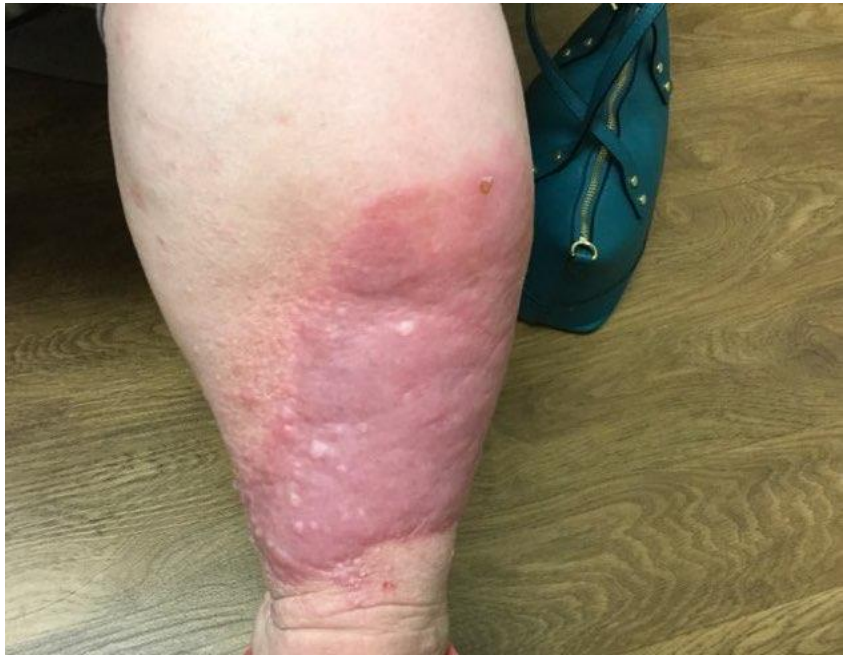


STASIS DERMATITIS

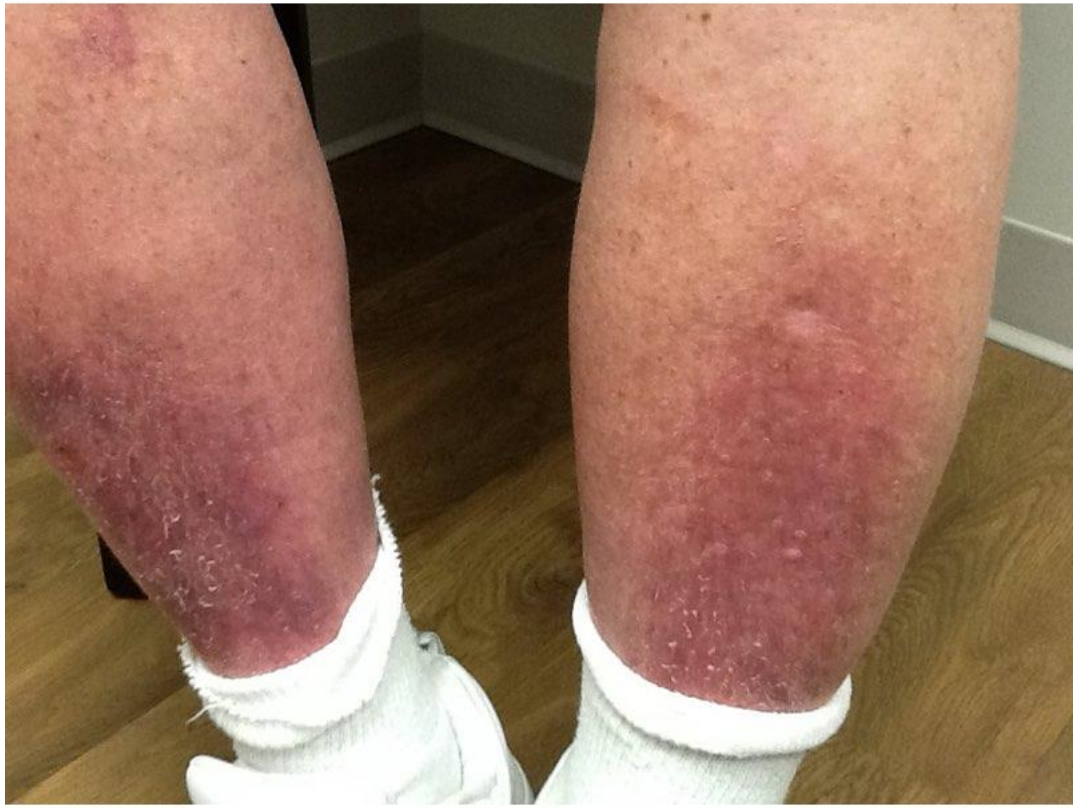
- Yellow, crusting, erythematous dermatitis
  - Weepy, dry, scaling or lichenified
- Lower legs favored
- **BILATERAL**
- Pts with history of edema, venous insufficiency, DVT

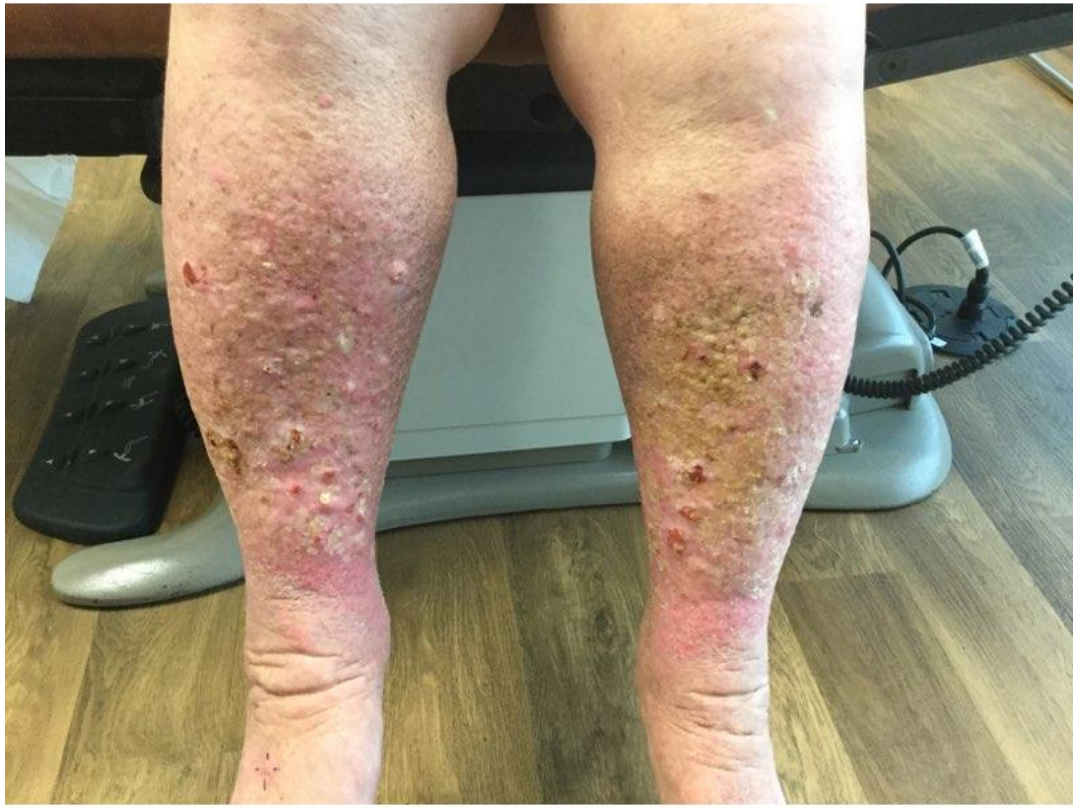
STASIS DERMATITIS





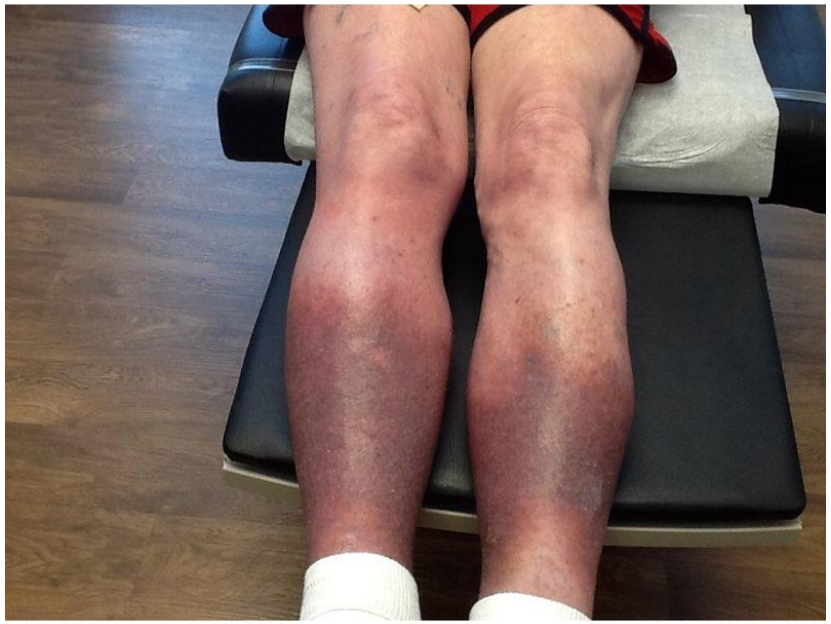
STASIS DERMATITIS



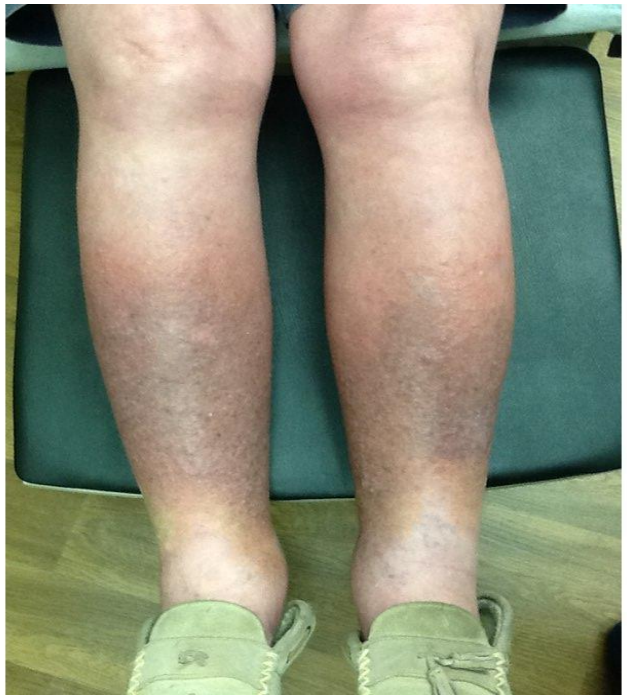


STASIS DERMATITIS

Pre TX



Post TX



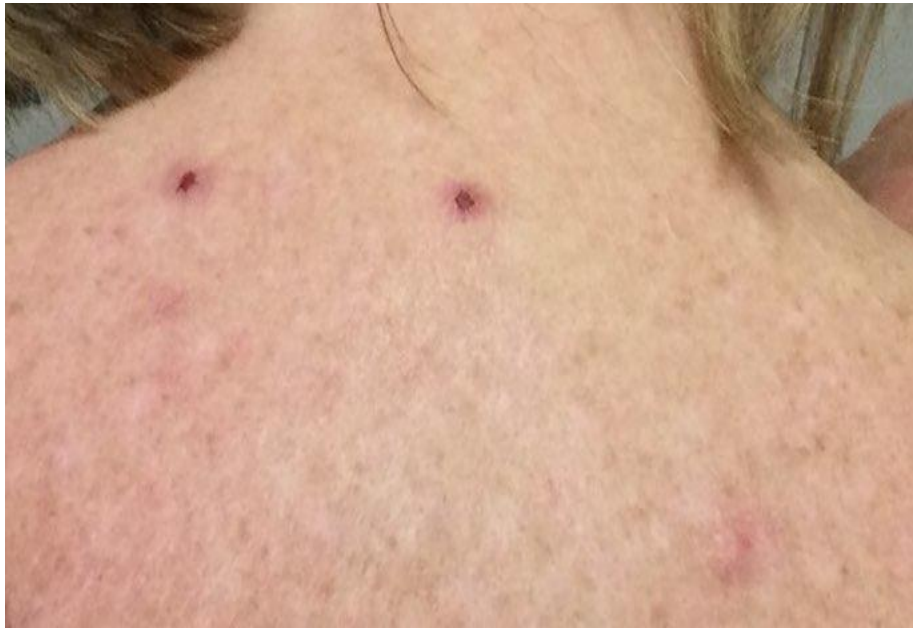
STASIS DERMATITIS

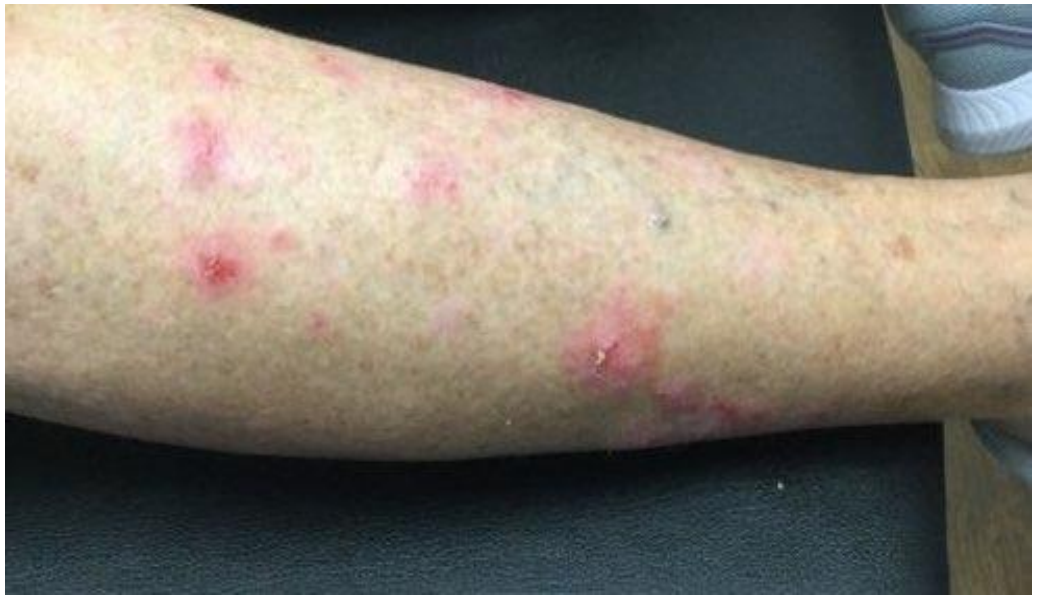
- Topical corticosteroid
  - Clobetasol BID for two weeks or Triamcinolone BID for two weeks
- Support Compression Stockings: 20-30 mmHg
  - Ames Walker
- Elevation
- Horse Chesnutt: Venous Insufficiency

PRURIGO NODULARIS

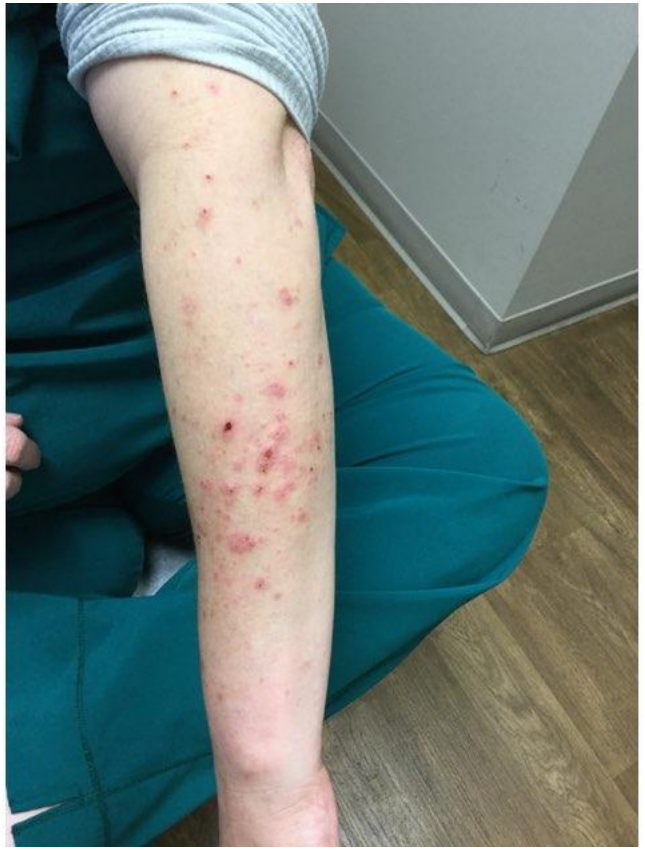
- Pruitis + Nodules
  - Itch greater than 6 weeks
- Discrete, firm papulonodular lesions: 3-20mm
- Results of chronic scratching or picking
  - Dysregulation neuroimmune interactions plus itch scratch cycle
- Favor Extremities, Upper Back, and Buttocks= Accessible areas
- Different Stages
  - Lichenification
  - Excoriations
  - Ulceration

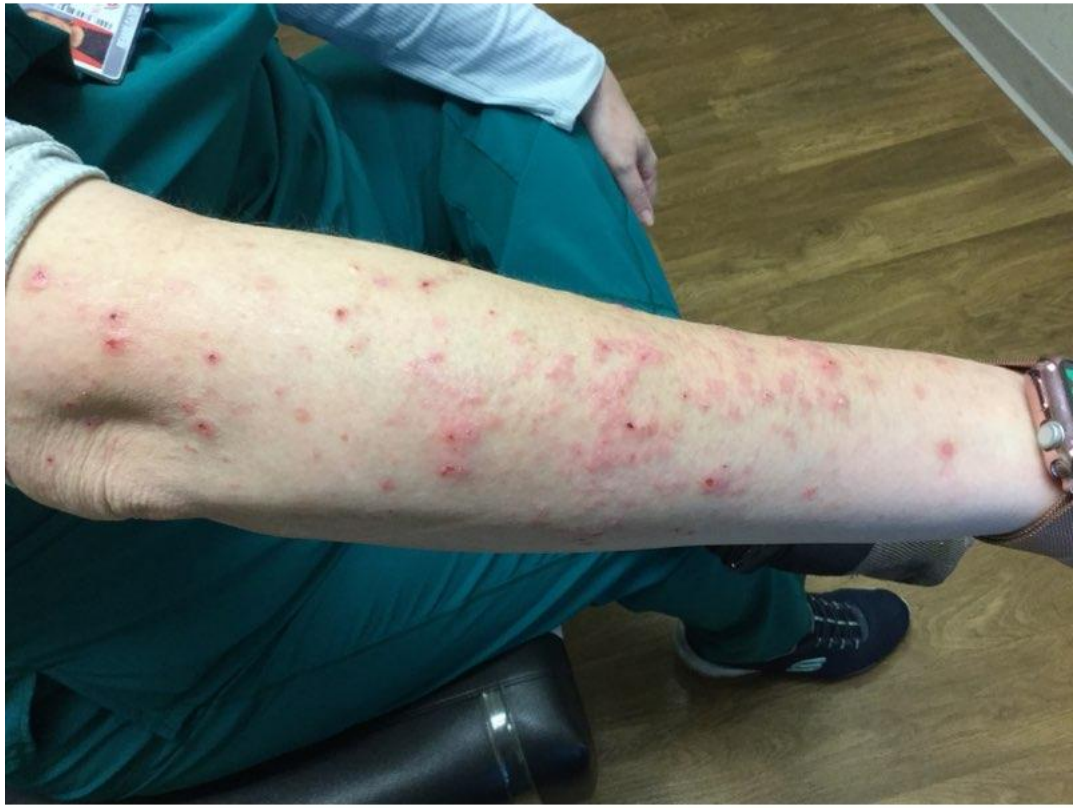
PRURIGO NODULARIS



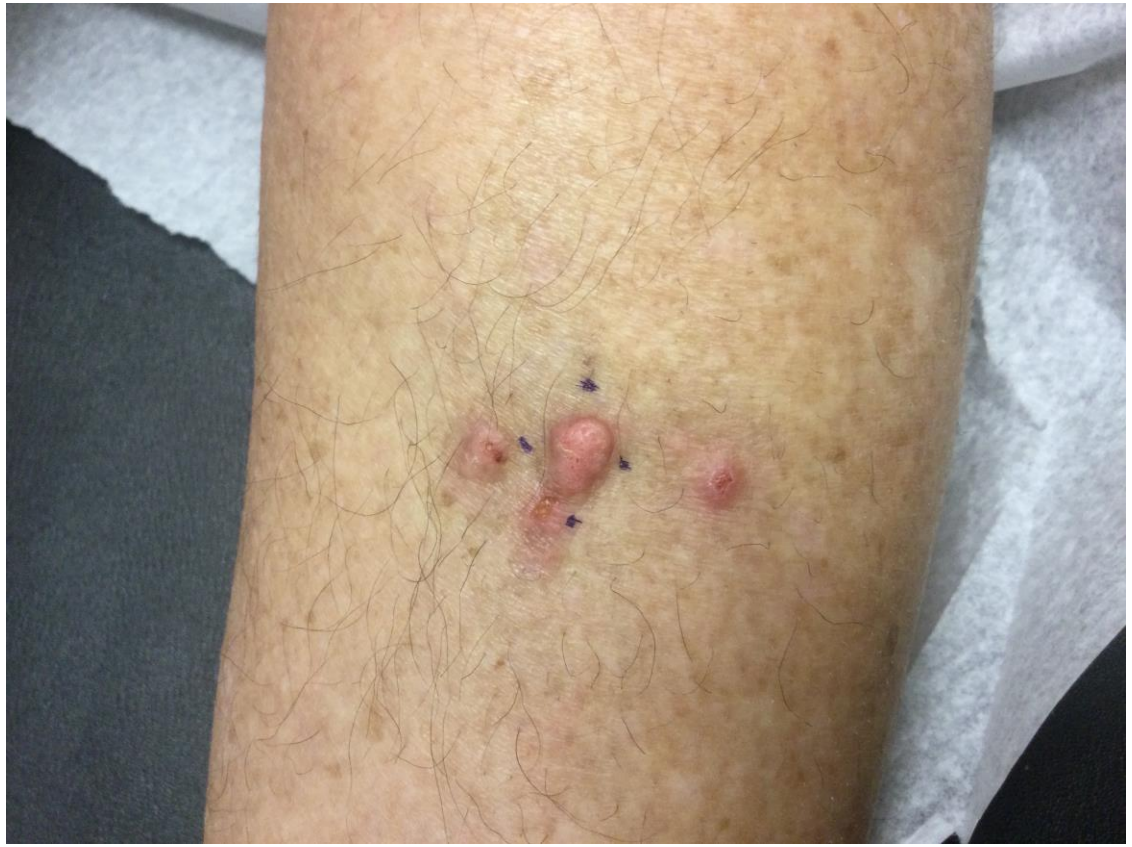


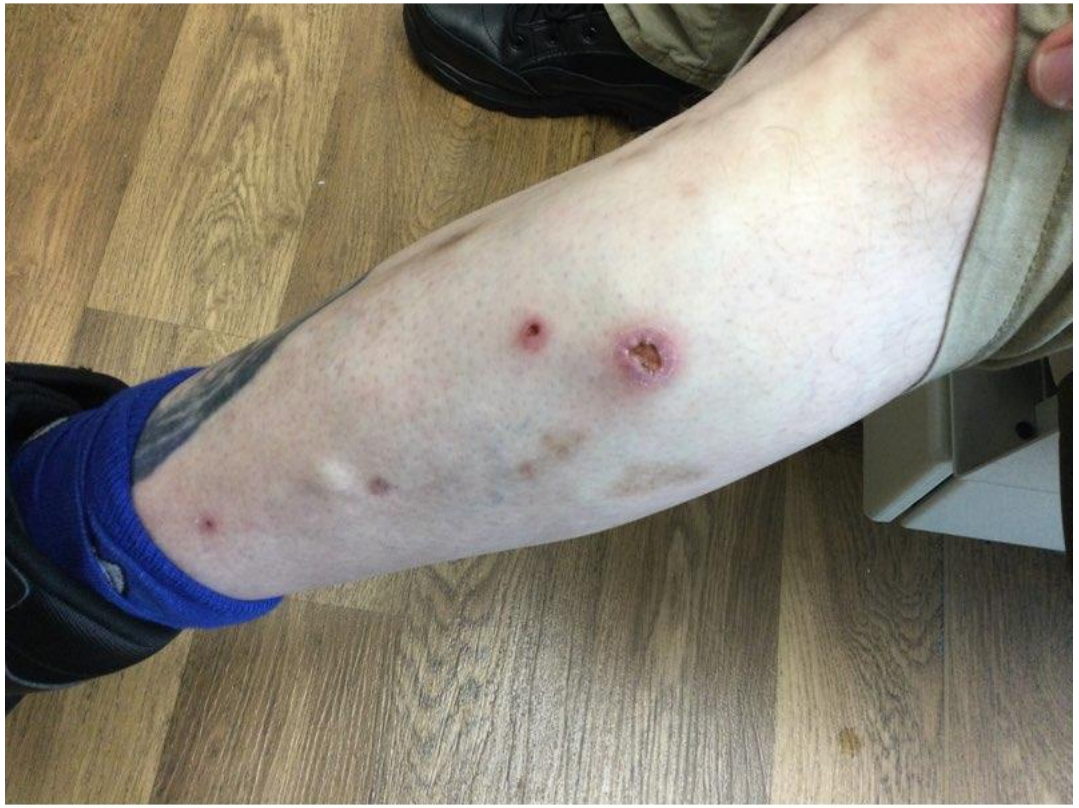
PRURIGO NODULARIS





PRURIGO NODULARIS





PN COMORBIDITIES

- Liver Dysfunction
- Renal Dysfunction
- Thyroid Dysfunction
- DM
- HIV
- Hepatitis B&C
- Malignancy

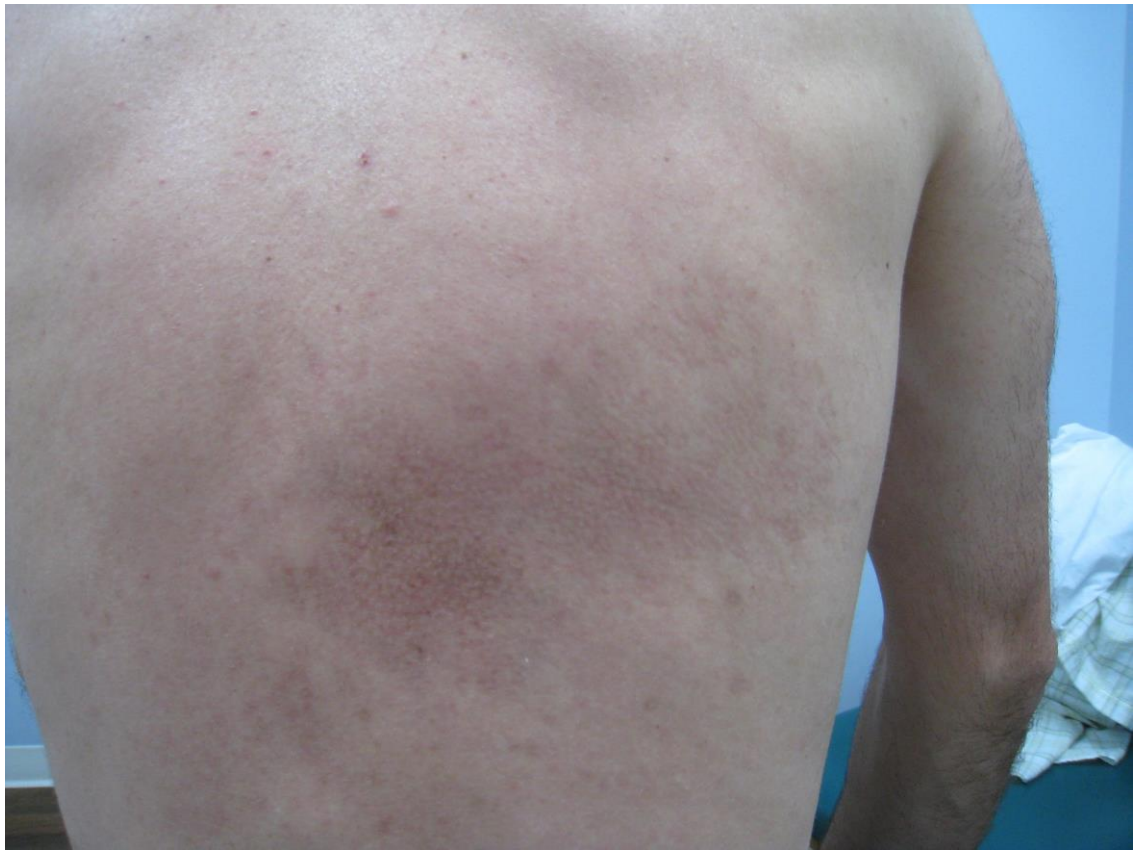
PN TX

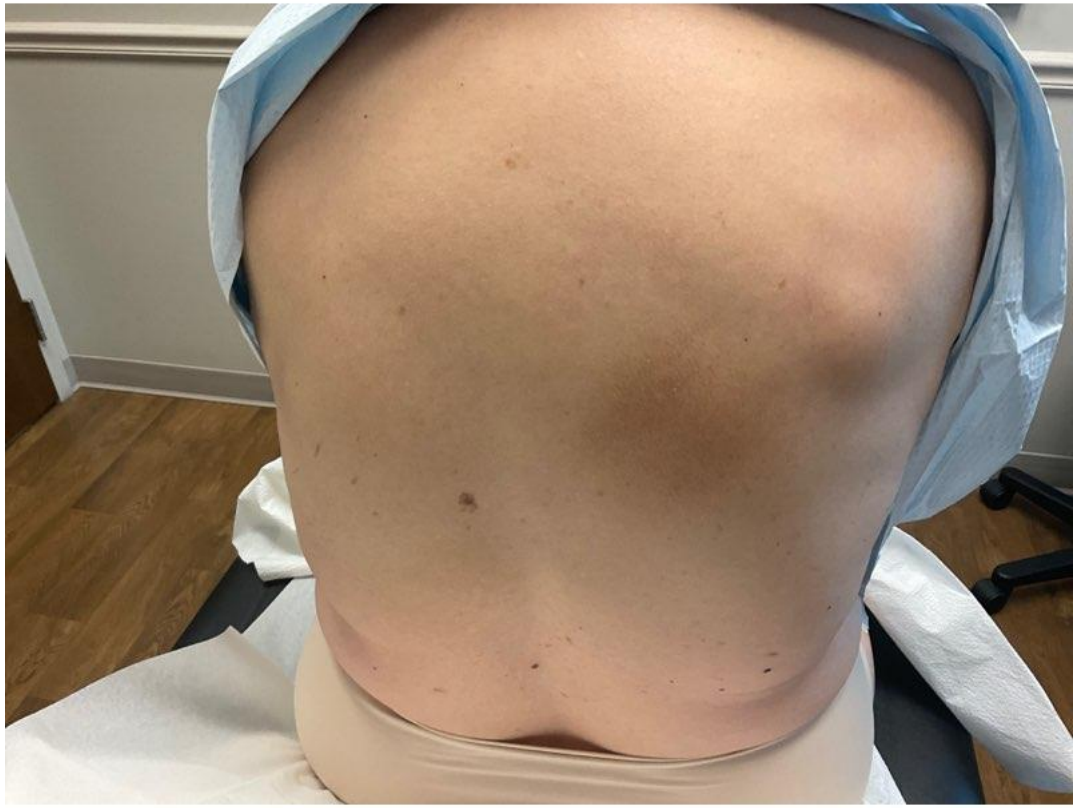
- **DUPILUMAB: ONLY FDA APPROVED**
- Topical Corticosteroids
- IL Corticosteroids
- Phototherapy
- Antipruritic
- Gabapentin
- Methotrexate
- Mycophenolate
- Liquid Nitrogen

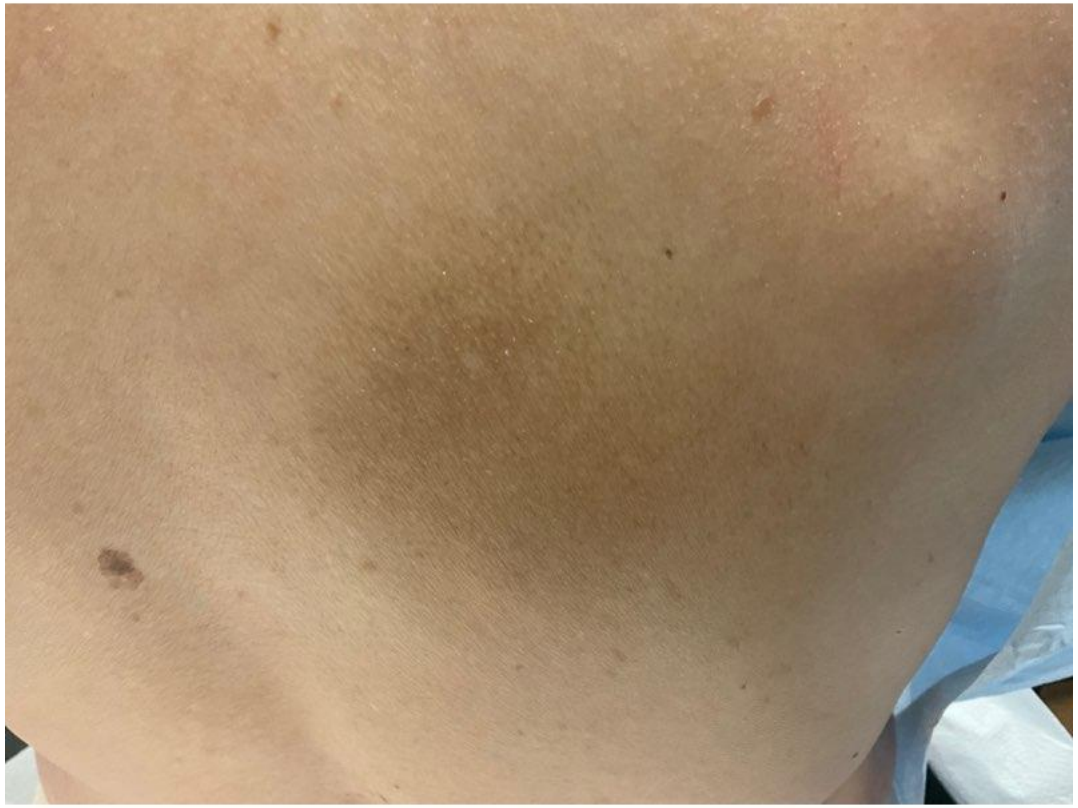
NOTALGIA PARESTHETICA

- Localized Itching to shoulder/scapula and vertebral columns
  - Burning/Tingling/Numbness
- Hyperpigmentated macule/patch to upper back
- Women > Men: Mid 50s
- Related To neck injury or SNR impingement: questionable

NOTALGIA PARESTHETICA







NOTALGIA PARESTHETICA TX

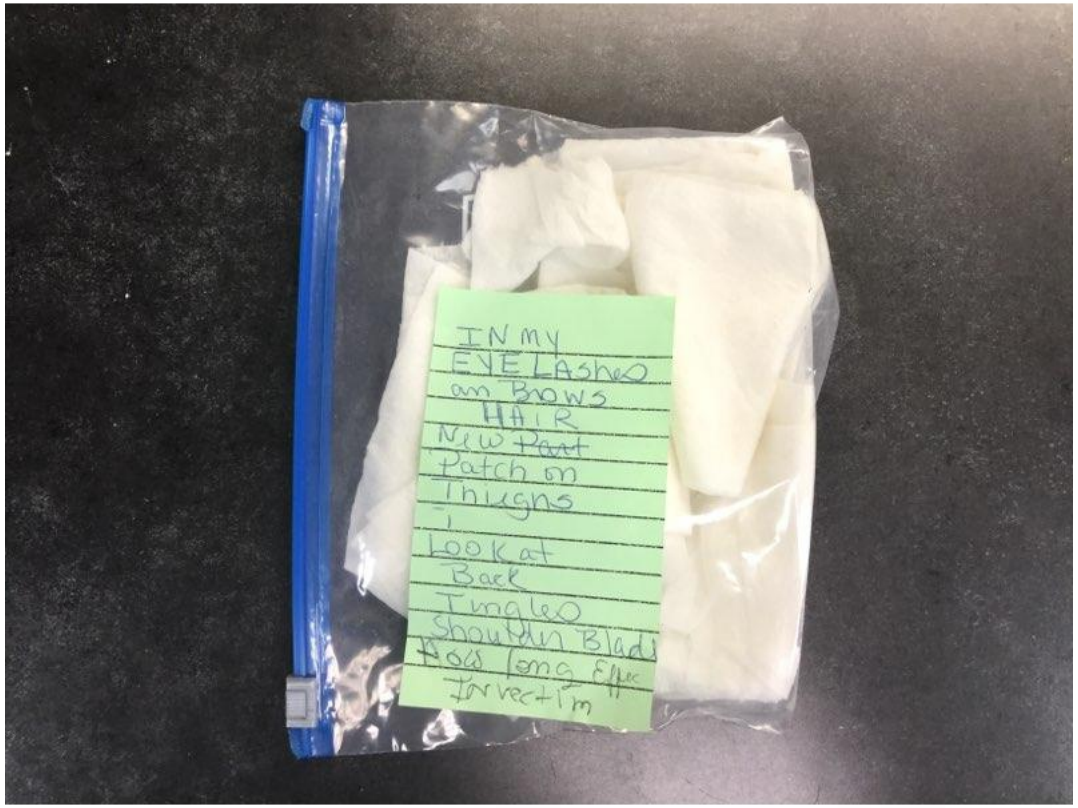
- Topical Capsaicin
- TCS and Tacrolimus
- Gabapentin
- Transcutaneous Electrical Muscle stimulation
- IL Kenalog and Botulinum toxin A

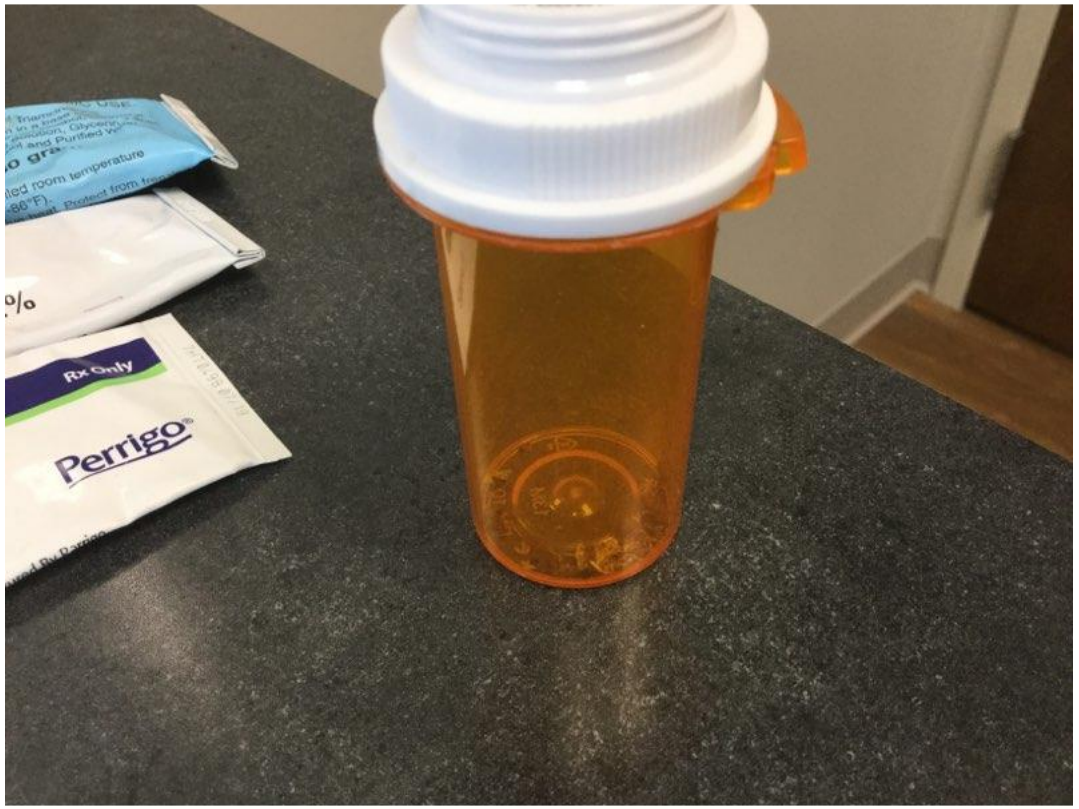
DELUSIONS OF PARASITOSIS "MORGELLONS DISEASE"

- Fixed and False belief of being infected with parasites
- Mid 50s- 60s, Women > Men
- Sensation of crawling, biting, stinging, or pruitis
- Excoriations, prurigo nodules, or ulceration
- Pts bring in bits of string, skin, lint as evidence

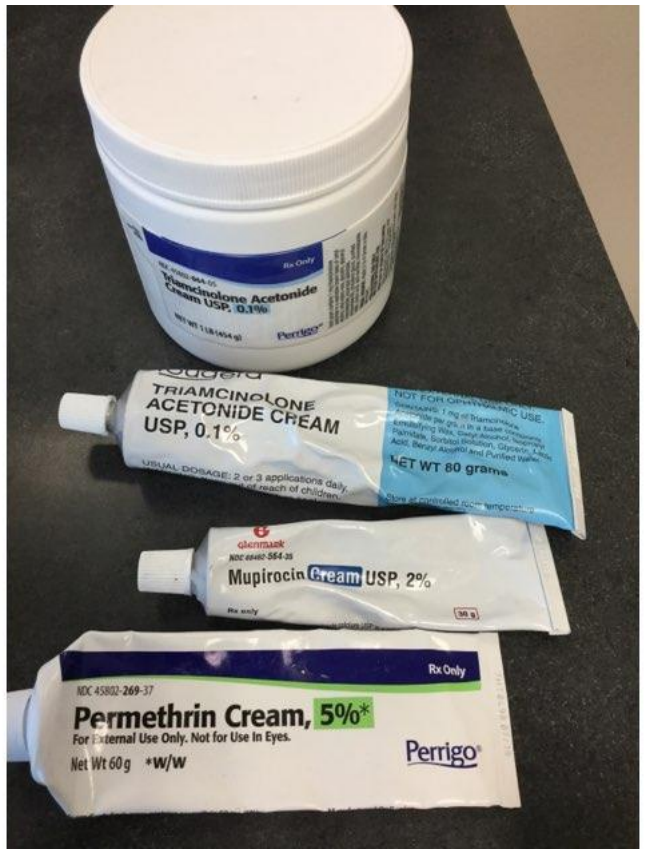
DELUSIONS OF PARASITOSIS

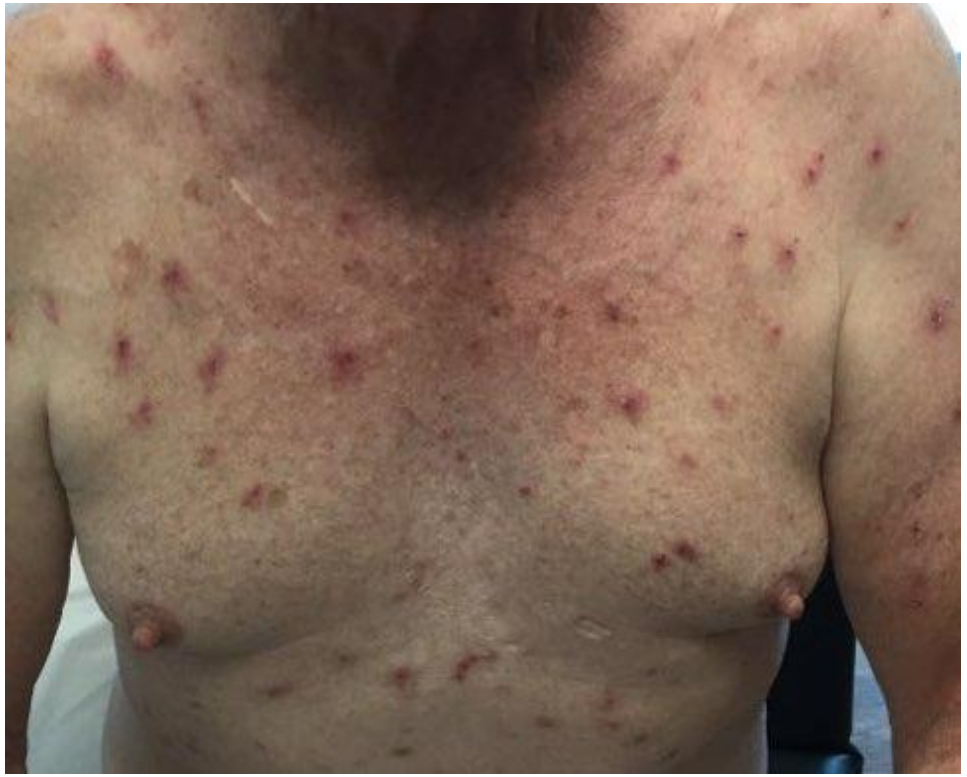
- Comorbid Disease
  - Depression (74%)
  - Substance abuse (24%)
  - Anxiety (20%)
- Pts bring in Materials Collected
- Pts have seen many Providers
- Pt have had Multiple prescriptions
  - Antibiotics, Topical Steroids, Antihistamines, Antiparasitic

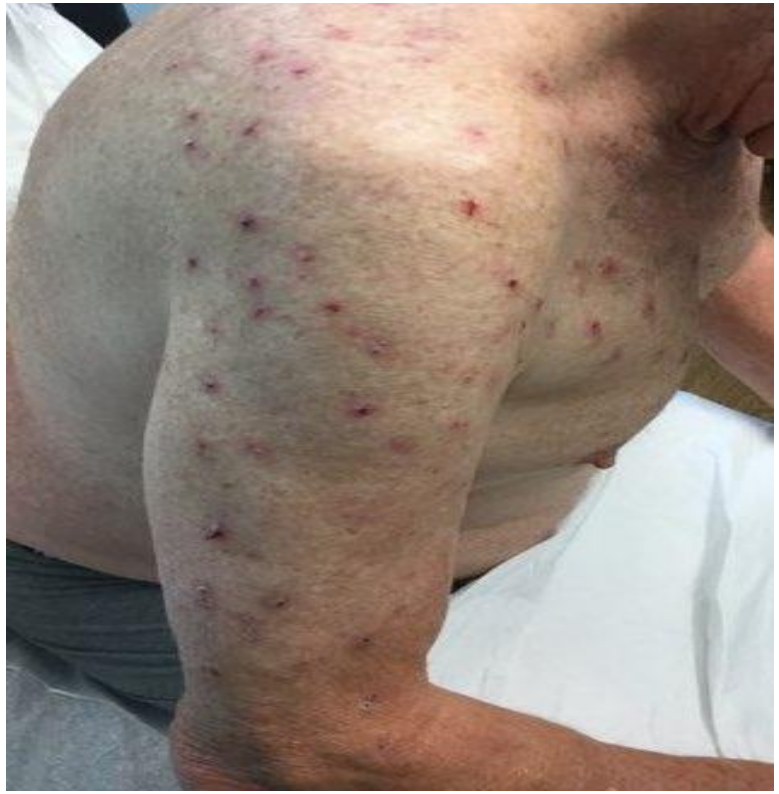

IN my
EYELASHES
an BROWS
HAIR
N;W Part
Patch on
Thighs
Look at
Back
Tingles
Shoulder Blade
How long Effec
Correction

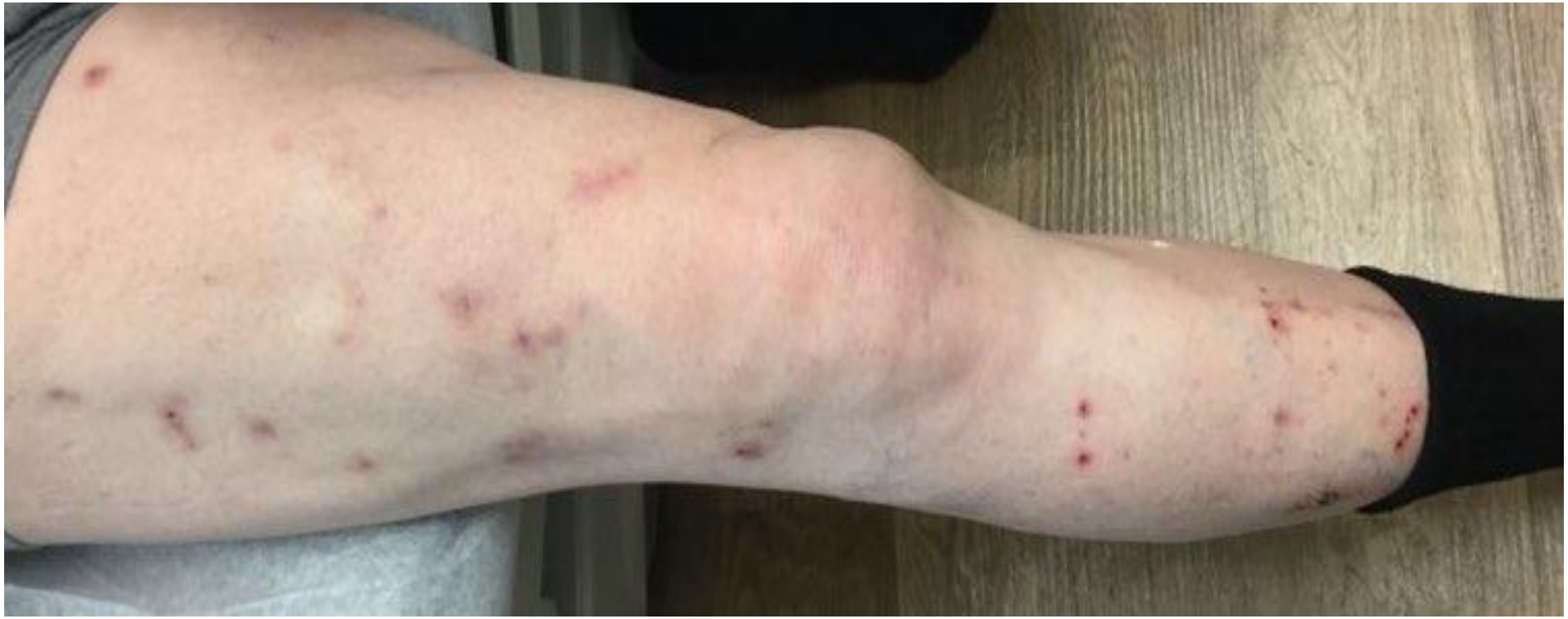

Rx Only
Perrigo


Memo
Related
Edit
Share
Delete


Rx Only
Triamcinolone Acetonide Cream USP, 0.1%
Perrigo
TRIAMCINOLONE ACETONIDE CREAM USP, 0.1%
USUAL DOSAGE: 2 or 3 applications daily.
NET WT 80 grams
Glenmark
Mupirocin Cream USP, 2%
Rx Only
NDC 45802-269-37
Permethrin Cream, 5%*
For External Use Only. Not for Use in Eyes.
Net Wt 60 g *W/W
Perrigo







DELUSIONS OF PARASITOSIS TX

- Skin biopsy- prove no findings
- May need psychiatry referral
- Pimozide 1-2 mg daily
- Risperidone 2-5 mg daily: 1st line
- Olanzapine and Aripiprazole limited evidence compared to Risperidone

PIMOZIDE

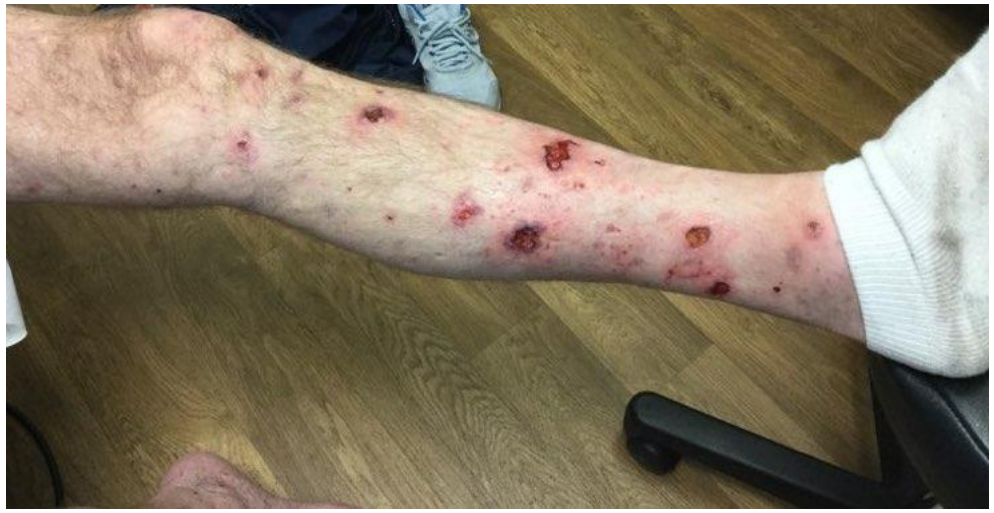
- No Longer 1st line
- Sedation
- Rigidity
- Visual Disturbances
- Prolonged QT interval

RISPERIDONE

- Baseline Lipid panel, and Fasting glucose
- Starting dose 0.5mg and increase to 4mg
- Results in 1-2 weeks
- SE: extrapyramidal symptoms
  - More common in elderly

- “ I believe you are suffering”
- “I would like to help you”
- ” You are not crazy”
- “This medication will help decrease the crawling sensations”
- Schedule visit at end of day- spend more time with patient

Pre Treatment

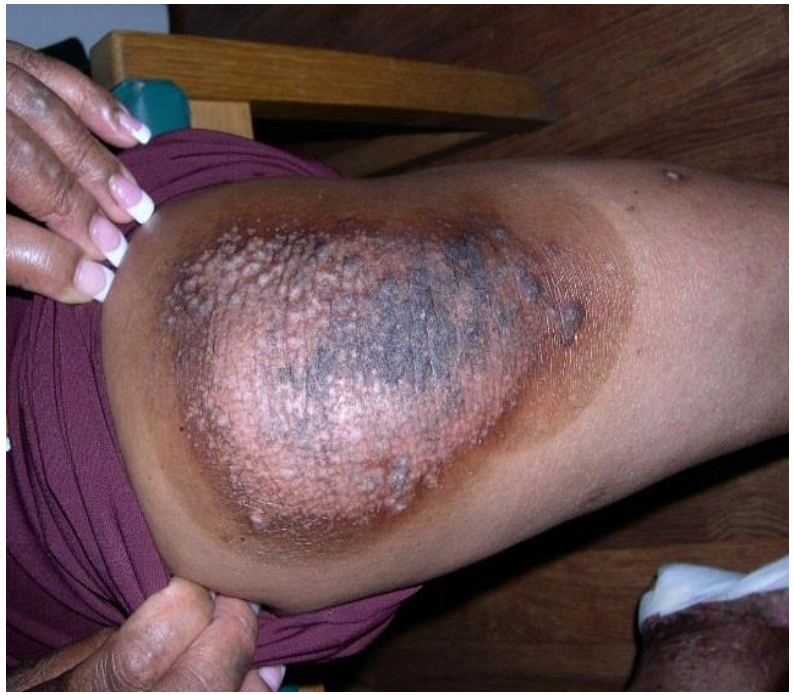


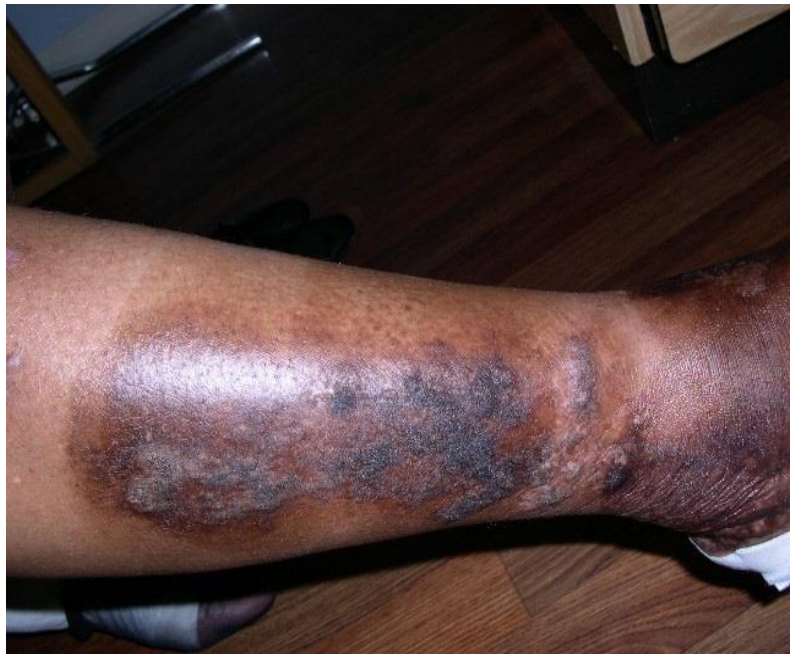
On Treatment

LICHEN SIMPLEX CHRONICUS

- Skin color or hyperpigmented plaques and licheinfication
- Habitual scratching and rubbing
- Posterior neck, ankles, anogenital region, extensor forearms or shins

LSC





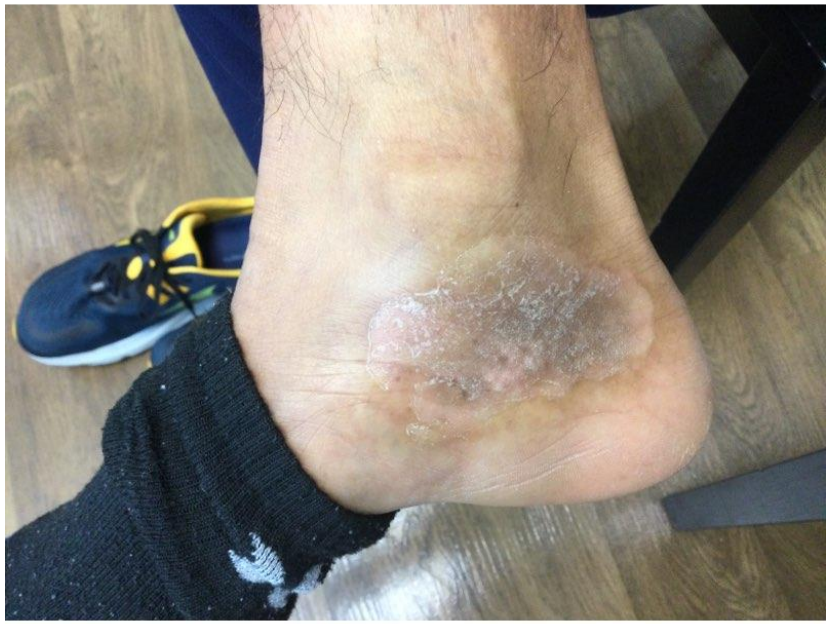
LSC TX

- Topical corticosteroids
- Oral antihistamine
- IL Kenalog injections

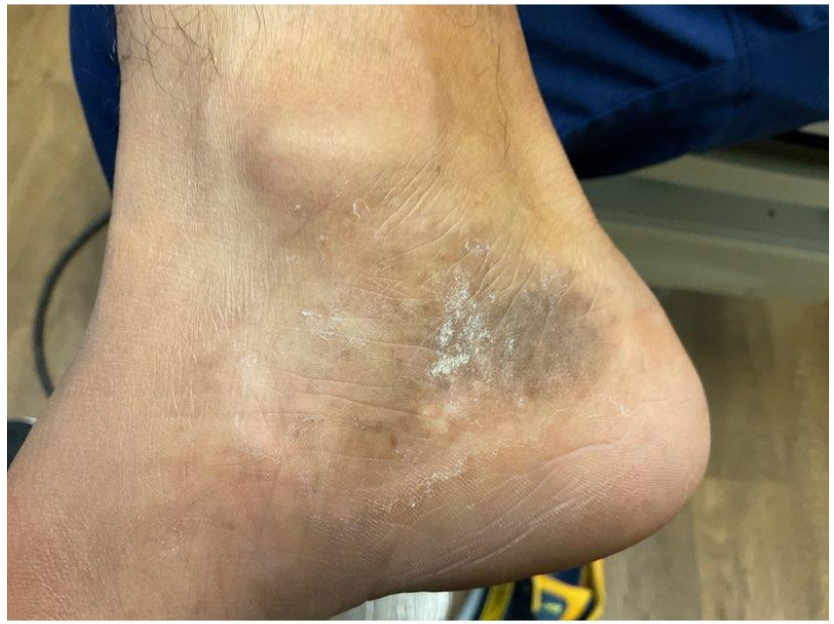
- Daily moisturizer: Cream

LICHEN SIMPLEX CHRONICUS

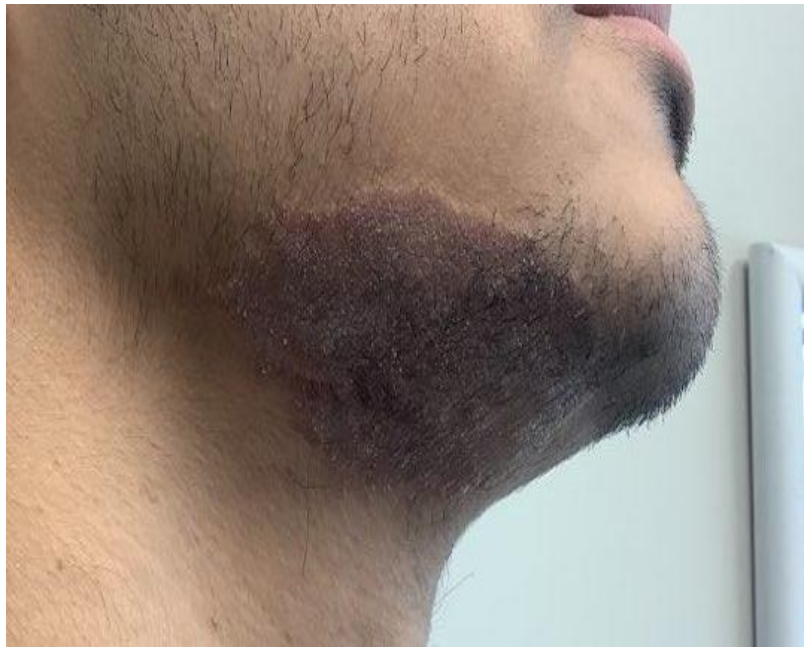
Pre TX

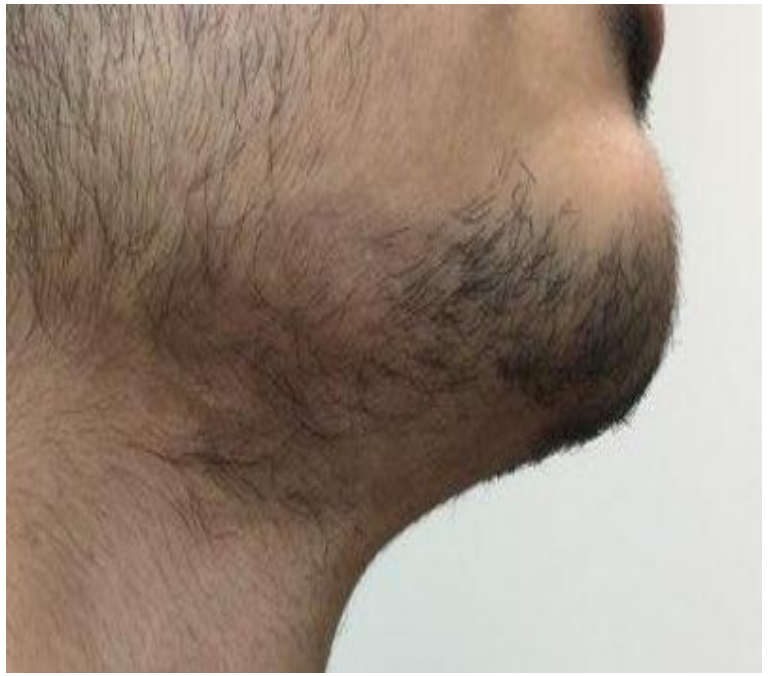


Post TX



LICHEN SIMPLEX CHRONICUS

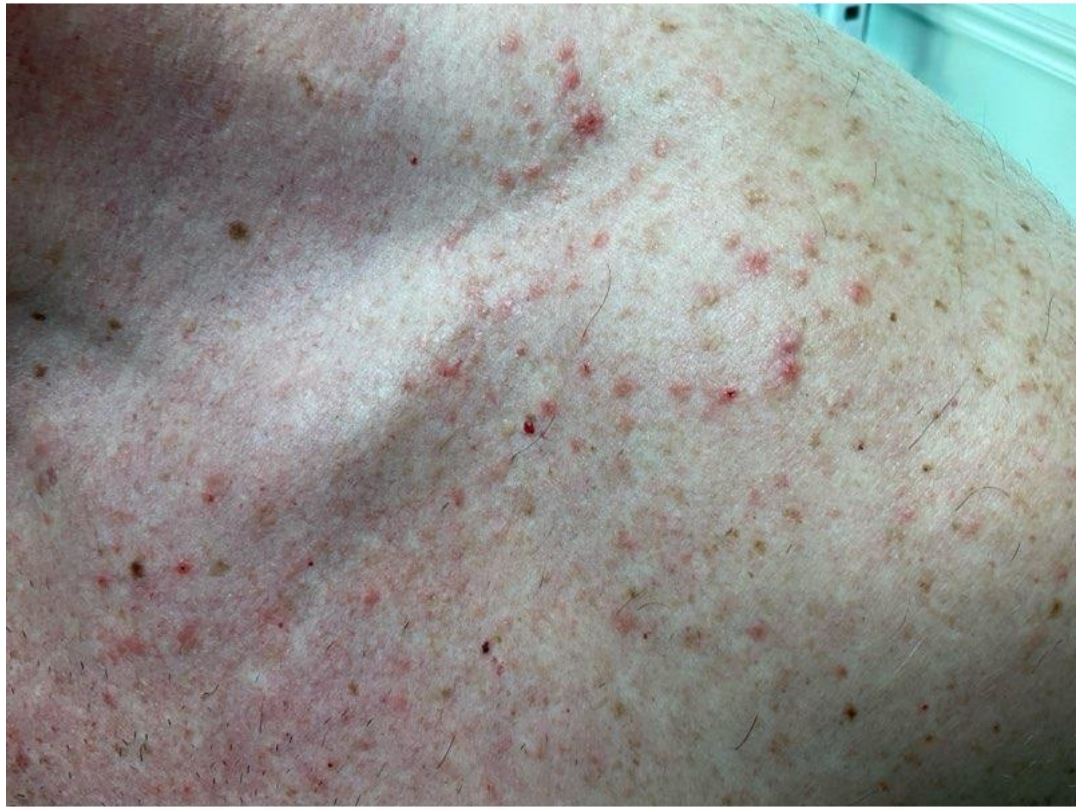


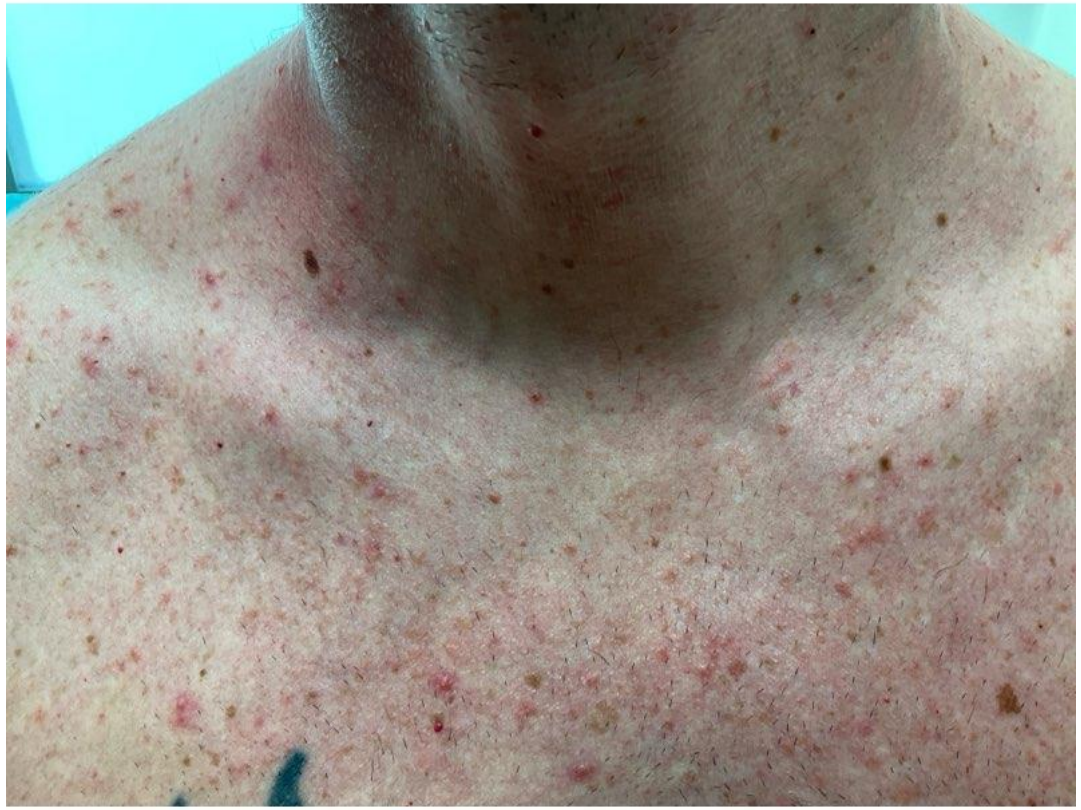


TRANSIENT ACANTHOLYTIC DERMATOSIS "GROVER'S DZ"

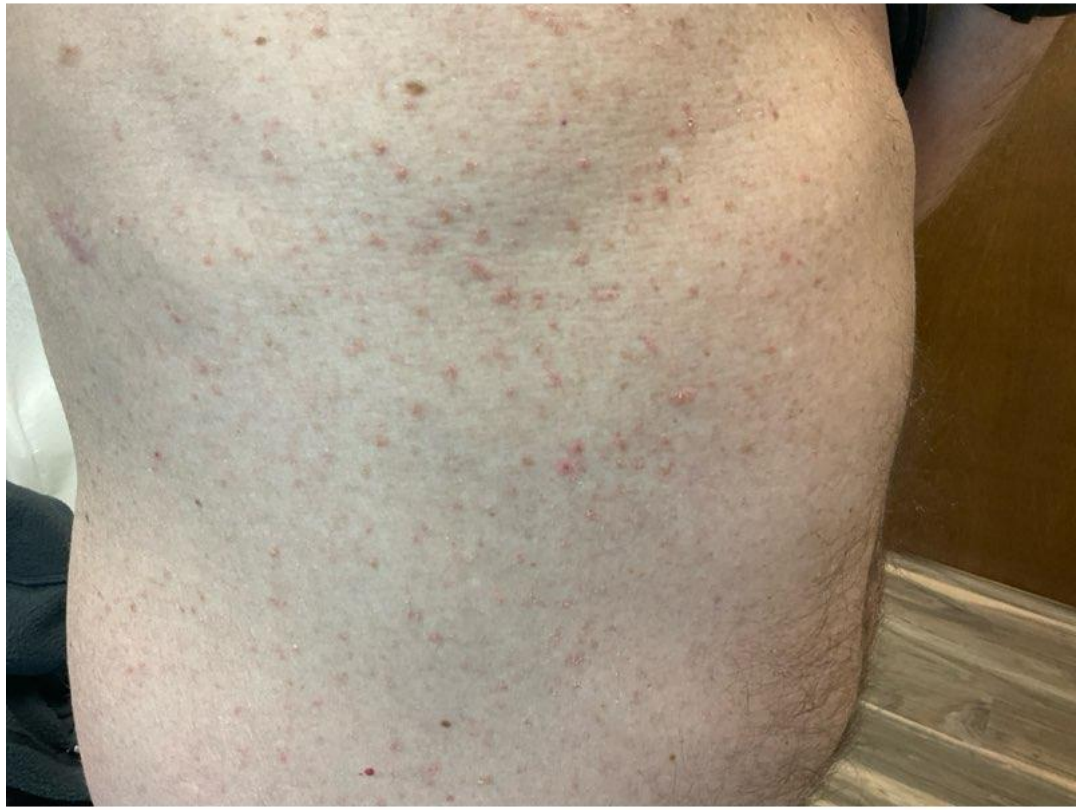
- Papulovesicles or Keratotic plaques, flesh to brown colored
- Trunk (84-99%) upper and lower extremities (60%)
- Men > Women
- Exacerbated with Heat, Moisture, Sweating
- Itchy

GROVER'S PHOTO





GROVER'S



GROVER'S DZ TREATMENT

- Topical Corticosteroids
- Topical Vitamin D
- Oral antihistamines
- Oral steroids
- Oral Isotretinoin/Acitretin
- NBUVB

Thank You!

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