Skin manifestations in systemic disorders
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CAEs and new targeted therapies

- **Doxycycline** can be preventative for acneiform eruption and paronychia: 100 mg BID

- **BRAF inhibitors** → no acneiform eruption:
  - Sweet syndrome
  - EN-like panniculitis
  - Pruritus
  - Phototoxicity (UPF clothing, tinosorb sunscreens)

- **Systemic steroids** and **TNF inhibitors** do not interfere with treatment efficacy

- **Prolonged response** to new targeted therapies has been associated to high-grade immune-related AE:
  - Acneiform eruption → EGFR inhibitors (non-small cell lung cancer and colorectal cancer)
  - Vitiligo → immune checkpoint inhibitors (MM)

- Good response to **CsA** of **SJS-like reactions secondary to PD1 inh**
Systemic Infectious Diseases

• Visceral zoster
  • 10% Cutaneous dissemination
  • Treatment: Acyclovir up to 15 mg/kg/8h

• Rocky mountain fever
  • Skin biopsy for Dx (S 70-90%)
    • DIF
    • Immunoperoxidase
Saprophitic fungal infections

- Sporotrichosis
- Chromoblastomycosis
- Mucormycosis
- Aspergillus
- Fusarium

### Aspergillosis vs fusarium

- **Serologies:**
  - Fusarium: ↑ 1,3-beta-D-glucan
  - Aspergillus: ↑ galactomannan

### Candida auris:

- Emerging infection
- Multidrug resistance
- Difficult to identify
- Hospital acquired (never isolated in nature)

- New treatment → isavuconazole
STD

• USA:
  • 1 of 4 teenagers acquire STD
  • 1 in 2 sexually active will acquire an STD by age 25

• Syphilis
  • Systemic disease
  • Bicillin shortage → Minocycline 100 mg BID x 28 days
Oral signs of systemic diseases
Oral manifestations in autoimmune diseases

- Behçet’s disease
- Oral lichen planus
  - IVIG in refractory cases
- SLE
- Cicatricial pemphigoid
- Secondary Sjögren’s Syndrome:
  - Cervical dental caries
Paraneoplastic oral manifestations

- Cancer immunosupression:
  - VZV
  - Candida
- Oral acanthosis nigricans
  - 60% gastrointestinal cancer
  - Poor prognosis
- Gingival hyperplasia
  - AML (or any leukemia possible)
- Paraneoplastic pemphigus
- Pemphigus vulgaris

- Rapid onset
- Severe
- Unusual scenario
- Extent to lips

- One fungal treatment
- Test for SHV, VZV
- Do not biopsy ulcer
- Treatment for long haul
Melkersson-Rosenthal Syndrome

- Orofacial swelling treatment (Mayo Clinic)
  - 26/28 recent patients had an excellent response to systemic corticosteroids
  - Dapsone is beneficial in maintaining a remission in 80% of patients
  - Intralesional corticosteroids are also important in gaining and maintaining a remission
  - TNF-alpha inhibitors improve OFG manifestations of patients with Crohn’s disease
Complex Aphthosis

• The clinician should seek associated conditions in all patients with complex aphthosis

• **2 of 3 patients have “correctable causes”** for their complex aphthosis condition:
  • Nutritional deficiencies
  • H. pylori gastritis
  • Chronic ulcerative colitis; Crohn disease
  • Gluten-sensitive enteropathy
Basic principles for oral procedures

Practical pearls for oral procedures.

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Abstract
We provide an overview of clinically relevant principles of oral surgical procedures required in the workup and management of oral mucosal diseases. An understanding of the fundamental concepts of how to perform safely and effectively minor oral procedures is important to the practicing dermatologist and can minimize the need for patient referrals. This chapter reviews the principles of minor oral procedures, including incisional, excisional, and punch biopsies, as well as minor salivary gland excision. Pre- and postoperative patient care is also discussed.

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