Atrium Health
Wake Forest Baptist

Pearls Lecture
Medical Dermatologic Society 2022

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Complex Medical Dermatology
General Principles

“What I am told on the first visit is patient education – on the second visit is an excuse”

Quote from anonymous patient

Complex Medical Dermatology
Dermatologic & Systemic Complaints Possibilities

1. Clinicopathologic diagnosis unifies dermatologic and internal complaints. (eg. Sarcoidosis)
2. Clinicopathologic diagnosis reveals a reactive dermatosis. (eg. Cutaneous vasculitis)
3. No direct relationship. (eg. Scabies/fibromyalgia)

Complex Medical Dermatology

The patient wants to skip to their “own research” therapy

- Step 1 – Clinicopathologic Diagnosis – caution regarding therapy effect and site selection
- Step 2 – Assess extent of disease regarding internal manifestations
- Step 3 –Assess for etiology
- Step 4 – Therapeutic ladder

Complex Medical Dermatology
General Therapy Principles

1. Match duration of therapy to duration of illness and explain rebound
2. Discuss what is perfect for the first scheduled follow ups and long term approach and outlook
3. Discuss resistant local disease
4. Package insert is a legal document “If you were my family member” and document discussion

Complex Medical Dermatology Therapy

Juggling Multiple Colleagues

1. Clear responsibility for each medication and disease aspect – only one person "drives" each aspect
2. Cell phone for colleague
3. Pre "Clear" systemic medications with doctors for serious illnesses
4. Offer two options at baseline if they exist
   eg. Rheum vs Derm for Dermatomyositis
5. Avoid dueling egos

Disease Pearls

Oral Lichen Planus

NO EROSIONS

1. Gingival Care
2. Manage Candida
3. Dilute Peroxide/repopulate probiotic
4. 1mg tacrolimus capsule swish and spit
5. Topical/intralesion cortico-steroid for erosions
6. Oral Methotrexate or Mycophenolate (Bx proven disease)
7. Repeat Biopsy for >CC exclusion as indicated

Cutaneous Small Vessel Vasculitis

1. Insist on clinicopathologic confirmation
2. Labs and colleague assessment for internal disease with each flare
3. Etiology tests once at baseline unless significant change
4. Therapeutic ladder
   a) Palpable purpura only (eg.colchicine/dapsone)
   b) Erosions but no internal involvement (eg. Methotrexate,slow taper of corticosteroids)
   c) Systemic Disease (often colleagues)

Pyoderma Gangrenosum

1. Confirm diagnosis clincopathologically to exclude differential but early lesions are neutrophilic
2. Internal manifestations of disease itself
3. Etiology is key to management
4. Manage inflammatory component

underlying disease Idiopathic

5. Manage wound (Gulliver's sign)
   Gentain violet/Vaseline/gauze/compression

Pemphigus Vulgaris

After confirmation of diagnosis at baseline

1. Choice of Rituxin at baseline vs Rituxin when needed
2. Aim for perfect control
3. Complete remission off therapy should be a goal
4. Rebound should be anticipated
5. Aphthae/Burning mouth late in course

Thank you!