Pediatric Dermatology

Dra. Ana Batalla
Gianotti-Crosti syndrome.
Prof. Carmen María Salavastru. Bucharest-Rumanía.

- Triggering agents in Gianotti-Crosti syndrome
  - Most common: viruses (EBV, CMV...)
  - Bacteria
  - ...
  - Recent history of IMMUNIZATION

- FURTHER VACCINATIONS ARE NOT CONTRAINDIANTED
Mycoplasma-Induced Rash and Mucositis (MIRM)

- Distinct entity from Stevens-Johnson Syndrome and Erythema multiforme.
- Mucosal involvement predominant (alone 34%).
- Skin involvement: frequently sparse.
- Mild disease course.

- Also Chlamydia as a cause.

Proposal for case definition:

- Reactive Infectious Mucocutaneous Eruption or Mucosal Predominant-Eruption (RIME).

**Diagnostic criteria**

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<th>Patient must have at least two of the following</th>
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<td>• Vesiculobullous skin lesions (&lt;10% BSA) without typical papular targets.</td>
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<td>• Erosive mucositis, with at least 2 mucosal surfaces involved.</td>
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<td>• Non-contributory medication history.</td>
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<th>Patient must have evidence of relevant infection as indicated by at least one of the following</th>
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<td>• Clinical symptoms (including cough, fever, malaise, arthralgias).</td>
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<td>• Radiologic evidence of pneumonia.</td>
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<td>• Laboratory evidence of acute infection (ie. PCR, IgM, or similar).</td>
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**Supporting features**

- Prodromal symptoms.
- Histology excluding other immunobullous disease.
Late Breaking News: Pilot Study (CYCLATOP – SP14019) To Assess Efficacy and Safety of 5% Topical Cyclosporine (CsA) In Atopic Dermatitis (AD). Dr. Giménez-Arnau et al. Barcelona – Spain

- **Design**
  - Multicenter, randomized, double-blind, vehicle-controlled.
    - Left-right comparison.
  - 44 patients (2-75 years old).
  - Treatment: 28 days, twice daily.

- **Inclusion criteria**
  - Mild to moderate AD.
  - Similar lesions, one by side.

- **Results**
  - **Efficacy**
    - EASI change from baseline: **clinically relevant and statistically different to placebo** (-51.2% vs. -23.6%).
    - 44.4% EAS75; 33.3% ADSI75 (week 3) (ADSI reduction statistically different to placebo).
    - Reduction of IGA statistically significant for all visits vs. placebo. 61.5% IGA 0/1 at week 4.
    - **Different effect to placebo: observed already after 1 week.**
    - Reduction in pruritus (50% within the first week).

  - **Safety**
    - Very low systemic exposure.
    - No serious adverse events.
      - Most frequent adverse event: application site pruritus.
    - Good acceptability.

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**Endpoints**

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<th>Efficacy</th>
<th>Safety</th>
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<td>• Change and % of change of EASI/ADSI/IGA from baseline</td>
<td>• Adverse Events</td>
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<td>• Responders: EASI75/ADSI75/IGA0-1</td>
<td>• CsA plasma concentration (0, 1 and 4 weeks).</td>
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<td>• Pruritus (VAS): change from baseline</td>
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These results warrant further clinical development
Atopic Dermatitis (AD). Reviews and Updates

Topical treatment with glucocorticosteroids or calcineurin inhibitors: What, how and when?
Dr. Delphine Staumont-Salle. Lille-France.

- Preferred topical corticosteroids in AD: class II or class III
  - According to severity score.
  - Even in children < 2 years old.


Phototherapy for atopic dermatitis
Prof. Eleni Sotiriou. Thessaloniki – Greece.

- Skin hardening with PUVA / NB-UVB.
- Very low initial doses and systemic immunosuppression to prevent photosensitive AD exacerbation.

Atopic Dermatitis (AD). Reviews and Updates

Classical systemic therapies for atopic dermatitis
Dr. Floralie Maria Garritsen. Utrecht - Netherlands


- Increase in the number of responders to azathioprine and less hepatotoxicity and subjective side-effects by adding allopurinol.
  - Important: to reduce dose of azathioprine in at least 50%.


- AD patients carrying UGT1A9 polymorphism: more likely non-responders to mycophenolic acid (MPA).
  - UGT1A9 polymorphisms can be used to identify patients with no response to MPA
Dupilumab in adolescents with moderate-to-severe AD:

• **Efficacy:**
  - Clinically relevant and statistically significant improvements in signs and symptoms (including pruritus) and quality of life.
  - Twice/week regimen superior to 4 times/week regimen.

• **Safety:**
  - Acceptable.
  - No serious adverse events.
  - Higher prevalence of conjunctivitis and injection-site reactions vs. placebo.
  - Rates of AD exacerbation and skin infections higher within placebo group.