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A case of photolocalized varicella in an immunosuppressed patient

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Background: Varicella is a well known viral disease with a characteristic clinical presentation. Although viral rashes aggravated by sun exposure, trauma and inflammation have been described, photolocalized varicella zoster virus (VZV) infection is rare and the typical lesions may not be seen. Herein we report a case of photolocalized varicella in an immunosuppressed adult. We also review the literature for previously reported cases.

Case Description: A 30-year-old African-American woman with a history of recalcitrant hidradenitis suppurativa on ustekinumab and prednisone presented with a tender, pruritic eruption that began 5 days earlier on the sun-exposed areas of the shoulders then spread to her face, abdomen, and left leg. The patient had never received the VZV vaccine nor had chickenpox as a child. Two weeks prior, she had been in contact with father who had shingles. Pertinent physical exam findings included multiple pustules on an erythematous base on the upper trunk in a symmetric photolocalized pattern, with scattered lesions on the face and a crusted patch on upper abdomen and left lower leg. A VZV DNA PCR was positive and the patient was treated with valacyclovir one gram three times a day for 14 days. Two weeks later, the patient reported significant improvement and zoster vaccination was discussed.

Conclusions: This case highlights the importance of including varicella in the differential diagnosis of a photolocalized pustular eruption, especially in immunosuppressed patient patients. In otherwise healthy patients, it may mimic inflammatory diseases such as polymorphic light eruption.

Commercial disclosure: None identified.

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A method for rapid retinization using escalating doses of newly formulated high-strength retinol liquids, compared with escalating doses of tretinoin

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Background: Retinoids are the best-studied ingredients for anti-aging facial benefits. Retinoids include retinol and tretinoin. Tretinoin is a prescription retinoid with established improvement in skin thickness and fine lines, possessing poor tolerability. This has led to development of OTC retinol formulations. This research investigated the efficacy, tolerability, and consumer acceptance of a rapid retinization protocol involving escalating doses of 0.25%, 0.5% and 1.0% retinol liquids in combination with a lipid barrier treatment for 12 weeks, as compared with an escalating dose of branded tretinoin cream (0.025%, 0.05% and 0.1%) used with a dermatologist recommended moisturizing cream (benchmark control).

Methods: 45 photoaged subjects ages 35-65, Fitzpatrick I-IV, non−retinoid users exhibiting moderate facial wrinkling, were enrolled in the double-blind controlled study. The dermatologist investigator and subjects assessed overall severity of photodamage, and individual photodamage parameters, such as fine wrinkles, crow's feet wrinkles, dyschromia, and crepey cheek skin texture on an ordinal scale. The same ordinal scale was used to assess the tolerability criteria. Photographs were taken at each visit and TEWL at baseline and week 12. Histologic evaluation at baseline and week 12 included hall mark retinoid benefits such as: plumping of the epidermis, increase in healthy collagen and GAGs, improved vascularity, and DEJ.

Results: The retinol formulations demonstrated excellent tolerability with recognized retinoid effects visually and histologically. Easier retinization of the face was achieved with the escalating retinol serums over the benchmark tretinoin creams.

Conclusions: Well designed high-strength retinol liquids can be attractive alternatives to prescription tretinoin, providing rapid results and patient satisfaction.

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Assessment of quality of life and clinical outcomes in atopic dermatitis: A physician survey

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Background: Atopic dermatitis (AD) is associated with a significantly higher prevalence of neuropsychiatric conditions (depression and anxiety), increased health care costs, and missed work days. Nonstandardized evaluation in AD limit the development of evidence-based comparison.

Objective: We aimed to determine the utilization of standardized measures (eg, EASI, DLQI) by physicians in their evaluation of AD patient outcomes and quality of life (QoL).

Methods: A non-randomized, cross-sectional, convenience survey (n = 24) was distributed online to dermatologists and family medicine physician at our institution, other academic dermatology programs, and the Ohio Dermatologic Association.

Results: While most physicians did not report complete use of standardized tools in the evaluation of AD clinical outcome (95.8%), 100% used one or more of their components. Frequency of QoL assessment between specialty and practice settings varied; dermatologists reported evaluating QoL more frequently than family medicine physicians (66.7%, n = 18 vs 50%, n = 6), while physicians in private practice assessed QoL more frequently than those based solely in academic settings (75%, n = 15 vs 53.3%, n = 8). Perception of impact on patients' life (66.7%), and level of embarrassment or self-consciousness (45.8%) where the most frequently assessed QoL measures. The most common reason for nonuse of standardized tools were time constraints for clinical outcome and QoL (79.2% and 70.8%).

Discussion: Patient-reported outcomes have been linked to higher patient perceptions of communication and control of care, so further understanding of factors limiting use of standardized tools and QoL assessment are warranted. Our preliminary findings suggest time-saving measures such as EMR integration may be beneficial.

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Evaluation of relationships between atopic dermatitis and ocular disorders

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Background: Atopic dermatitis (AD) is a common, chronic inflammatory skin disorder, known to be related with epidermal barrier function impairment and abnormal skin innate immune response. Several previous studies have shown an increased risk of ocular disorders such as cataract, glaucoma, conjunctivitis, but it is still controversial.

Objective: The aim of our study was to identify the relationship between AD and ocular disorders in the reality through a population-based study using sequential pattern mining (SPM).

Methods: We obtained population-based data recorded from 2011 to 2013 by the Health Insurance Research and Assessment Agency. SPM was used to identify the comorbidities and measure the time onset of the comorbidities.

Results: The comorbidity of lacrimal disorder, blepharitis, conjunctivitis, keratitis, cataract, glaucoma, retinal detatchment, visual impairment was 0.665%, 0.211%, 2.630%, 0.502%, 0.149%, 0.080%, 0.007%, 0.003%. Patients with AD showed a higher risk of conjunctivitis after the logistic regression analysis (hazard ratio 1.094) however, there was no relationship between cataracts, glaucoma and AD.

Conclusions: Our study demonstrates that AD could increase the risk of conjunctivitis and that it might be meaningful for early diagnosis and also for management. In addition, we identified the comorbidities and time onset duration of the comorbidities using SPM for the first time.

Commercial disclosure: None identified.