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In this issue of the *Journal of the American Academy of Dermatology*, Siscos et al[1] examine the risk of discontinuing newer oral anticoagulants (apixaban, rivaroxaban, and dabigatran) before dermatologic surgery and report a low risk of severe thrombotic complications. This has been a controversial topic, with recent recommendations in the dermatologic literature favoring continuation of anticoagulation but some groups outside of dermatology recommending discontinuing these agents before extensive surgical procedures. The researchers summarize data from 806 surgeries and report 1 patient with a transient ischemic attack and 2 with minor bleeding complications during the 30-day postoperative period. They suggest that interruption of these newer anticoagulants may be reasonable in some patients at high risk of bleeding complications. Important limitations include lack of data on antiplatelet agents; single-center retrospective design; potential recall bias; and lack of data on renal status, which may affect drug clearance.

Kerkemeyer et al[2] discuss the use of Janus kinase inhibition in a small series of patients with cutaneous sarcoidosis with or without pulmonary involvement. There have been prior reports of successful treatment of sarcoidosis with both tofacitinib and ruxolitinib. This series examined 5 patients with cutaneous sarcoidosis successfully treated with tofacitinib in doses ranging from 2.5 to 16 mg daily. Limitations include the small number of patients, retrospective design, and lack of a control group.

Ravishankar et al[3] compare the results of commercially available laboratory panels for myositis-specific antibodies used in the diagnosis and prognostication of patients with dermatomyositis and note considerable variation in the concordance of the results. ARUP, where I have been sending my patient samples, had a higher rate of discordance compared to the Oklahoma Medical Research Foundation (OMRF), where my daughter sends her samples. Although the study is limited by small size (only 1 sample was sent to OMRF), the OMRF assay is considered the criterion standard because it is an immunoprecipitation assay. Their data suggest that the choice of laboratory may be important (and that my daughter may be smarter than her dad). Other laboratories had high concordance but did not test for all available antibodies.

Abbreviation used:	
OMRF:	Oklahoma Medical Research Foundation

Schneeweiss et al[4] compare the risk of conjunctivitis and serious infections in patients with atopic dermatitis treated with dupilumab, methotrexate, cyclosporine, or mycophenolate. They found a low risk of infection, but an increased risk of conjunctivitis with dupilumab. It should be noted that conjunctivitis does not require discontinuation of dupilumab therapy, and topical tacrolimus ointment has proven useful in management.

Bui et al[5] assess the impact of facial skin protectants on fit-testing of N95 masks. Skin protectants are often used to reduce abrasion, ulceration, and purpura related to the prolonged use of masks. Bui et al studied adult employees previously fit-tested for N95 masks and evaluated the effects of 5 types of skin protectants. Although the study was limited by small sample size and lack of longitudinal data, it suggests that adhesive films have low rates of fit failure but also lower impact on comfort.

Lallas et al[6] discuss dermoscopic analysis for the diagnosis of lentigo maligna based on the absence of

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prevalent patterns of pigmented actinic keratosis and benign solar lentigo. This inverse approach increased diagnostic accuracy. Although their study was limited to histopathologically diagnosed lesions in an experimental setting, it suggests that the inverse approach may be added to classic pattern analysis to improve the sensitivity of dermoscopic diagnosis of early lentigo maligna.

Tsai et al[7] perform a systematic review and meta-analysis of treatment for Stevens-Johnson syndrome/toxic epidermal necrolysis overlap and toxic epidermal necrolysis. Although their analysis is limited by differences in study design, it suggests that no single treatment was clearly superior to supportive care and that thalidomide is associated with a higher mortality rate. The combination of corticosteroids and intravenous immunoglobulin showed survival benefit, and both cyclosporine and etanercept are promising.

Conflicts of interest

None disclosed.

REFERENCES

1. Siscos SM, Neill BC, Singh AH, Hocker THL. Thrombotic complications with interruption of direct oral anticoagulants in dermatologic surgery. *J Am Acad Dermatol*. 2021;84(2):425-431.
2. Kerkemeyer KL, Meah N, Sinclair RD. Tofacitinib for cutaneous and pulmonary sarcoidosis: A case series. *J Am Acad Dermatol*. 2021;84(2):581-583.
3. Ravishankar A, Concha JS, Yan D, et al. Accuracy of commercial panels to evaluate myositis autoantibodies: A single-institution perspective. *J Am Acad Dermatol*. 2021;84(2):572-574.
4. Schneeweiss MC, Kim SC, Wyss R, Schneeweiss S, Merola JF. Dupilumab and the risk of conjunctivitis and serious infection in patients with atopic dermatitis: A propensity score−matched cohort study. *J Am Acad Dermatol*. 2021;84(2):300-311.
5. Bui A-TN, Yu Z, Lee K, et al. A pilot study of the impact of facial skin protectants on qualitative fit testing of N95 masks. *J Am Acad Dermatol*. 2021;84(2):554-556.
6. Lallas A, Lallas K, Tschandl P, et al. The dermoscopic inverse approach significantly improves the accuracy of human readers for lentigo maligna diagnosis. *J Am Acad Dermatol*. 2021;84(2):381-389.
7. Tsai T-Y, Huang I-H, Chao Y-C, et al. Treating toxic epidermal necrolysis with systemic immunomodulating therapies: A systematic review and network meta-analysis. *J Am Acad Dermatol*. 2021;84(2):390-397.