

This Month in *JAAD*: May 2021



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In this month's *JAAD*, Gelfand et al (page 1254) present the National Psoriasis Foundation COVID-19 Task Force recommendations for psoriasis management in light of the current pandemic, including recommendations for vaccination and therapy continuation. They emphasize shared decision-making and note that the published recommendations are a living document, intended to be updated as data emerge. Most patients who are not infected with SARS-CoV-2 should continue their biologic or oral therapies for psoriasis and/or psoriatic arthritis. In most cases, those who are slated to receive mRNA-based COVID-19 vaccines should also continue their biologic or oral therapies for psoriasis and/or psoriatic arthritis.

Pindado-Ortega et al (page 1285) present data on dutasteride for the treatment of frontal fibrosing alopecia. In a retrospective study of 224 patients with a median follow-up of 24 months, the stabilization rate in the frontal, right, and left temporal regions was 62%, 64%, and 62% in the dutasteride group; 60%, 35%, and 35% with other systemic therapies; and 30%, 41%, and 38% in those on no systemic treatment, respectively. A dose-dependent response was observed.

Lohman et al (page 1385) discuss the impact of second-opinion consultation with a dermatopathologist for the surgical management of malignant neoplasms. They studied 358 cases and found that second-level review resulted in a change in treatment in 9% of cases. The highest rate of discordance

was found among dermatologists without additional dermatopathology fellowship training.

Ji et al (page 1378) report on the screening for hepatic hemangioma in patients with cutaneous infantile hemangiomas. They performed a prospective, multicenter study in patients younger than 9 months of age with multiple cutaneous infantile hemangiomas and compared them with patients with only focal hemangiomas. Their data suggest that the presence of 5 cutaneous hemangiomas may represent a reasonable threshold for screening.

Hua et al (page 1371) describe congenital hemangiomas that initially exhibited proportional growth similar to that of NICH, but with tardive expansion of the lesion. The tumors were located in the head and neck region or abdominal wall, and expansion began between the ages of 12 and 61 months. They proposed the term "tardive expansion congenital hemangioma" for such lesions. Microscopic examination showed well-defined lobules, separated by bands of fibrous tissue containing large vessels. The lobules themselves consisted mostly of curved, small, proliferating capillaries with central thin-walled, often stellate channels, sometimes surrounded by fibrous tissue. Thromboses were frequently noted, but extramedullary hematopoiesis was not detected.

Conflicts of interest

None disclosed.

From the Department of Dermatology, MUSC.
Funding sources: None.
IRB approval status: Not applicable.
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J Am Acad Dermatol 2021;84:1249.
0190-9622/\$36.00
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<https://doi.org/10.1016/j.jaad.2021.02.062>