

Fifth Edition



Treatment of
Skin Disease

Comprehensive Therapeutic Strategies

Edited by

Mark G. Lebwohl | Warren R. Heymann
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Treatment of Skin Disease

Comprehensive Therapeutic Strategies

FIFTH EDITION

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Table of Contents

Cover image

Title page

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Preface

List of Contributors

Acknowledgments

Dedication

Evidence Levels

Credits

1. Acanthosis nigricans

 Management Strategy

2. Acne keloidalis nuchae

Management Strategy

3. Acne vulgaris

Management Strategy

4. Acrodermatitis enteropathica

Management Strategy

5. Actinic keratoses

Management Strategy

6. Actinic prurigo

Management Strategy

7. Actinomycosis

Management Strategy

8. Acute generalized exanthematous pustulosis

Management Strategy

9. Allergic contact dermatitis and photoallergy

Management strategy

10. Alopecia areata

Management Strategy

11. Amyloidosis

Management Strategy

12. Androgenetic alopecia

Management Strategy

13. Angiolymphoid hyperplasia with eosinophilia

Management Strategy

14. Angular cheilitis

Management Strategy

15. Antiphospholipid syndrome

Management Strategy

16. Aphthous stomatitis

Management Strategy

17. Atopic dermatitis

Management Strategy

18. Atypical fibroxanthoma

Management Strategy

19. Atypical nevi

Management Strategy

Specific Investigations

First-Line Therapies

20. Autoimmune progesterone dermatitis

Management Strategy

21. Bacillary angiomatosis

Management Strategy

22. Balanitis

Management Strategy

23. Basal cell carcinoma

Management Strategy

24. Becker nevus

Management Strategy

25. Bed bugs

Management Strategy

26. Behçet disease

Management Strategy

27. Bioterrorism

Smallpox

Management Strategy

Anthrax

Management Strategy

Tularemia

Management Strategy

Plague

Management Strategy

Viral hemorrhagic fevers

Management Strategy

28. Bites and stings

Management Strategy

29. Blastomycosis

Management Strategy

Guidelines

30. Blistering distal dactylitis

Management Strategy

31. Body dysmorphic disorder (dermatologic nondisease)

Management Strategy

32. Bowen disease and erythroplasia of Queyrat

Diagnosis

Management Strategy

33. Bullous pemphigoid

Management Strategy

34. Burning mouth syndrome (glossodynia)

Management Strategy

Specific Investigations

35. Calcinosis cutis

Management Strategy

36. Calciphylaxis

Management Strategy

37. Capillaritis (pigmented purpuric dermatoses)

Management Strategy

38. Cat scratch disease

Management Strategy

39. Cellulite

Management Strategy

40. Cellulitis and erysipelas

Management Strategy

41. Chancroid

Diagnosis and Management Strategy

Special considerations: Evacuation of buboes and unusual manifestations

42. Chilblains

Management Strategy

43. Chondrodermatitis nodularis helioides chronicus

Management Strategy

44. Chromoblastomycosis

Management Strategy

45. Chronic actinic dermatitis

Management Strategy

46. Coccidioidomycosis

Management Strategy

Current Guidelines

47. Confluent and reticulated papillomatosis

Management Strategy

48. Cryopyrin-associated periodic syndromes (CAPS)

Management Strategy

Second-Line Therapy

49. Cryptococcosis

Management Strategy

Third-Line Therapies

Guidelines

50. Cutaneous candidiasis and chronic mucocutaneous candidiasis

Cutaneous candidiasis

Management Strategy

Chronic mucocutaneous candidiasis

Management Strategy

51. Cutaneous larva migrans

Management Strategy

Specific Investigations

52. Cutaneous polyarteritis nodosa

Management Strategy

53. Darier disease

Management Strategy

54. Decubitus ulcers

Management Strategy

55. Delusions of parasitosis

Management Strategy

56. Dermatitis artefacta

Management Strategy

57. Dermatitis herpetiformis

Management Strategy

58. Dermatofibrosarcoma protuberans

Management Strategy

59. Dermatomyositis

Management Strategy

60. Diaper dermatitis

Management Strategy

61. Discoid (Nummular) eczema

Management Strategy

62. Discoid lupus erythematosus

Management Strategy

63. Dissecting cellulitis of the scalp

Management Strategy

64. Drug eruptions

Management Strategy

65. Eosinophilic fasciitis

Management Strategy

66. Epidermal nevi

Management Strategy

Verrucous epidermal nevi

Inflammatory/dysplastic epidermal nevi

67. Epidermodysplasia verruciformis

Management Strategy

68. Epidermolysis bullosa

Management Strategy

69. Epidermolysis bullosa acquisita

Management Strategy

70. Erosive pustular dermatosis

Management Strategy

71. Erythema annulare centrifugum

Management Strategy

72. Erythema dyschromicum perstans

Management Strategy

Therapy

73. Erythema elevatum diutinum

Management Strategy

74. Erythema multiforme

Management Strategy

75. Erythema nodosum

Management Strategies

76. Erythrasma

Management Strategy

77. Erythroderma

Management Strategy

78. Erythrokeratodermas
Management Strategy
79. Erythromelalgia
Management Strategy
80. Erythropoietic protoporphyria
Management Strategy
81. Extramammary Paget disease
Management Strategy
82. Fabry disease
Management Strategy
83. Flushing
Management Strategy
84. Follicular mucinosis
Management Strategy
85. Folliculitis
Management Strategy
86. Folliculitis decalvans
Management Strategy
87. Fox–Fordyce disease

Management Strategy

88. Furunculosis

Management Strategy

89. Condyloma acuminata

Management Strategy

90. Geographic tongue

Management Strategy

91. Gianotti–Crosti syndrome

Management Strategy

92. Gonorrhoea

Management Strategy

Special Considerations

93. Graft-versus-host disease

Management Strategy

Acute GVHD

Chronic GVHD

94. Granuloma annulare

Management Strategy

Localized Granuloma Annulare

Generalized (Disseminated) Granuloma Annulare

95. Granuloma faciale

Management Strategy

96. Granuloma inguinale

Management Strategy

Special considerations

97. Granulomatous cheilitis

Management Strategy

98. Hailey–Hailey disease

Management Strategy

99. Hand and foot eczema (endogenous, dyshidrotic eczema, pompholyx)

Management Strategy

100. Hemangiomas

Management Strategy

101. Hereditary angioedema

Management Strategy

Acute Angioedema

Acute Angioedema

Long-Term Prophylaxis of Hereditary Angioedema

Prevention of Relapse Due to Dental and Surgical Interventions

Treatment in Children

Hereditary Angioedema With Normal C1inh

102. Hereditary hemorrhagic telangiectasia

Management Strategy

103. Herpes genitalis

Management Strategy

Novel and Other Therapies

Prevention

104. Herpes labialis

Management Strategy

Other Therapies

105. Herpes zoster

Management Strategy

106. Hidradenitis Suppurativa

Management Strategy

Specific Investigation

107. Histoplasmosis

Management Strategy

108. Hydroa vacciniforme

Management Strategy

109. Hyperhidrosis

Management Strategy

110. Hypertrichosis and hirsutism

Introduction

Management Strategy

111. Hypopigmented disorders

Management Strategy

112. Ichthyoses

Management Strategy

113. Impetigo

Management Strategy

114. Inducible urticarias, aquagenic pruritus, and cholinergic pruritus

Inducible urticarias

Management Strategy

Aquagenic pruritus

Management Strategy

Cholinergic pruritus

Management Strategy

115. Irritant contact dermatitis

Management Strategy

116. Jellyfish stings

Clinical Features

Cutaneous Manifestations Of Jellyfish Stings

Management Strategy

117. Jessner lymphocytic infiltrate

Management Strategy

118. Juvenile plantar dermatosis

Management Strategy

119. Juvenile xanthogranuloma

Management Strategy

120. Kaposi sarcoma

Management Strategy

121. Kawasaki disease

Management Strategies

122. Keloids

Management Strategy

123. Keratoacanthoma

Management Strategy

124. Keratosis pilaris and variants

Management Strategy

125. Langerhans cell histiocytosis

Management Strategy

126. Leg ulcers

Management Strategy

127. Leiomyoma

Management Strategy

128. Leishmaniasis

Management Strategy

129. Lentigo maligna

Management Strategy

130. Leprosy (including reactions)

Management Strategy

131. Leukocytoclastic vasculitis

Management Strategy

132. Lichen myxedematosus

Management Strategy

133. Lichen nitidus

Management Strategy

134. Lichen planopilaris

Management Strategy

135. Lichen planus

Management Strategy

136. Lichen sclerosus

Management Strategy

137. Lichen simplex chronicus

Management Strategy

138. Linear IgA bullous dermatosis

Management Strategy

139. Lipodermatosclerosis

Management Strategy

140. Livedo reticularis

Management Strategy

141. Livedoid vasculopathy

Management Strategy

142. Lyme borreliosis

Management Strategy

Specific Investigations

143. Lymphangioma circumscriptum

Management Strategies

144. Lymphedema

Management Strategies

145. Lymphocytoma cutis

Management Strategy

146. Lymphogranuloma venereum

Management Strategy

147. Lymphomatoid papulosis

Management Strategy

148. Malignant atrophic papulosis

Management Strategy

149. Malignant melanoma

Management Strategy

150. Mastocytoses

Management Strategy

151. Melasma

Management Strategy

152. Merkel cell carcinoma

Management Strategy

153. Methicillin-resistant Staphylococcus aureus and Panton-

Valentine leukocidin Staphylococcus aureus infections

Management Strategy (MRSA)

Specific Investigations

PVL-SA Management Strategy

154. Miliaria

Management Strategy

155. Molluscum contagiosum

Management Strategy

156. Morphea

Management Strategy

157. Mucoceles

Management Strategy

158. Mucous membrane pemphigoid

Management Strategy

159. Mycetoma: Eumycetoma and actinomycetoma

Management Strategy

160. Mycobacterial (atypical) skin infections

Fish Tank (Swimming Pool) Granuloma

Management Strategy

Mycobacterium ulcerans

Management Strategy

Mycobacterium Kansasii

Management Strategy

Rapidly Growing Mycobacteria

Management Strategy

161. Mycosis fungoides and Sézary syndrome

Management Strategy

162. Myiasis

Management Strategy

163. Myxoid cyst

Management Strategy

164. Nail psoriasis

Management Strategy

165. Necrobiosis lipoidica

Management Strategy

166. Necrolytic acral erythema

Management Strategy

167. Necrolytic migratory erythema

Management Strategy

168. Nephrogenic systemic fibrosis

Management Strategy

169. Neurofibromatosis, type 1

Management Strategy

170. Nevoid basal cell carcinoma syndrome

Management Strategy

171. Nevus sebaceus

Management Strategy

172. Notalgia paresthetica

Management Strategy

173. Onchocerciasis

Management Strategy

Other therapies

174. Oral lichen planus

Management Strategy

175. Orf

Management Strategy

176. Palmoplantar keratoderma

Management Strategy

177. Palmoplantar pustulosis

Management Strategy

178. Panniculitis

Management Strategy

Lupus Panniculitis

Nodular Vasculitis

Pancreatic Panniculitis

Cytophagic Histiocytic Panniculitis

α 1-Antitrypsin Deficiency Panniculitis

179. Papular urticaria

Management Strategy

180. Paracoccidioidomycosis (South American blastomycosis)

Management Strategy

181. Parapsoriasis

Management Strategy

Small Plaque Parapsoriasis

Large Plaque Parapsoriasis

182. Paronychia

Management Strategy

183. Parvovirus infection

Management Strategy

184. Pediculosis

Pediculosis Capitis

Pediculosis Corporis

Pediculosis Pubis

Phthiriasis Palpebrarum

185. Pemphigus

Management Strategy

186. Perforating dermatoses

Management Strategy

187. Perioral dermatitis

Management Strategy

188. Peutz–Jeghers syndrome

Management Strategy

189. Pinta and yaws

Management Strategy

190. Pitted and ringed keratolysis (keratolysis plantare sulcatum)

Management Strategy

191. Pityriasis rubra pilaris

Management Strategy

192. Pityriasis lichenoides chronica

Management Strategy

193. Pityriasis lichenoides et varioliformis acuta

Management Strategy

194. Pityriasis rosea

Management Strategy

195. Polycystic ovary syndrome

Management Strategy

196. Polymorphic light eruption

Management Strategy

197. Porokeratoses

Management Strategy

198. Porphyria cutanea tarda

Management Strategy

199. Port wine stain (“nevus flammeus”)

Management Strategy

200. Postinflammatory hyperpigmentation and other disorders of hyperpigmentation

Postinflammatory Hyperpigmentation

Freckles

Lentigines

Melasma

Periorbital Hyperpigmentation

Riehl Melanosis

Phototoxic Dermatitis

Erythema Dyschromicum Perstans

Lichen Planus Pigmentosus

Poikioderma of Civatte

Management Strategy

201. Pregnancy dermatoses

Polymorphic Eruption of Pregnancy

Management Strategy

Pemphigoid Gestationis

Management Strategy

Intrahepatic Cholestasis of Pregnancy

Management Strategy

Atopic Eruption of Pregnancy

Management Strategy

202. Pretibial myxedema

Management Strategy

203. Prurigo nodularis

Management Strategy

204. Prurigo pigmentosa

Management Strategy

205. Pruritus

Management Strategy

Neuropathic itch

Cholestatic itch

Itch associated with cholestasis of pregnancy

Renal itch

Itch associated with malignancy

Itch associated with hematologic disorders

Miscellaneous diseases associated with itch

206. Pruritus ani

Management Strategy

207. Pruritus vulvae

Management Strategy

208. Pseudofolliculitis barbae

Management Strategy

209. Pseudoxanthoma elasticum

Management Strategy

210. Psoriasis

Management Strategy

Guttate Psoriasis

Inverse Psoriasis

Impetigo Herpetiformis

Erythrodermic Psoriasis

Pustular Psoriasis

211. Psychogenic excoriation

Management Strategy

212. Pyoderma gangrenosum

Management Strategy

213. Pyogenic granuloma

Management Strategy

214. Radiation dermatitis

Management Strategy

215. Raynaud disease and phenomenon

Management Strategy

216. Reactive arthritis

Management Strategy

217. Regional pain and complex regional pain

Complex Regional Pain Syndrome

Management Strategy

Prevention

218. Relapsing polychondritis

Management Strategy

219. Rhinophyma

Management Strategy

220. Rocky Mountain spotted fever and other rickettsial infections

Rickettsial Spotted Fevers

Management Strategy

Typhus Group

Management Strategy

Rickettsialpox

Management Strategy

Q Fever

Management Strategy

Ehrlichiosis

Management Strategy

221. Rosacea

Management Strategy

Inflammatory rosacea

Erythematotelangiectatic rosacea

Rosacea flushing

Rosacea lymphedema (Morbihan disease)

Ocular rosacea

Rosacea fulminans

222. Sarcoidosis

Management Strategy

223. Scabies

Management Strategy

224. Scleredema

Management Strategy

225. Scleroderma

Management Strategy

Other: Internal Organ Involvement

226. Sebaceous hyperplasia

Management Strategy

227. Seborrheic eczema

Management Strategy

Nonscalp Disease

Scalp Disease

228. Seborrheic keratosis

Management Strategy

229. Sporotrichosis

Management Strategy

Guidelines

230. Squamous cell carcinoma

Management Strategy

231. Staphylococcal scalded skin syndrome

Management Strategy

232. Steatocystoma multiplex

Management Strategy

233. Stoma care

Management Strategy

234. Striae

Management Strategy

235. Subacute cutaneous lupus erythematosus

Management Strategy

236. Subcorneal pustular dermatosis

Management Strategy

237. Subcutaneous fat necrosis of the newborn

Management Strategy

238. Sweet syndrome

Management Strategy

239. Syphilis

Management Strategy

Diagnostics and Treatment

240. Syringomata

Management Strategy

241. Tinea capitis

Management Strategy

242. Tinea pedis and skin dermatophytosis

Management Strategy

243. Tinea unguium

Management Strategy

Topical Therapies

244. Tinea versicolor (pityriasis versicolor)

Management Strategy

245. Toxic epidermal necrolysis and Stevens–Johnson syndrome

Management Strategy

246. Transient acantholytic dermatosis (Grover disease)

Management Strategy

247. Trichotillomania

Diagnosis

Management Strategy

248. Tuberculosis and tuberculids

Management Strategy

249. Urticaria and angioedema

Urticaria

Management Strategy

Angioedema

Management Strategy for Bradykinin-Mediated Angioedema

250. Varicella

Management Strategy

Pregnancy

Prophylaxis

251. Viral exanthems: rubella, roseola, rubeola, and enteroviruses

Rubella

Management Strategy

Roseola

Management Strategy

Rubeola

Management Strategy

Enteroviruses

Management Strategy

252. Viral warts

Management Strategy

253. Vitiligo

Management Strategy

Emerging Treatments

254. Vulvodynia

Management Strategy

255. Wells syndrome

Management Strategy

256. Xanthomas

Management Strategy

257. Xeroderma pigmentosum

Management Strategy

258. Xerosis

Management Strategy

259. Yellow nail syndrome

Management Strategy

Index

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Preface

Every four years, as we plan the next edition of *Treatment of Skin Disease*, the editors ask ourselves these questions: Do we need another edition? Has enough changed in the practice of dermatology to justify all the work needed for another edition? Thanks to extraordinary advances in our specialty, the answer has always been an emphatic *yes*.

The last four years has seen dramatic changes in the treatment of common dermatologic conditions like psoriasis and atopic dermatitis. Anti-IL-17 antibodies were only investigational four years ago, and now two, secukinumab and ixekizumab, are approved and a third antibody to the IL-17 receptor, brodalumab, has also been approved and is about to enter the market for psoriasis. Pure anti-IL-23 antibodies were only in experimental stages based on the earlier success of ustekinumab which blocks both IL-23 and IL-12. Guselkumab has now been released and tildrakizumab has completed phase III trials and will hopefully be approved in the coming months. Another anti-IL-23 antibody, risankizumab, is already in phase III trials and has very promising results in phase II, and other anti-IL-23 antibodies are already in development for psoriasis. Dupilumab, an anti-IL-4/IL-13 antibody has just been approved for moderate to severe atopic dermatitis, and crisaborole, a topical phosphodiesterase 4 inhibitor has been introduced for the treatment of mild to moderate atopic dermatitis. Tofacitinib, a janus kinase inhibitor, has shown substantial efficacy in psoriasis and atopic dermatitis, though regulators have not allowed approval for those diseases thus far. Because the drug is available for rheumatoid arthritis in the US, it has been used to treat other inflammatory skin diseases like alopecia areata and vitiligo with striking success.

Treatment of less common conditions has advanced as well. Four years ago, we were just beginning to use the first hedgehog inhibitor for catastrophic basal cell carcinomas. We now have a second oral hedgehog inhibitor, sonidegib. We also have many new uses for drugs introduced earlier. The best example is the approval of adalimumab for the treatment of hidradenitis. Dermatologists were only starting to prescribe omalizumab for chronic idiopathic urticaria, and that treatment, first approved for asthma, is now well established for chronic urticaria.

Advances in the treatment of rare diseases have been extraordinary as well. Sildenafil is now commonly used for lymphatic malformations, and topical rapamycin is commonly used for facial angiofibromas. In some countries, afamelanotide has been approved for the treatment of erythropoietic protoporphyria.

Off label uses of many old therapies have also been tried for many dermatologic diseases and are covered well in the updated versions of our chapters. Many of the drugs approved for adults are also being studied in children, and hopefully we will see many new therapy approvals for pediatric indications.

The commercial successes of multiple biologic, oral and topical therapies for dermatologic indications, has sparked a tremendous amount of research and innovation in our field. As we send this edition to the printer, new oral agents are being studied for inflammatory skin diseases. Both topical and oral janus kinase inhibitors including ruxolitinib, baricitinib, and tofacitinib are being studied for alopecia areata, vitiligo, psoriasis, and atopic dermatitis. Investigation of phosphodiesterase inhibitors for itch and for other inflammatory skin conditions are underway. Creams that change the bacterial flora of conditions like atopic dermatitis are also in development, and numerous biologic therapies like nemolizumab for itch and anti-IL-13 antibodies like lebrikizumab and tralokinumab are being studied for atopic dermatitis.

Every chapter of this new edition has been carefully revised and updated with the latest innovations. As you read on, it will become clear how profoundly the rapid pace of progress is impacting on the benefits we can offer our patients - this is such an exciting time to be practising dermatology.

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2017

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