2025 TXSDPA Skin Symposium
Daily Spurs

Conference Day 1
Thursday, April 24, 2025

Literature Updates 2025 (Ted Rosen, MD)

1. **Painless PDT (photodynamic therapy) is painless on administration, but on day 2 patients do report low grade pain (2/10) so be sure to set expectations accordingly.**
2. **Bowen's disease patients prefer excision over topical therapy.**
3. **Metformin (1000 mg daily) decreases risk of non-melanoma skin cancer (NMSC).**

Anything and Everything Seen On A Penis (Ted Rosen, MD)

1. **Most genital herpes is spread by asymptomatic shedding. 13% of the US population is seropositive for the disease.**
2. **The incubation period for genital warts can take weeks to months and even years before first eruption.**
3. **33-63% of PsO patients have genital involvement. Scalp or nail involvement is a risk factor for genital disease.**

Anything and Everything Seen On A Vulva (Shehla Admani, MD)1.

1. **Constipation can be seen with inflammatory conditions of anogenital skin**
2. **Common benign lesions include angiokeratomas, vestibular papillomatosis, vulvar melanosis, fordyce spots, sebaceous adenitis, perianal pyramidal protrusion**
3. **LS symptoms and signs in pediatric patients persists beyond puberty in 90% of cases (workup urinary obstruction in pediatric cases)**

STDs: Crisis State (Ted Rosen, MD)

1. **TX ranks #1 for congenital syphilis cases. The highest rates of syphilis in the US is amongst Native Americans and African Americans.**
2. **Bacterial STIs lower by ⅔ in those who take doxycycline within 72 hours of sexual intercourse.**
3. **Every 10 minutes one American is infected with HIV and 2.2 Americans die from HIV every hour.**

Emerging Innovations in HS Management (Jennifer Hsiao, MD)

1. **Mean delay in HS diagnosis is 10.2 years, and 15% of HS patients are disabled and unable to work due to their disease.**
2. **Don't typically need a biopsy to diagnose;**
3. **Oral zinc 90-100 mg /day and vitamin D once a day may help with HS**
4. **Antibiotics are not appropriate for long term management of HS, but can be helpful for flares or starting concurrently with a biologic as a bridge until biologic has time to start working.**

Surgical Advances in HS Management (Jennifer Hsiao, MD)

1. **Intralesional triamcinolone (ILK) 10-40 mg/ml (depending on thickness/level of inflammation) can be useful for painful/inflamed HS lesional flares.**
2. **It's good to establish boundaries with patients around flares- they will need to be worked into your schedule for I&D or ILK - that the nature of a "work-in" appointment (quicker visit for relief) is not their regular routine follow up to discuss/adjust their maintenance medications.**
3. **There is no increased risk of infection with HS procedure in patients on biologics (adalimumab) so there is no need to stop biologic for deroofing or excision.**

Chronic Vulvar Pruritus/Pain (Shehla Admani, MD)

1. **LSC triggers can include AD, infection, contact dermatitis, neural dysfunction. ACD**
2. **Lanolin and Balsam of Peru are very popular in barrier products and can be common allergic contact dermatitis allergens**
3. **Chronic pruritis of unknown origin-NEMOLIZUMAB has shown positive results**

Beyond the Surface: Exploring Skin Manifestations of IBD and the Role of Nutritional Deficiencies (Jennifer Hsiao, MD)

1. **Vit C and Vit K deficiencies can manifest with purpura on the extremities in IBD patients**
2. **3 or more oral ulcers-should rule out HIV, IBD, celiac disease, bechet's disease**
3. **Alk phos is a zinc-dependent enzyme and can be indicative of zinc deficiency in patients with Acrodermatitis Enteropathica (acral psoriasiform rash).**
4. **When supplementing with Zinc, pts should also supplement with copper to prevent deficiency.**

Conference Day 2
Friday, April 25, 2025

Disorders of Pigmentation (Hyperpigmentation) (Loren Krueger, MD)

1. **A clinical feature of Exogenous Ochronosis on dermoscopy is caviar fine like papules and it occurs from prolonged use (without breaks) of exogenous hydroquinone, resorcinol, and/or phenolic compounds.**
2. **30% of pts with lichen planus pigmentosus have another form of LP so check patients scalp and nails when they present with LPP.**
3. **Don't forget! Hyperpigmentation can be caused by plaquenil, methotrexate (sun sensitivity), calcium channel blockers, hydrochlorothiazide, and minocycline- ask patients about their medication list and review cautiously.**

Scarring vs. Non-Scarring Alopecia: Distinctions & Treatments (Loren Krueger, MD)

1. **Alopecia Areata, non-scarring hair loss - SALT score is used to assess severity and treatments include TCS/ILK, topical JAK inhibitor, oral JAKi, and methotrexate.**
2. **CCCA, is a scarring process, and should alert you for suspicion for genetic susceptibility; treatments include high potency steroids first line and topical or oral minoxidil.**
3. **FFA, is a scarring process, where you can see eyebrow loss and body hair loss; treatments include topical corticosteroids/ILK, topical JAKi, oral JAKi, finasteride/dutasteride, pioglitazone and/or oral minoxidil.**

Latest Advances in Pediatric Atopic Dermatitis (Fred Ghali, MD)

1. **Topical therapies for AD include PDE4 inhibitors (crisaborale, roflumilast, difamilast), topical JAK inhibitors (ruxolitinib, delgocitinib), aryl hydrocarbon receptor agonist (tapinarof).**
2. **Biologics available include dupilumab, tralokinumab, lebrikizumab, nemolizumab. Those coming include tezepelumab (TSLP/IL25/IL33), and OX40 inhibitors.**
3. **Oral JAKi include upadacitinib and abrocitinib, approved for patients 12 and up.**

Vitiligo Unveiled: Emerging Therapies & What They Mean for You (Loren Krueger, MD)

1. **Three types of vitiligo: localized, generalized and universal.**
2. **Signs of disease activity include confetti-like depigmentation, inflammatory vitiligo, trichrome vitiligo, and Koebernization.**
3. **Can be associated with alopecia areata, atopic dermatitis, thyroid disease, diabetes, pernicious anemia, PsO, and RA.**

Panel: Interesting Cases (Terry Faleye, PA-C, Kruti Gandhi, MMSc, Lauren Howe, MPAS, Cynthia Trickett, MPAS, Joleen Volz, DMSc)

1. **When in doubt, biopsy**
2. **Collaborate**
3. **HPV vaccination should be recommended when appropriate.**

Spotlight on Pediatric Inflammatory Skin Conditions (Fred Ghali, MD)

1. **Options for severe inflammatory acne include systemic corticosteroids, isotretinoin, cyclosporine, INF alpha inhibitors and dapsone.**
2. **Adalimumab approved for pediatric HS patients of 12 and older. Secukinumab has pediatric studies coming.**
3. **Most frequent presenting symptoms of SLE are prolonged fever, malaise and fatigue and multisystem involvement.**

Optimal Coding: Unlock Your Value in Dermatology (Jason Roddick, PA-C)

1. **Procedural codes almost always take the place of an E/M code. Make sure you do not omit the diagnosis that you have addressed.**
2. **Shave removal codes bill higher than most biopsy codes. However, you must include medical necessity criteria such as painful, bleeding, edematous, and/or inflamed.**
3. **Excision size for coding includes margins. Do not undercode.**

Conference Day 3
Saturday, April 26, 2025

Biopsy Selection Pearls and Pitfalls for Optimal Diagnosis (John Griffin, MD)

1. **Use Michel's media for DIF specimens and Glutaraldehyde for specimens needing electron microscopy (rare in derm, more common in academic centers for genetic blistering diseases).**
2. **Evaluating small vessel vasculitis you want to biopsy the newest area (less than 24 hrs optima, less than 48 hrs acceptable) and the "juiciest" lesion**
3. **Mucosal biopsies for ruling out blistering conditions need a perilesional biopsy 3 mm away for your DIF (direct immunofluorescence) specimen.**

Decoding Dermpath: How to Interpret Your Dermatopathology Report (John Griffin, MD)

1. **Severe atypia cut it out**
2. **To get the most accurate diagnosis possible-include who, what, where, clinical pictures and description of biopsy site (not a prepopulated one)**
3. **"Suggestive" is a clue that the diagnosis certainty is low**

Shield Your Passion: Avoid Professional Burnout (Jason Roddick, PA-C)

1. **Health risks of burnout include hypertension, type 2 diabetes, gastroesophageal reflux disease, chronic fatigue, and depression/anxiety.**
2. **Bad bosses cannot affect how smart, proficient and intellectual you get within your own field, so mastering your craft can play a big role in providing purpose and preventing burnout.**
3. **Practice the part of the job you are worst at and that you hate the most- improve with efficiency, reflect on your performance and explore new techniques to further improve.**

Latest Advances in Psoriasis and Psoriatic Arthritis (Jennifer Cather, MD)

1. **Evaluate individual patients and try to capture the impact their disease has on them**
    - **Invisible impacts-pain, itch, sleep**
    - **Visible-skin, joints, genitals, HS?**
2. **Check medication, infection, and malignancy histories**
3. **There *are* risks for not treating**

Dermatology Quiz Bowl: Test Your Skin Smarts (Kirk Gautier, PA-C)

1. **Lonestar tick transmits Alpha-gal Syndrome, a delayed allergic reaction to a sugar molecule called alpha-gal, found in most mammalian tissues except humans and primates**
2. **Do you know why scrotal skin resists fungal infections? So if you have a rash on scrotal skin it is unlikely to be fungus because of the cooler temperature of the scrotal area, looser skin and folds hasten evaporation of moisture, there is a higher oil content with antifungal fatty acid, and there is a higher content of antimicrobial peptides on the scrotal skin.**
3. **PANDAS a mnemonic for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections where a strep throat infection can trigger a sudden onset or worsening of neuropsychiatric symptoms in children.**

Cosmeceutical Ingredients: What Matters (Jennifer Holman, MD)

1. **Exosomes are naturally found and released by various cells in the body. They help cells talk to each other by carrying proteins, fats, and genetic material which allows them to play a big role in many body processes, like the immune system and healing tissues.**
2. **Growth factors- EGF, FGF, PDGF to stimulate dermal fibroblasts and improve extra cellular matrix.**
3. **Retinoic acid/retinol-Stimulate the generation of skin cells, meaning they grow and divide quicker. This accelerates the removal of dead skin cells and keeps the pores clear of bacteria and other irritants.**

Nailed It! (Jennifer Cather, MD)

1. **More nail issues occur in patients that have diabetes, trauma, immune issues, and genetic propensity and account for 10% of dermatology visits.**
2. **Onychorrhexis is brittle fragile nails characterized by longitudinal fissuring and splitting of the superficial nail plate and incidence increases with age.**
3. **If ferritin is < 10ng/mL a combo of iron and vitamin C is helpful- takes 6-8 mo for fingernails to see effect.**

Rapid Fire: Cosmetic Pearls & Procedures (Jennifer Holman, MD)

1. **Recipe for Anti-aging includes toxin in 20's, Lasers in 30's, PLLA in 40's, Surgery at 50**
2. **Oral tranexamic acid for prevention and treatment of PIH is a good option.**

Neurotoxins: Pearls & Picking the Right Patient (Jennifer Holman, MD)

1. **LetibotulinumtoxinA has similar efficacy to Botox and may last approximately 16 weeks with improvements seen within the first 24 hours.**
2. **Botox is approved for glabellar lines, crows feet, and forehead whereas Dysport, Xeomin, Jeuveau and Daxxify are all currently indicated for glabellar lines only.**
3. **Post filler ecchymosis resolution can occur with intense pulsed light.**

Facial Dermatosis: Latest Updates & Innovations (Kirk Gautier, PA-C)

1. **PsO of the face: effective treatment options include tapinarof 1% and roflumilast 0.3%**
2. **Seb derm of the face is typically worsened by stress, weather changes, increased oil production, hormonal changes, immune suppression, and malassezia (keep in mind they thrive on lipid oils including coconut, olive, palm, avocado, almond, soy bean, sesame and canola).**
3. **For hyperpigmentation of the face, don't forget to include drug induced hyperpigmentation in the differential diagnosis.**

Current & Emerging Therapies in Managing CSU (Jennifer Cather, MD)

1. **Antihistamines (non-sedating 2nd generation): Start at max antihistamines 4x a day x 2 weeks**
2. **Do not delay omalizumab**
3. **Two endotypes of CSU:**
    - **Autoallergic CSU: IgE autoantibodies to thyroperoxidase**
    - **Type IIb autoimmunity: IgG and IgM antibodies that act against IgE receptors**
    - **COMORBIDIES MAY DRIVE THERAPY SELECTION**