

## Office Tips: Medical and Diagnostic Pearls Mark Lebwohl, MD

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Dr. Lebwohl is also a consultant for Allergan and Dr. Reddy.

- Pruritus in the elderly
- Lichen planus
- Ostomies
- Raynaud's phenomenon
- Optimal phraseology for patients
- Actinic Keratoses
- Local anesthesia alternatives
- Tool tips
- Management of bleeding

- Patient with hyperverbia profundia
- Ocular rosacea
- Gingival hyperplasia
- Drug sampling
- Lyme disease
- Defibrillators
- Nickel allergy
- Atopic dermatitis

Chronic eczematous eruptions of the elderly are associated with chronic exposure to calcium channel blockers: results from a case-control study.

Joly P, Benoit-Corven C, Baricault S, Lambert A, Hellot MF, Josset V, Barbaud A, Courville P, Delaporte E, Collet E, Carvalho P, Modeste-Duval AB, Lacour JP, L'Anthoën-Arditi MH, Thuillez C, Benichou J.

*J Invest Dermatol.* 2007;127:2766-71.

[Lisinopril-induced erythroderma]  
Schmutz JL, Barbaud A, Tréchet P.  
*Ann Dermatol Venerol.* 2009;136:486.  
Epub 2009 Apr 3. French

ACE-I induced angioedema: a case report and review of literature.  
Adebayo PB, Alebiosu OC.  
*Cases J.* 2009;2:7181.

Angiotensin-converting enzyme inhibitors as inducers of adverse cutaneous reactions.  
Steckelings UM, Artuc M, Wollschläger T, Wiehstutz S, Henz BM.  
*Acta Derm Venereol.* 2001;81:321-5.

Enalapril and vulvovaginal pruritus.  
Heckerling PS.  
*Ann Intern Med.* 1990;112:879-80.

Rash, eosinophilia, and hyperkalaemia associated with enalapril.  
Barnes JN et al.  
*Lancet.* 1983;2:41-2.

[Captopril-induced eruptions: occurrence over a 3-year period]  
Daniel F, Foix C, Barbet M, Schwebig A, Plouin F, Ménard J, Baviera A.  
*Ann Dermatol Venereol.* 1983;110:441-6.  
French

The role of angiotensin receptor blockers in patients with angiotensin-converting enzyme inhibitor-induced angioedema.  
Beavers CJ, Dunn SP, Macaulay TE.  
*Ann Pharmacother.* 2011;45(4):520-4.

- 10% or less incidence of cross-reactivity between ARBs and ACE inhibitors.

### Oral metronidazole treatment of lichen planus.

Büyük AY, Kavala M.

J Am Acad Dermatol. 2000;43(2 Pt 1):260-2.

- Metronidazole 500 mg bid x 20-60 d.
- 15/19 (79%) improved
- 13/15 → complete clearing

### Efficacy of sulfasalazine in the treatment of generalized lichen planus: randomized double-blinded clinical trial on 52 patients.

Omidian M, Ayoobi A, Mapar MA, Feily A, Cheraghian B.

JEADV. 2010;24:1051-1054(4).

- sulfasalazine up to 2.5g/d vs. placebo x 6w
- lesion improvement 82.6% vs. 9.6%
- pruritus improvement 91.3% vs. 14.3%
- side effects 30.7% - GI and HA

If you're confident about a patient's diagnosis and treatment, let them know you see a lot of this condition and know exactly how to deal with it.

- Mycosis fungoides/CTCL
- Perioral dermatitis

### Bilateral comparison of the efficacy and tolerability of 3% diclofenac sodium gel and 5% 5-fluorouracil cream in the treatment of actinic keratoses of the face and scalp.

Smith SR, Morhenn VB, Piacquadio DJ.

J Drugs Dermatol. 2006;5:156-9.

- Both work
- Diclofenac less irritating

### Imiquimod 5% cream for the treatment of actinic keratosis: results from two phase III, randomized, double-blind, parallel group, vehicle-controlled trials.

Lebwohl M, Dinehart S, Whiting D, Lee PK, Tawfik N, Jorizzo J, Lee JH, Fox TL.

J Am Acad Dermatol. 2004;50:714-21.

imiquimod cream biw x 16w.

### Ingenol mebutate gel for actinic keratosis.

Lebwohl M, Swanson N, Anderson LL, Melgaard A, Xu Z, Berman B.

N Engl J Med. 2012;366(11):1010-9.

Long-term follow-up of photodynamic therapy with a self-adhesive 5-aminolaevulinic acid patch: 12 months data.

Szeimies RM, et al  
Br J Dermatol. 2010;162:410-4.

- PDT – 1 rx: 63% and 79% efficacy at 1 yr
- Placebo PDT: 9% and 25%
- Cryosurgery: 63%

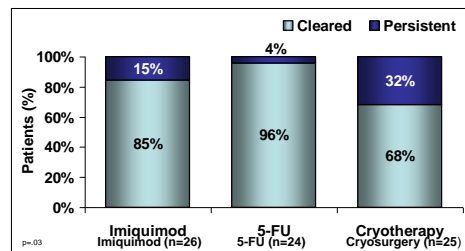
**A randomised study of topical 5% imiquimod vs. topical 5-fluorouracil vs. cryosurgery in immunocompetent patients with actinic keratoses: a comparison of clinical and histological outcomes including 1-year follow-up**

Krawtchenko N, Roewert-Huber J, Ulrich M, Mann I, Sterry W, Stockfleth E.

*British Journal of Dermatology.*  
2007;157(s2):34-40.

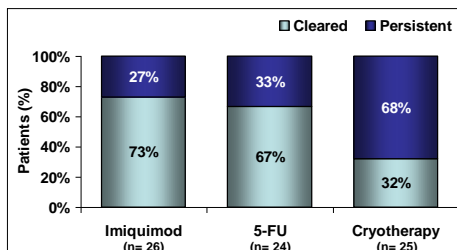
- Cryo 20-40 sec per lesion x 1-2 sessions
- 5FU bid x 4w.
- Imiquimod tiw x 4 w. x 1-2 courses

Clinical Evaluation:  
Comparison of All Treatment Groups



Krawtchenko et al. Br J Dermatol 2007;157(suppl. 2):34-40

Histological Confirmation: Comparison of All Treatment Groups



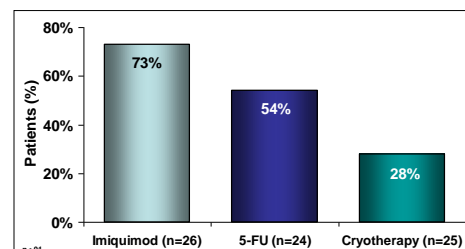
p=.03 for 5-FU and p=.008 for imiquimod

Biopsies are checked by 2 independent histopathologists

Krawtchenko et al. Br J Dermatol 2007;157(suppl. 2):34-40

Sustained Clearance of Initially Cleared Lesions in All Patients

Twelve months after end of treatment



Out of all treated patients (including in the denominator also those not cleared at end of therapy)

Krawtchenko et al. Br J Dermatol 2007;157(suppl. 2):34-40

Severe refractory fingertip ulcerations in a patient with scleroderma: successful treatment with sildenafil.

Colglazier CL, Sutej PG, O'Rourke KS.  
J Rheumatol. 2005;32:2440-2.

Statins: Potentially useful in therapy of systemic sclerosis-related Raynaud's Phenomenon and digital ulcers.

Abou-Raya A et al.  
J Rheumatol 2008;35:1801-8.

- Atorvastatin 40/d vs placebo x 4 mos
- new ulcers: 1.6 vs 2.5
- ↓ RP, ↓ pain and severity of ulcers, ↓ endothelial damage markers

Botox therapy for ischemic digits.  
Neumeister MW et al.

Plast Reconstr Surg. 2009;124:191.

- 100 unit botulinum toxin vial diluted in 2cc preservative-free saline
- 50-100 U of toxin injected into palm around neuromuscular bundles at MCP

Neumeister MW et al.  
Plast Reconstr Surg. 2009;124:191.

- pain relief was immediate
- ulcers healed within 2 months
- Doppler showed increased blood flow within 30 minutes
- pain relief persisted in 12/19 at 13-59 months

Management of vasospastic disorders with botulinum toxin A.

Van Beek AL et al.

Plast Reconstr Surg. 2007;119:217-26.

- 11 patients, painful Raynaud's, digital ulcerations.
- Failed vasodilators, anti-platelet agents, and IV prostacyclin.

Botox 100 U at 8-10 sites, perivascular digital and palmar.

- Temporary hand weakness in 3 patients.
- All patients improved:
- Less frequent and less severe vasospasm and cyanosis within 48 hours.

PreRx scores: 9-10

PostRx: 0-2

Van Beek AL et al.  
Plast Reconstr Surg. 2007;119:217-26

## Tip # 8

Increased sensitivity to thermal pain and reduced subcutaneous lidocaine efficacy in redheads.

Liem EB et al.

*Anesthesiology*. 2005;102:509-14.

Anesthetic requirement is increased in redheads.

Liem EB et al.

*Anesthesiology*. 2004;101:279-83.

## Tip # 9

### Alternative Local Anesthetics

- Diphenhydramine
  - 50mg/mL (5%) Dilute 1:5 ( 1%)
  - Lasts ~20 minutes
  - Risk of necrosis and delayed sedation
- Bacteriostatic saline w/0.9% benzyl alcohol
  - Sufficient volume and pressure
  - Lasts ~2 minutes

### Injectable sodium chloride as a local anesthetic for skin surgery.

Weiner SG

*Cutis*. 1979; :342-3.

*“parallel scalpel technique, razor technique, or curettage...punch biopsies and electrocautery techniques”*

### Diphenhydramine versus lidocaine as a local anesthetic.

Dire DJ, Hogan DE.

*Ann Emerg Med*. 1993;22:1419-22.

- No significant differences btwn 1% lidocaine and 1% diphenhydramine injections for local anesthesia.

### Lidocaine versus diphenhydramine for anesthesia in the repair of minor lacerations.

Ernst AA, et al.

*J Trauma*. 1993;34:354-7.

- 1% diphenhydramine more painful than 1% lidocaine, but anesthesia is equivalent

Tip # 10

*“Retrobulbar dysuria”*