WEBINAR

Atopic Dermatitis At All Ages: A Family Affair

Moderated by Christine Bodemer, MD FRANCE
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SESSION 1/ A Clinical Presentation of Different Clinical Aspects of AD at Different Ages

Mette DELEURAN, MD (DENMARK) *is the head of the Department of Dermatology at the Aarhus University Hospital and is closely involved in the field of atopic dermatitis and inflammatory skin diseases with programs of fundamental research, clinical research and has over 200 publications on this subject.*

The distribution of atopic dermatitis lesions depends on the age of the patient. In adolescents and adults, there is often a *head and neck dermatitis* due to a sensitization to Malassezia furfur. Anti-fungal sometimes in combination with topical corticosteroid or a short course of anti-fungal systemic may be prescribed.

Hands localization is a big problem for many patients because it affects their occupation.

Dermatitis on eyelids is very often a distribution of AD. Calcineurin inhibitors are often used because of very thin skin and possible eye problems if potent topical corticosteroids are used.

Angular cheilitis and lick dermatitis may have some yellow crusting, often indicators of staph aureus infection, or some whitish discoloration indicating candida infection. Moisturizers are essential in prevention.

The *Yamamoto's sign* means that the tip of the nose is always spared in AD.

Nummular dermatitis is a special form quite difficult to treat. Methotrexate or other systemic treatments may be needed.

For *atopic winter feet* calcineurin inhibitors and a lot of emollient, maybe wet wraps, are a good option.

Patients coming from *Africa and Asia* have very hypertrophic AD with severe lichenification, which takes very long to treat. Inflamed areas have blackening or greyish discoloration of the skin.

Severe *nipple dermatitis* is a big problem mostly for women.

Eczema herpeticum is a very severe complication. The herpes lesions are always situated on involved skin, normally situated on the upper part of the body (face, upper parts of the chest and the neck). Early treatment is needed.

SESSION 2/ Eruptions During Childhood: Not Always Simple!

Christine Bodemer, MD (FRANCE) *is head of the Department of Dermatology at the Necker-Enfants Malades Hospital in Paris and the Coordinator of the European Network for Rare Skin Disorders*

Viral exanthems in childhood are not always so easy to diagnose. For one viral eruption, several possible viruses can be involved, and on the other hand, one virus can relate to several exanthems. It means that it will not be necessary to realize systematic laboratory investigations. They may be indicated if clinical signs of severity or a particular comorbidity as immunosuppression, or if the child is in close contact with a subject at risk as, for instance, pregnant women.

- *Gianotti-Crosti syndrome*, characterized by the sudden onset of pink papules, papulo-vesicules on the cheeks, buttocks, extensor surfaces of limbs, can be related to several different viruses.

- *Exanthema subitum* or papular purpuric gloves and socks syndromes

- *Unilateral Latero-thoracic Exanthema of Childhood* is a sudden onset of plaques appearing close to the axilla with lateral thoracic extension, and complete recovery is typically seen within 4-6 weeks. No virus identified.

- *Parvovirus B19,* responsible for *Erythema infectiosum*, may lead to gloves and socks syndrome, mucosal lesions and acral superficial peeling.

- *Coxsackie A6* most often provoke a (rapid) evolution of vesicles into crusty plaques, fever, pain, no mucosal involvement, diarrhea, and several vesicles around the mouth.

- Virus of *Eruptive hypomelanosis*, with hypopigmented macules, no pruritus, no squames, sometimes with accompanying signs and familial cases, has not been identified.

- The *environmental changes* led to changes of seasonal epidemics and to progressive extension of endemic areas. For ex. Zika, Dengue, and Chikungunya, caused by Arbroviruses, sharing fever, morbiliform rash, conjunctivitis and/or arthralgia symptoms, have been described in North America.

- *COVID-19:* The chilblain-like lesions have been described as Multiple Inflammatory Syndrome, with similarities to Kawasaki disease and frequency of gastrointestinal fever, rash, mucous membrane involvement and even shock. It occurs 3 to 4 weeks after contact with SARS-CoV-2. It is very important to quickly hospitalize a child with these manifestations.

SESSION 3/ International Guidelines on Topical Treatment for Atopic Dermatitis: Comparison and Discussion

Vivian SHI, MD (USA) *is a Dermatologist at the University of Arkansas, specializing in inflammatory cutaneous disorders, complex disorders and has published over 100 peer-reviewed articles.*

This presentation is a mix between the European and the North American guidelines, taking a selection of the best of both worlds.

Stacked therapy and medication is preferred over mono and sequential therapy because the treatments work together as a toolbox and synergize each other.

At baseline, everybody gets atopic skincare: emollients, avoiding triggers and good educational programs.

For mild disease, the focus is on topical anti-inflammatory medications such as topical corticosteroids and calcineurin inhibitors. Topical JAK inhibitors have been approved in many places in the world. Wet wraps may be incorporated for more inflamed areas.

In moderate to severe AD, add systemic treatment on top of topical treatments such as potentially phototherapy, immunosuppressants such as azathioprine, methotrexate, and systemic corticosteroids only as a rescue therapy during flares, to be used short term. Biologic medications targets specifically interleukins 4 and 13 pathways and there are traditional immunosuppressants such as cyclosporine.

Antihistamines, antimicrobials, antiseptics have relatively low evidence, and the strength of recommendations is truly conditional.

The International Eczema Council expert panel recommendation is to consider systemic therapy if aggressive therapy has been tried or if not practical, and after having provided adequate education, and have ruled out other differential diagnoses (allergic contact dermatitis, cutaneous T-cell lymphoma), as well as addressed infections.

Dupilumab is approved for six months and older with moderate to severe AD. Tralokinumab and oral JAK inhibitors (abrocitinib, upadacitinib) are approved for 12 years and older.

Efficacy and time to rebound are very fast for cyclosporine and JAK inhibitors and longer for dupilumab and tralokinumab (rebound after 2 to 3 months). For JAK inhibitors prescription, baseline and follow-up tests are mandatory.

SESSION 4/ Focus on Atopic Dermatitis in Adulthood and During Pregnancy.

Clarence de BELILOVSKY, MD (FRANCE) *is a French Dermatologist, with a Master's in cutaneous biology, a background in vulvar dermatology, and is currently Mustela's Dermatology Consultant overseeing the brand's international scientific communication*

Atopic dermatitis in adults is quite frequent (up to 9%, even more). It is chronic with severe dryness, pruritus and lichenification.

Stelatopia+ is a fragrance-free emollient with = 99% ingredients of natural origin. It's very rich in lipids with shea butter, sunflower oil, and avocado oil. Patented ingredients are Sunflower oil distillate, and a natural prebiotic called Bioecolia. This emollient has good penetration combined with the best hydration and restoration of the skin barrier function.

A study included 40 adults with AD, applying Stelatopia+ twice a day. After seven days, the intensity was divided by 2. After 28 days, SCORAD and POEM (Patient Oriented Eczema Measurement) was diminished by 80%. 85% of the adults were almost clear of lesions. No steroids were applied and tolerance was excellent. The quality of life of the patient and of the partner was improved.

Superficial biological samples demonstrated an increase of long lipids by 14% and an improvement of the maturation of the skin surface.

Pruritus during pregnancy and Atopic Eruption of Pregnancy are quite often. Because of its rigorous selection of ingredients, and of its performances both in children and adults, Stelatopia+ have been tested on 22 women with dry pruritic skin and a history of AD. Scaling disappeared after 28 days, and the roughness and dryness diminished by 50%. More than 80% of the women did not have any itch left. Tolerance was 100%.

Stelatopia+ is a perfect emollient for the entire family, babies, and children, adults as well as during pregnancy.