



SPD *review*

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▶ 27th Pre-AAD Meeting

March 19, 2015
San Francisco, CA

▶ 41st Annual Meeting

July 9-12, 2015
Boston, MA

▶ 13th World Congress of Pediatric Dermatology (WCPD 2017)

July 6-9, 2017
Chicago, IL

Society for Pediatric Dermatology
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www.pedsderm.net

SPD MISSION

The Society for Pediatric Dermatology (SPD) is the only national organization in the United States specifically dedicated to the field of Pediatric Dermatology. The Society's objective is to promote, develop and advance education, research and care of skin disease in all pediatric age groups. The organization holds meetings twice a year to educate physicians about advances in pediatric dermatology, help them support children with dermatological diseases and improve the care of these children.

President's Message



Beth Drolet, MD

Our new committee structure continues to be successful as a way for members to volunteer their time and energy and help move a number of important society programs forward.

► Advancing the Specialty: Determining the Value of Pediatric Dermatologists

One of the key strategic goals of the SPD is to define the value of our subspecialty. The term value can be defined in several different ways (see below). Too often, others define our value using quantitative methods (RVUs, collections, etc.) and fail to recognize the nuisances of our practice. These quantitative measures are often benchmarked against adult dermatologists or other pediatric subspecialists. Our Practice Management Committee, under the umbrella of the Membership Department, is currently preparing a survey to gather important data on our subspecialty's compensation and productivity patterns. This survey is the vital first step as we move forward to reinforce our value and help you, our membership, fairly negotiate compensation and workload with administrators, department leaders, and payer groups. Future, and likely more elaborate, endeavors will focus on the importance and worth of our field and not just the productivity. Our objective is to provide participating members (and fellows) with a confi-

DEFINITION OF VALUE:

1. The regard that something is held to deserve; the importance, worth, or usefulness of something;
2. The monetary worth of something;
3. The worth of something compared to the price paid or asked for it.

dential summary of this data and a fair market value scatter graph for the specialty practice of pediatric dermatology. We believe that the survey results will provide members with valuable insight into practice variables impacting compensation and productivity empowering them to become more financially savvy in their own practices.

WE NEED YOUR PARTICIPATION! Past SPD compensation surveys (2002, 2008, and 2011) did not generate the responses we desired. Our survey will request data on the 2013 calendar year (or your 2013-2014 fiscal year). Its initial area of focus will include compensation, work volume (patients seen per unit of time, total patients), and productivity.

► Providing Advocacy: SPD Rolls Out New Website

By the time you read this message, the SPD's Website and Social Media Committee, under the Communication Department, will have launched our new website. This site provides users with a clean, more professional look as well as easier navigation throughout. In addition, there are many valuable new resources and features on the site aimed at members, patients, families, and those interested in learning about SPD and what we do. For example, there is an entire section dedicated to patients and their families, and a section focusing on resources for the training of medical students, residents, and fellows. We encourage you to visit the site at www.pedsderm.net.

► Advancing Education: SPD-authored modules for the AAD's Basic Dermatology Curriculum.

The Education Committee has drafted four modules, which are currently being reviewed by the AAD — Neonatal skin eruptions, hemangiomas and vascular malformations, and genetic skin disorders and sun protection. These modules will be available as links off the SPD website and used by everyone from medical students to GPs. No other groups have partnered with the AAD on modules to date — SPD is the first.

continued on page 4

► EXECUTIVE BOARD

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Beth Drolet, MD - *Children's Hospital of Wisconsin*

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Anthony Mancini, MD - *Ann & Robert H. Lurie Children's Hospital of Chicago / Northwestern*

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Melinda Jen, MD
Children's Hospital of Philadelphia-U of Penn

EXECUTIVE DIRECTOR

Kent Lindeman, CMP

President's Message

► 2017 World Congress Call for Courses, Symposium and Seminars

The 13th World Congress of Pediatric Dermatology Call for Courses, Symposia, and Seminars opens January 5, 2015 and closes July 1, 2015. We encourage all members who wish to put together sessions for the World Congress to start thinking about these now! Additional information can be found later in this newsletter and on our website: www.pedsderm.net.

► I Want to Hear from You

If you have any suggestions about how to make the SPD a more productive and effective organization, I urge you to contact me at 414-955-2818 or bdrolet@mcw.edu. We truly need people willing to give constructive feedback as that is the most effective way to improve our ability to forward our mission. ■

Recent Pediatric Dermatology Job Opportunities

Ann Arbor, MI	Hershey, PA	Newport Beach, CA
Atlanta, GA	Iowa City, IA	Norfolk, VA
Austell, GA	Jackson, MS	Oak Lawn, IL
Austin, TX	Kansas City, MO	Phoenix, AZ
Boston, MA	La Jolla, CA	Ratingen-Dusseldorf, Germany NRW
Brooklyn, NY	Los Angeles, CA	Salt Lake City, UT
Cincinnati, OH	Madison, WI	San Antonio, TX
Cleveland, OH	Maitland, FL	San Diego, CA
Columbus, OH	Manhasset, NY	Scottsdale, AZ
Dayton, OH	Marlborough, MA	Stanford, CT
Durham, NC	Memphis, TN	Wilmington, DE
Frisco, TX	Millburn, NJ	Winston Salem, NC
Gilbert, AZ	Minneapolis, MN	
Gilbert, NJ	Morristown, NJ	

Please visit www.pedsderm.net to view all available job and fellowship opportunities.

Physician Extender Guidelines

The SPD leadership has received many requests to help define the scope of practice for physician extenders working with Pediatric Dermatologists. In response to these requests, the Workforce Committee drafted suggested guidelines that were approved by the SPD Executive Committee. These guidelines are not intended as a mandate, but rather were created to assist Pediatric Dermatologists in their practice. They are going to be made available in the 'Member Only' area of the new website.

Newly Certified Pediatric Dermatologists Announced

The SPD congratulates the following 50 SPD members who recently passed the American Board of Dermatology's (ABD) pediatric dermatology subspecialty exam. With this new class, there are currently 284 certified pediatric dermatologists. The next ABD exam will be held in October 2016.

Lisa Arkin, MD, *Chicago, IL*
Smita Awasthi, MD, *Sacramento, CA*
Emily Becker, MD, *San Antonio, TX*
Emily Berger, MD, *Hackensack, NJ*
Gina Brown, MD, *Anchorage, AK*
Shelley Cathcart, MD, *Greensboro, NC*
Karen Chernoff, MD, *New York, NY*
Heather Ciliberto, MD, *Iowa City, IA*
Brittany Craiglow, MD, *Fairfield, CT*
Courtney Csikesz, MD, *Lincoln, RI*
Cyndee DeKlotz, MD, *Washington DC*
Nisha Desai, MD, *Skokie, IL*
Lucia Diaz, MD, *Austin, TX*
Elizabeth Froelich, MD, *Pittsburgh, PA*
Lauren Geller, MD, *New York, NY*
Mercedes Gonzalez, MD, *Miami, FL*
Anna Grossberg, MD, *Baltimore, MD*
Deepti Gupta, MD, *Seattle, WA*
Elena Hawryluk, MD, PhD, *Newton, MA*
Raegan Hunt, MD, PhD, *Houston, TX*
Sadaf Hussain, MD, *Newtown, PA*
Stephanie Jacks, MD, *Ridgeland, MS*
Marla Jahnke, MD, *Detroit, MI*
Joel Joyce, MD, *Skokie, IL*
Anna Juern, MD, *Milwaukee, WI*

Susan Keiler, MD, *Sheboygan, WI*
Wendy Kim, DO, *Maywood, IL*
Anna Kirkorian, MD, *Washington, DC*
Andrew Krakowski, MD, *San Diego, CA*
Lacey Kruse, MD, *Chicago, IL*
Monique Kumar, MD, *Decatur, GA*
Manasi Ladrigian, MD, *Pittsford, NY*
Kathy Langevin, MD, *Los Angeles, CA*
Diana Lee, MD, PhD, *New York, NY*
Minnelly Luu, MD, *Los Angeles, CA*
Kalyani Marathe, MD, *New York, NY*
Catalina Matiz, MD, *San Diego, CA*
Thomas McIntee, MD, *Marshfield, WI*
Adnan Mir, MD, *Chicago, IL*
Holly Paugh, MD, *Mesa, AZ*
Amanda Pickert, MD, *Scottsdale, AZ*
Vimal Prajapati, MD, *Calgary, AB, Canada*
Sonal Shah, MD, *San Francisco, CA*
Ines Soukoulis, MD, *Charlottesville, VA*
Allyson Spence-Shishido, MD, *Honolulu, HI*
Grace Sun, MD, *Oxnard, CA*
Lily Uihlein, MD, *Chicago, IL*
Sapna Vaghani, MD, *Naperville, IL*
Lara Wine Lee, MD, PhD, *Charleston, SC*
Sierra Wolter, MD, *Tucson, AZ*

Welcome New Members

Khalid Al Hawsawi, MD – *Makkah, Saudi Arabia*
Christine Cazeau, MD – *Parsippany, NJ*
Casey Chern, MD – *Bethesda, MD*
Sarah Cipriano, MD – *Salt Lake City, UT*
Heather Irina Cohn, MD – *Cleveland, OH*
Kristen Corey, MD – *Worcester, MA*
Kimberly Jablon, MD – *San Francisco, CA*
Laura Levin, MD – *New York, NY*
Luciana Oliveira – *Curitiba, Brazil*
Joshi Shambhu Dutta, MD – *Kailali, Nepal*
Maren Shaw, MD – *Bowie, MD*
Desmond Shipp – *Danville, PA*
Brenda Simpson, MD – *Portland, OR*
Sarah Skillman, MD – *Indianapolis, IN*
Klara Veres, MD – *Budapest, Hungary*
Melissa Willis, MD – *Iowa City, IA*

Congratulations

SPD Member Markus Boos raised more than \$4,000 for the SPD Foundation! Markus, a pediatric dermatology fellow at The Children's Hospital of Philadelphia, asked friends and family to donate to the Foundation in honor of his bodybuilding competition. If you'd like to make a donation to the SPD Foundation, [click here](#).

PeDRAs Annual Conference Recap

Energetic. Inspiring. Electrifying.

These were a few descriptors floating around the halls of the Chicago Westin O'Hare Hotel November 7-9 as the 2014 PeDRA Annual Conference got underway.

This second conference for PeDRA, SPD's research offspring, brought together 110 investigators, clinicians, NIH representatives, speakers and patient advocacy organizations to plan collaborative research in pediatric dermatology. NIH funding largely made possible the conference, which was also supported by patient advocacy organizations and industry. "This year, we could literally see the fruits of everyone's efforts over these many months," said Beth Drolet, SPD President. "In a research world where we are too often told no, people were just awestruck by all the promise and possibility that the new or ongoing collaborative studies suggested."

The conference blended investigators with complementary strengths and interests, enabling them to take on vital projects together that would never be possible independently. Respected leaders joined with early-career innovators to tackle study ideas and strategize how to launch or continue the projects. Representatives of NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) worked alongside these professionals. And, patient advocacy organizations showed their colors, not only participating in the weekend but providing sponsorship dollars as well. "I was truly surprised and pleased at the collegiality and participation," said Karen Ball, President and CEO of the Sturge-Weber Foundation, "and, to get in on the ground floor of some of this research was life-changing for our organization. I think the researchers also saw that we advocacy people tap into a vital perspective that can't be left out of scientific discovery."



Conference colleagues viewing PHACE Syndrome poster.



Networking at the PeDRA Conference

Speakers brought highly sought-after expertise that taken together really told the story of how to engage a professional community in collaborative efforts. With the conference theme, "Designing quality collaborative, multi-institutional studies," speakers enlightened attendees on the challenges, keys and opportunities in setting up studies and collabora-

“ Some of this research was life-changing for our organization. I think the researchers also saw that we advocacy people tap into a vital perspective that can't be left out of scientific discovery. ”

tive initiatives. This included some how-to's, for example, how to effectively incorporate databases in setting up a collaborative. Speakers from both government (Office of Rare Diseases) and an existing collaborative network (Childhood Arthritis and Rheumatology Research Alliance [CARRA]) helped the group understand lessons learned, pitfalls and challenges.

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PeDRAs Annual Conference Recap

Dawn Siegel, PeDRA Conference Chair, said “I think what is so unique about this meeting is the sense that we are forging new ground. We are change-makers, taking the reins and shaping the research necessary to make a difference for our patients. This is empowering for each and every one of us at the meeting.”

Attendees submitted 39 abstracts on projects, which were highlighted in a special poster session. Attendees rotated in groups through the posters in a “speed networking” fashion. Jeff Sugarman, SPD V.P. of Research, was so wowed by the projects that he rotated through twice! Occurring the first evening of the conference, this whet attendees’ appetites for the more detailed discussions of projects to follow in the break-out groups during the weekend. For a flavor of studies reviewed and their scope and range, please see the Research Corner in this newsletter. Membership in PeDRA was also formally opened at the conference and PeDRA leaders updated attendees on the organizational work accomplished this last year.

All through the weekend, attendees talked in side conversations about how powerful study ideas can become a reality with energetic people coming together under the PeDRA banner. Cornering PeDRA Co-Chairs Amy Paller and Larry Eichenfield en route to a session they chimed in, “This is living proof that the power of one is absolutely multiplied many fold when people are linked together in collaborative work. PeDRA rocks!” ■

To apply for membership in PeDRA, please visit <http://pedraresearch.org/membership-info> or contact Sheila Rittenberg, sheila.rittenberg@gmail.com.

PeDRA Annual Conference organizing committee members:

Keith Choate, MD, Ph.D. (Co-Principal Investigator), Amy Paller, MS, MD, Dawn Siegel, MD (Conference Chair), Joyce Teng, MD, Ph.D., Wynnis Tom, MD (Co-Principal Investigator and Conference Co-Chair), Mary Williams, MD (Conference Co-Chair)

PeDRA Acting Executive Director: Sheila Rittenberg sheila.rittenberg@gmail.com, 503-381-5950.

PeDRA Announces Membership Program!



Formal membership in PeDRA is now open for pediatric dermatology physicians, scientists, trainees, and other healthcare professionals!

Join PeDRA - even if you are a SPD member. PeDRA provides a formal mechanism to work with other pediatric dermatologists on research, and is an important way to advance our field!

Questions? Please contact Sheila Rittenberg, Acting Executive Director, sheila.rittenberg@gmail.com.

Deadlines for Submissions

- Cases of the Year Submissions - **January 24, 2015**
- Pediatric Dermatology Residents/Fellows Research Award **May 1, 2015 at 5:00 pm (EST)**
- Pediatric Dermatology Research Grants
William Weston Research Award - **May 1, 2015**
The Pilot Project Award - **May 1, 2015**
- SPD Mentorship Grant Awards Program - **May 1, 2015**

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27TH Annual Society for Pediatric Dermatology Pre-AAD

► Thursday, March 19, 2015 - San Francisco

COURSE DIRECTORS:

Erin Mathes, MD, Renee Howard, MD and Ann Marqueling, MD

AGENDA:

- 12:00 pm - 12:05 pm** Introduction & Announcements
- 12:05 pm - 12:50 pm** **ESTERLY LECTURE**
SEVERE ALOPECIA ARETA: WHAT DO OUR PATIENTS WANT?
Neil Prose, MD, *Duke University*
- 12:50 pm - 1:30 pm** **CUTANEOUS MOSAICISM: BIRTHMARKS, PATTERNS, & RECENT DISCOVERIES**
Dawn Siegel, MD, *Medical College of Wisconsin*
- 1:30 pm - 2:05 pm** **CLINICOPATHOLOGIC CONFERENCE**
Lori Prok, MD, *Children's Hospital Colorado*
Josh Schulman, MD, *University of California, San Francisco*
- 2:05 pm - 2:30 pm** Break
- 2:30 pm - 2:35 pm** **SPD 2015 ANNUAL MEETING PREVIEW**
Marilyn Liang, MD, *Boston Children's Hospital*
Karen Wiss, MD, *University of Massachusetts*
- 2:35 pm - 3:15 pm** **RESEARCH UPDATES**
HOW BLEACH BATHS WORK: BEDSIDE TO BENCH
Thomas Leung, MD, *Stanford University*
TANNING BEDS & TWITTER: TAILORING PUBLIC HEALTH CAMPAIGNS
Eleni Linos, MD, *University of California, San Francisco*

3:15 pm - 3:50 pm

VULVAR DERMATOSES

Bethanee Schlosser, MD, Ph.D., *Northwestern University*

3:50 pm - 4:50 pm

CASES OF THE YEAR

Aimee Smidt, MD (*Moderator*), *University of New Mexico*

6:00 pm - 8:00 pm

Dinner

Location to be announced



27TH Annual Society for Pediatric Dermatology Pre-AAD



► CALL FOR CASE PRESENTATIONS

Attendees are invited to submit case presentations for the Cases of the Year segment of the 2015 Pre-AAD Meeting. Ten (10) cases will be presented on Thursday, March 19 in San Francisco.

Cases of the Year includes cases with a known diagnosis, diseases that were difficult to diagnose or cases presenting management challenges. These cases should have attendant teaching value. Selected cases will be given four (4) minutes to present their cases, followed by a two (2) minute question & answer period.

Case summaries must be submitted through SPD's on-line case submission system. Please visit www.pedsderm.net for full details.

Deadline for submission: January 24, 2015

Authors of selected cases will be notified: February 2015

► \$1,000 TRAVEL AWARD AVAILABLE

Travel awards are now available on a competitive basis to fellows, residents, and medical students who present Cases of the Year at SPD's Pre-AAD Meeting. This is an effort to encourage participation among trainees interested in pediatric dermatology and helps provide recognition for exceptional work as well as financial assistance to attend the meeting. There will be one (1) \$1,000 award available for the 2015 Pre-AAD meeting in San Francisco. Members who qualify will apply through the SPD website at the time of submission of cases. The SPD's Awards & Goals Committee will evaluate the quality of the case, focusing on whether it presents "new" information, is relevant to care of children with skin diseases, quality of data, and approved consent process.

► SPD RESIDENT/FELLOW RECEPTION

March 20, 2015, 5:00 pm- 7:00 pm | Location TBD

Foundation Honor Roll 2014

To Members of the SPD,

As the end of the year approaches and we gather with family and friends, think about your best educational experiences of 2014. Certainly the time spent at the pre-AAD SPD meeting and the AAD meeting in Coeur d'Alene represented the highlight of your educational and collegial experiences. The SPD Foundation exists to help provide the financial future that will ensure the meetings are of the highest quality and caliber. All members of the SPD Foundation Committee join me in inviting you to participate fully in the stewardship that will secure the financial future of these most meaningful educational and research programs.

For SPD members at every stage of the career ladder, the SPD Foundation has meaning and value. The funding of research for the younger members initiates careers that brighten the horizon for the patients we serve and helps unravel the puzzling questions of disorders that challenge all interested in Pediatric Dermatology. Mid-career members recognize the changing landscape of funding within all of Dermatology and appreciate that a solid financial foundation will be necessary for the SPD to continue to be the outstanding organization it has always been. Our most longstanding members will want the SPD to remain strong and well-funded in the core missions of education and research.

The SPD Foundation supports this important organization to which we each belong. We ask for your generous support.

► PRESIDENT'S CIRCLE (\$1,000+)

Markus Boos, MD, PhD,
Hospital of the University of Pennsylvania

Beth Drolet, MD
Children's Hospital of Wisconsin

Sharon Glick, MD
SUNY Downstate Medical Center

Joseph Lam, MD, *University of British Columbia/BC Children's Hospital*

Andrew Margileth, MD, *University of Miami*

Robert A. Silverman, MD
Georgetown University Hospital

Virginia Sybert, MD, *University of Washington*

Adam Rubin, MD
University of Pennsylvania Health

Leo Hoefer, MD, *Hoefer Family Foundation*

► PLATINUM (\$500 - 999)

Leslie Castelo-Soccio, MD, PhD
Children's Hospital of Philadelphia

Maria C. Garzon, MD
Columbia University Pediatric

Howland Hartley, MD
George Washington University

Adelaide Hebert, MD
University of Texas - Houston

Melinda Jen, MD, *Children's Hospital of Philadelphia/University of Pennsylvania*

Alfie Krol, MD
Oregon Health & Science University

Joseph Morelli, MD, *University of Colorado/The Children's Hospital*

Howard Pride, MD, *Geisinger Medical Center*

Phoebe Rich, MD
Oregon Health & Science University

Helen Shin, MD
Hackensack University Medical Center

Jeffrey Sugarman, MD, PhD, UCSF

Karen Wiss, MD
University of Massachusetts

Albert Yan, MD
Children's Hospital of Philadelphia

► GOLD (\$250 - 499)

Dawn Davis, MD, *Mayo Clinic Rochester*

Rosalie Elenitsas, MD

Teri A. Kahn, MD, MPH
Mt Washington Pediatric Hospital

Liborka Kos, MD, *Advocate Medical Group*

Margaret S. Lee, MD, PhD
Children's Hospital Boston

Kimberly Morel, MD, *Columbia University*

Harper Price, MD, *Phoenix Children's Hospital*

Ilene Rothman, MD, *SUNY - Buffalo*

Robert Sidbury, MD, *Seattle Children's Hospital*

Sarah Stein, MD, *University of Chicago*

Amy Theos, MD, *UAB*

Brook Tloutan, MD, *Columbia University*

► SILVER (\$100 - 249)

Emily Altman, MD

Gina Brown, MD, *Alaska Center for Dermatology*

Craig N. Burkhart, MD
University of North Carolina

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Foundation Honor Roll 2014

Sarah Chamlin, MD

Lurie Children's Hospital of Chicago

Joseph Conlon MD, Springfield Clinic

Elizabeth Connelly, MD, University of Miami

Glen Crawford, MD

Jennie Duffy, MD, Houston Dermatology Associates

William James, MD

Edward J. Keuer, MD

Patrick McMahon, MD

The Children's Hospital of Philadelphia

Christopher Miller, MD

John O'Malley, MD, PhD

Elena Pope, MD, University of Toronto

Sharon Raimer, MD, University of Texas Galveston

Sheila Rittenberg, PeDRA/Healthy Change Consulting

Donald Rudikoff, MD, Bronx Lebanon Hospital Center

John Stanley, MD.

John Su, MD, MCRI, University of Melbourne

James Treat, MD, Children's Hospital of Philadelphia

Carmela Vittorio, MD.

Jeanne Zeller, MD, St. Joseph's Healthcare Center

► BRONZE (\$25 - 99)

A. Deniz Akkaya, MD

V.K.F. American Hospital, Istanbul, Turkey

Xochitl Adriana Avalos Huizar, MD, CHUL - Facultad de Medicina Universidad de Guadalajara

Victoria Barrio, MD, UCSD/Rady Children's Hospital

Linda Beets-Shay, MD, Kaiser Permanente Oakland

Susan Boiko, MD

Emeritus Partner, Kaiser Permanente

John Browning, MD, Baylor College of Medicine

Carrie Coughlin, MD, Children's Hospital of Philadelphia

Molly Eisner, MD

Roselyn E. Epps, MD, Dr. Roselyn E. Epps, P.A.

Sharon Gardepe, MD

Manju George, MD

Pediatric Dermatology of the Palm Beaches

Deborah Goddard, MD, Kuchnir Dermatology

Anne Halbert, MD

Princess Margaret Hospital for Children

Nina Kahloon, MD, Dermatology Associates, PSC

Brandi Kenner-Bell, MD

Ann & Robert H. Lurie Children's Hospital of Chicago

Hillary Lawrence, MD

University of Oklahoma Health Sciences Center

Michael Ming, MD

Marissa Perman, MD, Children's Hospital Philadelphia

Rudolf Roth, MD

Rebeca Robinson, MD

Julie Schaffer, MD

New York University School of Medicine

Nanette Silverberg, MD, St. Luke's Roosevelt Hospital

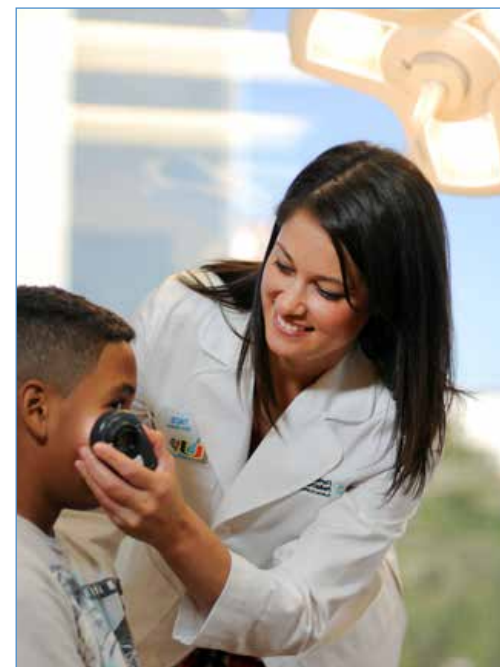
Joy Wan, MD

University of Pennsylvania School of Medicine

Julie Wesley, MD

Cynthia Yalowitz, MD

Albert Einstein College of Medicine



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Please consider making an investment in the future of our pediatric dermatologists by clicking on the **DONATE NOW**

button. Simply complete the online form at www.pedsderm.net/sections/foundation.php.



SPD 2015 Annual Meeting Preview

Thursday, July 9, 2015 - Sunday, July 12, 2015

InterContinental Hotel, Boston, MA

PROGRAM CHAIRS:

Dr. Marilyn Liang

Dr. Sheila Maguiness

Dr. Karen Wiss

Dr. James Dinulos

Dr. Jennifer Huang

Join us in Boston to network with your peers and learn about the latest research and best practices in patient care. All your SPD favorites will return, including Guess the Diagnosis, Cases of the Year, Year in Review for Dermatology and Pediatrics, and Poster Sessions. Full schedule coming in January!

13th World Congress of Pediatric Dermatology



CALL FOR COURSES, SYMPOSIA, AND SEMINARS

OPEN: JANUARY 5, 2015

DEADLINE: JULY 1, 2015

The Society for Pediatric Dermatology (SPD) will host the 13th World Congress of Pediatric Dermatology (WCPD 2017), to be held July 6 - 9, 2017 at the Hyatt Regency in Chicago, Illinois USA. We anticipate that 2,000 pediatric dermatologists, pediatricians and dermatologists from all over the world will attend this special event.

Beginning January 5, 2015, SPD will be accepting proposals for Courses, Symposia, and Seminars for potential presentation at WCPD 2017. The deadline is July 1, 2015. Completed session proposals should be submitted via the online submission system, available at www.pedsderm.net. Submissions will be reviewed by the Scientific Organizing Committee and scored based on merit, geographic representation and potential thematic interest to congress attendees. A preliminary program with selections from submissions will be announced by July 1, 2016.

COURSES:

3 hours in length, consisting of six 25-minute talks, each with a five-minute Q&A.

Submissions requested in the following areas:

- Collagen Vascular Disorders
- Tumors and Tumor Syndromes
- Disorders of Pigmentation
- Vascular Lesions
- Eczematous Diseases

SYMPOSIA:

1.5 hours in length, consisting of 4 20-minute talks, and a ten-minute panel Q&A.

Submissions requested in the following areas:

- Abuse & Factitial Disease
- Acne & Periorificial Dermatitis
- Autoimmune Blistering Diseases
- Bacterial & Mycobacterial Infections
- Critical Care Pediatric Dermatology
- Epidermolysis Bullosa
- Exanthematous Disorders
- Genodermatoses
- Hair Disorders
- Hereditary Dermal Disorders
- Histiocytoses & Malignant Diseases
- Ichthyoses & Ichthyosis Syndromes
- Infestations, Bites & Stings
- Neonatal Dermatology
- Nevi and Melanoma
- Papulosquamous Diseases
- Pediatric Derm Surgery and Laser
- Periodic Fevers & Autoinflammatory Diseases
- Superficial & Deep Fungal Infections
- Viral Skin Infections

SEMINARS:

1.5 hours in length, consisting of 3 25-minute talks, each with a five-minute Q&A.

Submissions requested in the following areas: (put these in a table?)

- Contact Dermatitis in Children
- Drug Reactions
- Endocrine Diseases & The Skin
- Immunodeficiencies
- Mastocytosis
- Nutritional Disorders/Metabolic Errors
- Pediatric Nail Disease
- Pediatric Psoriasis
- Photosensitivity Disorders
- Vasculitis & Kawasaki Disease

Speakers in accepted sessions will receive free congress registration. Additional travel expense reimbursement will be provided should fundraising efforts permit.

Abstract submission for other oral presentations, poster presentations, and Cases of the Year will open on August 1, 2016, with a deadline of January 1, 2017.

Please contact Stephanie Garwood, WCPD 2017 Meeting Manager, at sgarwood@hp-assoc.com if you have any questions if need assistance with your submission. ■

Research Corner

FUNDING OPPORTUNITIES

Sponsors:

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Deadline: Ongoing

American Acne & Rosacea Society Grants

Deadline: December 31, 2014

Women's Dermatologic Society Academic Research Award

Deadline: February 15, 2015

Society for Pediatric Dermatology Research Grants

Deadline: May 15, 2015



RESEARCHER PROFILE

Dr. Anna Bruckner is a pediatric dermatologist and researcher at the Children's Hospital of Colorado and an Associate Professor of Dermatology and Pediatrics at the University of Colorado School of Medicine. She has a variety of research interests, but her main focus is advancing the field of epidermolysis bullosa. Dr. Bruckner is a founding member of PeDRA, serves on the executive committee, chairs the PeDRA membership committee, and leads the PeDRA Epidermolysis Bullosa group. She has received grants to study epidermolysis bullosa, including funding from the Jackson Gabriel Silver Foundation and Dermatology Foundation. While doing excellent research and running the pediatric dermatology program at the Children's Hospital of Colorado, Dr. Bruckner is close to completing a Masters of Science in Clinical Science program at the University of Colorado. She is truly an example to follow in the field of pediatric dermatology! ■

UPCOMING MEETINGS AND PRESENTATION OPPORTUNITIES

MEETING	DATES	ABSTRACTS DUE
12th European Academy of Dermatology & Venereology Spring Symposium (Valencia, Spain)	March 5-8, 2015	Passed
27th Annual Pre-AAD Meeting of the Society for Pediatric Dermatology (San Francisco, California)	March 19, 2015	Passed *
73rd Annual Meeting of the American Academy of Dermatology (San Francisco, California)	March 20-24, 2015	Passed
74th Annual Meeting of the Society for Investigative Dermatology (Atlanta, Georgia)	May 6-9, 2015	Jan 13, 2015
23rd World Congress of Dermatology (Vancouver, Canada)	June 8-13, 2015	Passed *
41st Annual Meeting of the Society for Pediatric Dermatology (Boston, Massachusetts)	July 9-12, 2015	TBA (expected spring 2015)
2015 Summer Academy Meeting of the American Academy of Dermatology (New York, New York)	August 19-23, 2015	TBA (expected spring 2015)
44th European Academy of Dermatology & Venereology Congress (Rotterdam, the Netherlands)	Sept 9-12, 2015	TBA (expected spring 2015)
SDEF's Women's & Pediatric Dermatology Seminar 2014 (Newport Beach, California)	October 10-12, 2015	TBA (expected Aug 2015)
European Academy of Dermatology & Venereology (Copenhagen, Denmark)	Oct 7-11, 2015	April 12, 2015

Research Corner

Pediatric Dermatologists are Conducting Exciting Research!

As highlighted in the PeDRA special conference earlier in this newsletter, the recent PeDRA Annual Meeting left an indelible mark on the state of pediatric dermatology research. Researchers had the opportunity to brainstorm research needs, organize new and ongoing studies, and network with collaborators. The SPD has played an important role in cultivating pediatric dermatology research, and several of the projects reviewed by conference attendees were made possible by SPD research grants.

One such study was funded by the 2012 SPD Pilot Project Award, given to Lisa Arkin for “The natural history of pediatric chronic cutaneous lupus.” Dr. Arkin and colleagues have completed a retrospective investigation on the natural history of pediatric chronic cutaneous lupus erythematosus and written a manuscript that is under review. Through PeDRA, Dr. Arkin has identified a network of collaborators including Amy Paller, Raegan Hunt, Heather Brandling-Bennett, and Yvonne Chiu. Moving forward, this group will work with adult dermatology and pediatric and adult rheumatology colleagues to develop consensus treatment and monitoring plans for cutaneous lupus and enroll patients in a prospective study to evaluate the natural history of this disease.

The scope of other projects — represented in 39 abstracts submitted to the conference — demonstrated the vision and commitment to scientific inquiry that our “ped derm” investigators exude. Studies in Malignancies, Precursors, and Therapeutic Complications, a PeDRA research area newly launched this year, generally tackled the lack of data on diagnosis and management of cutaneous malignancies and its precursors due to the small numbers of cases seen at single institutions. In “Birthmarks,” a presented project

discussed the innovative “heat map technology” in exploring congenital anomaly patterns. In Inflammatory Skin Disease, a novel study on circadian rhythm and sleep disruption for patients with AD was put forward, reflecting observations coming out of the patient advocacy world that kids with AD are more accident-prone. Among several important studies in Genetics, a prospective evaluation of infants and children with congenital ichthyosis was presented, a project funded recently by the Foundation for Ichthyosis and Related Skin Types. ■

There are many other vital projects ongoing in PeDRA. For more information, please visit the website <http://pedraresearch.org/> or contact one of the working group chairs below:

Birthmarks: Vascular and Pigmented

Anita Haggstrom (ahaggstr@iupui.edu)

Megha Tollefson (tollefson.megha@mayo.edu)

Inflammatory Skin Disease

Kelly Cordoro (kcordorok@derm.ucsf.edu)

Wynnis Tom (wtom@rchsd.org)

Genodermatoses

Anna Bruckner (anna.bruckner@ucdenver.edu)

Joyce Teng (jteng3@stanford.edu)

Disorders of Cornification

Keith Choate (keith.choate@yale.edu)

Mary Williams (elias.williams1@gmail.com)

Fellowship Program Profiles

The SPD Workforce Committee has been charged with highlighting pediatric dermatology fellowship program profiles to highlight available fellowship programs. Over the next year, 3-5 profiles of fellowship programs will be listed in the newsletter and posted to the SPD website. If you have any questions, please contact Heather Brandling-Bennett at Heather.Brandling-Bennett@seattlechildrens.org.



■ MEDICAL COLLEGE OF WISCONSIN

The Medical College of Wisconsin is pleased to offer one funded, ABD-approved pediatric dermatology fellowship position. The Pediatric Dermatology division includes five faculty practicing at Children's Hospital of Wisconsin, a leading tertiary care institution. The section mission is to:

- provide compassionate, high quality care for children.
- educate and inspire scholars and future leaders.
- perform research that will ultimately provide more effective care for our patients.

This training experience focuses on consultative in-/outpatient dermatology in infants, children, and adolescents and provides unique and substantial experience in laser therapy, surgical procedures in children, autoimmune/connective tissue disorders, and vascular and genetic skin diseases.

<http://www.mcw.edu/Dermatology/pedsdermfellowship.htm>



■ STANFORD UNIVERSITY

The Pediatric Dermatology Fellowship at Stanford University is a 1 year accredited program by the American Board of Dermatology. Our program not only focuses on providing consultative services for inpatient and outpatient pediatric care for complex skin disorders; but is also recognized as one of the leading institution in translational research. The program is dedicated to provide training that enables the fellow to become a leader in the field of Pediatric Dermatology. The fellow will gain broad experience in providing comprehensive patient care, dermatologic procedure skills, teaching, and translational research. Graduates from our program will be well rounded and prepared to take their career in any direction.

http://dermatology.stanford.edu/fellowships/peds_fellowship.html

Fellowship Program Profiles



■ UC SAN FRANCISCO

The UCSF Pediatric Dermatology Division has 2 funded fellowship positions each year. We offer strong outpatient and inpatient clinical training, outpatient and OR-based laser and procedural surgery, mentorship, and opportunities for scholarly activity and research. Our pediatric dermatology faculty includes 3 full-time and several part-time and volunteer faculty. The core of training is based within the UCSF Department of Dermatology, allowing for regular interactions with our large and talented dermatology faculty including dermatopathologists, dermatologists, general and subspecialty dermatologists. Fellows also consistently interact with UCSF pediatricians and pediatric subspecialists via our busy inpatient consultation service and several multidisciplinary clinics (Birthmarks/Vascular Anomalies, Disorders of Cornification, Genetics/Derm, Ectodermal Dysplasia, and Graft Versus Host Disease). Because we have served the SF Bay Area for more than 3 decades, we see a high volume of both complex and common skin problems.

For further information, please contact: Ilona Frieden MD at friedeni@derm.ucsf.edu

http://www.dermatology.ucsf.edu/education_training/fellowships/peds.aspx



■ TEXAS CHILDREN'S HOSPITAL

The Division of Pediatric Dermatology at Texas Children's Hospital offers a 1 year pediatric dermatology fellowship training program that is approved by the American Board of Dermatology. Our faculty includes three full-time pediatric dermatologists. We provide comprehensive clinical training, as well as educational and research opportunities, in the field of pediatric dermatology. Fellows learn to treat a full range of pediatric skin conditions in both outpatient and inpatient clinical settings. TCH is located in the Texas Medical Center, the largest medical complex in the world, and is the largest children's hospital in the United States. Applicants must be board-certified or eligible in dermatology. Upon completion of the training program, fellows are eligible for board certification in pediatric dermatology. ■

Fellowship Openings 2015

The following list of programs have identified that they may have open fellowship positions for 2015.

- Rady Children's Hospital San Diego/UCSD
- University of Minnesota

To learn more about the individual programs listed above, please go to our website: <http://www.pedsderm.net/sections/ABDapprovedprogram.php>. More information can be found by clicking on the program name or contacting the program directly.

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► **EDITOR:** Melinda Jen, MD

► **CONTRIBUTORS:**

Khalid Al-Aboud, MD - *Saudi and Middle Eastern literature*

Khalid Al-Hawsawi, MD - *Saudi and Middle Eastern literature*

Eulalia Baselga, MD - *Spanish Literature*

Paula Boggio, MD - *Spanish Literature*

Markus Boos, MD, PhD - *J Invest Dermatol*

Carrie Coughlin, MD - *JAAD, Lancet*

Deborah Goddard, MD - *J Pediatr Hematol Oncol, Pediatric Rheumatology*

Sadaf Hussain, MD - *BMJ*

Fatemeh Jafarian, MD

JBC, Exper Dermatol, J Dermatol Sci, NEJM, Annale de dermatologie

Marla Jahnke, MD - *Plast Reconstr Surg, J Dermatol Surg*

Brandi Kenner-Bell, MD - *Pediatr Infect Dis J*

Joseph Lam, MD - *BJD*

Margarita Larralde, MD - *Spanish literature*

Carla Lee, MD - *Arch Dis Childhood*

Kate Marks, MD - *J Ped Surg; Pediatric Research*

Maria Miyar, MD - *J Pediatr*

Noah Scheinfeld, MD - *NEJM, JAMA*

Yong-Kwang Tay, MD

Acta Derm Venereol, Clin Exp Derm, Int J Dermatol, J Dermatol Treat

Megha Tollefson, MD - *JAMA Pediatrics*

Catherine Yang, MD - *Pediatrics*

► ATOPIC DERMATITIS

Grönhagen CM1, Lidén C, Bergström A, et al. Prevalence and incidence of hand eczema in adolescence: report from BAMSE — a population-based birth cohort. *Br J Dermatol*. 2014; 171(3):609-14.

Using a Swedish population-based birth cohort, researchers estimated the prevalence proportions and the incidence rate of hand eczema in approximately 3000 Swedish adolescents. At 16 years of age, the self-reported lifetime and 1-year prevalences of hand eczema were 9.7% and 5.2%, respectively. The self-reported incidence of hand eczema was 573 per 100 000 person-years, which is similar to previous population-based studies of Swedish adults. Female predominance was seen in adolescence. The results are interesting, as they suggest that risk factors for hand eczema may begin in adolescence.

(Submitted by Joseph Lam, MD)

Baek JH, Shin YH, Chung IH, et al. The link between serum vitamin D level, sensitization to food allergens, and the severity of atopic dermatitis in infancy. *J Pediatr*. 2014;165(4):849-854.

Many studies have been done to evaluate the relationship between vitamin D level and atopy, but the relationship still remains unclear. The authors of this study concluded that the severity of atopic dermatitis is independently associated with serum vitamin D status and that low vitamin D levels are associated with increased food allergen sensitization. This study should be interpreted with caution given the cross-sectional design. Also, a seasonal variation of vitamin D level was noted in this study with higher serum 25[OH]D levels found in infants born in the summer and fall compared to those born in spring and winter, a possible confounding variable. Ultraviolet light exposure rather than dietary intake may be impacting low vitamin D levels. Similarly, seasonal variation of AD severity was not examined in this study, another possible confounding variable that

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can affect the Scoring Atopic Dermatitis index. Finally, the lower measurements of vitamin D levels in this study could be related to dietary restriction. Therefore, a link between low vitamin D level and food allergen sensitization cannot be proven and further studies should be done to determine causality of low vitamin D level, food sensitization, and atopic dermatitis severity.

(Submitted by Maria Elena Miyar, MD)

► SYNDROMES AND HEREDITARY DISORDERS

Kuttner V, Mack C, Gretzmeier C, et al. Loss of Collagen VII Is Associated with Reduced Transglutaminase 2 Abundance and Activity. *J. Invest. Dermatol.* 2014; 134: 2381–2389.

The authors of this study examine collagen VII-deficient fibroblasts to better understand the diverse cellular changes that underlie the clinical phenotype of recessive dystrophic epidermolysis bullosa (RDEB). Mass spectrometry and isotope labeling of amino acids were the primary means by which they analyzed changes in cellular proteins and protein-protein interactions in collagen VII-deficient vs. wildtype fibroblasts. Most notably, the authors found that both levels and activity of Transglutaminase 2 (TGM2) were decreased in the mutant cell lines in vitro. They posit that reduction of the cross-linking function of TGM2 results in improper cytoskeletal organization, decreased autophagy and defects in cellular adhesion, which contributes to the clinical phenotype of RDEB. In turn, these findings suggest that collagen VII has important functions beyond simple structural maintenance of the dermal-epidermal junction.

(Submitted by Markus Boos, MD, PhD)

Campbell P, Morton P, Takeichi T, et al. Epithelial Inflammation Resulting from an Inherited Loss-of-Function Mutation in EGFR. *J. Invest. Dermatol.* 2014;134: 2570–2578.

The authors of this report describe a 12-month-old boy who presented with widespread erosions since birth, with the subsequent appearance of diffuse papules and pustules. His exam was also significant for loss of scalp hair, trichomegaly, diffuse watery diarrhea and frequent skin and respiratory infections. Whole exome sequencing ultimately revealed a homozygous missense mutation in the EGFR gene, which lead to aberrant cellular localization of Epidermal Growth Factor Receptor (EGFR). Downstream signaling of EGFR was also abrogated, while signaling through pro-inflammatory pathways including NF- κ B was enhanced. The patient's clinical appearance is reminiscent of patients with ADAM17 metalloproteinase mutations, as well as patients experiencing the toxicities of EGF receptor inhibitors used in the treatment of malignancy. (Submitted by Markus Boos, MD, PhD)

Jouhadi Z, Khadir K, Ailal F, et al. Ten-Year Follow-Up of a DOCK8-Deficient Child With Features of Systemic Lupus Erythematosus. *Pediatrics* 2014;134:e1458.

This paper reports a 10-year-old girl with a known diagnosis of deficiency of cytokines 8 (DOCK8) deficiency who then developed systemic lupus erythematosus. As a form of hyper-immunoglobulin E syndromes (HIES), DOCK8 deficiency usually presents with recurrent skin and pulmonary infections, allergies, and eczema. At age 5, she developed a photodistributed eczematous rash on her face and neck. She had arthritis and arthralgias of her knees, elbows, and hands. Her laboratory results were notable for a positive ANA (1:640) and a skin biopsy confirmed the diagnosis of lupus erythematosus. At age 8, she developed glomerulonephritis and sialadenitis. She is currently treated with hydroxychloroquine and being considered for curative bone marrow transplantation. This case of an autoimmune disorder in a patient with an immunodeficiency syndrome underscores the complexity of the immune dysregulation in these patients. (Submitted by Catherine Yang, MD)

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Babajanyan A, Nanan R, Liu A. Isolated gigantism of digits. *J Pediatr*. 2014;165(4):874.

Isolated macrodactyly is a rare, nonhereditary, congenital malformation presenting with localized, asymmetric gigantism caused by fibroadipose tissue hypertrophy of one or many digits or even an entire limb. The authors report a term newborn with isolated gigantism of the right second and third toes involving the surrounding soft tissues and metatarsal bones. Other physical exam findings and family history were unremarkable. The cause of the condition is unknown, but one researcher suggested mosaicism as well as activation of the P13K/AKT pathway as is found in other overgrowth syndromes. This case highlights the differential diagnosis of macrodactyly: neurofibromatosis type I, fibrolipomatous hamartoma, lymphangiomatosis, Ollier disease, Klippel-Trenaunay, Mafucci, Proteus, and CLOVE syndromes. As in this case, diagnosis of isolated macrodactyly is made when there is no family history suggestive of overgrowth syndrome or other cutaneous or systemic manifestations associated with it. (Submitted by Maria Elena Miyar, MD)

► VASCULAR LESIONS

Weitz NA, Bayer ML, Baselga E, et al. The “biker-glove” pattern of segmental infantile hemangiomas on the hands and feet. *J Am Acad Dermatol*. 2014 Sep;71:542-547.

This multicenter (4 sites, including patients in the United States and Spain), retrospective study characterizes the pattern, location, and complications in infantile hemangiomas on the hands and feet. These hemangiomas (n=73) were

superficial and mixed, but not purely deep. The authors called hemangiomas that involved multiple digits but excluded the distal portion of the digits the “biker-glove” pattern; this was seen in 73% of the cases. Hemangiomas with minimal or arrested growth (IH-MAG) accounted for 38% of cases, and over half of these had a reticular morphology. All 24 cases that were complicated (ulcerated or required treatment) were segmental and 50% of these cases were reticular IH-MAG. The authors note reticular IH-MAG had a higher risk of ulceration, were the cases in their series with associated structural anomalies (LUMBAR and PHACE syndrome in 5 patients), and more commonly required therapy. They predict age of development of the hemangiomas during gestation based on pattern and posit differing oxygen demands of tissues.

(Submitted by Carrie C. Coughlin, MD)

Waelchli R1, Aylett SE, Robinson K, et al. New vascular classification of port-wine stains: improving prediction of Sturge-Weber risk. *Br J Dermatol*. 2014; 171(4):861-7.

This study suggested that facial port-wine stain (PWS) distribution follows the embryonic vasculature of the face, rather than the trigeminal nerve. Investigators looked at 192 children with a facial PWS over a 2 year period and measured their clinical (i.e. seizures, abnormal neurodevelopment, glaucoma) and radiological adverse outcomes. The best predictor of adverse outcomes was a PWS involving any part of the forehead, delineated at its inferior border by a line joining the outer canthus of the eye to the top of the ear, and including the upper eyelid. Although this anatomically involves all three divisions of the trigeminal nerve, it corresponds well to the embryonic vascular development of the face. Bilateral distribution was not an independently significant phenotypic feature. (Submitted by Joseph Lam, MD)

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Blatt J, Powell CM, Burkhart CN, Stavas J, Aylsworth AS. Genetics of Hemangiomas, Vascular Malformations, and Primary Lymphedema. *J Pediatr Hematol Oncol.* 2014;36:587-593.

For the majority of vascular tumors and malformations, the underlying genetic etiology has not been found. However, in the past few years, there has been a dramatic increase in the genetic understanding of many vascular anomalies. This article nicely summarizes the forty genes and genetic loci that have been associated with various vascular tumors and malformations. In addition, the authors review important concepts pertinent to vascular anomalies including allelic heterogeneity (i.e., that different mutations in a given gene can give rise to the same anomaly), phenotypic heterogeneity (i.e. that mutations in a single gene can give rise to more than type of vascular anomaly), and lastly, locus heterogeneity (i.e., similar vascular anomalies can be associated with multiple causative genes.) (Submitted by Deborah Goddard, MD)

► TUMORS AND NEOPLASIA

Kinsler V, Krengel S, Riviere J, et al. Next-Generation Sequencing of Nevus Spilus-Type Congenital Melanocytic Nevus: Exquisite Genotype-Phenotype Correlation in Mosaic RASopathies. *J. Invest. Dermatol.* 2014; 134: 2658-2660.

In this study, Kinsler and colleagues use whole exome sequencing to determine the genetic basis of nevus-spilus type congenital melanocytic nevi (CMN). From three patients they obtained blood and skin samples of both the café-au-lait portion of the lesion and a superimposed CMN. After analysis, the authors determined that the mutation present in each patient's café-au-lait and its overlaying CMN was a single missense mutation in NRAS, without an accompanying "second hit." The authors note that the mutations identified have never before been described in CMN and conclude that nevus-spilus type CMN are distinct

variant of CMN. Furthermore, these are distinct from common nevi spilus, which are secondary to mutations in HRAS. (Submitted by Markus Boos, MD PhD)

Ehrhardt MJ, Humphrey SR, Kelly ME, Chiu YE, Glabraith SS. The Natural History of Skin-limited Langerhans Cell Histiocytosis: A Single-institution Experience. *J Pediatr Hematol Oncol.* 2014;36:613-616.

This retrospective chart review study from the Medical College of Wisconsin examined the natural history of isolated skin-only Langerhans cell histiocytosis (LCH), and specifically addressed how often skin-limited disease progressed to systemic disease. Prior descriptions have generally concluded that skin-limited disease often progresses to systemic disease. Of 16 patients with skin-limited LCH identified at Children's Hospital of Wisconsin from 2001-20012, one patient went on to develop pituitary disease and 1 patient had persistent/refractory cutaneous disease. The remaining 14 patients had complete resolution, and on average, experienced resolution of cutaneous features within 7 months from disease onset. The authors conclude that progression from skin-limited LCH to multisystem LCH may occur less frequently than previously thought. (Submitted by Deborah Goddard, MD)

Simko SJ, Garmez B, Abhyankar H, et al. Differentiating skin-limited and multisystem Langerhans cell histiocytosis. *J Pediatr.* 2014;165(5):990-996.

The authors performed a 6-year retrospective review of 71 patients with Langerhans cell histiocytosis (LCH) at a single center to identify features of LCH that are associated with multisystem involvement and therapeutic failure. When patients were older than 18 months of age at the time of diagnosis, there was an odds ratio of 9.65 of multisystem LCH. Also, 40% of patients referred for skin-limited LCH to oncology had underlying multisystem involvement, with half involving risk-organs (predictive of increased mortality) such as liver, spleen or bone marrow. Those with skin-limited LCH in this center had a 3-year, pro-

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gression-free survival of 89% after initial therapy. None developed multisystem disease. Those with skin/multisystem disease had a 3-year, progression-free survival of 44% with vinblastine/prednisone therapy and risk-organ involvement did not correlate with failure to achieve non-active disease. Finally, those with multisystem disease had higher frequency of circulating BRAF-V600E cells compared to skin-limited disease (8 of 11 vs 1 of 13, respectively). While further prospective multicenter trials need to be done, this report suggests that the absence of circulating BRAF-V600E cells a possible marker for identifying less-aggressive skin-limited LCH and perhaps potential therapeutic alternatives for multisystem LCH with circulating BRAF-V600E cells.

(Submitted by Maria Elena Miyar, MD)

► INFECTIOUS DISEASES

Dietz RM, Stewart MS, Fuller EN, Paugh HC, Morelli JG, Wright R. An unusual presentation of dermatophytosis in a premature infant. *J Pediatr*. 2014;165(5):1063.

An ex-24 week female, born via vaginal delivery following premature rupture of membranes, was found to have fever and photodistributed erythematous papules and pustules on the back and posterior arms in the location of prior phototherapy exposure for treatment of hyperbilirubinemia. Broad spectrum antibiotics and antifungal therapy were initiated and a skin biopsy, tissue culture, and skin scraping were done. Numerous fungal organisms were seen in the stratum corneum and hair follicles. Given concern for aspergillosis, amphotericin was started. At 2 weeks of age necrotizing enterocolitis with colonic perforation developed, but no aspergillus was found. Later, on day 23 a fungal tissue culture revealed *Trichophyton rubrum*, which was isolated to the skin

as blood cultures were negative. Prior to delivery mother reported rash on her inner thighs. Acquisition of this infection is unknown, but the authors remind us that *Trichophyton* are transmitted by human contact with fungal spores and are found in warm, humid soil. Given the warm, humid air in the controlled premature infant environment it is possible it was transmitted from a healthcare worker or transmitted vertically. This case adds to the differential diagnosis of pre-term cutaneous neonatal infectious eruptions.

(Submitted by Maria Elena Miyar, MD)

Fritz SA, Hogan PG, Singh LN. Contamination of Environmental Surfaces with *Staphylococcus aureus* in Households with Children Infected with Methicillin-Resistant *S aureus*. *JAMA Pediatr*. 2014;168(11):1030-1038.

In this study done in St. Louis, investigators enrolled fifty children who had active or recent culture-positive MRSA. Patients were swabbed in the nares, axillae, and inguinal folds to detect colonization. For each of the patients, 21 household surfaces (living room, bathroom, kitchen, and bedroom locations), as well as pet dogs and cats when present, were sampled for the presence of MRSA. 46% of households of affected children had MRSA recovered from one or more household surface. In most cases, the strain type matched the patient's isolate. The most frequent positive household sites were the patient's bed linens, television remote control, and bathroom hand towel. 12% of dogs and 7% of cats were colonized. Patients that were colonized with MRSA were more likely to have contaminated household surfaces, and a greater density of persons living in the space was associated with a higher likelihood of MRSA-contaminated surfaces. The frequency of household cleaning did not correlate with the likelihood of having a contaminated household surface.

(Submitted by Megha Tollefson, MD)

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► DRUGS AND THERAPY

Vinay K, Kanwar AJ, Sawatkar GU, Dogra S, Ishii N, Hashimoto T. Successful use of rituximab in the treatment of childhood and juvenile pemphigus. *J Am Acad Dermatol*. 2014 Oct;71:669-675.

Rituximab has been increasingly used in the treatment of pemphigus in adults, but until this article had only been reported in single case reports in children. This series includes 10 patients (age 9-17 years) with pemphigus vulgaris and pemphigus foliaceus treated at a single clinic in Chandigarh, India. All patients had some response to treatment, including 7/10 with complete response (CR) and off therapy at an average of 21 weeks after start of treatment. Six of these patients relapsed at 8-20 months, but regained control of disease with either steroids and azathioprine or another course of rituximab. Of the 3 patients who did not reach CR off therapy by the end of the study, 1 patient had CR on therapy, 1 had disease control, and the third had partial response on therapy. Infusion reactions occurred in 4 patients, but were controlled, and no one had a late-onset adverse event. Thus, treatment of childhood pemphigus with rituximab shows promise. (Submitted by Carrie C. Coughlin, MD)

Guiddir T, Frémond ML, Triki TB, et al. Anti-TNF- Therapy May Cause Neonatal Neutropenia. *Pediatrics*. 2014;134:e1189-e1193.

Anti-TNF agents can cause agranulocytosis in adults and are known to cross the placenta, but past registry studies have not observed neonatal complications. This article reports 4 newborn patients with severe neutropenia (absolute neutrophil counts, ANC, < 0.5x10⁹/L) born to two mothers treated with infliximab for ulcerative colitis during pregnancy. The ANC returned to normal within 8-14 weeks. Interestingly, the mothers did not have neutropenia themselves. Two of the infants developed superficial skin infections with *Staphylococcus epider-*

midis and *Pseudomonas aeruginosa*, presenting with bullae and pustules. The authors conclude that, in general, the benefits of biologics outweigh the risk but that these infants should be screened for neutropenia at birth until 6 months old. (Submitted by Catherine Yang, MD)

Ogihara Y, Ogata S, Nomoto K, et al. Transcriptional regulation by infliximab therapy in Kawasaki disease patients with immunoglobulin resistance. *Pediatr Res*. 2014;76:287-293.

Recently, infliximab (IFX) has been used to treat Kawasaki disease (KD) patients with intravenous immunoglobulin (IVIG) resistance. However, the different mechanisms between IFX and IVIG therapies for KD remains unknown. The authors analyzed the transcript abundance profiles in whole blood from IFX-responsive KD subjects (who received IFX as the third-line treatment after two cycles of IVIG) before and after IFX therapy. The pathway analysis showed that the expression levels of some transcripts associated with IVIG resistance were changed by IFX therapy. Specifically, the levels of four transcripts (peptidase inhibitor-3, MMP-8, chemokine receptor-2, and pentraxin-3) related to KD vasculitis and IVIG resistance decreased after IFX therapy. These findings provide support for the use of IFX in KD patients with IVIG resistance. (Submitted by Kate Marks, DO)

Shafferman A, Birmingham JD, Cron RQ. High dose anakinra for treatment of severe neonatal Kawasaki disease: a case report. *Pediatr Rheumatol Online J*. 2014;12:26-30.

There are limited options for treating complications of Kawasaki disease. This article describes an 11 week-old female who developed severe acute Kawasaki disease, and failed three doses of intravenous immunoglobulin (IVIG), aspirin and high dose glucocorticoids. When her condition decompensated rapidly,

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there was a high suspicion for macrophage activation syndrome (MAS) and she was treated with high dose anakinra therapy. This led to marked and rapid clinical improvement. (Submitted by Deborah Goddard, MD)

Sigal RJ, Alberga AS, Goldfield GS, et al. Effects of Aerobic Training, Resistance Training, or Both on Percentage Body Fat and Cardiometabolic Risk Markers in Obese Adolescents. *JAMA Pediatr.* 2014;168(11):1006-1014.

This was a study done in Canada looking at exercise modality in obese adolescents. In this study, the authors randomized obese adolescents aged 14 to 18 years who had a BMI > 95% or BMI > 85% plus diabetes or a cardiovascular risk factor to 4 different groups: aerobic training, resistance training, combined aerobic and resistance training, or no exercise. All groups had a 4 week run-in period prior to randomization. Exercise was supervised by personal trainers, and attendance was taken. Those in the exercise groups were told to exercise 4 times per week with a gradual increase in exercise intensity over the 6 month study period. All 3 exercise regimens decreased total body fat and waist circumference, but combined training led to the largest decrease in waist circumference, and combined training and resistance training led to larger decreases in body fat versus aerobic training or no exercise. This is relevant to pediatric dermatologists as we counsel our overweight patients, particularly those with psoriasis. (Submitted by Megha Tollefson, MD)

► PIGMENTARY DISORDERS

Sidhu A, Misra VK. Dermal melanocytosis: more than meets the eye. *J Pediatr.* 2014;165(5):1060.

The authors present a case of a 5 month old boy with hypotonia and diffuse dermal melanocytosis on the back, legs, and shoulders. The patient was also later

found to have demyelination in the supra and infratentorial deep white matter on MRI of brain, cherry-red spots on ophthalmologic exam, and enzymatic testing with low beta-galactosidase activity. Genetic testing revealed infantile GM1-gangliosidosis. GM1-gangliosidosis is in the family of lysosomal storage diseases which also include: Hurler syndrome, Hunter syndrome, Niemann-Pick disease, and alpha-mannosidosis. In these diseases, a metabolite accumulates and inhibits neural crest migration leading to severe neurologic problems as well as abnormal migration of melanocytes to the dermis. While dermal melanocytosis is a benign entity, this case reminds us to consider lysosomal storage diseases when there are extensive lesions as well as signs of poor tone and developmental delay. Stem cell transplant or recombinant enzyme therapy are possible treatments of the disease and early diagnosis by recognizing the characteristic skin findings may lead to improved treatment.

(Submitted by Maria Elena Miyar, MD)

► ALLERGY AND IMMUNOLOGY

Chansakulporn S, Pongpreuksa S, Sangacharoenkit P, et al. The natural history of chronic urticaria in childhood: a prospective study. *J Am Acad Dermatol.* 2014 Oct;71:663-668.

Chronic urticaria (CU) lasts for 6 weeks or more and can be challenging to treat. This study of 92 children with follow-up in an allergy clinic in Bangkok, Thailand evaluated patients prospectively to determine the natural course of CU and look at factors involved in disease remission. Median age of onset of CU was 7.8 years and median duration of CU was 2.7 years. Almost 60% of patients also had angioedema. Autoimmune urticaria was diagnosed via autologous serum skin test in 40% of patients (60% tested negative). Slightly less than 25% of patients had eosinophilia and 5% had parasitic infections, despite lack of GI symptoms and only one of those patients having eosinophilia. Skin testing was positive

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for food allergy in 33 patients (36%). Of these, 8 of 16 patients who had food challenges had positive results and 4 of these patients had remission of CU with specific food elimination. At 1 year of follow-up, 18.5% of patients were in remission, but 68% of patients were in remission at 5 years. The authors could not identify any specific factors that predicted remission.

(Submitted by Carrie C. Coughlin)

Archer SR, Abramowsky CR, Kobrynski L, et al. Malakoplakia and primary immunodeficiency. *J Pediatr*. 2014;165(5):1053-1056.

Malakoplakia is a rare granulomatous disease caused by impaired macrophage response and is found commonly in the urinary tract of immunocompetent individuals. Worldwide, less than 500 cases have been documented with only 13 in the pediatric population, 8 of which were immunocompetent children while the others were not. Malakoplakia presents with umbilicated yellow papules and plaques of varying sizes and can extend from the mucosa to underlying muscle and fascia. The disease has a mortality rate of 50%. The authors reported 3 pediatric patients with the disease in locations outside of the genitourinary tract with known primary immunodeficiencies (X-linked agammaglobulinemia, common variable immune deficiency, and severe combined immunodeficiency). One case involved the gluteal muscle, another a cervical lymph node, and a final with rectosigmoid involvement. This case highlights that malakoplakia can present in children and reminds us to consider this in the differential diagnosis in patients with immunodeficiencies with chronic, fungating or ulcerating wounds given its high mortality rate. (Submitted by Maria Elena Miyar, MD)

► SURGERY

Gibrell WO, Selcen D, Zeidan MM, Ishitani MB, Moir CR, and Zarroug AE. Safety and yield of muscle biopsy in pediatric patients in the modern era. *J Pediatr Surg*. 2014;49:1429-1432.

The authors conducted a retrospective study of pediatric patients who underwent muscle biopsy at the Mayo Clinic (Rochester, Minnesota) from 2008-2012 to assess diagnostic yield and clinical utility. All 169 specimens contained adequate tissue for pathologic evaluation, and concomitant skin biopsy from the incision edge was obtained in 71 patients. In 60% of the cases, a pathologic diagnosis was made. The only complication was a right femoral vein laceration when the right vastus medialis muscle was chosen as a biopsy site. The authors disagree with most of the reported literature about the diagnostic yield of muscle biopsy. These previous studies reported limited usefulness of muscle biopsy, but the authors consider the results of a muscle biopsy to contribute substantially to disease management for the patient. Even if a definitive pathologic or clinical diagnosis is not made, the suggestion and/or exclusion of other possibilities is likely. Limitations to this study include the design as a retrospective study, with the associated patient-selection bias. Additionally, the Mayo Clinic is a tertiary referral center with a dedicated muscle laboratory and pediatric anesthesiologists. (Submitted by Kate Marks, DO)