THE SOCIETY FOR pediatric dermatology SINCE 1975

SPD review

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UPCOMING EVENTS:

- **3rd Annual PeDRA Conference**
  November 6 - 7, 2015
  Irving, TX
- **28th Annual Pre-AAD Meeting**
  March 3, 2016
  Washington D.C.
- **42nd Annual Meeting**
  July 14 - 17, 2016
  Minneapolis, MN
- **13th World Congress of Pediatric Dermatology (WCPD 2017)**
  July 6-9, 2017
  Chicago, IL

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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

Anthony Mancini, MD

Happy Anniversary! 2015 marks the 40th anniversary of the Society for Pediatric Dermatology. Our group was founded in 1975 by Drs. Alvin Jacobs, Samuel Weinberg, Nancy Esterly, Sidney Hurwitz, William Weston, and Coleman Jacobson. What began as a small circle of physicians who shared a clinical passion has blossomed into our current Society, with over 1,000 members from all parts of the world and an updated governance which includes 6 departments, 23 committees, and over 175 volunteers. How very proud our Founders must be.

IT'S A GREAT TIME TO BE A PEDIATRIC DERMATOLOGIST

So much is happening in our field and in our Society. Our organizational chart for 2015-2016 can be viewed on the website at http://pedsderm.net/about/executive-committee. Before reviewing some highlights, I want to thank Dr. Beth Drolet for her leadership as President over the past year. Dr. Drolet represented our membership well, and stressed our culture of volunteerism, collaboration and camaraderie. These shared values, and those of respect, inclusiveness and mentorship, are what make the SPD the special organization that it is. It is up to each of us to embody these values and retain our "small circle" flavor in the midst of our continued growth.

Another "thank you" is in order for the organizers of our recent 41st Annual Meeting in Boston. Drs. Marilyn Liang, Karen Wiss, James Dinulos, Sheilagh Maguiness, and Jennifer Huang put on quite a show, and according to the numbers, the most successful SPD meeting in history. Nearly 500 people registered for this meeting, surpassing the previous attendance record by 20%.

SPD COMPLETES COMPENSATION AND PRODUCTIVITY SURVEY

The 2015 SPD Compensation and Productivity Membership Survey is complete, and the results are being analyzed. Many thanks to Drs. Joe Conlon (Practice Management Committee Chair) and Beth Drolet for overseeing this effort. The goals for this survey were to collect accurate data on who we are, what we do, and how we are reimbursed for it, given the lack of available pediatric dermatology data among the leading physician and physician extender compensation surveys. 143 members responded to the survey (thank you!), with geographically well-distributed representation. Of respondents, 63% were in academics, 24% in private practice, and 12% in a combined practice. Academic rank included 17% Professors, 21% Associate Professors, 31% Assistant Professors, 8% Clinical Instructors, and 22% in Non-Academic Private Practice. Years in practice varied from less than 5 to over 40 years, with 72% of respondents being in practice for 20 years or less. Salary and work RVU data was also collected (a large task to ask of anyone), and data scrubbing continues along with missing data requests. Ultimately, a survey primer and data summary will be provided.

AT THE FOREFRONT OF PEDIATRIC ADVOCACY

One of the most important roles of our Society and its members is that of patient advocacy. As many recall, Dr. Larry Eichenfield spearheaded an effort earlier this year to develop and submit a position document on the high unmet need for effective and safe therapies in pediatric atopic dermatitis. This document reinforced the importance of pediatric studies early in the drug development process for new systemic agents, as long as there are no significant safety signals, and was submitted to the Dermatologic and Ophthalmic Drugs Advisory Committee (DODAC) at the Center for Drug Evaluation and Research.

More recently, we had the privilege of co-developing and endorsing a letter of medical necessity advocating for more appropriate benefits coverage and payment for children with vascular anomalies. In this document, which was signed by the presidents of the American Academy of Pediatrics, SPD, American Academy of Dermatology and American Society for Dermatologic Surgery Association, the critical distinction between cosmetic and restorative interventions is fully elucidated, and the importance of coordinated, col-

President's Message

laborative and timely intervention for children with vascular anomalies is stressed. Strengthening our cause is the notation that interventions for other deforming congenital anomalies such as cleft lip and a variety of craniofacial deformities are universally approved by virtually all payors. The ultimate plan will be for this letter to be downloadable from the AAP advocacy website (www.aap.org/en-us/advocacy-and-policy/Pages/Advocacy-and-Policy.aspx), and used for future dissemination to national and state carriers, chapters, AAP pediatric committees, sections and councils. An article about this letter can be found on page 5 of this issue. It is hoped that efforts such as these will help enable us to provide the cutting-edge care that our patients deserve.

A THANK YOU TO OUR SUPPORTERS

The SPD Foundation provides a way for members to give back to the Society, as a way to foster and enhance our education, research, and training programs. This is a vital task when one considers that over the last decade, the SPD has funded over $450,000 in research grants, awards, and fellowships to members in the early stages of their pediatric dermatology career. In 2014, the Foundation raised $33,000, which was a nearly 35% increase over the prior year. Donors are recognized with name badge ribbons at the Annual Meeting. Please thank these individuals or, better yet, become one of them! Thanks to Dr. Rob Sidbury for his efforts as the Foundation Committee Chair.

LOOKING FORWARD

In future messages, I will highlight some other committee accomplishments, update PeDRA initiatives, and discuss two important upcoming events, our 2016 Strategic Planning Meeting and the 2017 World Congress of Pediatric Dermatology.

WE NEED YOU!

Our Society is defined by our membership. It is with YOU that we can continue to accomplish our missions of advancing education and research, developing new therapies, providing advocacy, and advancing the specialty. The newer organizational structure provides for many ways to get involved, with rotating terms for the various positions. Please reach out if you would like to explore ways that you can volunteer and serve your Society. We are always happy to hear from you. I can be reached at amancini@northwestern.edu or 312-227-6060. Have a great Fall! ▪

SPD Advocates Benefits Coverage for Children with Vascular Anomalies

The SPD has partnered with the American Academy of Pediatrics (AAP), American Academy of Dermatology (AAD), and American Society for Dermatologic Surgery Association (ASDSA) to author a formal letter advocating for appropriate benefits coverage and payment for children with vascular anomalies, including infantile hemangiomas and vascular malformations.

Important points raised include:

- Both IHs and vascular malformations may result in pain, functional impairment and disfigurement. It is not uncommon that by the time specialist evaluation is requested and insurance approval is obtained for treatment, IHs have already caused these complications. Insurers should be aware of the high likelihood of complications and recurrences throughout the patient's life.

- When considering insurance approval for patients with vascular anomalies, it is critical that medical directors distinguish "cosmetic" or aesthetic interventions from those that are restorative or reconstructive.

- While cosmetic procedures are intended to improve the appearance of normal body features and are not essential to physical health, reconstructive procedures restore physical function and minimize disfigurement from accidents, disease, or birth defects. Interventions for other deforming congenital anomalies that cause psychosocial morbidity (e.g., cleft lip, frontonasal dysplasia, and craniofacial deformities) are universally approved by virtually all insurance companies, and treatment for vascular anomalies should be considered similarly.

The groups emphasized that it will be more cost effective for carriers to cover early intervention and treatment of these disorders as children who are not properly treated at the earliest possible stage may not only require more reconstructive procedures down the road, but often require psychological counseling.

The letter can be used as a valuable resource by individual physicians to send to medical directors of both public and private payers, including health plans. It can be accessed in the Member Only Area of the SPD site under Member Items. ▪

Introducing the New *Pediatric Dermatology* App

Keep up-to-date with the most important developments in the field of pediatric dermatology even faster. Complete issues are now available fresh from the Newsstand in the new iOS app for *Pediatric Dermatology*, the Official Journal of the Society for Pediatric Dermatology.

Enjoy an entirely new, optimized browsing and reading experience featuring:

- Seamless access for SPD members using your SPD website login credentials
- Readable, print-like experience enhanced with dynamic figures, tables, and references
- Rapid access to breaking research - Early View articles updated as they publish
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- Ability to browse content before downloading an issue, and to download issues to read offline
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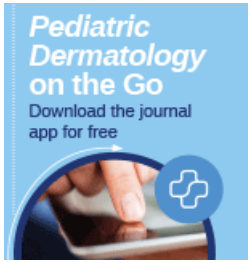

Instructions for downloading the app can be found on the SPD website in the **Publications section**.

NOTE: If you downloaded the previous version of the app, make sure to upgrade to the new version.

Welcome New Members

Vlatka Agnetta, MD - *Loma Linda, CA*
Aline Alves Santin Giordani - *Brazil*
Kristen Beck, BA - *New York, NY*
Peter Boor, BS - *Chicago, IL*
Jeta Buch, MD - *India*
Minia Campos-Dominguez, MD - *Spain*
Ana Christina Capano - *Brazil*
Kyle Cheng, MD - *Washington, DC*
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Camila Downey, MD - *Chile*
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Sarah Gross, MD - *St. Anthony, MN*
Holly Gunn, MD - *Anchorage, KY*
Gregory Hannon, MD - *Minneapolis, MN*
Nicole Harter, MD - *Pasadena, CA*
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India Hill, MD - *Birmingham, AL*
Thy Huynh, MD - *Chicago, IL*
Erin Ibler, MD - *Chicago, IL*
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Leah Lalor, MD - *Cincinnati, OH*
Nicole Meunier, MD - *San Diego , CA*
Neera Nathan, BA - *Washington, DC*
Hoka Nyanda, MD - *Tampa, FL*
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Kristopher Peters, DO - *San Diego, CA*
Wendy Picasso Cisneros - *Mexico*
Juliana Presa - *Brazil*
Tandy Repass, MD - *Lexington, KY*
Leigh Rola, PA-C - *Philadelphia, PA*
Brittney Schutz, MD - *St. Louis Park, MN*
Andrea Simoni - *Brazil*
Joanne Smucker, MD - *Hummelstown, PA*
Charles Sola, MD - *San Diego, CA*
Mayke Fabricia Steinbach, MD - *Brazil*
Sabrina Uddin - *Loma Linda, CA*
Angelica Vasselai, MAST - *Brazil*
Tatyana Yetto, MD - *San Diego, CA*
Molly Youssef, MD - *Wauwatosa, WI*
Michael Zumwalt, MD - *Loma Linda, CA*

SPD 2015 Annual Meeting Recap

By Sheilagh Maguiness and Jennifer Huang

The SPD Annual Meeting, held in Boston, July 9-12, 2015 boasted a record attendance, with nearly 500 attendees. This weekend also marked the 40th anniversary of our society, so our meeting had an air of celebration right from the start. The weather in Boston was wonderful, with lots of sunshine all three days and the InterContinental was a fantastic and modern hotel with lots to offer for all the guests. Our meeting kicked off on Thursday, July 9 with a welcome reception at the hotel. Glass windows overlooking the Charles River revealed a beautiful backdrop for the wonderful food and conversation with our SPD friends and colleagues.

The program for this year's meeting was packed with interesting, charismatic, and motivating presentations. We started the meeting Friday morning with some "Wicked Good Cases" by Leah Belazarian. Following this, Adelaide Hebert gave a much needed practical guide to the management of mucosal lesions in children. Gary Darmstadt, Professor of Pediatrics from Stanford and a former Director of Global Development in the Bill and Melinda Gates Foundation was selected as our Hurwitz lecturer. His first talk of the two-lecture series gave us a glimpse into the world of global health with respect to newborn and women's health advocacy. Also during the morning session Joyce Teng announced the SPD Research Grant Awards to very deserving recipients doing some exciting work. The SPD had a record number of poster abstracts submitted in 2015, and we were all impressed by the quality of the selections during the poster viewing sessions.

After the break, the Developing Country Award was given to Nam Ngoc Khanh Tran, who discussed the practice of pediatric dermatology and some of the challenges she faces in her country of Vietnam. Following this, Rick Guidotti, a former fashion photographer and founder of "Positive Exposure, The Spirit of Difference" gave an inspirational talk on seeing beauty over disfigurement in those with genetic diseases, prominent birthmarks, and other visible differences. Our Society gave him a rare standing ovation and many had tears in their eyes following this powerful message. Patrick McMahon expertly followed this talk and took us on a walk through inpatient rounds at Children's Hospital of Philadelphia highlighting several suspenseful and challenging inpatient cases. The morning wouldn't have been complete without Sam Weinberg's Cases of the Year and, as always, the cases provided excellent teaching points to all.

Many of our SPD members attended the PeDRA (Pediatric Dermatology Research Alliance) Update Meeting with co-Chairs Amy Paller and Larry Eichenfield, and it was exciting to see this growing group in action, discussing membership structure, function, and numerous projects. There were many new faces, including junior members eager to be involved. It was a terrific hour and we are looking forward to the upcoming conference in Texas in November 2015.

SPD 2015 Annual Meeting Recap

On Friday afternoon, parallel sessions ran, including "MOC Self-Assessment," organized by Kate Puttgen, "Be a Mentor, Find a Mentor," organized by John Browning, and "Getting Things Done: Project Management for Pediatric Dermatology," with Beth Drolet and Ilona Frieden. In the evening, everyone gathered at the stately "State Room" high above the city. There was a breathtaking view of the Boston area, cocktails, a fabulous seated dinner, and of course, dancing!

On Saturday morning, the AAP Section on Dermatology started us off by presenting the well deserved Alvin Jacobs Award in Pediatric Dermatology to Patricia Treadwell. Jennifer Reeve and Birgitta Schmidt then co-led a Clinico-Pathologic Conference, discussing several challenging cases from Boston Children's Hospital. The Founder's Lecture this year was given by the esteemed and engaging Moise Levy, who shared with us his perspective on healthcare and exchange of information in the era of modern technology. Mary Ellen McCann then followed with a thoughtful discussion of the effects of anesthetics and sedatives on the developing brain of infants and toddlers. We were then fortunate to have several key members of the Vascular Anomalies Center at Boston Children's Hospital discuss a myriad of important topics. Darren Orbach gave an informed and relevant talk on cerebrovascular anomalies associated with cutaneous vascular birthmarks. Steve Fishman then led us through a day in his life as a pediatric surgeon specializing in surgical correction of vascular anomalies. Hematologist Cameron Trenor then eloquently discussed the evolving role of sirolimus for treatment of vascular lesions. One of the highlights of our meeting was a panel discussion with John Mulliken, Marilyn Liang, Steve Fishman, and Cameron Trenor, who not only shared clinical pearls in the management of vascular birthmarks, but also showed us the beneficial outcomes that are possible with multidisciplinary collaboration. Lastly, in the Junior Faculty and Fellows Forum, we were thrilled to hear about the exciting research being performed by rising stars in our field, including Jennifer Reeve, Christine Lauren, and Maria Miyar. Saturday's educational programming was followed by an afternoon of fun activities, including Boston Duck Tours, a tour of Fenway Park, a visit to the Museum of Fine Arts, and more.

Sunday morning kicked off with some "Dancing with the Stahs" put together by Leah Belazarian, injecting some comic relief into our proceedings. Who knew Virginia Sybert had so many moves? Brittany Craiglow, Chair of the Poster Committee, presented this year's first place poster award to Carmen Liy-Wong, for her poster "The Relationship between Neurofibromatosis Type 1, Juvenile Xanthogranuloma, and Malignancy." Gary Darmstadt followed this with his second Hurwitz lecture on the role of skin health in global child health. Megha Tollefson then served as moderator for the research forum, which included presentations from Catalina Matiz, Jennifer Huang, and Johanna Sheu. John Lee, an Allergist from Boston Children's Hospital then gave a very practical talk attempting to answer many of the dermatologists' most frequently asked questions about

SPD 2015 Annual Meeting Recap

when and how to perform allergy testing. Our Sunday morning continued with another excellent panel discussion led by Lily Uihlein. In this session, entitled "A Day in the Life of a Seasoned Pediatric Dermatologist" Stephen Gellis, Patricia Treadwell and Richard Antaya delivered thought-provoking discussion and experience based tools to care for some common, yet challenging, problems we see on a daily basis like molluscum dermatitis and linear morphea. The meeting ended with Elena Hawryluk, who took us through "The Year in Review," summarizing the most important advances in pediatrics and pediatric dermatology over the past year. Finally, the meeting concluded with more of Sam Weinberg's Cases of the Year, keeping all of us intrigued and on our toes until the very end of the meeting.

We would like to thank everyone who spoke at or participated in our fabulous summer meeting. It was a special 40th anniversary milestone for our society. The city of Boston and an excellent program did us very proud. We are indebted to Kent Lindeman and his team of amazing organizers for helping make the 2015 meeting so memorable. ▪












2015 SPD Poster Awards

1ST PLACE ($250)

The Relationship Between Neurofibromatosis Type I, Juvenile Xanthogranuloma, and Malignancy

Carmen Liy-Wong, MD, Elena Pope, MD, Patricia C. Parkin, MD, & **Irene Lara-Corrales, MD** – *The Hospital for Sick Children*

2ND PLACE ($150)

How Often are Pediatric Patients with Clinically Amyopathic Dermatomyositis Truly Amyopathic?

Michelle L. Bayer, MD, Edward J. Oberle, MD, Yvonne E. Chiu, MD, & **Dominic O. Co, MD PhD** – *Medical College of Wisconsin*

3RD PLACE ($100)

Quality of Life in Parents and Caregivers of Children with Psoriasis: A Qualitative Study

Megha M. Tollefson, MD, Dawn Finnie, Jennifer Schoch, MD, & **David Eton, PhD** – *Mayo Clinic*

Thank You - Committee Members

The SPD recognizes our members who have contributed to shaping and sustaining our organization through leadership and committee roles over the 2014-2015 academic year. The SPD would not be the dynamic, supportive, and highly valuable resource that it is without the efforts of our members.

President: Beth Drolet, MD
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Gamze Can, MD
Bari Cunningham, MD
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Marcia Hogeling, MD
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The Society for Pediatric Dermatology gratefully acknowledges the following companies who have provided grants to support our 2015 educational programs and initiatives.

PLATINUM LEVEL $25,000 or more

ANACOR PHARMACEUTICALS

Aveeno Baby

GALDERMA

Pierre Fabre DERMATOLOGIE

GOLD LEVEL $15,000 - $24,999

Mustela

RANBAXY Trusted medicines.Healthier lives

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AQUA PHARMACEUTICALS an Almirall company

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IntraDerm PHARMACEUTICALS

Taclonex®

Used by pediatricians and dermatologists when other treatments fail
Survey data on file, Summers Laboratories, Inc. 2011
TRIPLE PASTE® medicated ointment for diaper rash

28TH Annual Society for Pediatric Dermatology Pre-AAD Meeting

Thursday, March 3, 2016 - Washington, DC

COURSE DIRECTORS:

Kate Puttgen, MD - *Johns Hopkins University*
Melissa Abrams, MD - *Derm Associates*
Jane Bellet, MD - *Duke University*
Brian Green, DO - *Walter Reed National Military Medical Center*

AGENDA:

12:00 pm - 12:05 pm — **Introduction & Announcements**

12:05 pm - 12:40 pm — ESTERLY LECTURE
Pediatric Teledermatology: Using New Technologies to to Optimize Patient Care
Neil Prose, MD - *Duke University*

12:40 pm - 1:15 pm — **Controversies in Adverse Effects from Systemic Medications in Children**
Stephen Wolverton, MD - *Indiana University*

1:15 pm - 1:20 pm — **SPD 2016 Annual Meeting Preview**
Dawn Davis, MD & **Megha Tollefson, MD** - *Mayo Clinic*

1:20 pm - 1:55 pm — **Cognitive Behavioral Therapy & Biofeedback in the Management of Eczema**
Carisa Perry-Parrish, PhD
Johns Hopkins School of Medicine

1:55 pm - 2:25 pm — **Break**

2:25 pm - 3:00 pm — **Neurocutaneous Melanocytosis: Clinical Care & Best Practice**
Yasmin Khakoo, MD
Memorial Sloan Kettering Cancer Center

3:00 pm - 3:20 pm — **New Developments in Sunscreen Technology & Safety**
Theresa Michele, MD
Division of Non Prescription Drug Products, FDA

3:20 pm - 4:00 pm — **Lessons Learned Through Collaboration**
Edward Cowen, MD, NCI/NIH & **Jennifer Huang, MD**
Boston Children's Hospital

4:00 pm - 5:00 pm — **Sam Weinberg's Cases of the Year**
Amy Jo Nopper, MD
Children's Mercy Hospital (moderator)

6:00 pm - 8:00 pm — **Dinner** - *Location to be Announced*

28TH Annual Society for Pediatric Dermatology Pre-AAD Meeting

CALL FOR CASE PRESENTATIONS

Submission Deadline: January 12, 2016

Attendees are invited to submit case presentations for the Cases of the Year segment of the 2016 Pre-AAD Meeting. Ten cases will be presented on Thursday, March 3 in Washington, DC.

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. Cases presentations are four minutes, with an additional two-minute question & answer period.

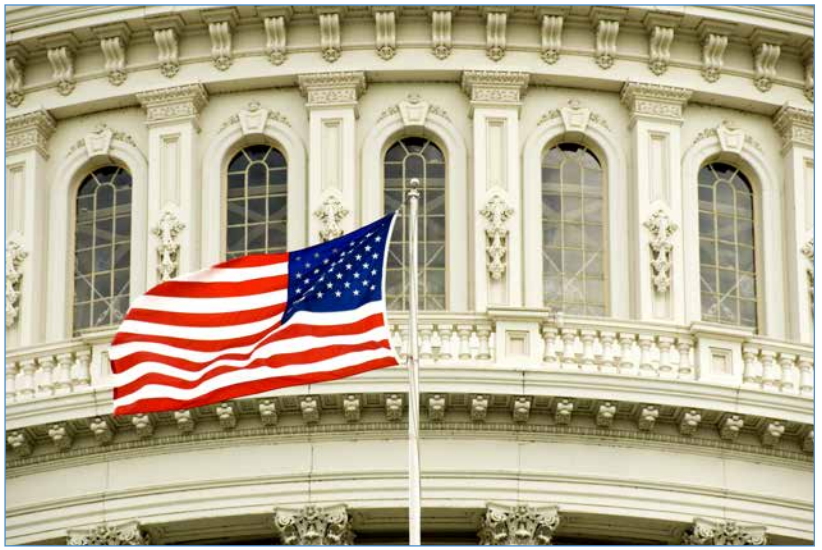
Case summaries must be submitted through SPD's online case submission form. Please visit **www.pedsderm.net** for full details.

$1,000 TRAVEL AWARD AVAILABLE

Travel awards are available on a competitive basis to fellows, residents, and medical students who are SPD members and present Cases of the Year at the 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. One $1,000 award is available for the 2016 Pre-AAD Meeting in Washington, DC. Members who qualify will apply via the Case Submission Form on the SPD website. 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 4, 2016, 5:00 pm- 7:00 pm | Location TBD



Thank You, Committee Chairs

The SPD would like to thank the outgoing Committee Chairs for their hard work:

Alfie Krol, MD
External Nominations/Liaisons

Aimee Smidt, MD
Marketing - External

Sheila Galbraith, MD
Website & Social Media

The SPD would also like to recognize the new Committee Chairs who have filled the following roles beginning after the SPD 2015 Annual Meeting:

Tom McIntee, MD
External Nominations/Liaisons (AAD, AAP, COPS)

Brandi Kenner-Bell, MD
Marketing – External

Raegan Hunt, MD, PhD
Website & Social Media

SAVE THE DATE

42ND ANNUAL MEETING

JULY 14-17, 2016 • MINNEAPOLIS, MN

PROGRAM CHAIRS:
Drs. Dawn Davis, Jennifer Hand, Kristen Hook, Ingrid Polcari, and Megha Tollefson

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72% improvement in Quality of Life scores at 12 weeks [1]

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The Pediatric Dermatology Research Alliance (PeDRA): An Update from PeDRA Co-Chairs

By Amy Paller, MS, MD and Lawrence Eichenfield, MD

One hundred and forty investigators, clinicians, early career professionals and trainees crammed into the PeDRA Update Meeting room in July during the SPD Annual Meeting. Through several presentations, we introduced newcomers to PeDRA and updated others on the considerable progress made over the last year.

For example, there are 57 collaborative studies across several disease areas being conducted by PeDRA members. Sixty-eight American and Canadian institutions as well as 227 clinicians, investigators and patient advocacy organizations are involved. These "stats" surprised many — a lot to achieve for an organization launched just 3 years ago.

In July's meeting, we emphasized the critical role that the PeDRA Annual Conference plays in PeDRA's work. This year's meeting — November 6-7 at the Westin Dallas Fort Worth Airport Hotel (Irving, TX) — promises to be the most exciting yet.

The conference is the only meeting venue that specifically aims to foster multicenter research in all major areas of pediatric dermatology. We determine clinical and scientific priorities and develop large-scale research initiatives that will advance clinical care of childhood skin disease. The mix of sessions gives attendees ample opportunity for networking and expanding collaborative relationships. Leaders of patient advocacy groups participate to help us prioritize investigative opportunities.

Space for this year's conference is filling quickly. If you have any interest in collaborative research, and in ultimately seeing research findings translate to the care of children, this is the meeting to attend. For information and to register: http://pedraresearch.org/upcoming-conference.

Another PeDRA development worthy of mention is the new Early Investigators (EI) Committee. This group — consisting mainly of mid-career professionals — is "on fire" with several creative and innovative ideas. These include a mentorship match program and special "EI" content at the Annual Conference. The EI Committee will, over time, develop a sound footing for early career people in collaborative research and prepare them for leadership in PeDRA. Read all about this energetic group, led by Jenifer Huang, in the Research Corner in this newsletter.

> "By forming a network of researchers, PeDRA has the potential to transform the science of pediatric dermatology. By linking individual investigators together through collaboration, PeDRA multiplies their power, and is able to target important gaps in our understanding of skin disorders of childhood."

And finally, following the positive outcome of the March FDA hearing on allowing children to participate in appropriate atopic dermatitis clnical trials, PeDRA is now sponsoring a Guidance Document Initiative (GDI) to spell out how to conduct these studies. Elaine Siegfried, long a leader in advocating for better access to teatments in AD for children, is heading up the initiative. Dr. Siegfried (and PeDRA) have applied for an NIH grant to support a consensus meeting that will be the culmination of work on the GDI. Further, PeDRA itself will provide funds to the GDI in 2015.

Get involved in these groundbreaking activities!

The best way to engage with PeDRA is first to become a member. To apply for membership, just visit http://pedraresearch.org/membership-info. PeDRA members enjoy a discounted registration fee for the Annual Conference and

The Pediatric Dermatology Research Alliance (PeDRA): An Update from PeDRA Co-Chairs

access to opportunities with the collaborative studies underway.

PeDRA's "recipe for success": Mobilize respected dermatology leaders, early career innovators, and established investigators with complementary strengths and interests. Mix them up in a collaborative environment and add in committed stakeholders such as NIH representatives and patient advocacy organizations — and voila — you have a unique and powerful research collaborative network, the Pediatric Dermatology Research Alliance (PeDRA). We hope you will join us!

As always, contact us or Sheila Rittenberg, PeDRA Executive Director, with any questions or ideas you may have. ▪

PeDRA is Recruiting!

PeDRA is recruiting for two part-time positions, "PeDRA Fellows," to assist with the growing work of the Alliance. The position requires ~ 5-10% of a person's overall time. PeDRA provides a modest stipend for the work.

Fellows are intimately involved in PeDRA. They contribute to the administration of the organization, while gaining knowledge of the collaborative research process and working closely with PeDRA leadership — thought leaders and foremost investigators in the USA and Canada.

If you are interested in becoming a PeDRA Fellow, or would like to nominate someone, please contact Sheila Rittenberg, Executive Director at **sheila.rittenberg@gmail.com**.

Visit **https://pedraresearch.org** for more information on PeDRA!

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, various 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**.

NATIONWIDE CHILDREN'S HOSPITAL

The Pediatric Dermatology Fellowship at Nationwide Children's Hospital in Columbus, Ohio, provides its fellows with a one-year comprehensive training in outpatient and inpatient pediatric dermatology care. Fellows are trained by 4 full-time board certified pediatric dermatologists who make education a top priority. Nationwide Children's Hospital is consistently ranked as one of the best children's hospitals in the country by US News and World Report and Child magazine. With 464 inpatient hospital beds and greater than 250 beds throughout the city dedicated to neonates, the fellow will see a multitude of inpatient consults. In addition, the busy outpatient dermatology practice will expose the fellow to the routine as well as very complex pediatric dermatologic issues. Specialty clinics in dermatology also exist including procedure clinics, vascular anomaly clinics, and a newly created hair clinic. All four faculty have protected time in the hospital's ambulatory surgery centers allowing ample opportunity for laser and other procedures under anesthesia. Fellow didactic sessions are typically attended by all faculty and include Pediatric Dermatology Grand Rounds, Consult Rewind, Journal Club, and Dermatopathology CPC conference. Time is allocated for research, trip attendance, and elective opportunities to develop individual interests of fellows. Interested applicants are encouraged to email **patricia.witman@nationwidechildrens.org** or download the application at **http://www.nationwidechildrens.org/dermatology-fellowship**

Recent Pediatric Dermatology Job Opportunities

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

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

Foundation Honor Roll 2015

PRESIDENT'S CIRCLE ($1,000+)

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Robert Silverman, MD
Georgetown University Hospital

Jeffrey Sugarman, MD, PhD, *UCSF*

Virginia Sybert, MD
University of Washington/Group Health

PLATINUM ($500 - 999)

Patricia Witman, MD
Nationwide Children's Hospital

Andrea Zaenglein, MD
Penn State/Hershey Medical Center

GOLD ($250 - 499)

Susan Boiko, MD
Emeritus Partner, Kaiser Permanente

Dawn Davis, MD, *Mayo Clinic Rochester*

Maria Garzon, MD
Columbia University Pediatric Dermatology

Debbie Glick, JD
Advantage Healthcare Inc.

Jennifer Hand, MD, *Mayo Clinic*

Adelaide Hebert, MD
University of Texas Medical School-Houston

Alfie Krol, MD
Oregon Health & Science University

Anthony Mancini, MD
Lurie Children's Hospital of Chicago / Northwestern University

Thomas McIntee, MD, *Marshfield Clinic*

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

Sharon Raimer, MD, *University of Texas Galveston*

Sheila Rittenberg
PeDRA/Healthy Change Consulting

Megha Tollefson, MD, *Mayo Clinic*

SILVER ($100 - 249)

Melissa Burnett, MD, *Mass General Hospital*

Francine Bynum, MD
Keck School of Medicine/Children's Hospital Los Angeles

Kelly Cordoro, MD, *UCSF*

Robert Hayman, MD, *SUNY-Stony Brook*

Karen Henry

Marilyn Liang, MD, *Boston Children's Hospital*

Sheilagh Maguiness, MD
University of Minnesota Children's Hospital

Sam Stafford III, MD, *Mt. Pleasant Dermatology*

Joan Tamburro, DO, *Cleveland Clinic*

Shanna Treanor, MD, *Bakersfield Dermatology*

James Treat, MD, *Children's Hospital of Philadelphia*

Teresa Wright, MD, *LeBonheur Children's Hospital*

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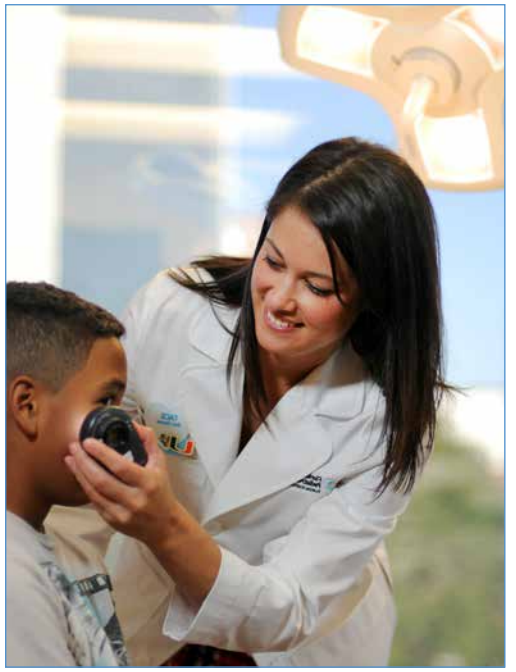


Make a Gift on the Go!

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**.

continued on page 22

Foundation Honor Roll 2015

BRONZE ($25 - 99)

Anna Belloni-Fortina, MD
Azienda Ospedaliera-Universita di Padova

Maria del Carmen Boente, MD
Hopsital Del Nino Jesus

Elizabeth (Lisa) Connelly, MD

Brian Green, DO
National Capital Consortium

Robert Hartman, MD
USC School of Medicine

James Hogan, MD
Gundersen Health System

Sharon Jacob, MD
Loma Linda University

Phuong Khuu, MD
Stanford University

Irene Lara-Corrales, MD
Hospital for Sick Children

Hillary Lawrence, MD
University of Oklahoma Health Sciences Center

Minnelly Luu, MD, *USC*

Kalyani Marathe, MD, *Children's National*

Crystal Pourciau, MD, MPH
Texas Children's Hospital/Baylor College of Medicine

Chulabhorn Pruksachatkun, MD
Chiang Mai University

Sonal Shah, MD, *UCSF*

Julie Wesley, MBBS FACD
Australasian College of Dermatologists

Pediatric Dermatology Fellowship Match Program

The SPD has established a formal pediatric dermatology match program to coordinate the processing, distribution and review of applicants for post-graduate pediatric dermatology training programs. The SPD matching program will be for US and Canadian based residents/ fellows only, and will be open January 4 - August 12, 2016 for fellowship positions that will begin in July 2017.

- The Pediatric Dermatology Fellowship Match can be found at www.sfmatch.org. The website includes match rules, explanation of the process, answers to FAQs, and allows fellowship candidates to "register" for the match.
- For the residents, there is a $50 fee for individual candidates who wish to participate in the official match process. This can be paid on-line at the SF Match website (www.sfmatch.org) or via check. Once this fee is paid, candidates will have access to the directory of participating programs, the match ranking forms and additional directions.
- The rank list submission deadline for fellowships positions to begin in July 2017 will be August 12, 2016. Official match results will be provided on August 28, 2016.
- Please note that both the resident match applicant and fellowship director has to verify that they must not accept/offer a position outside the match for the program to work successfully.
- International (non-Canadian) fellow candidates are asked to contact fellowship directors individually as to available positions.

For additional information please contact, Kent Lindeman, SPD's Executive Director, at klindeman@hp-assoc.com or (317) 202-0224; or contact Dennis Thomatos, Manager, San Francisco Matching Program at dthomatos@sfmatch.org. ▪

Research Corner

FUNDING OPPORTUNITIES

Sponsors:

National Institute of Arthritis and Musculoskeletal and Skin Diseases
(Funding also available through other institutes depending on project)
Deadline: Ongoing

National Psoriasis Foundation Research Grant Program
Deadline: Expected October 2015

Dermatology Foundation Research Awards Program
Deadline: October 15, 2015

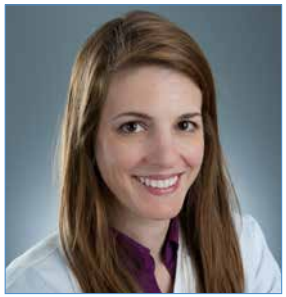
American Contact Dermatitis Society Awards
Deadline: October 15, 2015

American Acne & Rosacea Society Grants
Deadline: December 31, 2015

UPCOMING MEETINGS AND PRESENTATION OPPORTUNITIES

MEETING	DATES	ABSTRACTS DUE
European Academy of Dermatology & Venereology (Copenhagen, Denmark)	October 7-11, 2015	Passed (April 2015)
SDEF's Women's & Pediatric Dermatology Seminar 2014 (Newport Beach, California)	October 10-12, 2015	Passed (August 2015)
3rd Annual PeDRA Conference (Irving, Texas)	November 6-7, 2015	Passed (September 10, 2015)
28th Annual Pre-AAD Meeting of the Society for Pediatric Dermatology (Washington, DC)	March 3, 2016	January 12, 2016
74th Annual Meeting of the American Academy of Dermatology (Washington, D.C.)	March 4-7, 2016	Passed (September 14, 2015*)
75th Annual Meeting of the Society for Investigative Dermatology (Scottsdale, Arizona)	May 11-14, 2016	January 26, 2016**
13th European Academy of Dermatology & Venereology Spring Symposium (Athens, Greece)	May 19-22, 2016	January 12, 2016
European Society for Pediatric Dermatology (Paris, France)	May 26-28, 2016	January 12, 2016
42nd Annual Meeting of the Society for Pediatric Dermatology (Minneapolis, MN)	July 14–17, 2016	January 15, 2016

** Gross and Microscopic Symposium; Residents and Fellows Symposium ** Late-breaking abstracts*



RESEARCHER PROFILE

Dr. Kimberly Morel is a pediatric dermatologist at Morgan Stanley Children's Hospital of New York-Presbyterian and an Associate Professor of Dermatology and Pediatrics at Columbia University Medical Center. A founding member of PeDRA, she currently serves on the Executive Committee and contributes broadly to the organization's research efforts. Dr. Morel is a Scientific Advisory Board member of DeBRA, founded and directs the Pediatric Epidermolysis Bullosa Interdisciplinary Clinic at Columbia, and publishes widely on the subject of epidermolysis bullosa. In addition, she has clinical and research interests in hemangiomas and other vascular lesions, conducting hemangioma research as a member of the Hemangioma Investigator Group. Dr. Morel superbly demonstrates how to balance multiple research interests and be a successful clinical researcher! ▪

Literature Review - Fall 2015

EDITOR: Melinda Jen, MD

CONTRIBUTORS:

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

Eulalia Baselga, MD, *Spanish literature*

Paula Boggio, MD, *Spanish literature*

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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*

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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*

SYNDROMES AND HEREDITARY DISORDERS

Tüfekçi Ö, Bengoa, Karapinar TH, Ataseven EB, İrken G, Ören H. CANDLE syndrome: a recently described autoinflammatory syndrome. *J Pediatr Hematol Oncol*. 2015 May;37(4):296-9.

Torrelo et al. in 2010 described an autoinflammatory syndrome called CANDLE (chronic atypical neutrophilic dermatosis with lipodystrophy and elevated temperature). Many of the patients have been found to have mutations in a gene called PSMB8. This report describes a 2 year old with recurrent fever, atypical facies, widespread skin lesions, generalized lymphadenopathy, hepatosplenomegaly, joint contractures, hypertrglyceridemia, lipodystrophy, and autoimmune hemolytic anemia. The pathogenesis and treatment of this rare condition have yet to be elucidated. (Submitted by Deborah Goddard, MD)

Rakowska A, Gorska R, Rudnicka L, Zadursha M. Trichoscopic Hair Evaluation in Patients with Ectodermal Dysplasia. *J Pediatr*. 2015;167:193-195.

Ectodermal dysplasia (ED) is a term which encompasses a large group of inherited disorders characterized by dysplasia of tissues of ectodermal origin. In this study, the authors aimed to determine whether trichoscopy (hair and scalp dermoscopy) could identify characteristic features in ED patients. Sixteen patients with confirmed ED were assessed, with 94% of patients revealing hair abnormalities on trichoscopy. Listed in order of most common to least common findings are: hypotrichosis resulting from a prevalence of follicular units with single hair (69%), greater than 10% gray hair (37%), and heterogeneity of hair shaft pigmentation (19%). The hairs were also evaluated by standard trichological procedures, trichogram and polarized light hair microscopy. The authors conclude these results indicated that dermoscopes should become routine equipment in pediatrics offices not only for evaluation of melanocytic lesions but also for trichoscopy, a sentiment many pediatric dermatologists

would approve of. It should be stressed, however, that if the goal of trichoscopy to increase diagnostic accuracy one should first increase the frequency of its routine utilization. (Submitted by Heather Irina Cohn, MD, PhD)

Boyden LM, Craiglow BG, Zhou J, et.al. Dominant De Novo Mutations in GJA1 Cause Erythrokeratodermia Variabilis et Progressiva, without Features of Oculodentodigital Dysplasia. *J. Invest. Dermatol*. 2015; 135:1540-1547.

In this study, Boyden and colleagues describe a cohort of patients with a distinct phenotype of Erythrokeratodermia Variabilis et Progressiva (EKV/EKVP) due to mutations in the GJA1/Connexin 43 gene. Specifically, these patients are characterized by normal skin at birth that subsequently develops progressive hyperpigmentation and scale at frictional surfaces before evolving to nearly confluent skin involvement and palmoplantar keratoderma. Transient figurate erythema, porcelain white lunulae and periorifical darkening are additional features associated with EKVP caused by GJA1 mutations. Of note, mutations in GJA1 are also the cause of Oculodentodigital Dysplasia (ODDD), which has a phenotype (microcephaly, microphthalmia, thin nose and dental, ocular and digital anomalies) that is strikingly distinct from that observed in this subset of patients with EKVP. The mutations associated with GJA1 in patients with EKVP result in mislocalization of connexin proteins to the Golgi apparatus rather than the cell surface. In contrast, GJA1 mutations in ODDD typically result in dominant negative functioning of gap junctions at the cell surface, accounting for the phenotypic differences in these allelic syndromes. (Submitted by Markus Boos, MD PhD)

Bertolotti ML, Abbiati A, Verea MA, Pecotche DM. Focal epithelial hyperplasia or Heck´s disease. *Arch Argent Dermatol*. 2015; 65(1):13-15.

Focal epithelial hyperplasia (FEH), or Heck´s disease, is a rare and benign oral disease related to human papillomavirus (HPV) infection, particularly 13 and 32 genotypes. It has a slight predominance in female patients and usually starts during infancy or childhood. Clinically,patients present with asymptomatic papules or nodules, primarily on the mucosa of the lower lip. The authors present a family of 4 from northern Argentina of American Indian descent with FEH. The parents were 30 years of age and 2 sons were 12 and 8 years of age. HPV 13 was identified in all 4 familyl members by PCR. No treatment was indicated. (Submitted by Paula Boggio, MD)

Pacheco-Rosas D, Pomerantz A, Blachman-Braun R. Wiskott-Aldrich syndrome. Case report. *Arch Argent Pediatr*. 2015; 113(3):e137-e139.

Wiskott-Aldrich syndrome (WAS) is a rare X-linked recessive immunodeficiency with an estimated incidence of 3.5 to 5.2 cases per million males. It is characterized by immunodeficiency, microthrombocytopenia and eczema. The authors present a 5-year-old Hispanic boy with a history of several infectious diseases, eczema that started during the first year of life, and microthrombocytopenia. A Q2303X mutation of the WAS gene, which is uncommon, was detected, and diagnosis of WAS confirmed.
(Submitted by Paula Boggio, MD)

Valerio E, Fantinato M, Giovannini I, et al. Aplasia cutis congenita with "vanishing twin". *J Pediatr*. 2015;166:1316-1316.e1.

The authors report a case of scalp and truncal aplasia cutis secondary to fetal resorption, ie the case of the "vanishing twin". Take home points include conservative treatment as spontaneous re-epithelialization of the scalp tends to occur, with careful monitoring for cerebral damage and/or infections, as well assessment of accompanying congenital defects as ischemia may involve other organs and systems apart from the skin.
(Submitted by Heather Irina Cohn, MD, PhD)

Literature Review - Fall 2015

INFLAMMATORY DISORDERS

Mahé E, Beauchet A, Bodemer C et al. Psoriasis and obesity in French children: a case-control, multicentre study. *Br J Dermatol*. 2015; 172(6):1593-600.

A multicentre case-control study of 261 children with psoriasis was performed in 23 French dermatology centers using age and sex matched children without chronic or genetic inflammatory disease as controls. Three weight cut-off categories were used to compare the two groups: overweight, overweight with abdominal obesity, and overweight with obesity according to the French Health Authority guidelines. 42.5% of the children had plaque psoriasis and 32.2% had severe psoriasis.

There was no difference between the psoriasis and control groups in comparing the frequency of children who were overweight. However, there were more patients with psoriasis who were overweight with abdominal obesity including obesity and with obesity alone, irrespective of the type of psoriasis and its severity. These results, and those from several similar studies, support a close correlation between psoriasis and obesity in childhood, regardless of the clinical form of psoriasis and psoriasis severity.
(Submitted by Joseph Lam, MD)

Egeberg A, Khalid U, Gislason G et al. Risk of psoriasis in patients with childhood asthma: a Danish nationwide cohort study. *Br J Dermatol*. 2015; 173(1):159-64.

Data on all Danish individuals aged 6-14 years (n = 1,478,110) over a 14-year time period were linked at an individual level in nationwide registers to investigate the risk of psoriasis in subjects with childhood asthma. There were 21,725 cases of childhood asthma and 6586 incident cases of psoriasis with 5697 and 889 incident cases of mild and severe psoriasis, respectively. The incidence rate ratios for overall, mild and severe psoriasis were 3.94, 5.03 and 2.27 for patients with childhood asthma, suggesting an association between childhood asthma and a significantly increased risk of psoriasis. The increased risk remained consistent after adjustment for possible confounding factors and in sensitivity analyses, but potentially important confounders, such as physical activity, body mass index, smoking status and socioeconomic status of the children (where low status has been linked to obesity and asthma) were not available for analysis. (Submitted by Joseph Lam, MD)

Danesh M, Murase JE. Titanium dioxide induces eyelid dermatitis in patients allergic to gold. *J Am Acad Dermatol*. 2015;73:e21.

The authors share their experience with this brief clinical pearl implicating titanium dioxide (especially in sunscreen) in the development of eyelid dermatitis in some patients. They note that titanium dioxide can cause liberation of fine gold particles from jewelry, which can then spread to sites (particularly face and eyelids) that does not typically contact the jewelry worn by these patients. Thus, gold allergy found on patch testing can be relevant in more patients than is immediately obvious. (Submitted by Carrie C. Coughlin, MD)

Johnson E, Lehman J, Wetter D et al. Henoch-Schönlein purpura and systemic disease in children: retrospective study of clinical findings, histopathology and direct immunofluorescence in 34 paediatric patients. *Br J Dermatol*. 2015; 172(5):1358-63.

This retrospective review of 34 pediatric patients with biopsy-proven Henoch-Schönlein purpura (HSP) examined the clinical, histopathological and direct immunofluorescence (DIF) findings, and correlated these with the presence of systemic disease. Renal, gastrointestinal tract and joint involvement was found in 50%, 65% and 68% of patients, respectively. Renal involvement was significantly associated with papillary dermal edema and the presence of perivascular C3 on histopathology. The presence of lesions above the waist

was significantly associated with gastrointestinal involvement, as was the presence of clinically apparent edema, suggesting that these clinical and microscopic findings may help predict systemic involvement in HSP in children. Of note, this study excluded HSP patients who were clinically diagnosed without biopsy. (Submitted by Joseph Lam, MD)

Brun J, Chiaverini c, Lasek-Duriez A,Lacour J.-P,Bessis D, Hadj-Rabia S, et al. Wells Syndrome in children and atopy: Retrospective study of 11 cases and Review of the literature. *Annales de dermatologie et de venereology*. 2015; 142:320-331.

Well's Syndrome (WS) is a rare inflammatory skin condition of unknown etiology, with fewer than 40 pediatric cases being reported since 1979. In this interesting retrospective study, authors review the clinical and pathological characteristics of 11 pediatric cases of wells syndrome. Two major types of clinical manifestation were noted: cellulitis like plaques with or without vesicolobullous lesions and fixed urticarial. Pruritus was reported as the major clinical symptom in 82% of patients. Eosinophilia was detected in 73% of cases. Although all the patients had dermal eosinophilia but only 6 cases had flame figures. Interestingly 63% of cases had an atopic background. Six cases had no identifiable precipitant factor. Of the five cases having reported a triggering event associated with the onset of WS symptoms, four were due to insect bite and one case was associated with a glass induced wound. The authors state that the atopic background may explain this unusual eosinophic reaction to different triggering factors. (Submitted by Fatemeh Jafarian, MD)

Blanc S, Bourrier T, Albertini M, et al. Dennie-Morgan fold plus dark circles: suspect atopy at first sight. *J Pediatr.* 2015;166:1541.

This case report describes a 7-year-old girl with atopic dermatitis (AD), lower eyelid linear wrinkles and dark circles, and chronic nasal obstruction. Dennie-Morgan infraorbital folds are a minor criterion of AD with a sensitivity and specificity of 78% and 76%, respectively. The authors encourage assessment for atopy in children presenting with Dennie-Morgan folds and/or dark circles in the setting of nasal congestion. (Submitted by Heather Irina Cohn, MD PhD)

VASCULAR TUMORS

Bessis D, Bigorre M, Labrèze C. Reticular infantile hemangiomas with minimal or arrested growth associated with lipoatrophy. *J Am Acad Dermatol*. 2015;72:828-833.

This case series highlights a subtype of infantile hemangioma with minimal or arrested growth (IH-MAG) associated with lipoatrophy. The group prefers the term reticulated IH-MAG (RIH-MAG) to highlight the telengiectasias and anemic macules forming a reticulated pattern in these hemangiomas. In their series of 53 patients with IH-MAG, 7 had associated lipoatrophy. The authors are careful to differentiate these lesions from capillary malformations, rapidly involuting hemangioma (RICH), and cutis marmorata telangiectatica congenita. One lesion ulcerated and one patient had genitourinary abnormalities, possibly associated with his hemangioma. None of the patients had limb-length discrepancies at follow-up (seen at ages 8 months-9 years). The hemangiomas were notably fainter at follow-up. In sum, it is important for clinicians to recognize this subtype of hemangioma that can be confused for other atrophic neonatal conditions. (Submitted by Carrie C. Coughlin, MD)

Literature Review - Fall 2015

Wassef M, Blei F, Adams D, et al. Vascular Anomalies Classification: Recommendations From the International Society for the Study of Vascular Anomalies. *Pediatrics*. 2015 Jul;136(1):e203-14.

An update on the classification scheme from the International Society for the Study of Vascular Anomalies. In addition to the 1996 classification headings of vascular tumors and vascular malformations, the authors added the following additional classifications: combined vascular malformations, malformations of major named vessels, vascular malformations associated with other anomalies, and provisionally unclassified vascular anomalies. The update was suggested to better reflect the newer lesions identified as well as better understanding of the etiology of previously known lesions. The new classification is also on their website www.issva.org in an interactive format.
(Submitted by Catherine Yang, MD)

Chamlin SL, Mancini AJ, Lai J, et.al. Development and Validation of a Quality-of-Life Instrument for Infantile Hemangiomas. *J. Invest. Dermatol*. 2015; 135:1533-1539.

In this report, Chamlin and colleagues describe the development of an instrument that specifically measures the effects of infantile hemangiomas (IH) on the quality of life (QoL) of both patients and their caregivers. Parental input, existing medical literature, expert opinion and clinical evaluation were all employed in the development of this scale. Of note, the authors identify large hemangiomas of the head and neck and those in the proliferative phase as having a greater negative impact on QoL scores. Their work piloting this scale also found adverse effects of IH on parents and caregivers, including anxiety, worry and social isolation. This instrument may be useful for identifying caregivers at risk for negative psychosocial functioning as a result of their children's IH, and in the future may be employed in clinical trials to measure the efficacy of various therapies in treating IH.
(Submitted by Markus Boos, MD PhD)

TUMORS AND NEOPLASIA

Campbell LB, Kreicher KL, Gittleman HR, et al. Melanoma incidence in children and adolescents: decreasing trends in the United States. *J Pediatr*. 2015;166:1505-1513.

The Surveillance, Epidemiology, and End Results cancer registry was utilized to investigate melanoma incidence in patient 19 years of age and younger from 2000 to 2010. A significantly decreasing trend from 2004 through 2010 was found, particularly in melanoma located on the trunk or upper extremities and in patients between the ages of 15 to 19. Improved sun protective behaviors (ie sunscreen use, hat and shirt use), public health initiatives, and changing trends in adolescent recreational activities (increased indoor time with electronics) are discussed as potential causal agents to the roughly 11% reduced incidence in melanoma in the 1185 subjects studied.
(Submitted by Heather Irina Cohn, MD, PhD)

Cooper C, Arva NC, Lee C, et al. A clinical, histopathologic, and outcome study of melanonychia striata in childhood. *J Am Acad Dermatol*. 2015;72:773-779.

This study is a retrospective chart review of pediatric cases of melanonychia striata. Of the 30 cases included, histopathologic diagnosis was subungual lentigo in 20 cases, subungual nevus in 5, and atypical melanocytic hyperplasia in 5. The mean age of patients was 7.3 years; 14 were female and 16 were male. Eight cases had pigmented bands > 3mm in width and 10 patients had melanonychia that was changing. The authors note that < 10% of adult cases of melanonychia striata result from melanoma, and while there are rare reports of pediatric melanoma-in-situ underlying melanonychia, they could not find a report of associated childhood invasive melanoma. The authors recommend reserving biopsy for lesions with wide (>3mm) pigmented bands, Hutchinson's sign, and variegated color.
(Submitted by Carrie C. Coughlin, MD)

Literature Review - Fall 2015

Douboyiannis M. A mass in the vaginal introitus. *J Pediatr.* 2015;167:207-207.e1.

The differential diagnosis of a vaginal mass includes cervical or urethral prolapse, atresia or hematoma of the hymen, polyps, hemangiomas, cysts, granular cell and germ cell tumors, and rhabdomyoscaroma botryoides. This report highlights a rare variant of rhabdomyosarcoma more common in infants, rhabdomyoscaroma botryoides. The highly malignant tumor presented in a 16-month-old girl with an intermittently protruding mass in her vagina with blood spotting. Localize surgical treatment with chemotherapy can be successful in limited disease, however poor prognostics factors include size of >5cm, alveolar/undifferentiated histologic type, and age <1 or >10 years. Roughly 25% will have metastasized at the time of diagnosis and the overall 5 year survival is 71%. (Submitted by Heather Irina Cohn, MD, PhD)

INFECTIOUS DISEASES

Olson D, Watkins LK, Demirjian A, et al. Outbreak of Mycoplasma pneumoniae-Associated Stevens-Johnson Syndrome. *Pediatrics.* 2015 Aug; 136(2): e386-e394.

This study describes 8 children (ages 8-16 years) who had Stevens-Johnson Syndrome attributed to Mycoplasma pneumonia infection at Children's Hospital Colorado between September 1 and November 30, 2013. All children had preceding respiratory illnesses. Five had positive Mycoplasma pneumonia PCR results; 1 child also had positive HSV on oral swab, 1 with rhino/enterovirus on nasal swab, and 1 with parainfluenza virus on nasal swab. Also, 1 child was taking trimethoprim-sulfamethoxazole and azithromycin and 1 child was taking azithromycin only. The authors conclude that SJS due to Mycoplasma patients had less severe cutaneous involvement and higher ESR (>35 mm/hr) than patients with SJS not caused by Mycoplasma.
(Submitted by Catherine Yang, MD)

Vuille-Dit-Bille RN, Berger C, Meuli M, Grotzer MA. Colostomy for Perianal Sepsis With Ecthyma Gangrenosum in Immunocompromised Children. *J Pediatr Hematol Oncol*. 2015 Mar. [Epub ahead of print]

Perianal ecthyma gangrenosum (EG) in immunocompromised children can lead to perianal sepsis with severe destructive skin and soft tissue infection, including damage to the anal sphincter. The authors from the University Children's Hospital of Zurich, Switzerland report 3 children with acute lymphoblastic leukemia with perianal EG who failed antimicrobial therapy and surgical debridement, and subsequently underwent successful diverting colostomy. By avoiding the passage of stool, colostomy offers several benefits including: immediate pain relief, reducing bacterial load at the wound site, and promoting wound healing. There were no complications and the perianal infections healed quickly. A literature review revealed 7 previously reported cases of successful treatment of perianal EG via colostomy. The critical issue with colostomy is that it be placed before significant anal sphincter destruction has occurred. (Submitted by Deborah Goddard, MD)

Literature Review - Fall 2015

Lopez-Medina E, Cantey JB, Sanchez PJ. The mortality of neonatal herpes simplex virus infection. *J Pediatr.* 2015;166:1529-1532.e1.

This is an article from Children's Medical Center and Parkland Memorial Hospital in Dallas, Texas on 13 fatal cases of neonatal herpes simplex virus (HSV), a retrospective study over 11 years reporting a 26% fatality rate. This is a high number in the face of more than half of the patients commencing acyclovir treatment within 24 hours of symptoms. Dermatologists often switch between their inpatient and outpatient roles, so it is important to note the study was retrospective and none of the subjects were identified in an outpatient setting by only their mucocutaneous lesions. Characteristics of concern included prematurity, maternal primary HSV infection precipitating labor, fevers, lethargy, hypotonia, seizures and progressive respiratory abnormalities. Areas of potential improvement include point-of-care testing of mothers, creation of an effective HSV vaccine, expanded guidelines for empiric acyclovir therapy and diagnostic aggressiveness. (Submitted by Heather Irina Cohn, MD, PhD)

Neri I, Bassi A, Patrizi A. Streptococcal Intertrigo. *J Pediatr.* 2015;166:1318.

The authors present a case of streptococcal intertrigo in a 2-year-old girl along the left axilla and neck treated well with 7-day antibiotic course of amoxicillin plus clavulanic acid and topical fusidic acid. Differential diagnosis includes group A beta-hemolytic pyogenes (the culprit in this case), irritant or allergic contact dermatitis, seborrheic and atopic dermatitis, inverse psoriasis, and candidal intertrigo. (Submitted by Heather Irina Cohn, MD, PhD)

SURGERY AND LASER THERAPY

Khatri KA, Iqbal N, Bhawan J. Laser skin resurfacing during isotretinoin therapy. *Dermatol Surg.* 2015; 41 (6); 758-9.

This was an experiment to assess the safety of laser during isotretinoin therapy utilizing test areas with nonablative fractional, ablative fractional, and fully ablative lasers. The patient was a 19-year-old male in his fourth month of isotretinoin 80 mg per day. 6 months after laser treatment, biopsies were obtained showing appropriate responses without scarring in spots treated with fractional laser and dermal scar at the site of fully ablative laser. The authors concluded that this small experiment suggests safety of fractional laser during isotretinoin therapy. (Submitted by Marla N. Jahnke, MD)

Gou D, Currimbhoy S, Pandya AG. Suction blister grafting for vitiligo: efficacy and clinical predictive factors. *Dermatol Surg.* 2015; 41 (5); 633-9.

This was a retrospective review to determine outcomes in patients with generalized or segmental vitiligo treated with autologous epidermal blister grafting at the University of Texas Southwestern Medical Center. The study included all 19 adult and 9 pediatric patients who underwent the procedure from 2008 and 2014. Of the 28 patients with 129 total grafts, all grafts survived in children with decreasing rates among the oldest patients studied. The authors concluded that children had the best repigmentation outcomes (205%) compared to adults (approximately 160%). The neck and face were the most responsive sites with the hands and feet being least responsive.
(Submitted by Marla N. Jahnke, MD)

Literature Review - Fall 2015

DRUGS AND THERAPY

Pawlikowski JS, Brock C, Chen S, et.al. Acute Inhibition of MEK Suppresses Congenital Melanocytic Nevus Syndrome in a Murine Model Driven by Activated NRAS and Wnt Signaling. *J. Invest. Dermatol*. 2015; 135:2093-2101.

In this study, Pawlikowski and colleagues create a murine model of Congenital Melanocytic Nevus (CMN) Syndrome (aka Neurocutaneous Melanosis) by generating knock-in mice with active NRAS and APC genes under control of the Tyr (tyrosinase) promoter, largely restricting their expression to melanocytes. These mice were noted to have features of human CMN syndrome, including expansion of melanocytes in the dermis and extensive skin melanization, along with hyperpigmented spines, thickening of the meninges and leptomeningeal melanosis. Extensive melanocyte expansion in these mice was noted to occur within the first two weeks of life. To determine whether they could inhibit this expansion and the resultant deleterious effects of neurocutaneous melanosis, the authors treated these mice with a MEK inhibitor for the first two weeks of life. Notably, with this therapy a sustained reduction in melanocytes in the dermis and CNS was observed for up to 4 weeks post-treatment. Taken together, these results indicate that combined signaling through the Ras-Raf-MEK pathway and the Wnt- catenin pathway promote the development of neurocutaneous melanosis. Inhibition of at least one of these pathways early in life may represent a useful therapeutic option to limit morbidity associated with CMN syndrome, though more studies are needed. (Submitted by Markus Boos, MD, PhD)

You HS, Kim HS, Kim BS, Kim MB, Ko HC. Propranolol to treat infantile hemangioma (IH) in patients with congenital heart disease. *J Am Acad Dermatol*. 2015;72:912-914.

Twenty-one patients with ASD, mitral regurgitation, VSD, and pulmonary stenosis (but not PHACE syndrome) were enrolled in this study evaluating treatment of hemangiomas with propranolol in the setting of congenital heart disease. Patients were initiated after clearance by cardiology on propranolol (age range 2-17 months) as inpatients at 0.5 mg/kg/day and advanced to 2mg/kg/day, discharged, and followed up every 2-4 weeks. No major adverse events were noted. The authors conclude that their study supports treatment of hemangiomas with propranolol in patients with "asymptomatic cardiac abnormalities." They endorse that echocardiography is not mandatory before starting propranolol in clinically normal patients. (Submitted by Carrie C. Coughlin, MD)

Fine JD, Manes B, Frangoul H. Systemic granulocyte colony-stimulating factor (G-CSF) enhances wound healing in dystrophic epidermolysis bullosa (DEB): Results of a pilot trial. *J Am Acad Dermatol*. 2015;73:56-61.

Seven patients were prospectively enrolled in this pilot study of 6 daily doses of subcutaneous G-CSF administered with the intent to improve wound healing in 6 pediatric patients with RDEB and 1 adult patient with DDEB. Safety and efficacy were evaluated. Six of the 7 patients had improvement in blister/erosion counts (mean 38% reduction in these patients). Of note, the 1 patient who did not improved had trauma during a soccer game between visits. Wound surface area also improved in 6 patients (mean 55% reduction in these patients). Secondary endpoints of improvement in oral pain, swallowing, pruritus, and overall well-being were not met. No adverse events were recorded.

Multiple parents noted their children's wounds were more moist after injections. Future research on dosing, frequency of treatment, and durability are needed. (Submitted by Carrie C. Coughlin, MD)

Wasserman JD, Mahant S, Carcao M, Perlman K, Pope E. Vincristine for successful treatment of steroid-dependent infantile hemangiomas. *Pediatrics*. 2015 Jun;135(6):e1501-5.

This is a case report of an infant girl with cutaneous and diffuse hepatic infantile hemangiomas complicated by consumptive hypothyroidism. She was on prednisone 2 mg/kg/day for 12 months with 2 unsuccessful attempts to wean off. A trial of propranolol at 2 mg/kg per day for one month was ineffective. At 14 months, she was started on weekly vincristine infusions at 0.03-0.05 mg/kg per dose. Over the next 20 weeks, she was weaned off the prednisone, her thyroid function normalized, and the infantile hemangiomas were involuting. This case report highlights the rare use of vincristine in life threatening vascular tumors, especially when first line treatments have failed or are intolerable. (Submitted by Catherine Yang, MD)

Bruggink SC, Gussekloo J, Egberts P, et al. Monochloroacetic Acid Application Is an Effective Alternative to Cryotherapy for Common and Plantar Warts in Primary Care: A Randomized Control Trial. *J. Invest. Dermatol*. 2015; 135:1261-1267.

In this study, Bruggink and colleagues report the results of a randomized control trial gauging the efficacy of monochloracetic acid (MCA) vs. cryotherapy for the treatment of verruca vulgaris (VV) and MCA vs. cryotherapy plus salicylic acid (SA) for the treatment of plantar warts. The trial was conducted over 13 weeks, with the primary endpoint defined as clinical absence of warts. Basing their results on an intent-to-treat analysis, the authors conclude that application of MCA to warts every other week has a comparable cure rate to every other week cryotherapy (for VV) or cryotherapy + salicyclic acid (for plantar warts). They note that it may even be a preferred option for patients, given less treatment burden and pain associated with MCA application, though side effects of skin erosion and blistering were noted with this intervention. Nevertheless, the comparable clinical efficacy of MCA must be taken in the context of a 2012 Cochrane review noting that the evidence for both SA and cryotherapy for the treatment of warts is mixed at best, with both showing at most a modest therapeutic effect.
(Submitted by Markus Boos, MD PhD)

Todd SR, Dahlgren S, Traeger MS, et al. No visible dental staining in children treated with doxycycline for suspected Rocky Mountain spotted fever. *J Pediatr*. 2015;166:1246-1251.

The FDA necessitates warning labels on all tetracyclines strongly discouraging their use in children under 8 years of age endorsing their risk of teeth staining, an effect attributed to the binding calcium. Studies on the role of doxycycline, a relatively newer agent with lower calcium binding affinity, in dental staining are limited. This retrospective cohort study examined medical and pharmacy records of 58 subjects exposed to doxycycline and compared their dental records (specifically studying dental staining pattern, enamel hypoplasia, and tooth color) to 213 unexposed subjects, both of whom lived on an American Indian reservation in eastern Arizona where the incidence of Rocky Mountain spotted fever (RMSF) is high. Perhaps surprisingly, or not, no visible tetracycline-like staining pattern was observed on any teeth investigated, with the exposed group receiving a mean 1.8 courses of doxycycline of 7.3 days average duration each. As RMSF is frequently fatal in young children, this study recommends the appropriate use of doxycycline in young children for suspected RMSF without haste and endorses removal of it's mandated teeth staining label. (Submitted by Heather Irina Cohn, MD PhD)