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.

UPCOMING EVENTS:

- **41st Annual Meeting**
  July 9-12, 2015
  Boston, MA

- **28th Pre-AAD Meeting**
  March 3, 2016
  Washington D.C.

- **13th World Congress of Pediatric Dermatology (WCPD 2017)**
  July 6-9, 2017
  Chicago, IL

IN THIS ISSUE:

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- 13th World Congress of Pediatric Dermatology
- Research Corner
- Literature Review - Spring 2015
The new SPD committee structure, which has been in place for nearly 2 years, is proving to be a highly productive and efficient way to harness our volunteers. To review, the SPD is now organized into six departments, each based on one of the major SPD initiatives and together they work to fulfill our mission as set forth in the following Mission Statement:

"The mission of the Society for Pediatric Dermatology is to advance education and research related to skin disorders in children, develop new means of treatment, provide advocacy to support pediatric patients with skin disorders, and advance the specialty of pediatric dermatology."

Providing Advocacy to Support Pediatric Patients:
One of the key strategic goals of the SPD is to advocate for our young patients with skin disease. The SPD’s Membership department and the Patient Advocacy Committee have identified three patient advocacy groups to partner with, and for the first time, these groups will be attending our annual meeting in Boston. The goal is to expand SPD’s influence with patient advocacy groups and better leverage these relationships for outreach, research and policy making.

Many SPD members collaborate with both the pharmaceutical industry and the FDA, working towards alternative means to collect complete and accurate information on the safety and effectiveness of both topical and systemic medications for children with skin diseases. Off-label prescribing is a legal practice in the US, especially for children where few drugs have FDA approval. It is estimated that 21% of all prescriptions are off-label. This number is substantially higher in children, particularly infants, where it is estimated that as high as 74% of medications prescribed are off-label. Led by Larry Eichenfield and PeDRA, in collaboration with several organizations, we have submitted a position document and background materials to the Dermatologic

DEFINITION OF ADVOCACY:
1. public support for or recommendation of a particular cause or policy
2. the act or process of supporting a cause or proposal: the act or process of advocating something

and Ophthalmic Drugs Advisory Committee (DODAC) to lay the groundwork for discussion of the pediatric development of systemic products for the treatment of atopic dermatitis with inadequate response to topical prescription therapies — as stated in the statement sent to the FDA:

“Given the high unmet need for effective and safe therapies in atopic dermatitis in children, pediatric studies with systemic therapies should be initiated as soon as possible in the drug development process, as long as there are no safety signals that would raise particular concern in pediatric age patients.”

Advancing the Specialty:
The Society’s Practice Management Committee is currently collecting data on our subspecialty’s compensation and productivity patterns. This survey will be a critical tool as we reinforce our value to the profession and arm you, our membership, to fairly negotiate compensation and workload with administrators, department leaders and payor groups. 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. Please work with your administrative data to collect accurate compensation and productivity data.

THIS IS YOUR LAST CHANCE TO PARTICIPATE!
Please enter your data at: https://www.surveymonkey.com/s/K2JSTGV.
President’s Message

Advancing Research:
In 2012, a group of Pediatric Dermatologists convened to try to create a multisite cooperative research network. In the past 3 years, due to the efforts of many, including the visionary leadership of Amy Paller and Larry Eichenfield, PeDRA has become a reality. Countless SPD members – 197 to date! – are working to create a sustainable infrastructure and governance and advance studies that will accelerate collaborative research on pediatric skin diseases. SPD membership has also played a key role in supporting the development of PeDRA with generous personal donations and SPD leadership “birthed” the network by providing 3 years of generous fiscal support to cover PeDRA’s administrative needs. Dawn Siegel and her Annual Conference Planning Committee successfully obtained a 2-year NIH grant to support the 2013 and 2014 meetings. Both were well attended and served to mobilize junior and senior investigators and clinicians to form collaborative study teams. Wynnis Tom is Chair of this year’s PeDRA Annual Conference (Nov. 5-7, 2015) and is PI on the submitted NIH R13 grant.

In addition, the SPD’s Awards and Grants Committee continues to directly fund research through our grant program. The SPD is pleased to announce the approval of one additional Pilot Award (4 total for $7,500 each) in addition to the Weston Award ($15,000). There are also the mentorship, travel, developing country, resident/fellow research awards, and Dermatology Foundation awards. For more information, visit our site at https://pedsderm.net/research/.

Advancing Education:
2017 World Congress Call for Courses, Symposium and Seminars
The SPD’s Call for WCPD 2017 educational session proposals is open and the deadline is July 1, 2015. We encourage all members who wish to create sessions for the World Congress to submit. Additional information on how to submit can be found later in the newsletter and on our website at https://pedsderm.net/wcpd.

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.
Call for Case, Poster, & Junior Faculty/Fellows Forum Presentations

Attendees are invited to submit case summaries and poster abstracts for review and selection to be presented during SPD’s 41st Annual Meeting by May 16, 2015. There are three (3) categories:

- **CASES OF THE YEAR**
  This category includes cases with a known diagnosis. Cases should have attendant teaching value. You will have four (4) minutes to present your case with a two (2) minute discussion after the case presentation. SPD encourages all those interested in submitting a case of the year to first review the examples posted online at [https://peds-derm.net/meetings/cases-of-the-year-submissions/](https://peds-derm.net/meetings/cases-of-the-year-submissions/). The “template” case will help provide guidelines for preparing a submission.

  **Moderator:** Rob Hayman, MD, SUNY-Stony Brook

  Please note that if a submitted case is chosen to be presented as one of SPD’s “Cases of the Year,” it will not be simultaneously assigned a poster space. Submitted cases not chosen for a “Cases of the Year” oral presentation may be presented as a poster; however, SPD will give preferred assignment of space to research-oriented work.

- **JUNIOR FACULTY & FELLOWS FORUM**
  This category includes basic science or clinical research projects which may include case series of clinical interest with accompanying literature reviews, which may have been conceived and/or conducted by pediatric dermatology fellows and/or junior faculty who have been out of training for five (5) years or less.

  **Moderator:** John Browning, MD, Baylor College of Medicine

- **POSTER PRESENTATIONS**
  Limited to 40 posters. Awards will be presented for the best posters. Dimensions of the poster are not to exceed 4’ x 8’.

  Instructions for submission:
  All case summaries or poster abstracts must be submitted online at [https://peds-derm.net/meetings/cases-of-the-year-submissions/](https://peds-derm.net/meetings/cases-of-the-year-submissions/) by May 16, 2015.

  Please remember that representative photos (jpeg files preferred, under 2MB) must be submitted at the time of application for cases or the year or the case will not be considered.

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**AAP SECTION ON DERMATOLOGY CREATES NEW TRAVEL AWARD FOR SPD ANNUAL MEETING**

Travel awards are available on a competitive basis to fellows, residents, and medical students who present cases (Cases of the Year) or posters at the SPD Annual 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 two $1,000 awards available for the SPD 2015 Annual Meeting. Members who qualify will apply through the SPD website at the time of submission of cases and posters. The SPD Awards and Goals Committee will evaluate the quality of the case/poster, focusing on whether it presents “new” information, is relevant to care of children with skin diseases, quality of data, and approved consent process.

The AAP Section on Dermatology will offer one $1,000 Travel Award, open to residents or fellows who present cases or posters at the Annual Meeting. Preference will be given to abstracts that focus on pediatric dermatology education, workforce, Medical Home and collaborating with pediatrician partners. Members can apply for this award through the SPD website at the time of case or abstract submission.
The Society for Pediatric Dermatology has announced a call for pediatric or dermatology resident's or fellow's papers on clinical or laboratory research relating to pediatric dermatology.

One paper will be chosen for presentation at the society's annual meeting, to be held in Boston, MA, from July 9-12, 2015. Applications must be received via email by 5:00 pm Eastern Time on May 1, 2015. The awardee will receive a $500 honorarium and expenses for two people to attend the meeting. For more information and an application, please visit: www.pedsderm.net and click on the “Grants & Awards” tab.

**Pediatric Dermatology Resident/Fellow Research Award**

**2014 RECIPIENTS:**
Jennifer Schoch, MD & Katelyn Anderson, MD, Mayo Clinic
Changes in Incidence, Demographics, and Clinical Characteristics of Infantile Hemangiomas over Three Decades: A Population-based Study

**Pediatric Dermatology Award from Dermatologist From A Developing Country**

SPD provides an award (all Annual Meeting expenses paid) for a dermatologist who has made significant contribution to the care of pediatric skin diseases in his or her developing country.

**2015 RECIPIENT:**
Nam Ngoc Khanh Tran, MD, Hue University, Vietnam

**Pre-AAD 2015 Travel Award Winner**

**PRE-AAD 2015 TRAVEL AWARD WINNER**
Tracy Funk, MD
The Children's Hospital of Colorado
“Hemangiomatosis”

**2014 ANNUAL MEETING TRAVEL AWARD WINNERS**
Kelly Park MD, Loyola University
Pernio as the Presenting Sign of Blast Crisis in Acute Lymphoblastic Leukemia (ALL)

JiaDe Yu, MD, Medical College of Wisconsin
Prevalence and Clinical Characteristics of Migraines in PHACE Syndrome
The Society for Pediatric Dermatology (SPD) announces a call for proposals to compete for five research grants supporting the field of pediatric dermatology.

The William Weston Research Award (funding up to $15,000) supports scholarly clinical or basic research. Proposals are evaluated on their importance to pediatric dermatology, their scientific merit and their likelihood of success. Preference is given to young investigators seeking to establish a research program and to members of the Society. One (1) Weston Research Award will be given in 2015.

The Pilot Project Award (funding up to $7,500) supports the initiation of studies important to Pediatric Dermatology. Preference is given to clinical studies and to projects by SPD members. Collaborative clinical studies are encouraged. Recipients of Pilot Project Award are eligible to apply for the William Weston Research Award in subsequent funding cycles. Four (4) Pilot Project Awards will be given in 2015.

Applications must be received by May 1, 2015. The awards will be officially recognized at the society's annual meeting in Boston, Massachusetts, July 9-12, 2015.

2014 RECIPIENTS:

WILLIAM WESTON RESEARCH AWARD
Amy Paller, MD & Lacey Kruse, MD, Northwestern University and Robert H. Lurie Children's Hospital of Chicago
A Prospective Study to Determine the Effect of Circadian Rhythm and Sleep Disruption on Neurocognitive Function and Disease Severity in Patients with Atopic Dermatitis

PILOT PROJECT AWARD
Kelly Cordoro, MD, University of California, San Francisco
Functional Characterization of the Inflammatory Infiltrate of Psoriasis in Children

PILOT PROJECT AWARD
Sharon Jacob, MD, Loma Linda University
National Assessment of Pediatric Contact Dermatitis Evaluations

PILOT PROJECT AWARD
Ingrid Polcari, MD, University of Minnesota
Intralesional Cidofovir for the Treatment of Recalcitrant Warts in the Pediatric Immune-suppressed Population
2015 SPD Mentorship Grants Submission Deadline: May 1, 2015

2014 MENTORSHIP GRANT AWARD WINNERS:

Sarah Asch, MD  
*University of California, San Francisco*  
Mentor: Kristin Hook, MD  
Mentorship Focus: Epidermolysis Bullosa

Lucia Seminario-Vidal, MD, PhD  
*University of Alabama at Birmingham*  
Mentor: Larry Eichenfield, MD  
Mentorship Focus: Neonatal Dermatology

- **OBJECTIVES**
  - Establish a formal mentorship program within Pediatric Dermatology
  - Promote career development within the field of Pediatric Dermatology
  - Cultivate relationships between established pediatric dermatologists and residents/fellows/junior faculty who have chosen to pursue a career in pediatric dermatology

- **ELIGIBILITY**
  1. Applicants must be members of the Society for Pediatric Dermatology.
  2. Applicants must be in a ACGME — approved Dermatology training program, American Board of Dermatology (ABD) approved Pediatric Dermatology fellowship or junior faculty member in Dermatology (fewer than or equal to 5 years out of an ACGME approved residency training program in Dermatology).
  3. Applicants are to submit a proposal that has been approved by the potential mentor that involves working directly with the mentor at their site. The projects should focus on the development of a particular expertise that is not available at the trainee’s institution and should relate directly to the care of children with skin disease. Examples of such projects include; initiation of research collaborations, implementation of clinical based technologies and the development of multidisciplinary clinics, (e.g. epidermolysis bullosa, or genodermatoses). The duration of the project at the mentor’s site should be between 2 to 4 weeks. It is essential that institutional compatibility program requirements be detailed prior to the submission of the proposal. For example, if the proposal involves direct patient care, details relating to malpractice coverage must be approved by the graduate medical education office of the hosting institution and must be arranged prior to the submission of the proposal.
  4. A list of SPD members who have expressed their desire to participate in this program as mentors (as well as their area of expertise or research interest) is available by contacting the SPD. Any active member of the SPD in good standing can serve as a mentor if they choose to accept a trainee.
  5. Mentors may accept no more than one trainee from this program during a funding cycle (July 1 through June 30).

- **APPLICATION AND PROGRAM DETAILS**

  APPLICATION DEADLINE: May 1, 2015

  Awards cover travel expenses, accommodations and related costs while working with a specific mentor. The grants are not to fund research projects for which other potential avenues of funding are available. Applicants should submit a single, collated PDF file that includes each of the following items in the order in which they are requested below. Paper applications will not be accepted.

  1. A completed Mentorship Grant Application form. Please download this file onto your computer before typing in and saving the requested information (the sheet is a fillable pdf).
  2. A mentorship proposal (outlined in section 3)
  3. A detailed budget

continued on page 10
Send one (1) copy of a completed application and attachments to:

Kent Lindeman, CMP
Executive Director
Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107
Indianapolis, IN 46240
info@pedsderm.net

GRANT AMOUNT
The maximum individual grant amount to be awarded is $4,000.

PROPOSAL REVIEW AND ANNOUNCEMENT
Proposals will be reviewed by the Awards & Grants Committee. All applicants will be informed in June 2015 as to whether their proposal will be funded. SPD will make a formal announcement of Mentorship Award Grant recipients at its 2015 Annual Meeting (July 9 – 12 in Boston, MA).

COMPLETION OF MENTORSHIP “EXPERIENCE”
All Mentorship rotations must be completed within one (1) year receiving the grant (expected competition no later than June 30, 2016).

EVALUATION
A brief summary that has been signed off on by the mentor will be sent to the SPD from the trainee within 6 weeks after the completion of the program.

QUESTIONS
If you have any questions, please contact SPD at (317) 202-0224 or by email at info@pedsderm.net or you may contact Maria Garzon, MD, Mentorship Committee Chair, at mcg2@columbia.edu.

Pediatric Dermatology Fellowship Match Program

SPD has 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 is for US and Canadian based residents/fellows only, and is open January 5 - August 13, 2015 for fellowship positions that will begin in July 2016.

• 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 residents, there is a $50 fee for individual candidates who wish to participate in the official match process. This can be paid online 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 match submission deadline for fellowship positions to begin in July 2016 is August 13, 2015 with the results being released August 28, 2015.

• Please note that both the resident match applicant and fellowship director have 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.
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67% reduction in EASI* scores at week 8

72% improvement in Quality of Life scores at 12 weeks

Studies conducted on patients 2 months to 65 years of age.
* Eczema Area Severity Index

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Visit our new site for AVEENO® product information, complete study details, to learn more about ACTIVE NATURALS® ingredients in skincare and to order samples.
We reported last time on the resounding success of the PeDRA 2nd Annual Conference, which took place in November 2014 and involved 110 researchers & clinicians, patient advocacy representatives and NIH personnel. Be sure to create an account on the PeDRA website, if you have not already, to access the Conference proceedings, and please note that you will need to wait up to 24 hours to gain access to the proceedings. Just visit: http://pedra-research.org/annual-conference and follow the prompts.

**PeDRA RESEARCH UNDERWAY**

Several research projects were either launched or reinforced at the November meeting. The Conference also jump-started more work for the PeDRA Study Groups, which have been active since the meeting and continue to add members and advance specific collaborative projects. For more information, just visit: http://pedra-research.org/groups.

Based on PeDRA’s early successes, we are beginning to make grants to support collaborative studies under the PeDRA umbrella. You may have seen these announcements in your Inbox over the last few weeks. To learn more or to apply for a PeDRA research grant, just visit http://pedra-research.org/grants.

PeDRA is also becoming active in registries. Researchers from the Psoriasis Research Group (a subgroup of the Inflammatory Skin Disease Group) are working with a European research collaborative on a retrospective review of use of systemic medications and phototherapy for pediatric psoriasis. Lessons learned from this retrospective registry are being leveraged towards a prospective international registry for pediatric psoriasis, now being planned.

**ADVOCACY FOR OUR PATIENTS**

PeDRA is undertaking significant advocacy work to improve policies that affect our patients and pediatric dermatology research.

PeDRA’s members are intent on bringing new drugs in development to our pediatric and adolescent patients. PeDRA has engaged with the FDA Pediatric Division in an ongoing dialogue to discuss our understanding of patient needs and patient safety as related to drug development.

PeDRA filed a position document related to the Dermatologic and Ophthalmologic Drugs Advisory Committee (DODAC) session, which will review the development of systemic products for the treatment of pediatric atopic dermatitis. The statement was endorsed by the AAD, the SID, the AAD Expert Resource Group on Atopic Dermatitis (AD-ERG), the National Eczema Association Scientific Advisory Committee, and the International Eczema Council. [Late breaking news: at the time of this publishing, the DODAC hearing has just been held and results were triumphant for eczema patients! Will report on outcomes in the next SPD Newsletter.]

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“...In general, any project that is built across centers and taps into a network bodes well for the researchers involved and leverages the interests and resources of every collaborative partner involved.”
Update from PeDRAs Co-Chairs

PeDRA also submitted comments on the National Institutes of Health’s draft policy for use of a central IRB in multi-center studies, which would minimize the requirement for each participating center to acquire individual IRB approval for each project. The adoption of the policy may minimize redundant work efforts, streamline research and encourage collaborative research, and will likely set a precedent for IRB processing of non-NIH studies.

NEW CHALLENGES IN 2015
A PeDRA Ethics Committee, steered by some of the country’s foremost pediatric dermatology leaders, is tackling guidelines for PeDRA’s work and defining inherent rights and responsibilities for researchers collaborating in studies. This is just one of the meaty, philosophical topics for our attention that reflect PeDRA’s growth, impact and increasing sophistication.

GET INVOLVED
The best way to engage with PeDRA is to become a member! Ensure you are up to date on PeDRA news and have access to the PeDRA researcher database, research forum and other member-protected materials. To apply for membership, just visit http://pedraresearch.org/membership-info.

SAVE THE DATE: PeDRA Annual Conference
November 5-7, 2015 in Dallas, Texas

Planning for the 3rd PeDRA Annual Conference is underway. As always, contact us or Sheila Rittenberg, PeDRA’s Acting Executive Director, with any questions or ideas you may have.

Amy Paller, MS, MD
Northwestern University
Ann & Robert H. Lurie Children’s Hospital of Chicago

Lawrence Eichenfield, MD
University of California, San Diego
Rady Children’s Hospital, San Diego

PeDRA Executive Committee
Anna Bruckner, MD, University of Colorado School of Medicine, Children’s Hospital Colorado; Ilona Frieden, MD, Depts. of Dermatology and Pediatrics; Univ. of California, San Francisco and Benioff Children’s Hospital; Moise Levy, MD, Dell Children’s Medical Center, Dell Medical School, UT Austin, Baylor College of Medicine; Kimberly Morel, MD, Columbia University, Morgan Stanley Children’s Hospital of New York-Presbyterian; Dawn Siegel, MD, Medical College of Milwaukee; Children’s Hospital of Wisconsin

PeDRA Administrative Fellows
Colleen Cotton, MD and Isabel Haugh, MD

PeDRA Acting Executive Director
Sheila Rittenberg, sheila.rittenberg@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, 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.

UNIVERSITY OF UTAH

Our clinical facilities include Primary Children’s Hospital in Salt Lake City, Primary Children’s Outpatient Services in Riverton, and University of Utah Medical Center. Primary Children’s Hospital is the children’s hospital serving Utah, Idaho, Wyoming, Nevada, and Montana. Our hospital is equipped to treat children with complex illness and injury and is recognized as one of the top children’s hospitals in the United States. Fellowship training includes direct patient care in the outpatient and inpatient settings, laser and other surgical services, clinical research and scholarly activity, and teaching medical students and Family Practice, Pediatrics, and Dermatology residents.

For further information, please contact Sheryll Vanderhooft, MD at sheryll.vanderhooft@hsc.utah.edu.

CHILDREN’S HOSPITAL OF PITTSBURGH OF UPMC

The Pediatric Dermatology Fellowship of Children’s Hospital of Pittsburgh of the University of Pittsburgh Medical Center (UPMC) is a one-year fellowship program accredited by the American Board of Dermatology. Training includes the diagnosis and treatment of dermatologic disorders including but not limited to vascular anomalies, genetic skin disorders and autoimmune dermatologic disorders in both the outpatient and inpatient settings. In addition, fellows will gain exceptional experience in surgical procedures and teledermatology. One day per week is dedicated to pediatric dermatologic academic pursuits. Up to two pediatric dermatology fellows are accepted each academic year.

For further information visit: www.chp.edu/CHP/dermatology
Fellowship Program Profiles

CHILDREN’S HOSPITAL – BOSTON

The pediatric dermatology fellowship at Boston Children’s Hospital (BCH) is associated with the Harvard Medical School Department of Dermatology. As one of the largest pediatric medical centers in the United States, BCH offers a complete range of healthcare services, and the pediatric dermatology service is staffed by four full-time and five part-time dermatologists. This one-year training program provides intensive training in both inpatient and outpatient clinical pediatric dermatology. Research opportunities exist for both investigator-initiated projects and industry-sponsored clinical trials. Fellows have a dedicated continuity clinic and academic time. Fellows participate in multidisciplinary clinics, including among others, vascular anomalies, Oncology, neurofibromatosis, Rheumatology-Dermatology, Sturge-Weber, tuberous sclerosis and atopic dermatitis.

For further information visit: http://www.hms.harvard.edu/dermatology/pdfs/CHB%20Fellowship%20Brochure.pdf

Fellowship Openings 2015

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

- University of Utah
- Children’s Hospital of Pittsburgh of UPMC
- Children’s Hospital – Boston
- Rady Children’s Hospital San Diego/UCSD
- University of Minnesota

To learn more about the individual programs listed above, please go to our website: https://pedsderm.net/training/fellowships/abd-approved-pediatric-dermatology-fellowship-programs/pediatric-dermatology-fellowship-program-profiles/. More information can be found by clicking on the program name or contacting the program directly.

Recent Pediatric Dermatology Job Opportunities

- 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
- Gilbert, AZ
- Gilbert, NJ
- Hershey, PA
- Iowa City, IA
- 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
- Phoenix, AZ
- Ratingen-Dusseldorf, Germany NRW
- Salt Lake City, UT
- San Antonio, TX
- San Diego, CA
- Scottsdale, AZ
- Stanford, CT
- St. Louis, MO
- Wilmington, DE
- Winston Salem, NC
Foundation Honor Roll 2014

PRESIDENT’S CIRCLE ($1,000+)
Richard Antaya, MD, Yale University
Beth Ann Drolet, MD, Children’s Hospital of Wisconsin
Ilona Frieden, MD, UCSF
Sharon Glick, MD, SUNY Downstate Medical Center
Adelaide Hebert, MD, University of Texas-Houston
Hoefer Family Foundation
Gail Kleman, MD, Billings Clinic
Joseph Lam, MD
Univ. of British Columbia/BC Children’s Hospital
Andrew Margileth, MD, University of Miami
Amy Paller, MD
Northwestern University, Feinberg School of Medicine
Adam Rubin, MD
University of Pennsylvania Health System
Robert Sidbury, MD, Seattle Children’s Hospital
Robert Silverman, MD, Georgetown University Hospital
Virginia Sybert, MD, University of Washington

PLATINUM ($500 - 999)
Lionel Bercovitch, MD, Hasbro Children’s Hospital
Leslie Castelo-Soccio, MD, PhD
Children’s Hospital of Philadelphia
Yvonne Chiu, MD, Medical College of Wisconsin
Maria Garzon, MD
Columbia University Pediatric Dermatology
Howland Hartley, MD, George Washington University
Melinda Jen, MD
Children’s Hospital of Philadelphia-U of Penn
Alfie Krol, MD, Oregon Health & Science University
Alfred Lane, MD, Stanford University
Joseph Morelli, MD
University of Colorado/The Children’s Hospital
Howard Pride, MD, Geisinger Medical Center
Phoebe Rich, MD
Oregon Health & Science University
Ilene Rothman, MD, SUNY - Buffalo
Donald Rudikoff, MD, Bronx Lebanon Hospital Center
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)
Markus Boos, MD, PhD
Hospital of the University of Pennsylvania
Heather Brandling-Bennett, MD
Seattle Children’s Hospital, Univ. of WA
Anna Bruckner, MD, Children’s Hospital Colorado
Giovanna Ciocca, MD, Miami Children’s Hospital
Dawn Davis, MD, Mayo Clinic Rochester
Lawrence Eichenfield, MD, UCSD/Rady Children’s
Rosalie Elenitsas, MD
Kristen Hook, MD, University of Minnesota
Teri Kahn, MD, MPH
Mt. Washington Pediatric Hospital
Liborka Kos, MD, Advocate Medical Group
Margaret Lee, MD, PhD, Children’s Hospital Boston
Moise Levy, MD, Dell Children’s Medical Center
Anthony Mancini, MD
Lurie Children’s Hospital of Chicago / Northwestern

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.
Foundation Honor Roll 2014

Kimberly Morel, MD, Columbia University
Jill Nelson, MD
Dermatology Specialists of Omaha and University of Nebraska Medical Center
Harper Price, MD, Phoenix Children’s Hospital
Lucy Schmidt, MD
Sarah Stein, MD, University of Chicago
Amy Theos, MD, UAB
Brook Tlougan, MD, Columbia University
Patricia Treadwell, MD
Indiana University School of Medicine
Judith Williams, MD
Children’s Hospital of The King’s Daughters

› SILVER ($100 - 249)
A. Deniz Akkaya, MD
V.K.F. American Hospital, Istanbul, Turkey
Emily Altman, MD
Thomas Badgett, MD
Universities of Louisville & Kentucky
Susan Boiko, MD,
Emeritus Partner, Kaiser Permanente
Alice Boos
Claudia Brown
Gina Brown, MD, Alaska Center for Dermatology
Craig Burkhart, MD, University of North Carolina
Jeffrey Callen, MD, Associates in Dermatology, PLLC
Sarah Chamlin, MD
Lurie Children’s Hospital of Chicago
Bernard Cohen, MD
Johns Hopkins University, School of Medicine
Joseph Conlon, MD, Springfield Clinic
Lisa Connelly, MD, University of Miami
Glen Crawford, MD
Jennie Duffy, MD, Houston Dermatology Associates
Esteban Fernandez-Faith, MD
Nationwide Children’s Hospital
Nicole Fett, MD
Julie Francis, MD, Eastside Dermatology
Alexandria Gamboa
Fred Ghali, MD, Pediatric Dermatology of North Texas
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Maureen Rogers, FACD
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Nanette Silverberg, MD, St. Luke’s Roosevelt Hospital
John Stanley, MD
John Su, MD, MCRI, University of Melbourne
James Treat, MD, Children’s Hospital of Philadelphia
Carmela Vittorio, MD
Thuy Vu
John Vydareny, MD
Blodgett Hospital - Spectrum Health
Karolyn Wanat, MD
Linda Wong, MD, Kaiser Permanente
Janice Yusk, MD, Brownsboro Dermatology
Jeanne Zeller, MD, St. Joseph’s Healthcare Center

› BRONZE ($25 - 99)
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Facultad de Medicina Universidad de Guadalajara
Annette Baird
Nancy Barnett, MD, Dermatology of Cape Cod
Victoria Barrio, MD, UCSD/Rady Children’s Hospital
Linda Beets-Shay, MD, Kaiser Permanente Oakland
Mary Bister
John Browning, MD, Baylor College of Medicine
Joanna Burch, MD, Kaiser Permanente
Carrie Coughlin, MD
Children’s Hospital of Philadelphia
Molly Eisner, MD
Roselyn E. Epps, MD
Sarah Fujiwara

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Foundation Honor Roll 2014

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Loyola University Medical Center  
Joy Wan, MD  
University of Pennsylvania School of Medicine  
Mark Weir, MD  
Julie Wesley, MD  
Cynthia Yalowitz, MD  
Albert Einstein College of Medicine

Welcome New Members

Lindsay Bicknell, MD – Temple, TX  
Heather Irina Cohn, MD, PhD – Cleveland, OH  
Laura Gifford, MD – Tamoa, FL  
Heidi Goodarzi, MD – Irvine, CA  
Tizita Kidane, MD – Addis Abeba, Ethiopia  
Stephanie Monnin, APRN – Dublin, OH  
Barbara Miedzybrodzki, MDCM,FRCPC, DAAB  
Montreal, Canada  
Martina Porter, MD – Providence, RI  
Sumit Sethi, MD – New Delhi, India  
Valentina Sosa, MD – Studio City, CA  
Stephanie St. Pierre, MD – Charlestown, MA  
Danine Summers, MBA – Charlestown, MA  
Manuel Valdebran, MD – Central Islip, NY
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.

SPD is now 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 online at http://pedsderm.net/meetings/world-congress-of-pediatric-dermatology/wcpd-sessions/.

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

**SYMPOSIA:**
1.5 hours in length, consisting of four 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 three 25-minute talks, each with a five-minute Q&A.
Submissions requested in the following areas:
- 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
- Tumors and Tumor Syndromes
- Tumors and Tumor Syndromes
- Vascular Lesions

Speakers in accepted sessions will receive complimentary congress registration. 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 or need assistance with your submission.
Research Corner

RESEARCHER PROFILE
Dr. Wynnis Tom is a pediatric dermatology researcher focused on chronic inflammatory skin conditions, with particular interest in the use of systemic medications in treating cases of severe disease. Among multiple other grant awards, Dr. Tom has been the recipient of a SPD Pilot Project Award and is currently funded by a NIAMS K23 Patient-Oriented Research Career Development Award. She is the co-chair of the PeDRA Inflammatory Skin Disease Working Group, at the forefront of cutting-edge research in diseases like atopic dermatitis and psoriasis. In addition to her busy research career, Dr. Tom cares for patients at the Rady Children’s Hospital in San Diego.

FUNDING OPPORTUNITIES

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<td>American Contact Dermatitis Society Clinical Research Award</td>
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<tr>
<td>Society for Pediatric Dermatology Research Grants</td>
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UPCOMING MEETINGS AND PRESENTATION OPPORTUNITIES

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<td>74th Annual Meeting of the Society for Investigative Dermatology</td>
<td>May 6-9, 2015</td>
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<td>23rd World Congress of Dermatology</td>
<td>June 8-13, 2015</td>
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<td>41st Annual Meeting of the Society for Pediatric Dermatology</td>
<td>July 9-12, 2015</td>
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<td>2015 Summer Academy Meeting of the American Academy of Dermatology</td>
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<td>24th European Academy of Dermatology &amp; Venereology Congress</td>
<td>October 7-11, 2015</td>
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<td>3rd PeDRA (Pediatric Dermatology Research Alliance) Conference</td>
<td>November 6-7, 2015</td>
<td>TBD</td>
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<tr>
<td>74th Annual Meeting of the American Academy of Dermatology</td>
<td>March 4-8, 2016</td>
<td>August 14, 2015</td>
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<tr>
<td>13th European Academy of Dermatology &amp; Venereology Spring Symposium</td>
<td>May 5-8, 2016</td>
<td>TBD</td>
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Research Corner

Annual Research Survey Results
The research Priorities and Capabilities in Pediatric Dermatology survey was sent out to all SPD members in December 2013. A total of 105 clinicians responded to the survey. The most commonly indicated research area for prioritization was atopic dermatitis (80%), followed by hemangiomas or vascular tumors (56%), vascular malformations (54%), epidermolysis bullosa (52%), psoriasis (48%), vitiligo (43%), collagen vascular disease (40%), education (40%), lasers/surgery (39%), and mosaicism (39%). The most common types of studies indicated as priorities were clinical studies (59%), comparative effectiveness trials (51%), and outcome studies (47%). Most respondents (85%) were already performing research, or interested in doing so. Almost all of those performing research had some component of clinical or translational research, with almost half also involved with some degree of bench research. The majority of pediatric dermatology researchers had access to resources such as statistics, a research assistant, clinical research space. This survey highlights the wide range of research areas that members of our society deem important and the ongoing research efforts in pediatric dermatology.

The next Research Survey will be coming out in the near future. Please keep an eye out for it and complete the survey to make your voice heard.

The most commonly indicated research area for prioritization:

This group from Germany presents the case of a girl with chronic recurrent multifocal osteomyelitis (CRMO), reviews major and minor criteria for diagnosis of CRMO, and discusses treatment options. CRMO is an inflammatory disorder with osteolytic and sclerotic bone lesions; it is reported in this dermatology journal because some patients have associated palmoplantar pustulosis or psoriasis (a major diagnostic criterion). The reported patient had plantar pustulosis and nail changes consistent with nail psoriasis. Her bony symptoms were initially attributed to psoriatic arthritis/osteitis. More detailed investigation (whole-body MRI) showed multifocal inflammatory bone lesions, along with osteolysis and sclerotic lesions. The diagnosis of CRMO was made (she met 3 major criteria). The authors report that some people consider CRMO to be a pediatric variant of the synovitis, acne, pustulosis, hyperostosis, and osteitis syndrome (SAPHO), but this categorization is not universally accepted. Therapy with NSAIDs is first-line, followed by bisphosphonates, TNF antagonists, and others. CRMO tends to wax and wane over years, but can resolve without permanent patient impairment. (Submitted by Carrie C. Coughlin, MD)


Beckwith-Wiedemann syndrome (BWS) and hemihyperplasia (HH) are overgrowth conditions with a predisposition for hepatoblastoma, a tumor that secretes the serum tumor marker α-fetoprotein (AFP). As the survival of patients with hepatoblastoma is highly dependent on its early detection and treatment,
BWS/HH patients are advised to periodically undergo plasma αFP levels at 2-3 month intervals from birth to 5 years of age. This study sought to analyze the feasibility and reliability of αFP determinations on dried capillary blood spot (DBS), collected by heel stick, in patients with BWS/HH. Overall, 143 coupled αFP determinations on simultaneously collected plasma and DBS were performed (31 in patients with hepatoblastoma predisposition syndromes, 112 in controls). There was a strong correlation (P < 0.001) between plasmatic and DBS αFP levels, and the proposed DBS method was suitable despite the huge physiologic fluctuations of αFP concentrations for the age range considered. The advantages of DBS collected on filter paper over serum samples obtained by venipuncture are: less invasive specimen collection, increased efficiency, and lower cost. These aspects are crucial to warrant patient and parent compliance to the tumor surveillance program and possibly allow a closer follow-up schedule. However, further efforts are necessary before introducing the DBS method into clinical practice. (Submitted by Kate Marks, DO)


Oro-facial-digital syndrome type I (OFD1; OMIM 311200) is a developmental disorder transmitted as an X-linked dominant condition with embryonic male lethality. It is associated with malformations of the oral cavity, face, and digits, but other organs may be compromised. Furthermore, it is characterized by the presence of milia and hypotrichosis (which turns it important for pediatric dermatologists to be aware of) and polycystic kidney disease. The authors present two female patients with clinical diagnosis of OFD1 and some phenotypic variability between them. (Submitted by Paula Boggio, MD)

**Sharma A, Behar M. Heterotopic ossification in fibrodysplasia ossificans progressiva. J Pediatr. 2015;166(1):204.**

A seven-year-old female presented with a few year history of several hardening subcutaneous nodules on the back, thighs, and neck without antecedent trauma. Additionally, the patient had neck stiffness, clinodactyly, and hallux valgus. Radiographic survey revealed ossification of ligamentum nuchae, fusion of posterior cervical spine, and band-like angular heterotopic ossification (HO) over the left lower hemithorax and thoracic spine. Bone mineral metabolism evaluation was within normal limits and a diagnosis of fibrodysplasia ossificans progressiva (FOP) was made and confirmed by genetic testing. FOP is a rare connective tissue disease that is caused by a defect in the ACVR1 gene and results in HO of muscle and connective tissue and congenital malformation of the great toes. HO begins early in life and can be precipitated by trauma, intramuscular injection, muscular stretching, or viral infections and results in pain and permanent disability. No treatment is available, but high dose steroids are sometimes used. It is important to be aware of this entity as biopsy is often performed to rule out malignancy but early diagnosis can prevent post-traumatic ossification from procedure. (Submitted by Maria Elena Miyar, MD)


Cutis verticis gyrata (CVG) is a scalp condition characterized by convoluted folds and deep furrows formed from thickened skin that give to it a cerebriform pattern. It could be congenital or acquired and has a male prevalence. It is classified according their etiology as primary (essential and non-essential) or...
secondary. In the latter, the underlying pathologies are diverse. It may be part of various syndromes. Surgical resection is the treatment and it is requested for esthetic reasons. This article shows the wide spectrum of conditions that may present with CVG. It provides information about the etiopathogenesis in each condition, with good photographic material and examples (CVG in Turner and Noonan syndromes, acromegaly, pachydermopariostosis, leukemia, congenital CVG, etc.) (Submitted by Margarita Larralde, MD, PhD)


Congenital localized absence of skin, which is associated with epidermolysis bullosa, is known as Bart's syndrome. The authors report a newborn with Bart's syndrome associated with corpus callosum agenesis and concomitant choanal atresia. The patient is a term baby born to non-consanguineous parents who presented with congenital absence of skin on the face, trunk and extremities. The authors believed that this is the first report of Bart's syndrome associated with corpus callosum agenesis. (Submitted by Khalid Al Aboud, MD)


Infantile systemic hyalinosis (ISH) is a rare multisystem fatal autosomal recessive disorder that involves widespread deposition of hyaline on connective tissues and certain internal organs. The major manifestations include painful articular contractures, hyperpigmentation, subcutaneous nodules, gingival hypertrophy, failure to thrive secondary to protein-losing enteropathy, and osteolytic bone lesions. In this paper, the authors report a 12-month-old girl with ISH presenting with recurrent diarrhea, failure to thrive, and refractory infections. A molecular study identified a homozygous missense mutation, c.134T > C; p.L45P, in exon 1 of the anthrax toxin receptor 2 (ANTRX2) gene. The patient passed through an eventful course that included septic shock, central line infections, right atrial thrombosis, and pericardial effusion. She developed acute bronchiolitis due to respiratory syncytial virus infection, which led to her death. This case report highlights that severe and life-threatening morbidities and complications can be encountered in ISH, to which some management options can be applied. (Submitted by Khalid Al Aboud, MD)


In this study, 50 patients with classical and systemic hydroa vacciniforme (HV) and hypersensitivity to mosquito bites (HMB) were enrolled and studied. Classical HV presented with vesiculopapules on sun-exposed areas without any systemic symptoms or abnormalities in routine laboratory test results. Patients with systemic HV presented with HV-like eruptions associated with systemic symptoms such as fever and lymphadenopathy and/or abnormalities in routine blood examinations. HMB was defined as an intense skin response to mosquito bites, insect bites or vaccination associated with systemic symptoms and/or abnormalities in routine blood tests. A follow-up study of 30 patients indicated that fatal outcomes were observed in three of eight patients with sHV, two of six patients with HMB only, and two of five patients with both HMB and HV. No prognostic correlation was observed in EBV-infected lymphocyte subsets, anti-EBV antibody titres or EBV DNA load. However, late onset (>9 years of age) and EBV reactivation were both poor prognostic indicators. (Submitted by Joseph Lam, MD)

This retrospective, single-centre study followed 25 children with lymphomatoid papulosis (LyP). The mean age at onset was 7.5 years with a slight male bias. The typical papules and papulonodules were located mainly on the trunk and limbs. The average duration of a LyP outbreak was 5 weeks; 40% of the children complained of pruritus, 28% had atopic dermatitis, 28% had a viral infection preceding the development of LyP, 44% had a marked predominant eosinophilic infiltrate, 80% had residual scarring and a surprising 36% had concomitant pityriasis lichenoides. None of the patients developed lymphoma (mean follow-up of 10 years). The frequency of an associated viral infection, atopic dermatitis, marked eosinophilic infiltrate and positive outcome without any development of a lymphoma suggests that pediatric LyP might be a reactionary process rather than a neoplastic disorder. However, long-term follow-up is still recommended for these patients. (Submitted by Joseph Lam, MD)


This case series describes 4 patients with en coup de sabre (ECDS) who presented with headaches preceding the development of morpheaform changes. On average, the patients presented with typical migraines and preceded cutaneous manifestations by at least 6 months but up to 6 years prior to diagnosis. One child also had history of a transient ischemic event and a seizure. Only ¼ of patients had MRI changes, unlike previous studies suggesting higher numbers. In all patients, prednisone and methotrexate halted progression of ECDS and improved migraine symptoms, but both worsened again when treatment was decreased or discontinued. (Submitted by Catherine Yang, MD)


This review is aimed more towards general pediatricians, but helpful for dermatologists as well. The paper reviews the clinical features of atopic dermatitis, effects on quality of life, pathogenesis, the relationship between food allergies and atopic dermatitis, and treatment principles. They include an atopic dermatitis action plan template, which may be useful for offices. (Submitted by Catherine Yang, MD)


In this retrospective study, 50 atypical Spitzoid tumors (AST) from patients 18 years of age and younger in Italy were interrogated. AST were most commonly located on the legs (26/50), while 16/50 were from an arm, 5/50 were truncal, and 2/50 were found on the head and neck (1 site unknown). Mean size was 7.2mm (range 2.3-30mm). One patient in the cohort (primary lesion incompletely excised) had disease progression 6 years after diagnosis and died 8 years after initial diagnosis. Pathologic characteristics were examined. Lack of cytologic maturation was the one independent predictor of AST diagnosis by multivariate logistic regression. Increased mitotic rate was seen in younger patients (≤14yo) and thicker lesions (>2mm). Of the AST, 15/50 had positive FISH melanoma probe analysis (included RREB1, MYB, CCND1, CEP6). These were compared with Spitz nevi (n=20; from the leg in 52% of patients), which were FISH melanoma probe positive in 4/20 cases. FISH by 9p21 was also investigated in 37 AST cases; 2/37 had heterozygous deletion and 3/37 had homozygous dele-

In this study, 24 children with congenital acral melanocytic nevi (CAMN) and 26 children with 33 acquired acral melanocytic nevi (AAMN) were recruited, examined and followed for a median time of 33 months. CAMN were larger, and more asymmetrical and comma shaped than AAMN. In both congenital and acral nevi, the parallel furrow pattern was predominant. Globules were more frequent in CAMN and were often in a `pearl necklace' distribution along skin markings. As well, central blue-grey pigmentation and a new dermoscopic feature of central enlarged pink ridges were more prevalent in CAMN. The main dermoscopic changes over time were the switch of dermoscopic pattern from parallel furrow to fibrillar pattern and increased or decreased pigmentation. (Submitted by Joseph Lam, MD)


This review article summarizes the differences in presentation between juvenile SLE (JSLE) and adult SLE specifically with regards to the mucocutaneous manifestations of the disease. The authors found that there were 3 types of manifestations that differed most strikingly between JSLE and adult SLE patients: 1) subacute cutaneous lesions (i.e., polycyclic/annular and papulosquamous/psoriasiform) were quite rare in children with JSLE but occur in roughly 7-27% of adults with SLE; 2) discoid rash occurred <10% of the time in children but 20-50% of the time in adults; 3) lastly, livedo reticularis occurred in 6-12% of JSLE cases but 22-35% of adult SLE cases. In addition to these differences, the authors found that when comparing children with JSLE versus adults with SLE, mucocutaneous lesions in JSLE tend to be more highly-associated with systemic disease rather than skin-only disease. For this reason, the authors argue that when mucocutaneous manifestations are present in children with JSLE, systemic immunosuppressive therapies are often needed to achieve disease control. (Submitted by Deborah Goddard, MD)
INFECTIOUS DISEASES


Onychomadesis is the spontaneous, complete shedding of the nail from its proximal edge, without pain or inflammation, following nail matrix arrest. This disorder is uncommon in children and it can occur in fingernails, toenails or both. It may be secondary to systemic disorders, Kawasaki disease, bullous dermatoses, drugs, paronychia, stress and radiotherapy. Since 2000, Hand, Foot, and Mouth Disease (HFMD) has been described as a cause of onychomadesis, and has been associated with outbreaks of this condition in different regions of the world. HFMD is an infection characterized by vesicular and erosive stomatitis in combination with a vesicular eruption in palms and soles. It occurs in small children during summer and autumn months, and it is caused by coxsackie virus. This paper presents a study that reflects the current situation of onychomadesis in Argentinian children and shows a strong association between this disorder and HFMD, suggesting that onychomadesis is a new manifestation of a previously known disease. This article is the first in Latin America to report a large case series (28 patients) of HFMD associated onychomadesis. It’s easy to read, but the authors can’t make statistical conclusions because of the sample size. (Submitted by Margarita Larralde, MD PhD)

SURGERY AND LASER THERAPY


Treatment of Nevus of Ota with Q-switched lasers including ruby (694 nm), alexandrite (755 nm) and Nd:Yag (1064 nm) is currently the preferred treatment for those seeking intervention. This is a retrospective chart review of 31 patients with Type IV skin treated for Nevus of Ota with low-fluence (mean 2.5 +/-1 0.6 J/cm2) Q-switched Nd:YAG. Patients required 6 to 32 treatment sessions with “near total improvement” with the exception of one patient who “failed to reach near total improvement after 11 treatment sessions.” The authors concluded that patients treated at a younger age (less than 10 years) were able to reach the same clinical results with lower fluences used and lower mean numbers of treatment sessions compared to older patients. This raises the questions that perhaps patients should be referred for laser at a younger age; however, the article does not give data on long-term outcomes to show durability of response. (Submitted by Marla Jahnke, MD)


This case report of a 22-year-old man with recessive dystrophic epidermolysis bullosa describes a novel treatment for wound healing using fractionated CO2 laser. The patient had a non-healing wound on his upper back for 9 months, despite silver-impregnated foam dressings. The authors used an ablative 10,600
nm CO2 laser (Ultrapulse Encore Deep FX, Lumenis, LTD, Yokneam, Israel) to treat the entire ulcer with the goal of photo-microdebridement to promote wound healing. Within 1 month, his wound decreased from 7 cm in diameter to 2 cm. After his second laser treatment, he had near complete re-epithelialization. The authors propose that fractionated lasers are an emerging therapy for chronic wound treatment, with the caveat that it is not possible to determine safety and efficacy with a single case report.

(Submitted by Catherine Yang, MD)


The authors report their experience of using ablative fractional laser (Ultrapulse Encore Deep FX, Lumenis, LTD, Yokneam, Israel) to reduce scar contractures on hands in two pediatric patients aged 18 and 2 years. Both patients had received physical therapy for their hands and splinting, with plateauing of their function. After a single treatment, both patients gained notable functional mobility with decrease in scar “tightness” within months. One patient also received topical triamcinolone acetonide suspension immediately after her laser treatment to further release the contracture. (Submitted by Catherine Yang, MD)


Nasal dermoid cysts are non-transilluminating, non-compressible masses, which represent up to 61% of midline nasal masses in children. They present between age 14 and 34 months and have a risk for bony atrophy, nasal distortion and dreaded infections including meningitis or intracranial abscess formation when intracranial extension is present. This case review of 55 cases managed at a tertiary center in the UK looked at the surgical approach in patients. 12/55 patients were managed endoscopically, 11/55 required a transcranial approach due to intracranial extension and the remaining were treated with an open approach. The only known case of recurrence occurred in a patient treated with a transcranial approach. The authors discuss that CT and MRI are both useful in the preoperative assessment; they discuss, however, that the optimal choice of imaging modality is controversial though most cases with imaging prior to referral had a CT scan. (Submitted by Marla Jahnke, MD)


True allergic reactions to local anesthetics are extremely rare and constitute less than 1% of all reactions. Many of those allergic reactions are caused by the preservative constituents of the local anesthetics. In this article, the authors reported a 12 year old girl with anaphylaxis to lidocaine (an amide local anesthetic) on two occasions. The allergy was confirmed by positive skin prick test to the drug. Skin testing and challenge to another amide local anesthetic (articaine) were negative. Subsequently, articaine was well tolerated in a dental procedure. The authors claimed that this is the first report of a patient who is allergic to lidocaine and tolerant to articaine. (Submitted by Khalid Al Aboud, MD)
DRUGS AND THERAPY


Infantile hemangiomas are the most common soft-tissue tumors of childhood. Oral propranolol has been used to treat problematic hemangiomas since 2008, though there has been no large well designed randomized, controlled clinical trial. In this article, the authors report on a large, randomized, placebo controlled trial (Funded by Pierre Fabre Dermatologie) involving 460 infants 1 to 5 months of age with proliferating infantile hemangiomas requiring systemic therapy assessing the efficacy and safety of a pediatric-specific oral propranolol solution. In the initial phase of the study, four propranolol regimens were compared with placebo. They found that 3mg per kilogram per day for 6 months was the most effective dose. The frequency of successful treatment was higher with this regimen compared to placebo (60% vs. 4%, P<0.001). A total of 88% of patients who received propranolol showed improvement by week 5, versus placebo. Known adverse events associated with propranolol (hypoglycemia, hypotension, bradycardia, and bronchospasm) occurred infrequently with no significant difference in frequency between the placebo group and the groups receiving propranolol. (Submitted by Fatemeh Jafarian, MD)


A series of 82 patients with severe atopic dermatitis treated with azathioprine (AZA) in London was examined. Patients failed first and second line treatments, but AZA was the first systemic therapy given. All had normal or carrier TPMT activity (none had absent TPMT function and patients with low activity started at lower doses). Patients were co-administered prednisolone for the initial 4-6 weeks of therapy (due to reported delay in onset of action of AZA). Mean age at starting treatment was 8.3 years. Five patients ceased therapy due to adverse effects (1 each with recurrent neutropenia, elevated ALT on multiple blood tests, headaches, recurrent chest infections, recurrent HSV labialis). CBC abnormalities were seen in 8 total patients; 5 patients required no change in therapy, 4 stopped and then restarted therapy, 1 had dose reduction, and 1 stopped therapy. Liver transaminases were abnormal in 11 patients; 5 had no change to therapy (spontaneous resolution), 4 stopped and then restarted therapy, 1 had dose reduction, and 1 stopped therapy. Molluscum contagiosum and viral warts were reported in 12% of patients. The authors propose an algorithm for azathioprine monitoring, including starting weight-based doses taking TPMT activity into account, baseline bloodwork and screening intervals, and how to respond to abnormal lab values. They remind readers that while their short-term safety profile appears good, the long-term safety profile is unknown. (Submitted by Carrie C. Coughlin, MD)

Patients with vascular malformations and pigmentary anomalies were taught to use cosmetic camouflage. Quality of life (QoL) scores were evaluated before and 6 months after the teaching. Data from 38 patients age 5-18 years were examined. Children's Dermatology Life Quality index worsened in 2 patients and was stable in 8 patients (6/8 reported scores of 0 indicating no impairment in QoL), but decreased significantly overall from a value of 5.1 to 2.1. At follow-up, patients with pigmentary anomalies were more likely to have continued using the camouflage than patients with vascular anomalies. (Submitted by Carrie C. Coughlin, MD)


The mechanism of action of extracorporeal photopheresis (ECP) for the treatment of graft-versus-host disease (GVHD) is not fully understood, but it appears that photoatheresed cells seem to induce a selective immune response directed against alloreactive T-cell populations without causing generalized immunosuppression. ECP in children has historically been challenging due to limitations of peripheral lines and large volume shifts during apheresis that made the procedure very difficult in children < 40kg. The current pediatric experience with ECP for GVHD is limited to a few retrospective small studies without any large randomized prospective controlled trials (summarized in two recent Cochrane Review articles by Weitz M, et al., Cochrane Database Syst Rev, Feb 2014). This article outlines a retrospective analysis of 12 pediatric patients in Turkey who developed steroid-refractory or steroid-dependent GVHD following HSCT and underwent ECP using a new-generation device called the Therakos Cellex System, which reduces extracorporeal volume. The results of the analysis showed that ECP with the Therakos Cellex system was both safe and efficacious, and was helpful for patients with both acute and chronic GVHD, facilitating reduction of immunosuppressants by at least half. Of note, while the sample size was small, this study demonstrated poorer responses to ECP for patients with GVHD involving the liver. The two significant limitations of this article include confounding factors that cannot be adequately controlled for with such small sample sizes: 1) multiple complex treatments that many of these patients receive as well as 2) opportunistic infections that likely affect response to treatments. (Submitted by Deborah Goddard, MD)


In this study, an in utero approach was used to correct the defect in ectodysplasin signaling associated with X-linked hypohidrotic ectodermal dysplasia (XL-HED). Hermes and colleagues theorized that proper signaling through this pathway during embryogenesis in a murine (Tabby) model of XL-HED would result in phenotypically normal mice. To test this hypothesis, the authors administered EDI200 (an ectodysplasin replacement protein) to pregnant Tabby mice via intra-amniotic route at day 15 of gestation. This method resulted in significant protein uptake in the fetus with minimal exposure to littermates or maternal circulation. Fetuses treated with greater than 3.5 g of EDI200 protein appeared phenotypically normal at birth, with normal hair, eccrine sweat gland and tooth development. These animals were all fertile and survived to adulthood. Furthermore, no maternal adverse events were noted. This is an interesting proof-of-concept study that may be applicable in humans and warrants further investigation. (Submitted by Markus Boos, MD PhD)