

**Conference Top Clinical Insights**

**Day 1: Thursday, November 7, 2024**

**7:30-8:30 am Pathology Pearls and Pitfalls for the Experienced APP: Whitney High, MD**

Provide information about biopsies to the dermatopathologist in “**3D**”: **D**escription (or what was **D**one), **D**iameter (size or extend), and **D**iagnosis.

Malignant status in pathology is derived from behavior and architecture.

Biopsies are getting smaller (thinner), which can affect diagnosis by the dermatopathologist, make sure when doing a biopsy that biopsy is deep enough for proper diagnosis.

Mycosis Fungoides diagnosis requires clinicopathologic correlation, no single test establishes a diagnosis of Mycosis Fungoides.

For a suspected diagnosis of bullous pemphigoid, perform a shave biopsy of the entire intact blister in order to make examination and diagnosis easier for the dermatopathologist.

**9:30-10:30 am Cutaneous Oncology: Nonmelanoma Skin Cancer: Maya Thosani, MD**

Electrodesiccation and curettage (ED/C) should only be used to treat basal cell carcinomas with smaller, well-defined lesions on the trunk or extremities without much hair. Skin with a higher density of folliculosebaceous units (head and neck) has a higher risk of recurrence after ED/C.

Often squamous cell carcinoma on the penis or vulva will look like a seborrheic keratosis.

Eruptive Keratoacanthomas result in progressive Keratoacanthoma formation occurring suddenly or after trauma. Do not operate because of the risk of koebnerization. Consider treatment with oral retinoids, intralesional treatment (5-Fluorouracil, methotrexate, or bleomycin), photodynamic therapy or topical immunomodulator/chemotherapy creams.

There are two distinct causative paths of Merkel Cell Carcinoma: polyomavirus and UV-induced.

The only curative approach to Cutaneous T-cell lymphoma is stem cell transplantation.

**11:00 am-11:30 am: Panel: Challenging Nonmelanoma Skin Cancer Management: Whitney High, MD and Maya Thosani, MD**

Hedgehog inhibitors have the following side effects: dysgeusia, alopecia, muscle spasms, and fatigue.

The appearance of new cutaneous superficial basal cell carcinomas can be seen during successful Nivolumab treatment of refractory metastatic disease.

Always palpate for lymph nodes or in transit metastasis in patients with a history of aggressive squamous cell carcinomas (poorly and moderately differentiated).

When a minimally inflammatory rash such as Cutaneous T-Cell Lymphoma comes up-you must at least consider doing two shave biopsies and a punch biopsy.

**11:30 am-12:00 pm Pigmented Lesion Pearls from the Experts: Mark Gimbel, MD, and Whitney High, MD**

In dermatopathology, loss of P16 expression in a melanoma lesion is associated with a poorer prognosis.

According to the AJCC melanoma staging system, any satellites upstage a patient to stage III disease, regardless of sentinel lymph node status.

Genetic testing for melanomas is based on threshold values and is not definitive for determining patient outcomes.

**1:00-2:00 pm Melanoma: Updates, Genomics, and Molecular Profiling: Mark Gimbel, MD**

Adhesive pigmented lesion assay is used to assess the genomics of a lesion to determine the risk of dysplasia/malignancy.

The gold standard prognostic tool for melanoma is AJCC staging. It provides guidelines for treatment.

For melanoma, there are four molecular prognostic tests available or in production: 11-GEP test (MelaGenix & Immunoprint), 8-Gene CP-GEP (Merlin), 31-GEP (Decision-Dx Melanoma), and Circulating Tumor cells ctDNA (Signaterra).

Currently, there is insufficient evidence to support the incorporation of current GEP tests into melanoma care. The use of gene expression profiling tests according to specific AJCC-8 melanoma stages (before or after sentinel lymph node biopsy) requires further prospective investigation in large, contemporary datasets of unselected patients.

For results of the melanoma gene expression profiling test, if there is less than 5% risk of recurrence and less than a millimeter depth of the melanoma, it is okay to discharge back to dermatology.

**2:00-3:00 pm Panel: Subungual Tumor Panel: Enter the Matrix of Possibilities: Mark Gimbel, MD and Whitney High, MD**

The most common causes of melanonychia, in order of occurrence, are subungual hemorrhage, matrix nevus, trauma, lentigo, race, and melanoma.

The pigment of a subungual lentigo will not be present in the cuticle.

Use the "ABCDEF" rule when considering a subungual biopsy to rule out melanoma: **A**-Age, Afro-americans, native Americans, Asians, **B**-nail band, **C**-Change, **D**-pigment involved on digit, **E**-extension (Hutchinson's sign), and **F**-family (personal or family history of dysplastic nevi or melanoma).

Subungual hematoma does not rule out melanoma. Make sure to follow up with these patients to see if the subungual hematoma is growing out.

The majority of nail melanomas are in the nail matrix, so it is necessary to biopsy the nail matrix when taking a subungual biopsy.

**3:45-4:15 pm Diet in HS: Jennifer Hsiao, MD**

Excess zinc supplementation may lead to copper deficiency. Persons using zinc for greater than 2 months should also take copper supplements in a 10:1 ratio of zinc to copper.

In Hidradenitis suppurativa, the following micronutrients are considered: zinc, vitamin D, and vitamin B12.

A study suggested that eliminating brewer's yeast can improve the symptoms of hidradenitis suppurativa.

Hidradenitis suppurativa patients who strictly adhered to the Mediterranean diet showed lower severity of hidradenitis.

#### **4:15-4:45 pm AI in Dermatology: Eileen Cheever, PA-C**

Machine learning is when a machine is trained to make predictions or decisions based on data previously seen.

The delay between the discovery and implantation of technology is astonishing-with medical innovations taking an average of 17 years to become standard practice.

An artificial intelligence system uses wide-field images to assist clinicians in detecting suspicious pigmented lesions or "ugly ducklings."

Proofread and review all content produced by artificial intelligence.

#### **4:45-5:15 pm Elevate Your Expertise: A Review of Poster Presentations from Elevate-Derm West Conference 2024: Eileen Cheever, PA-C**

*A phase 3 study of the efficacy and safety of Delgocitinib cream, applied twice daily 20mg/g for 16 weeks, showed improvements in the Dermatology Life Quality Index (DLQI) in patients with moderate to severe hand eczema.*

In a real-world effectiveness study of Tralokinumab in adults who had atopic dermatitis with hand and foot involvement, treatment with the medication for 9 months cleared hand and foot dermatitis in more than 50% of patients.

PDCA-Derm scale is a tool used for detecting and assessing post-inflammatory skin discoloration and dyschromia.

#### **5:15-6:15 pm HS: Unroofing the Possibilities: Jennifer Hsiao, MD**

Recurrent abscesses in the axillae, groin, perineum, buttocks, and infra/inter mammary folds are hidradenitis suppurativa until proven otherwise.

Patients with hidradenitis suppurativa should have routine screenings of anemia, arthritis/joint pain, depression/anxiety, diabetes mellitus, hypertension, inflammatory bowel disease, polycystic ovarian syndrome, and tobacco/substance use by their primary care provider due to its association with these conditions.

The mean delay in diagnosis of hidradenitis suppurativa is 10.2 years. Most patients visited a physician at least 5 times prior to receiving a diagnosis.

A punch incision and drainage is a good treatment option for draining an abscess due to hidradenitis

suppurativa. Use a 4-8mm punch, and do not pack the wound.

Biologic treatments with the most evidence for successful treatment of hidradenitis suppurativa are Adalimumab (FDA approved), Secukinumab (FDA-approved), Bimekizumab (FDA-approved for PsOI), and Infliximab.

**Day 2: Friday, November 8, 2024**

**7:30-8:30 am What's in Our Cosmetic Toolbox for the Medical Derm Provider: Suneel Chilukuri, MD**

The four main causes of acne vulgaris are decreased epithelial cell turnover, increased keratinization within the follicle, increased sebum production, and proliferation of Cutibacterium acnes.

Scarring is the top reason dermatology providers are sued.

Azelaic acid and licorice extract inhibit 5 Alpha-Reductase.

Collagen induction therapy can be used to improve scars through injury/inflammation, tissue proliferation, and tissue remodeling.

In adults inflammation plays a role in the creation of scars following wound healing.

**9:30-10:30 am Updates in Hyperpigmentation: Suneel Chilukuri, MD**

The goals for treating hyperpigmentation are to inhibit melanogenesis, protect from UV exposure and other inflammatory stimulants, and increase cell turnover of pigmented keratinocytes.

When recommending sunscreens to patients with hyperpigmentation the sunscreen needs a physical block and a tint.

Cysteamine was shown to be significantly more effective than hydroquinone in vivo, but its intense odor has historically prohibited topical use.

Herparan Sulfate is a natural repairing molecule essential for renewing damaged, inflamed skin and helps preserve structural integrity of collagen and elastin fibers.

Maqui Berry is the most antioxidant fruit on Earth, with 5-7 times more antioxidant power. It inhibits glycosylation of tyrosinase enzyme and decreases erythema,

Do not use a beta or alpha hydroxy acid washes alongside a retinol, because it will deactivate the retinol.

**10:45 am-11:45 am Corticosteroids” The Good, The Bad, The Ugly: Douglas DiRuggiero, PA-C**

Glucocorticoids work through vasoconstriction, antiproliferative effects, immunosuppression, and anti-inflammatory effects.

Clobetasol is 600 times more potent than over-the-counter Hydrocortisone.

Topical, periocular steroid creams/ointments used for eczema may lead to a significant rise in intraocular eye pressure in eyes with baseline elevated intraocular pressure.

Combination steroid and vitamin D analogue treatment minimizes skin atrophy and decreases other steroid monotherapy-related risks.

Topical corticosteroids and cumulative corticosteroid usage need to be evaluated for risk of total exposure when considering treatment options since topical options with new mechanisms of action are available.

Predictive factors for adrenal insufficiency in patients who used topical corticosteroids for at least 12 months are higher body surface area greater than 10 percent involved for dermatologic condition, age less than 60 years old, and basal serum cortisol of less than 7ug/dL., Ur

### 1:00-2:00 pm Discussions in CSU: Jason Hawkes, MD, and Jennifer Hsiao, MD

Urticaria is a heterogeneous, inflammatory, pruritic skin condition with a 2:1 female predominance.

Chronic urticaria is defined by hives continuing longer than six weeks and acute urticaria is less than six weeks.

Chronic urticaria can have a significant quality of life impact, including work impairments, sleep disorders, anxiety, mood disorders, anticipatory fear, social withdrawal, and substance abuse. Quality of life impact is similar to coronary artery disease.

Mast cell activation and degranulation drive all types of urticaria.

Four times antihistamines can be tried for chronic spontaneous urticaria, but approximately 50% of patients will not have an adequate response, so other treatments are necessary.

Dupilumab and Omalizumab are FDA-approved for the treatment of chronic spontaneous urticaria. Omalizumab has a black box warning for anaphylaxis risk.

Urticaria Activity Score 7(UAS7) is a score that measures the severity of itch and wheals daily for a seven-day period. This score is being used in clinical trials.

Remibrutinib is a bruton tyrosine kinase inhibitor that is being studied for the treatment of chronic spontaneous urticaria.

### 2:00-3:00 pm Checking Your Knowledge: Cutaneous Manifestations of Immune Checkpoint Inhibitors: Jason Hawkes, MD and James Song, MD

In a patient with immune checkpoint inhibitor-related toxicities with severe pruritus, consider treating them with gabapentinoids, and if there is no response after one month, consider dupilumab, omalizumab, or narrow-band UVB phototherapy.

Treatment-related adverse reactions are common in patients being treated with immunotherapy for cancer. Rashes and pruritus are especially common skin manifestations. It is important to treat these adverse reactions to prevent discontinuation of the cancer medication.

Pain in the skin, blisters or erosions, especially in the mucous membranes, or morbilliform eruption on the face are very concerning rashes in cancer patients being treated with immunotherapy. They usually need to be hospitalized.

Cancer patients can be in clinical trials. When treating a cancer patient, ask if they are in a clinical trial because your treatment could make them ineligible to continue in the clinical trial.

There are distinct reactions with specific agents/cancers; for example, vitiligo is often seen in melanoma trials or patients on Ipilimumab can develop Ipilimumab-induced Grover's disease.

#### **4:00-5:00 pm Update on AD Therapeutics: James Song, MD**

Interleukin-13 is the predominant driver of atopic dermatitis, whereas interleukin-4 has been shown to be less predominant.

The use of topical Ruxolitinib 1.5% cream is not recommended in combination with therapeutic biologics, other Janus Kinase inhibitors, or potent immunosuppressants like azathioprine or cyclosporine.

Delgocitinib is an investigational topical, PAN-JAKi, that targets key mediators of chronic hand eczema pathogenesis. There are currently no FDA-approved treatments for chronic hand eczema.

If a patient with atopic dermatitis on dupilumab has low disease activity and has been on dupilumab for at least one year, can consider tapering it to once every three weeks or once every four weeks dosing if the patient is interested in decreased dosing.

Topical roflumilast is formulated without fragrances or irritating ingredients, such as propylene glycol, which is associated with tolerability issues.

OX40 (ROCA)/OX40L (AMLIT) inhibition has the potential for disease modifications with extended periods of disease control, even off therapy.

#### **5:00-6:00 pm Methotrexate, Dapsone, Acitretin, Cyclosporin: Revisiting Old Friends: James Song, MD**

Methotrexate with a low-dose prednisone showed significant efficacy in treating alopecia areata versus methotrexate alone.

In atopic dermatitis patients, methotrexate showed the lowest 6-month risk of significant infection compared to azathioprine, prednisone, and mycophenolate.

Caffeine/cocoa antagonizes adenosine receptors, thereby making methotrexate gastrointestinal side effects more tolerable. Coffee (approximately two strong cups) should be consumed the morning of the methotrexate dose, 1-3 hours before the methotrexate dose, and again the morning after the methotrexate dose.

Liver biopsies are not necessary for patients on methotrexate. Noninvasive blood serology tests (FibroTest/FibroSure) or imaging (Fibroscan) are available to monitor liver health instead.

Patients taking methotrexate should limit their alcohol intake to no more than 1-2 drinks daily for liver protection.

Glucosamine can improve the therapeutic effect of low-dose cyclosporin.

Alcohol will promote the re-esterification of acitretin to etretinate, which is fifty times more lipophilic than acitretin, which can then be stored in fat for years. Even using mouthwash with alcohol can cause this so use caution in women of childbearing age.

You can reduce the risk of dapsone-induced methemoglobinemia by giving patients vitamin D 800 IU daily, and cimetidine 400 mg TID.

**Day 3: Saturday, November 9, 2024**

**7:30-8:30 am Challenging Cases in Atopic Dermatitis and Pruritus: Jason Hawkes, MD, and James Song, MD**

Patch testing should be considered for any atopic dermatitis patient who is not responding to dupilumab.

Excellent efficacy has been shown with dupilumab non-responders who were switched to an oral JAK inhibitor.

There is no compelling evidence to suggest a causal association between dupilumab and cutaneous T-cell lymphoma.

It is probably okay to patch-test patients on dupilumab, tralokinumab, and lebrikizumab. It is not okay to patch test patients on JAK-inhibitors.

JAK-inhibitors can be used as rescue therapy in dupilumab refractory severe atopic dermatitis.

Any patient with a chronic skin disease is at increased risk for cutaneous T-cell lymphoma.

**9:30-10:30 am: Text Messages to a Pediatric Dermatologist: Lisa Swanson, MD**

Aron regimen is a compounded product that is helpful for babies and toddlers with difficult to treat facial eczema. Aron regimen is compounded with 30 grams of betamethasone valerate 0.1, 24 grams of mupirocin cream, and 400 grams of vanicream or plastibase (makes a one pound tub). Prescribing the components separately and having the family mix it is not the same and not nearly as effective.

A good oral antibiotic to use in kids with perioral dermatitis is Amoxicillin 30mg/kg/day divided bid.

In pediatric patients with perioral dermatitis, pustules on the nose are likely due to demodicosis.

Patients with Gianotti Crosti present with monomorphic skin-colored-pink papules all over the cheeks, arms, and legs, which are often very remarkable on the ears.

Herpes simplex virus in a baby that is younger than three months old needs to be admitted into the hospital for IV acyclovir and be monitored for encephalitis, hepatitis, and pneumonitis.

In addition to topical and oral antibiotic treatment for impetigo, consider adding vinegar soaks for treatment as well. Mix one part vinegar with four parts water, moisten a paper towel in the mix and then drape over the affected area for 10-15 minutes 2-3 times a day.

Tinea capitis with kerion is essential to treat because it often leads to permanent alopecia.

An asymmetric facial rash on a child is fungus until proven otherwise.

**10:45-11:45 am Psoriasis Evolution: Where We've Been and What's to Come: Jason Hawkes, MD**

Fifty percent of plaque psoriasis patients have genital involvement.
Erythrodermic and pustular psoriasis flares are most commonly caused when patients are given oral steroids.
The JAK2 pathway has the broadest immune impact, plus hematopoiesis and hormone signaling. TYK2 mediates the narrowest range of cytokines.
You cannot provide expert care without the use of systemic or biologic medications for psoriasis.
Deucravacitinib is the first-in-class TYK2 inhibitor and has no black-box warning, lab requirements, or gastrointestinal issues associated. It does not require dose adjustments. After four years of safety data, adverse events were lower or the same compared to year one data.
An oral IL-23 receptor inhibitor is being studied for the treatment of psoriasis and is in phase three clinical trials with promising results.
Bimekizumab is an IL-17A/F inhibitor that has a nineteen percent incidence of candidiasis. The majority of these cases are mild and easily treated.
Generalized pustular psoriasis is driven by IL-36, treat these patients with spesolimab.

**1:00-1:45 pm Dermatoscopy of Special Sites: Face: Ash Marghoob, MD**

Always be cautious when receiving a pathology of a dysplastic nevus on the face; it is most likely an early melanoma.
When early melanoma forms on facial skin it will preferentially start in a hair follicle.
Dermatoscopic findings that are specific for malignant melanoma include annular granular patterns, isobars (circle within a circle), radial projections arising from follicular openings, angulated lines and polygons, blotches, and vessels.
When using dermoscopy, perifollicular linear projections have a specificity of 96 percent for the diagnosis of lentigo maligna on the face.
Suspicious palpable lesions on the face should always be biopsied rather than monitored.
Under polarized dermoscopy, actinic keratoses have prominent, large white follicles and rosettes.
If monitoring a flat, non-palpable lesion on the face, you must continually follow up for one year since lentigo malignas are slow to change.

**1:45-2:30 pm Dermatoscopy of Special Sites: Palms and Soles: Ash Marghoob, MD**

Wallace line is the boundary between the non-glabrous and glabrous skin of the hands and feet.
Eccrine glands on the hands and feet open up on the ridges of the skin, making them wider than the furrows.
When using dermoscopy, if you see pigment on the ridges in the skin on the palms or soles, be highly suspicious of melanoma. This may not be true for ethnic-pigmented macules.



The parallel ridge pattern is 99% predictive of melanoma.

Pigment in the furrows of the palms or soles is the hallmark sign of benign acral lesions.

The fibrillar pattern occurs in areas of chronic friction on the skin. The fibrillar pattern is atypical on the palms but more common on the feet.

If there is irregular diffuse pigmentation (blotches) over ridges and furrows, then a biopsy is necessary because it is probably a melanoma.

### **2:30-3:15 pm Dermatoscopy of Special Sites: Nails: Ash Marghoob, MD**

Blood isolated to the nail bed speaks against melanoma since there are no melanocytes in the nailbed with the exception of congenital nevus.

Features of onychopapilloma and early squamous cell carcinoma can look identical on dermoscopy.

If a patient has multiple onychopapillomas, they may have a BAP1 gene mutation, so they need genetic testing.

If you see a pigmented band on the nail, measure the width of both the distal and proximal bands. If the measurements are not identical, then you need to biopsy irrespective of dermoscopy.

If you see Hutchinson's sign or micro Hutchinson's sign, you need a biopsy of the matrix regardless of dermoscopy.

If a pigmented band has irregular spacing and thickness of the lines and/or disruption of parallelism, it must rule out melanoma.

### **3:45-4:00 pm: Dermatoscopy of Special Sites: Mucous Membranes: Ash Marghoob, MD**

Blue, gray, or white color on mucosal lesions are 100% sensitive and 64.3% specific for melanoma.

Melanoma on the mucosa will present as an asymmetric, disorganized lesion under dermoscopy and generally have 2-3 colors and two or more structures.

### **4:00-4:30 pm: Baby Bumps: Understanding Dermatoses of Pregnancy: Jenny Murase, MD**

There are five pregnancy dermatoses: atopic eruption of pregnancy, polymorphic eruption of pregnancy, intrahepatic cholestasis of pregnancy, pemphigoid gestationis, and pustular psoriasis of pregnancy.

Elevated levels of estrogen in pregnancy cause a shift from TH1 to Th2, making Th2 more dominant, which can trigger atopic eruption of pregnancy.

"Soak and smear" method clears the vast majority of eczematous dermatitis if the patient is diligent. The patient should first take a 15-minute bath followed by applying a mix of 7.5 oz of sensitive skin cream with 2 oz of desoximetasone ointment.

Severe psoriasis in pregnant patients yields a 1.5 times higher risk of low birth weight.

Be cautious with the use of topical steroids in pregnant women in areas of rapidly expanding skin, such as the breasts.

Avoid antihistamines in the last month of pregnancy since it can have oxytocin-like effects, increased rates of retrolental fibroplasia in premature infants, and withdrawal symptoms in the infant.

Intrahepatic cholestasis of pregnancy causes itching in the third trimester with no primary lesions. The bile acids can cross the placenta and put the fetus at risk for prematurity, stillbirth and fetal distress. It is also a risk for bleeding complications.

Direct immunofluorescence is the gold standard for the diagnosis of pemphigoid gestationis.

#### **4:30-5:30 pm: Pediatric Lumps and Bumps: Lisa Swanson, MD**

Consider topical Timolol 0.5% to treat a pyogenic granuloma in children. Make sure to follow up in one month to make sure it is getting better; if it has not improved, then biopsy.

Eclipse nevi on the scalp typically do not require biopsy.

When treating hemangiomas with propranolol, make sure to tell parents to give the medication with food since it can cause hypoglycemia.

In distinguishing a diagnosis of wart versus corn, apply pressure to the top of the lesion; if it hurts, then it is a corn/callus. If you squeeze the sides of the lesion and it hurts, then the lesion is a wart.

Eyelid hemangiomas are high-risk and need to be treated.

Nadolol has been shown to be more efficacious than propranolol in the treatment of hemangiomas. If using Nadolol and the baby has not pooped in three days, stop the medication until the baby poops since the medication is excreted in poop.

Segmental hemangiomas can be associated with PHACES syndrome and need a workup (ophthalmology exam, MRI/MRA of head and neck, and echocardiogram) before starting propranolol

A perineal hemangioma can be associated with PELVIS syndrome, and these patients need an MRI of the lumbar spine, abdomen, and pelvis.

A classic spitz nevus can be observed and followed with photos. Many spitz nevi in pediatric patients will eventually become involute and resolve themselves.

#### **Day 4: Sunday, November 10, 2024**

#### **8:30 am-9:30 am: Dermatologic Care of New Mothers: Jenny Murase, MD**

Diagnostic criteria for Raynaud's Phenomenon of the nipple must include at least two of the following three criteria:

1. Observed or self-reported color change of the nipple (white, blue, or red), especially with cold exposure.
2. Cold sensitivity or color changes of the hands or feet with cold exposure
3. Failed therapy with oral antifungals

Lactation safety classification system: L1=safest, L2=safest, L3=moderately safe, L4=possibly hazardous, L5=contraindicated.

When prescribing antihistamines to a lactating patient, it is preferable to prescribe non-sedating antihistamines; loratadine is the first line.

Breastfed infants showed decreased incidence and severity of some types of allergies and may have decreased risk of asthma as an adult.

Maternal dietary antigen avoidance during pregnancy has no protective effect on the development of atopic dermatitis in the first 18 months of life.

IgG transfer into breast milk is significant only in the first four days postpartum.

### **9:30 am-10:30 am: Pearls in Pediatric Care: Lisa Swanson, MD**

Pediatric patients with atopic dermatitis have an increased risk of food allergies, but food is rarely causing atopic dermatitis. Elimination diets are not recommended.

Pediatric patients with atopic dermatitis are at increased risk of asthma, allergies, and eosinophilic esophagitis.

Sunflower seed oil has been shown to help with atopic dermatitis, but it is difficult to find a good preparation for the oil.

Polypodium leucotomos is very helpful for sun-sensitive conditions like polymorphic light eruption, dermatomyositis, cutaneous lupus, etc. The capsules are large, but they can be opened and sprinkled in food or juice for pediatric patients.

Consider ordering a fecal calprotectin test on pediatric psoriasis patients to rule out irritable bowel disease if starting IL-17 medication.

### **10:30 am-11:30 am: Fulfilling Great Expectations: Safe Medical Management of Skin Disease in Pregnancy: Jenny Murase, MD**

Family planning should be addressed in all women of reproductive potential. Fifty percent of pregnancies in the United States are not planned with a healthcare professional.

Acyclovir is the treatment of choice for herpes in pregnant patients. Expectant mothers should start prophylactic treatment for herpes simplex virus at 36 weeks gestation if planning a vaginal delivery.

During pregnancy, lupus patients follow the classic rule of thirds: one-third will worsen, one-third will stay the same, and one-third will improve.

Fetal skin shares the same desmoglein-3 profile as adult oral mucosa. Therefore, neonatal pemphigus is more likely to occur if the mother has oral disease.

Biologics for psoriasis have mounting safety data supporting the use of anti-TNF biologics in pregnancy and breastfeeding.