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DERMA

Volume2| Issue 21|2021

Dear Doctor,

Greetings from Micro Labs. We are happy to bring you "Derma Today" which contains latest and interesting news in the field of Dermatology.

This issue contains:

Should you require any article or, medical information, please feel free to contact us medicalservices@microlabs.in Looking

forward to your valuable feedback.Best

Regards,

Medical Team, Micro Labs Limited.

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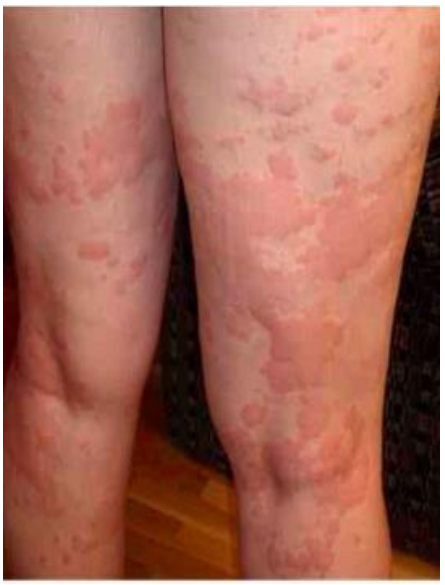
NB-UVB with Antihistamine in the Treatment of Chronic Urticaria: A Systematic Review and Meta-analysis

Introduction

NB-UVB with Antihistamine in the Treatment of Chronic Urticaria: A Systematic Review and Meta-analysis



Chronic urticaria (CU) is a common skin disease presenting with period exceeding 6 weeks. Second – generation H1-antihistamines (sgAH) are typically the first-line drugs used to treat CU, but few patients do not respond adequately to sgAH even at fourfold the standard dose.

Ultraviolet B (UVB) phototherapy has many effects, including antiinflammatory, immunosuppressive and cytotoxic effects.

Aim of the current study is to evaluate efficacy and safety of Narrow-band ultraviolet B (NBUVB) along with antihistamine in chronic urticaria.

Methods

Metanalysis was done with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Nine studies involving 713 participants were included in the study.

Studies included were NB UVB therapy with antihistamines as an add on for urticaria.

Primary outcomes assessed include symptom scores such as total effective rate (TER), Urticaria Activity Score (UAS), Reduction of Urticaria Activity Score (RUAS), and Symptom Score Reduction Index (SSRI). Adverse events and recurrence rate (RER) were also included.

Results

Two studies involving 152 participants showed that Urticaria activity score significantly improved in patients with combination of NB UVB therapy and antihistamine combination compared to antihistamines alone (p\0.00001).

Another 7 trials with combination of NB UVB therapy and antihistamines showed that combination had a higher Total effective rate than antihistamines alone (, p\0.00001).

Erythema , drowsiness, itching, dry mouth, dizziness was common adverse effects seen.

Discussion

NB-UVB has a suppressive effect on systemic immune responses and reduces the release of histamine and other pro-inflammatory mediators from mast cells. NB-UVB has an inhibitory effect on these pro-inflammatory mediators and cytokines, which can explain its role in CU. Evidence-

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Based Practice Guideline suggests that NB-UVB phototherapy be used as add-on therapy in patients unresponsive to H1-antihistamines.

Conclusion

In the treatment of chronic urticaria, combination therapy of NB-UVB with antihistamines is significantly more effective than antihistamines alone.

Reference:

Chen J et al. Efficacy of NB-UVB as Add-on Therapy to Antihistamine in the Treatment of Chronic Urticaria: A Systematic Review and Meta-analysis. Dermatol Ther (Heidelb). 2021 Mar 18

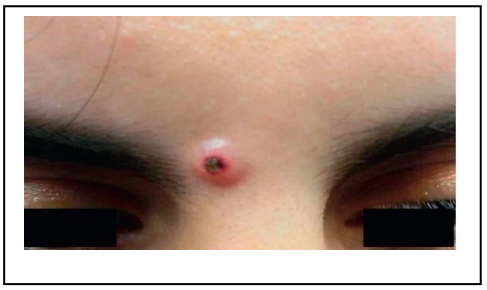
A case of recurrent Cutaneous Lymphadenoma.

Cutaneous lymphadenoma (CL) is one of the rare adnexal tumor that usually presents as an asymptomatic skin-colored nodule on the head and neck region.

Current is a case of case of Cutaneous in young female that recurred after shave excision.

Case presentation

A 20-year-old woman presented with a skin lesion on her forehead that initially appeared about seven years earlier. Gradually lesion grown to a 3–4mm papule over four years which was earlier removed via shave excision.



Around five months back of presentation the lesion reemerged with a considerably faster growth rate that resulted in a 5–6mm papule.

Examination revealed a smooth skin-colored superficial papule with a central crust between the eyebrows.

Excisional biopsy was done with a 3mm margin, histopathologic evaluation revealed a dermal nodule of interconnected islands, sheets, and trabeculae of epithelial cells within a sclerotic stroma. Epithelial cells had eosinophilic to clear cytoplasm and mild pleomorphic vesicular nuclei. A peripheral rim of palisading basophilic cells surrounded the epithelial islands. A sclerotic stroma with dense infiltration of inflammatory cells contained the islands. Histopathological findings were in favour of CL.

Discussion

CL is derived from the pilosebaceous unit. Tumor usually presents as an indolent, erythematous, or skin-colored, small nodule within the head and neck region.

Differential diagnosis histopathologically include clear cell syringoma, lymphoepithelioma-like carcinoma of the skin (LELC), and dermal thymus.

Treatment usually involves simple excision. If the tumor margins are not clinically well defined, Mohs surgery is particularly useful in such cases to ensure complete removal of the lesion.

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Conclusion

A case of Cutaneous lymphadenoma was successfully treated with complete margin-free excision.

Reference:

Rajabi F et al. Cutaneous Lymphadenoma: A Case of Recurrence after Shave Excision. Case Reports in Dermatological Medicine. 2021; 5543404:1-3 pages

3. Combination of Calcipotriol and betamethasone in moderate-to-severe plaque psoriasis.

Introduction

Psoriasis is a systemic inflammatory disease primarily involving skin and joints, most of whom present with chronic plaque psoriasis.

Psoriasis impacts quality of life (QoL) with patients often experiencing bothersome physical symptoms and significant psychosocial burden.

Many treatment guidelines recommend topical therapies for mild and mild-to-moderate psoriasis, either as monotherapy or as adjunctive therapy.

Aim of the current study is to evaluate Calcipotriol and betamethasone dipropionate (Cal/BD) combination in moderate to severe plaque psoriasis.

Methods

A retrospective observational study involving 45 patients were included. Patients included were those with age > 18 years of age. Diagnosed with chronic plaque psoriasis and no other

If measured, PASI $\geq$ 6 and $\leq$ 20; BSA $\geq$ 3% and $\leq$ 30%; PGA>1 (or not ‘‘clear’’).

Patients with Psoriasis Area and Severity Index (PASI)>20 or BSA> 30%, and patients receiving systemics (biologic/nonbiologic) as monotherapy, were excluded.

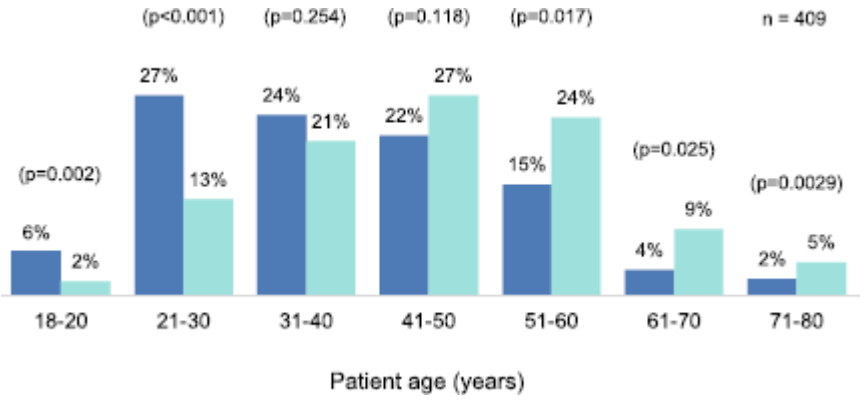
Patients records were collected with Cal/BD foam (as monotherapy or as an adjunct to another topical or systemic therapy), and who had at least one follow-up appointment within 1–3 months after initiation.

Results

Cal/BD foam as monotherapy in moderate to severe psoriasis patients were high. In Cal/BD

treated patients as monotherapy, the patients tended to be younger (mean age 39 vs. 46 years; p\0.001) and more recently diagnosed than when used in combination therapy(patients on multiple topical therapy with Cal/BD or receiving more than one type of treatment (e.g., topical + biologic).

Cal/BD was the most commonly prescribed for moderate to severe psoriasis (68%). When used as an adjunctive therapy, Cal/BD was mostly used with non-biologic systemic agents (26% on Cal/BD foam).



Discussion

Cal/BD is useful in treatment for moderate-to-severe plaque psoriasis. In current study, Cal/BD is most commonly used this treatment as monotherapy, and as adjunctive therapy with non-biologic systemic therapies for beyond-mild patients.

Conclusion

Cal/BD have shown excellent results in patients with psoriasis, thus can have a role in reducing the use of the various systemic options.

Reference:

Aschoff R et al. Real-World Experience Using Topical Therapy-Calcipotriol and Betamethasone Dipropionate Foam in Adults with Beyond-Mild Psoriasis. Dermatol Ther (Heidelb). 2021 Mar 15.