# DERMATOLOGIC CONDITIONS IN SKIN OF COLOR

## Peer-to-Peer Educational Toolkit

A compilation of key content from select presentations at the 2021 South Beach Symposium Part I: Medical Dermatology Summit and the Masters of Pediatric Dermatology

<table>
<thead>
<tr>
<th>Latanya Benjamin, MD, FAAD, FAAP</th>
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<tbody>
<tr>
<td>Associate Professor of Pediatric Dermatology</td>
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<th>Valerie Callender, MD</th>
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<tr>
<td>Professor of Dermatology</td>
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<tr>
<td>Howard University College of Medicine, Washington, DC</td>
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<td>Medical Director, Callender Dermatology &amp; Cosmetic Center</td>
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<td>Glenn Dale, MD</td>
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<thead>
<tr>
<th>Seemal Desai, MD, FAAD</th>
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<tr>
<td>Clinical Assistant Professor</td>
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<tr>
<td>Department of Dermatology</td>
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<tr>
<td>University of Texas Southwestern Medical Center</td>
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<tr>
<td>Dallas, Texas, USA</td>
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<td>Innovative Dermatology, PA</td>
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<td>Lewis Katz School of Medicine, Temple University</td>
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<th>Amy McMichael, MD</th>
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<tr>
<td>Wake Forest Baptist Medical Center</td>
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<td>Winston-Salem, NC</td>
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Pediatric Patients of Color

Acne
Atopic Dermatitis
Keloids
Vitiligo
Tinea Capitis
Traction Alopecia
# Acne Treatments

<table>
<thead>
<tr>
<th>Topical Antibiotics</th>
<th>Oral Antibiotics</th>
<th>Topical Retinoids</th>
<th>Oral Retinoids</th>
<th>Topical Anti-androgen</th>
<th>Oral anti-androgen</th>
</tr>
</thead>
<tbody>
<tr>
<td>minocycline 4% foam</td>
<td>sarecycline</td>
<td>trifarotene</td>
<td>0.005% cream</td>
<td>clascoterone 1% cream</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>tazarotene</td>
<td>0.045% lotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>clindamycin, dapsone</td>
<td>doxycycline, minocycline</td>
<td>tretinoin, adapalene</td>
<td>isotretinoin</td>
<td></td>
<td>spironolactone</td>
</tr>
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</table>
Acne: Tips for Communication

- Communicate why you are taking each step
- Set reasonable expectations
- Discuss the patient journey
- Partner with the patient

- Explain that you are going to treat both their acne symptoms and their hyperpigmentation symptoms concurrently
- Keep in mind the parents’ personal history of skin concerns when explaining the treatment process

Dr. Latanya Benjamin
Atopic Dermatitis: Patients of Color

- AD disproportionally affects Black children
- Among US children, more likely to suffer from AD and more likely to seek medical care for AD
- More disfiguring in SOC patients (hypo/hyper-pigmentation)
- Challenges in diagnosing and treating in pediatric SOC patients
Atopic Dermatitis: Pathogenesis

• Complex, multifactorial, poorly understood

• Endogenous factors:
  • Genetic predisposition
  • Defective skin barrier
  • Abnormal innate immunity
  • Immunologic abnormalities

• Interaction with exogenous factors
AD: Treating Infection

• Culture (Bacterial, Viral DFA)
• Bacterial
  • Topical: mupirocin, ozenoxacin
  • Liquid: Cephalexin
  • Pills: Cephalexin or Dicloxacillin
  • Clindamycin, Sulfamethoxazole-Trimethoprim, Doxycycline if concerned about MRSA
• Treat 7-14 days
• Continue to treat skin as well!
AD Treatment Overview

Step 1: Education, bathing, gentle skin care, moisturizing, avoidance of triggers

Step 2: Topical steroids (TCs), Calcineurin inhibitors (TCIs), phosphodiesterase-4 inhibitor

Step 3: Higher potency topical steroids, wet dressings, oral antihistamines, evaluate and treat for secondary infection

Step 4: Phototherapy, SCs, systemic immunomodulators
Dupilumab

- Currently, only one systemic biologic drug FDA approved
- Targets IL-4 and IL-13
- Dupilumab injection 200mg and 300mg
- First biologic approved for children aged 6 years and older with uncontrolled moderate to severe AD
Emerging AD Therapies

- Tralokinumab (12-17 years) Phase 3 clinical trial
- Upadacitinib
- Abrocitinib
- Ruxolitinib (12 years and older)
- Baricitinib (ages 2 and up)
Keloids: Skin of Color

- African descent affected 5-16 times more than those with light skin tones
  - Hispanics and Asians also at higher risk

- Onset most common after puberty
  - Average age is 22-23 years old

- Physiological differences:

<table>
<thead>
<tr>
<th></th>
<th>Caucasian</th>
<th>African descent</th>
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<tbody>
<tr>
<td>Dermis</td>
<td>Thin, less compact</td>
<td>Thick, compact</td>
</tr>
<tr>
<td>Fibroblasts</td>
<td>Few</td>
<td>Large, numerous</td>
</tr>
</tbody>
</table>

- Fibroblasts interact with other cells and growth factors → keloid formation
Keloids: Intralesional Triamcinolone

**Potential pitfalls:**
- If diluting the triamcinolone:
  - Mix appropriately (precipitates) – roll
  - Don’t overdilute
  - Saline vs lidocaine
- Equipment:
  - Luer-lock syringes to avoid the needle flying off the syringe and creating a splash or spray

**Injection technique:**
- Create a tunnel
  - Retrograde injection
- Goal = not to inject subcutaneously

Dr. Candrice Heath
Vitiligo

• Autoimmune disease in which cutaneous depigmentation occurs
• Existing therapies are inadequate and limited
• About 45% of children nationally (higher in some states) are on Medicaid plans (under CHIPS Act)
• Despite the fact that vitiligo has a QoL impact greater than many systemic diseases, it is rarely considered by third-party payors who tend to treat vitiligo as a cosmetic rather than a medical issue, thereby disproportionately impacting persons of color

Personal communication Lionel Bercovitch, MD

Dr. Latanya Benjamin
Vitiligo: Treatments

- Conventional Therapies:
  - Topical corticosteroids (TCs)
  - Topical calcineurin inhibitors (TCIs)
  - Systemic corticosteroids (SCs)
  - Phototherapy
Vitiligo: Treatments

- Unconventional Therapies:
  - Melagenina
  - Alcoholic extract of human placenta
  - Said to produce proliferation of melanocytes and enhance melanogenesis in vitiligo skin


Dr. Latanya Benjamin
Psychological Considerations

- Camouflaging cosmetics
  - Covermark
  - Dermacolor
  - Keromask
  - Veil
  - Vichy (Dermablend)

- Depigmentation therapies
  - Monobenzyl ether of hydroquinone (MBEH)
  - Phenol 88%
  - 4-methoxphenol (4MP, mequinol, p-hydroxyanisol)
  - Physical therapies (cryotherapy, lasers)

https://vitiligosociety.org/skin-camouflage
Emerging Therapies for Vitiligo

- Ruxolitinib (JAK1/JAK2 inh) *both adolescent and adults
- Ritlecitinib (PF-06651600) (JAK3/TEC inhibitor)
- Brepocitinib (PF-06700841) (TYK2/JAK1 inhibitor)
- Cerdulatinib (JAK/SYK inh)
Traction Alopecia

• Commonly seen in African American females
• Induced by tight braids held with elastic bands
• Early disease is often reversible, while late disease typically leads to permanent hair loss

• Clinical Findings:
  • Short, thinning hair at frontal hairline or between braids
  • Papules
  • Perifollicular erythema & pustules (traction folliculitis)


Dr. Latanya Benjamin
Traction Alopecia: Treatment

- **Early-stage**
  - Loosen braids or pony-tail
  - Topical minoxidil
  - Local corticosteroids
  - Oral antibiotics

- **Late-stage**
  - Cosmetic camouflage
  - Hair transplantation

Dr. Latanya Benjamin
## Tinea Capitis: Treatment

- **Antifungal shampoos**
  - May help with household spread
  - Decrease transmissible fungal spores

- **Conditioners**
  - May help with household spread
  - Household should use it as well

- **Watch out for hair dryness → breakage**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Duration</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Griseofulvin microsize</td>
<td>(125 mg/5 mL)</td>
<td>8-12 weeks</td>
<td>Approved for kids 2+ years (tinea capitis)</td>
</tr>
<tr>
<td>Terbinafine 250 mg tab</td>
<td>10-20 kg: 62.5 mg/day</td>
<td>6 weeks for trichophyton</td>
<td>8-12 weeks for microsporum</td>
</tr>
<tr>
<td></td>
<td>20-40 kg: 125 mg/day</td>
<td></td>
<td>Approved for kids 2+ years (onychomycosis)</td>
</tr>
<tr>
<td></td>
<td>&gt;40 kg: 250 mg/day</td>
<td></td>
<td>Approved for kids 4+ years (tinea capitis)</td>
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Greer DL. Successful treatment of tinea capitis with 2% ketoconazole shampoo. *Int J Dermatol* 2000


Dr. Candrice Heath
Tightly Coiled Hair Care Practices

• **Typical hair washing practice:**
  - Remove current style (30 min – 3 hrs depending on style)
  - Wash
  - Rinse
  - Wash
  - Rinse
  - Condition
  - Detangle (15 min with large tooth comb)
  - Rinse
  - Leave-in-conditioner
  - Detangle (1 hr)
  - Style (1-3+ hrs)
  - Frequency every 1-2 weeks

• **How to use antifungal shampoo on tightly coiled hair:**
  - Parent may apply antifungal shampoo directly to scalp (ex. Ketoconazole shampoo)
  - Wait 5-10 minutes
  - Rinse
  - Shampoo scalp & hair with moisturizing shampoo
  - Condition with moisturizing conditioner
  - Style the hair as desired

Dr. Candrice Heath
Tinea Capitis: Not Responding as Expected?

- Options:
  - Check the dose
  - Extend the course
  - Review optimal foods to give
  - griseofulvin with fatty foods
  - Divide the dosing (Griseo)
  - Change the drug
  - Check the siblings

Adult Patients of Color

Melasma
Aesthetic Procedures
Hyperpigmentation
Melasma Therapeutic Ladder

• Sunscreen, sunscreen, sunscreen (prefer inorganic, tinted)
• Hydroquinone 4% or triple combination bleaching agents
• Cysteamine topical
• Topical tranexamic acid, topical Vitamin C, microdermabrasion, chemical peels
• Micro-needling with PRP
• Oral tranexamic acid
• Rarely use >4% concentration hydroquinone
• 5 minutes in the sun will undo all your work
Melasma: Treatment Options

- Topical Retinoids & Combination Therapy
- Azelaic Acid
- Hydroquinone
- Chemical Peels
- Cosmeceuticals
- Lasers
- Dermabrasion
- Reassurance and Time
Chemical Peels

• Jessner’s + TCA 20% for full face acne scars, especially when not deep boxcar or ice pick
  • Can do in skin of color
  • One layer after another
• Salicylic acid 30% and 10%-20% Mandelic for Acne Vulgaris
  • Works great for acne and also rejuvenation
  • Synergy between and alpha and beta hydroxy!
• TCA 10% immediately after microneedling for dark circles
  • Procedure only lasts about 5 minutes
  • Depth of 0.5mm → SHALLOW
Cosmetic Procedure Prep: Skin of Color

• Priming the skin for many aesthetic procedures is important in Skin of Color

• Sunscreen SPF30 should be used along with cosmeceuticals and consider inorganic sunscreens

• All retinoids, including OTC should be stopped 5-7 days prior to any aesthetic treatments, and GET HSV HISTORY!!
Post-Inflammatory Hyperpigmentation (PIH)

• Temporary pigmentation that follows injury or inflammatory disorder of skin
  • AKA: Acquired melanosis
• More common in darker skin types
  • Fitzpatrick Type IV and higher
• Most common pigmentary disorder
• Commonly associated with:
  • Any inflammatory condition including:
    • Acne
    • Psoriasis
    • Arthropod Insults

Dr. Valerie Callender
PIH: Treatments

- Always 1st
  - Treat the cause and sun protect
- Sun protection
- Hydroquinone
- Azelaic Acid
- Tretinoin
- Corticosteroids
- Chemical Peels

- Salicylic acid and glycolic acid
- Kojic Acid
- Laser Treatment
- QS ND:Yag, QS Ruby
- Intense Pulse Light Therapy (IPL)

Dr. Valerie Callender
PIH: Treatment

Dr. Valerie Callender
Hydroquinone for Skin Lightening

- **Gold standard for skin lightening**
- **Monotherapy**
- **Combination therapy**
  - HQ4% microencapsulated + retinol 0.15% + antioxidant
  - HQ4% + retinol 0.3%
  - HQ4% + tretinoin 0.05% + fluocinolone 0.01% = TC cream
- **Compounding pharmacy**
  - Hydroquinone 4-10 %
  - Tretinoin cream 0.025% 20g
  - Desonide cream 0.05% 30g
  - Ascorbic acid 500 mg
Cosmeceuticals for Hyperpigmentation

- Retinol & derivatives
- Arbutin & deoxyarbutin
- Kojic acid
- Licorice extract
- Vitamin C
- Glutathione
- Ellagic acid
- Soy
- Aleosin

- Emblica Extract
- Lignin Peroxidase
- Niacinamide
- N-acetyl glucosamine
- Transexamic acid
- Oligopeptides (decapeptide-12 0.01%)
- Procyanidin + Vitamins A,C & E
- Newer topical agents with a multimodal approach

Hyperpigmentation: Therapeutic Strategy

• A multimodal approach
• Individualized treatment plan
  • Clinical presentation
  • General health
  • Financial resources
  • Levels of compliance & reliability
• Photoprotection is an essential component
• Procedural treatments must be used with caution in SOC patients