What's New In Ped Derm, & What is Connected To Obesity?

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What's New In Ped Derm, & What is Connected To Obesity



Objectives

- Recognize neonatally the at risk infantile hemangiomas deserving propranolol consideration
- 2. Know the new medications for atopic dermatitis
- 3. Identify cutaneous diseases linked to obesity

What's New in Ped Derm

- 1. Infantile Hemangiomas we should treat
- 2. Atopic Dermatitis (AD)
 - *Medications
 - Evaluation
- 3. Skin Disease Assoc with Obesity

Infantile Hemangiomas (IH)

- · Vascular Anomalies: Proliferations
- · Most common benign tumor of infancy
- · Affect 3-10% infants under age 1
- · Differential: Vascular Malformations
- Treatment for @ risk IH: Propranolol

Leaute-Labreze C, et al. (2008) N Engl J Med. 358 (24):2649-51

Propranolol for Severe Hemangiomas of Infancy

Propranolol for Severe Hemangiomas of Infancy

10 THE LEDTON: Despite their self-limited course, infantile capillary hemangiomas can impair viral or sensory functions or cause disfiguremen. Coral constrouds are the first line of treatment for problematic infantile capillary hemangiomas. The continuation of the propose of the supplementary Appendix, Ultrasonography showed propose include interferon alfa* and vincristine. We have observed that proparatiols are inhebit the growth of these hemangiomas. Our prediminary data from 11 children are summarized in Table 1 in the Supplementary Appendix, available with the full text of this letter at twww. nejm.org.

The first child had a nasal capillary hemangiomay. Despite corticosteroid treatment, the lession was stabilized but obstructive hypertrophic myocardiopathy developed, so the patient was treated with proparatols. The day first the initiation of treatment, the hemangioma changed from intense red to purple, and it softened. The corti-



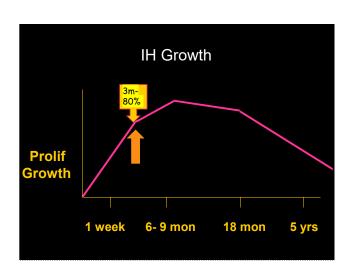
ORIGINAL ARTICLE

A Randomized, Controlled Trial of Oral Propranolol in Infantile Hemangioma

C. Léauté-Labrèze, P. Hoeger, J. Mazereeuw-Hautier, L. Guibaud, E. Baselga, G. Posiunas, R.J. Phillips, H. Caceres, J.C. Lopez Gutierrez, R. Ballona, S.F. Friedlander, J. Powell, D. Perek, B. Metz, S. Barbarot, A. Maruani, Z.Z. Szalai, A. Krol, O. Boccara, R. Fosiets-Holst, M. I. Febrer Bosch, J. S. H. Buckova, A. Torrelo, F. Cambazard, R. Grantzow, O. Wargon, D. Wyrzykowski, J. Roessler, J. Bermabeu-Wittel, A.M. Valencia, P. Pzzewratil, S. Glick, E. Pope, N. Birchall, L. Berjainni, A.J. Hancini, P. Vabres, P. Souteyrand, I.J. Frieden, C.I. Berul, C.R. Mehta, S. Prey, F. Boralevi, C.C. Morgan, S. Heritler, A. Delarue, and J.-J. Voisard

ABSTRACT

We performed a multicenter, randomized, double-blind, adaptive, phase 2-3 trial assessing the efficacy and safety of a pediatric-specific oral propramolel solution in infants 1 to 5 months of age with proliferating infantile hemangioma requiring laberate (Control of the propramolel regimens (1 or 3 mg of propramolel base per kilogram of body weight systemic therapy). Infants were randomly assigned to receive placebo or one of four propramolel regimens (1 or 3 mg of propramolel base per kilogram of body weight per day for 3 or 6 months). A preplanned interim analysis was conducted to identify the regimen to study for the final efficacy analysis. The primary end point was at NIMatog. Success (complete or nearly complete resolution of the target hemangioma) or failure of trial treatment at week 2.4, as assessed by independent, controlled. Minded



Refer/Treat Early • 5-8wk corrected age • Problematic or At Risk IH • Location/size- Deforming or Functional prob (facial, eye, nasal tip, ear, neck) • Ulceration (mucous membranes/folds/large) • Multiple (internal) • Social impact

Referral/Caution Needec Multiple Risk internal ones, liver-> hi output failure Large plaques on face PHACES-> CNS AV/CV/Eye problems Lumbar/sacral Risk for Spinal Dysraphism Associated Risk for GU/Renal Problems



Crisabole (Eucrisa)

- FDA- Topical ointment approved Dec 2016
- · Intercedes with the immune cascade
- Provided some relief with less severe disease
- No serious side effects (stinging- most common)

Dupilumab (Dupixenet)"Blockbuster" & "Gamechanger"

A new injectable biological for AD

<u>Lancet</u> 10/15 for AD in adults

<u>Lancet</u> 7/16 for uncontrolled Adult Asthma

FDA approval for AD in children- 3/17

Modulates immune dysfunction present in AD-(IL 4 & IL 13 inhib)

Insurances determining coverage Costs est. >\$37K/year

NIH Panel Guidelines 1/17

Early Peanut Introduction for High-Risk Infants (expose as young as 4 months)

Peanut Extract Skin prick testing defines 3 likelihood categories of peanut allergy

Low Risk (wheal 2 mm or less)- Panel rec: Peanut (PN) introduction

Med Risk (wheal 3-7mm wheal)- Panel rec: Supervised PN feed/oral challenge

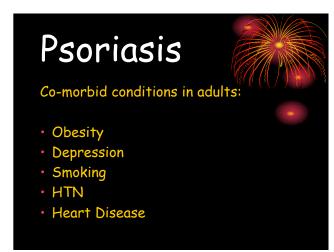
High Risk (wheal 8 mm or more)- Panel rec: Referral to specialist

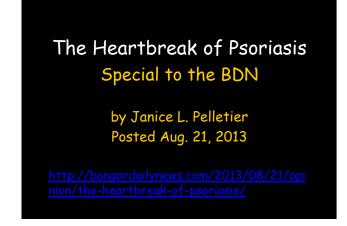
Or do Peanut IgE

- Peanut IgE levels <0.35 kUA/L: low likelihood of peanut sensitivity. Panel rec: Intro peanuts
- Peanut IgE >0.35: Panel rec- Referral

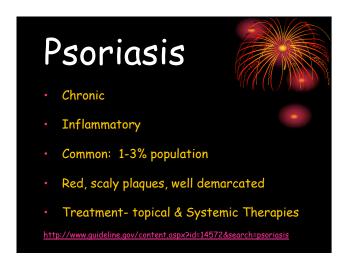
Boyce JA, et al "Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel" J Allergy Clin Immun 2017; Jan. 5.

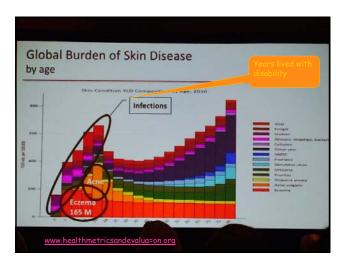










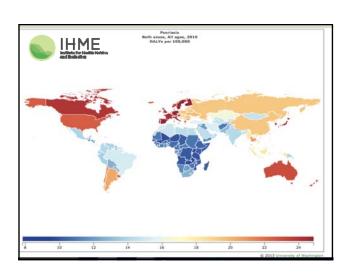


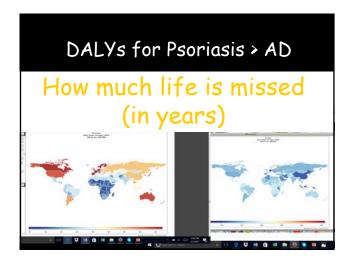
DALYs:
Overall Health Loss

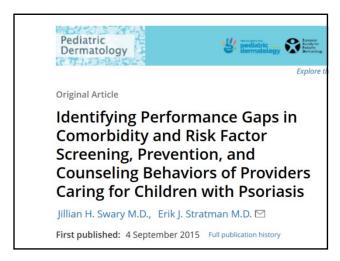
DALYs (disability-adjusted life yrs) =

YLLs (yrs life lost) + YLDs yrs lived w/ disability)

In other words-> A Measure of Disease Burden







Obesity, Hyperlipidemia, HTN, Insulin Resistance, & Metabolic Syndrome

More prevalent in kids with psoriasis.

Rate of comorbidities in kids with psoriasis is 2x that without psoriasis

Globally, children with psoriasis have excess adiposity regardless of psoriasis severity

Multicenter study of children with psoriasis suggested a greater association with obesity in childhood-onset versus adult-onset psoriasis.

How did we do with counseling obesity risk factors?

• Bad

Although BMI was collected for all pts, counseling on high BMI as a risk factor for psoriasis and about the harms of high childhood BMI in general occurred at low rates (10% and 30%, respectively)





