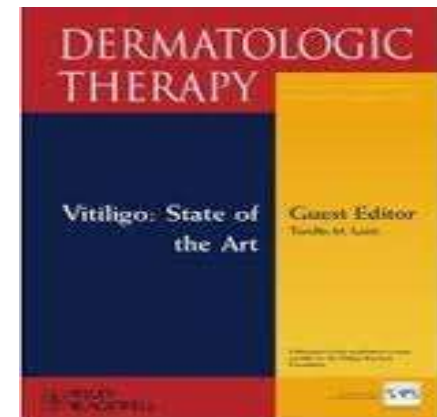


ĐIỂM BÁO DA LIỄU THÁNG 9/2020



TS.BS. Nguyễn Trọng Hòa
Ngày 25/9/2020



Treatment of Psoriasis With Biologic Therapy Is Associated With Improvement of Coronary Artery Plaque Lipid-Rich Necrotic Core

Results From a Prospective, Observational Study

[See Editorial by Zayed](#)

BACKGROUND: Lipid-rich necrotic core (LRNC), a high-risk coronary plaque feature assessed by coronary computed tomography angiography, is associated with increased risk of future cardiovascular events in patients with subclinical, nonobstructive coronary artery disease. Psoriasis is a chronic inflammatory condition that is associated with increased prevalence of high-risk coronary plaque and risk of cardiovascular events. This study characterized LRNC in psoriasis and how LRNC modulates in response to biologic therapy.

METHODS: Consecutive biologic naïve psoriasis patients (n=209) underwent coronary computed tomography angiography at baseline and 1-year to assess changes in LRNC using a novel histopathologically validated software (vascuCAP Elucid Bioimaging, Boston, MA) before and after biologic therapy over 1 year.

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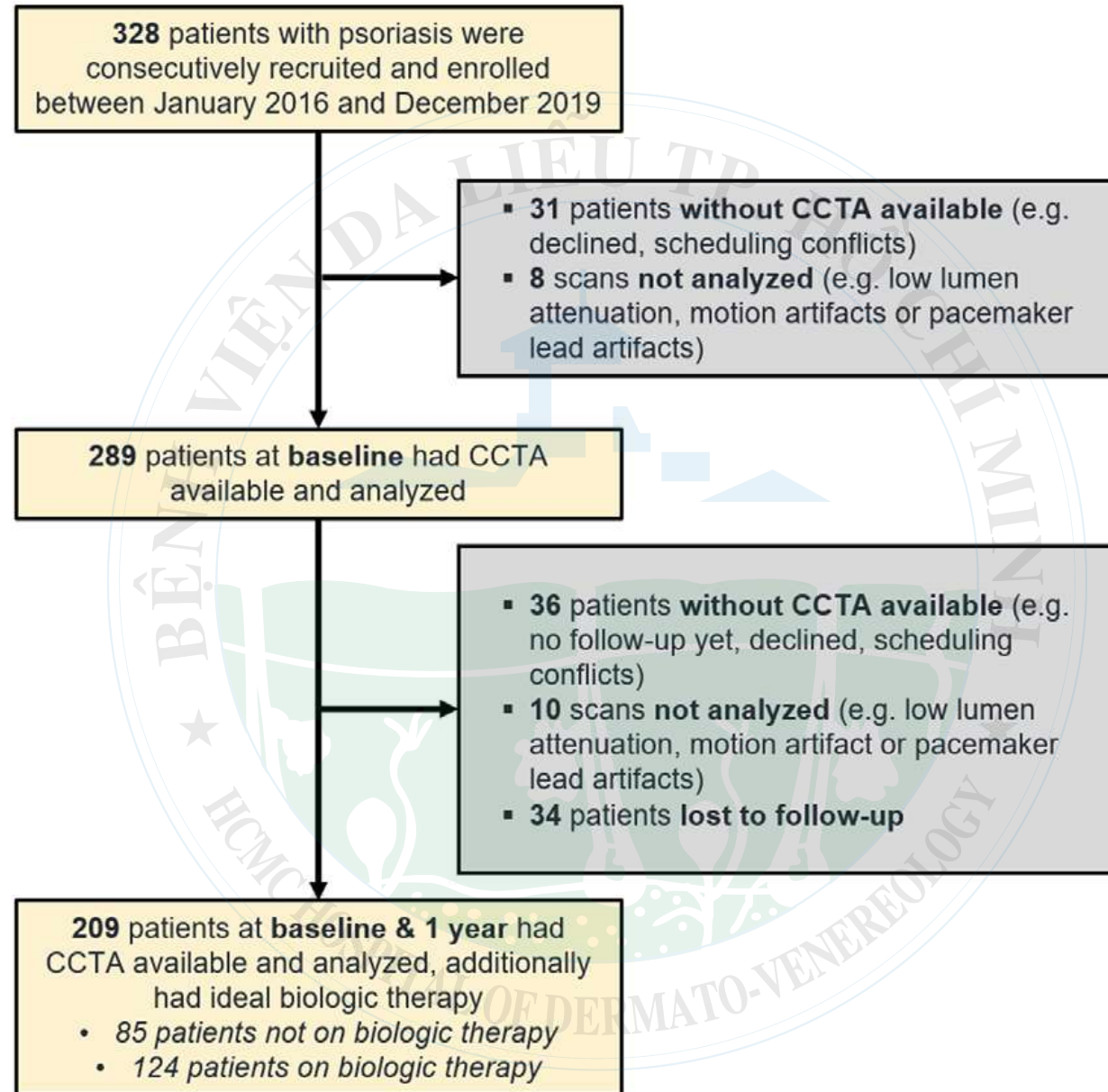
Martin P. Playford, PhD

Wunan Zhou, MD, MPH

Marcus Y. Chen, MD

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MSCE



	Patients Not Treated With Biologic Therapy, n=85			Patients Treated With Biologic Therapy, n=124			Baseline P Value	1 Year P Value
	Baseline	1 Year	P Value	Baseline	1 Year	P Value		
Coronary artery characterization								
Lipid rich necrotic core								
Max plaque area, mm ²	3.12 (1.82 to 4.60)	3.34 (2.04 to 4.74)	0.062	3.12 (1.99 to 4.66)	2.97 (1.84 to 4.35)	0.028*	0.73	0.041*
Δ max plaque area, mm ²	...	0.14 (-0.84 to 1.37)	-0.22 (-1.17 to 0.87)	0.004*

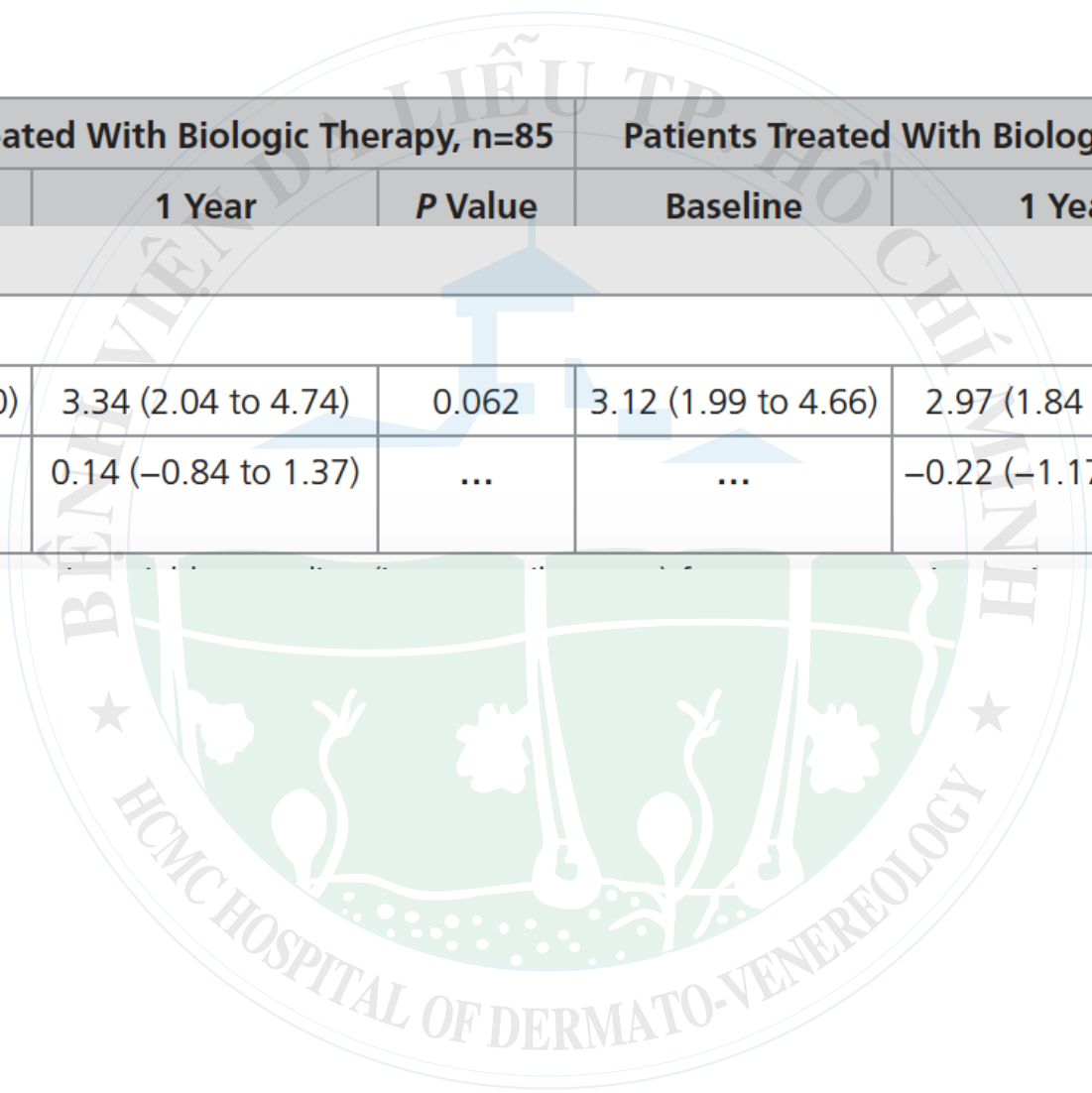


Table 4. Change in Lipid-Rich Necrotic Core Over 1-Year Between Treatment Groups

	Max Plaque Area		
	Change Over 1-Year, mm ² (%)		<i>P</i> Value
Anti-TNF therapy (n=69)	-0.07 (-3.3)	...	
vs Anti-IL12/23	...	-0.25 (-8.2)	0.40
vs Anti-IL17	...	-0.39 (-14.7)	0.14
vs NBT	...	0.19 (5.1)	0.022*
Anti-IL12/23 (n=26)	-0.25 (-8.2)	...	
vs Anti-IL17	...	-0.39 (-14.7)	0.58
vs NBT	...	0.19 (5.1)	0.014*
Anti-IL17 (n=29)	-0.39 (-14.7)	...	
vs NBT		0.19 (5.1)	0.002*

—

**Buffered lidocaine 1%/epinephrine
1:100,000 with sodium bicarbonate
(sodium hydrogen carbonate) in a
3:1 ratio is less painful than a 9:1 ratio:
A double-blind, randomized,
placebo-controlled, crossover trial**



Alexandra Vent, MD,^a Christian Surber, Dr phil nat,^a Nicole Tracy Graf Johansen, Dr phil nat,^b
Verena Figueiredo, MSc,^c Georg Schönbacher, Dr sc nat,^d Laurence Imhof, MD,^a
Caroline Buset, MD,^a and Jürg Hafner, MD^a
Zurich, Winterthur, and Schlieren, Switzerland

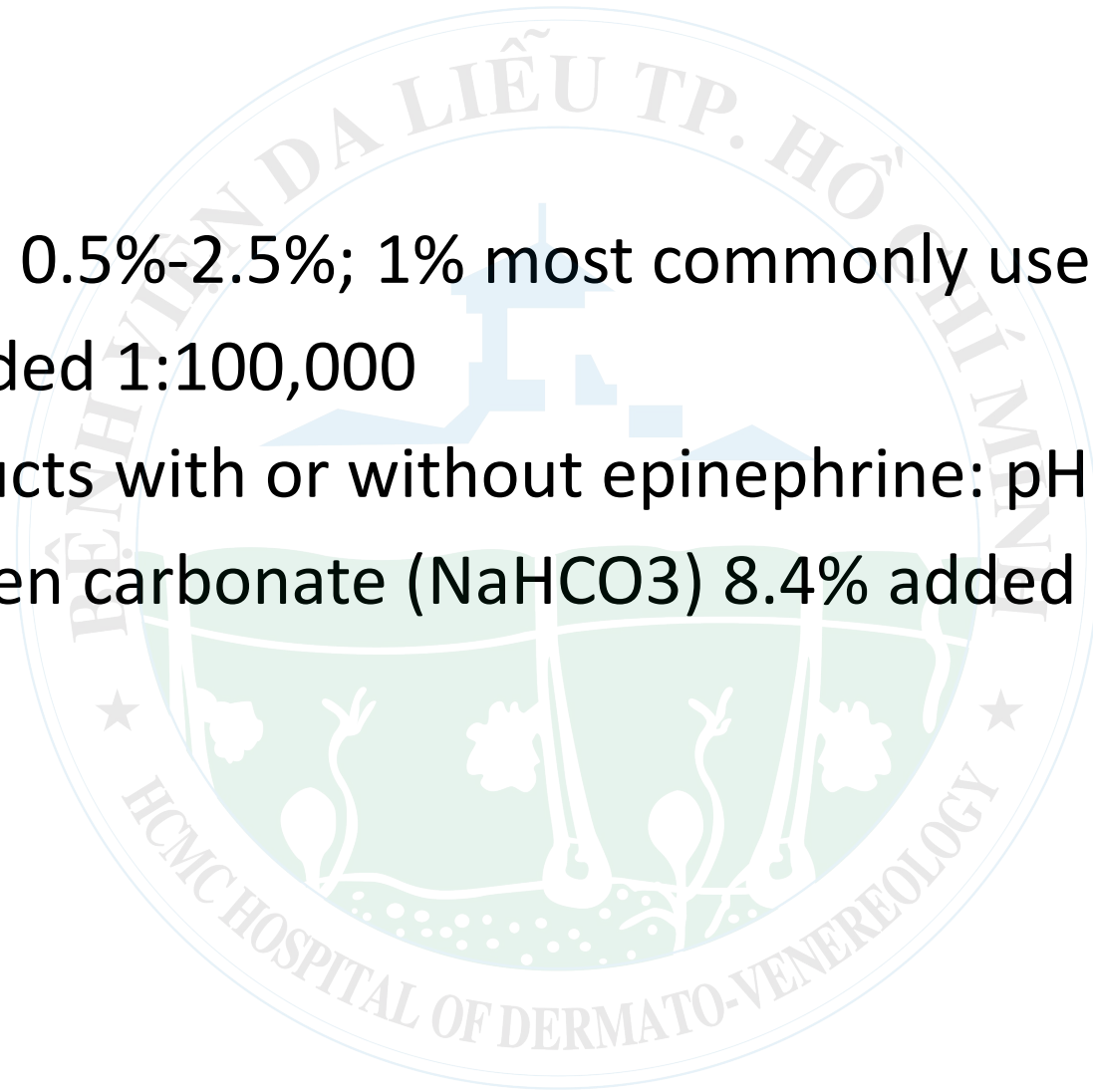
Background: Neutralizing (buffering) lidocaine 1%/epinephrine 1:100,000 solution (Lido/Epi) with sodium hydrogen carbonate (NaHCO_3) (also called sodium bicarbonate) is widely used to reduce burning sensations during infiltration of Lido/Epi. Optimal mixing ratios have not been systematically investigated.

Objectives: To determine whether a Lido/Epi: NaHCO_3 mixing ratio of 3:1 (investigational medicinal product 1) causes less pain during infiltration than a mixing ratio of 9:1 (IMP2) or unbuffered Lido/Epi (IMP3).

Methods: Double-blind, randomized, placebo-controlled, crossover trial ($n = 2 \times 24$) with 4 investigational medicinal products (IMP1-4).

Lidocaine

- Concentrations: 0.5%-2.5%; 1% most commonly used.
- Epinephrine added 1:100,000
- lidocaine products with or without epinephrine: pH = 2.5 -4.0
- sodium hydrogen carbonate (NaHCO_3) 8.4% added (10:1 to 5:1)



Group 1

IMP 1

1 vial (5ml) with Lido/Epi 15mg/ml, 15 μ g/ml
1 vial (5ml) with NaHCO₃ 42mg/ml
> mixed, resulting in 10ml

Lido/Epi-NaHCO₃ = 3:1 (pH 7.5)

containing

Lido 7.5mg/ml, NaHCO₃ 21mg/ml

set

IMP 2

1 vial (5ml) with Lido/Epi 18mg/ml, 18 μ g/ml
1 vial (5ml) with NaHCO₃ 16.8mg/ml
> mixed, resulting in 10ml

Lido/Epi-NaHCO₃ = 9:1 (pH 7.3)

containing

Lido 9mg/ml, NaHCO₃ 8.4mg/ml

set

kit

IMP 1 vs IMP 2

- n = 24, block randomization in 4 blocks (n = 6)
- Each participant receives 1 encoded kit containing 2 encoded sets, each set containing 2 blinded vials
- Infiltration of 2ml IMP per site (8ml discarded)
- 12 participants start with IMP 1 and 12 with IMP 2

Group 2

IMP 1

1 vial (5ml) with Lido/Epi 15mg/ml, 15 μ g/ml
1 vial (5ml) with NaHCO₃ 42mg/ml
> mixed, resulting in 10ml

Lido/Epi-NaHCO₃ = 3:1 (pH 7.5)

containing

Lido 7.5mg/ml, NaHCO₃ 21mg/ml

set

IMP 2

1 vial (5ml) with Lido/Epi 18mg/ml, 18 μ g/ml
1 vial (5ml) with NaHCO₃ 16.8mg/ml
> mixed, resulting in 10ml

Lido/Epi-NaHCO₃ = 9:1 (pH 7.3)

containing

Lido 9mg/ml, NaHCO₃ 8.4mg/ml

set

kit

IMP 3

1 vial (5ml) with Lido/Epi 10mg/ml, 10 μ g/ml
1 vial (5ml) with Lido/Epi 10mg/ml, 10 μ g/ml
> mixed, resulting in 10ml

Lido (pH 3.8)

containing

Lido 10mg/ml

set

IMP 4 (placebo)

1 vial (5ml) with NaCl 0.9%
1 vial (5ml) with NaCl 0.9%
> mixed, resulting in 10ml

NaCl 0.9% (pH 6.3)

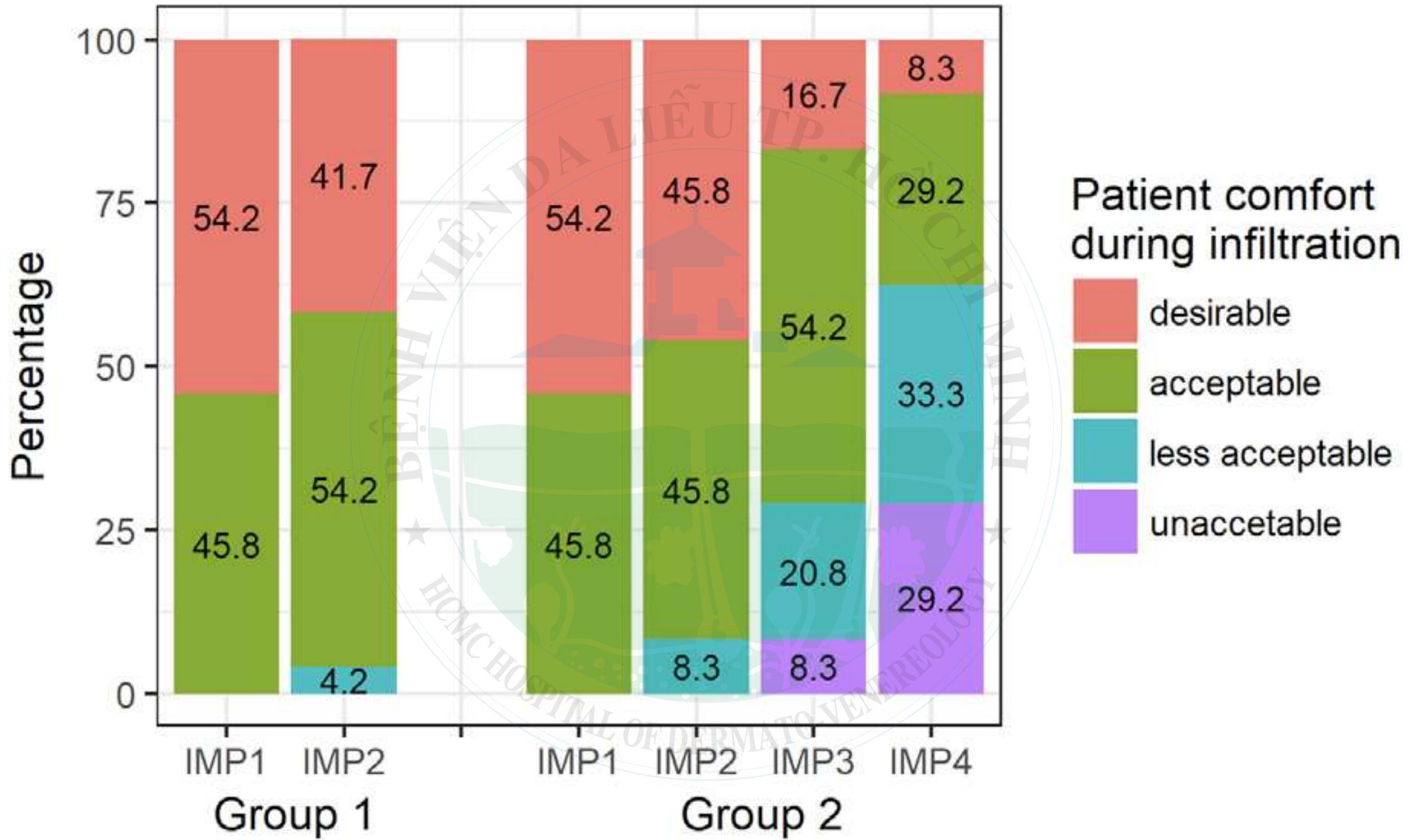
containing

NaCl 0.9mg/ml

set

IMP 1 vs IMP 2 vs IMP 3 vs IMP 4 (placebo)

- n = 24, block randomization in 1 block (n = 24)
- Each participant receives 1 encoded kit containing 4 encoded sets, each set contains 2 blinded vials
- Each participant receives the 4 IMPs in a different order (24 possibilities).
- Infiltration of 2ml IMP per site (3cm wheal) (8ml discarded)



Treatment of periocular and temporal reticular veins with 1064-nm Nd:YAG Laser

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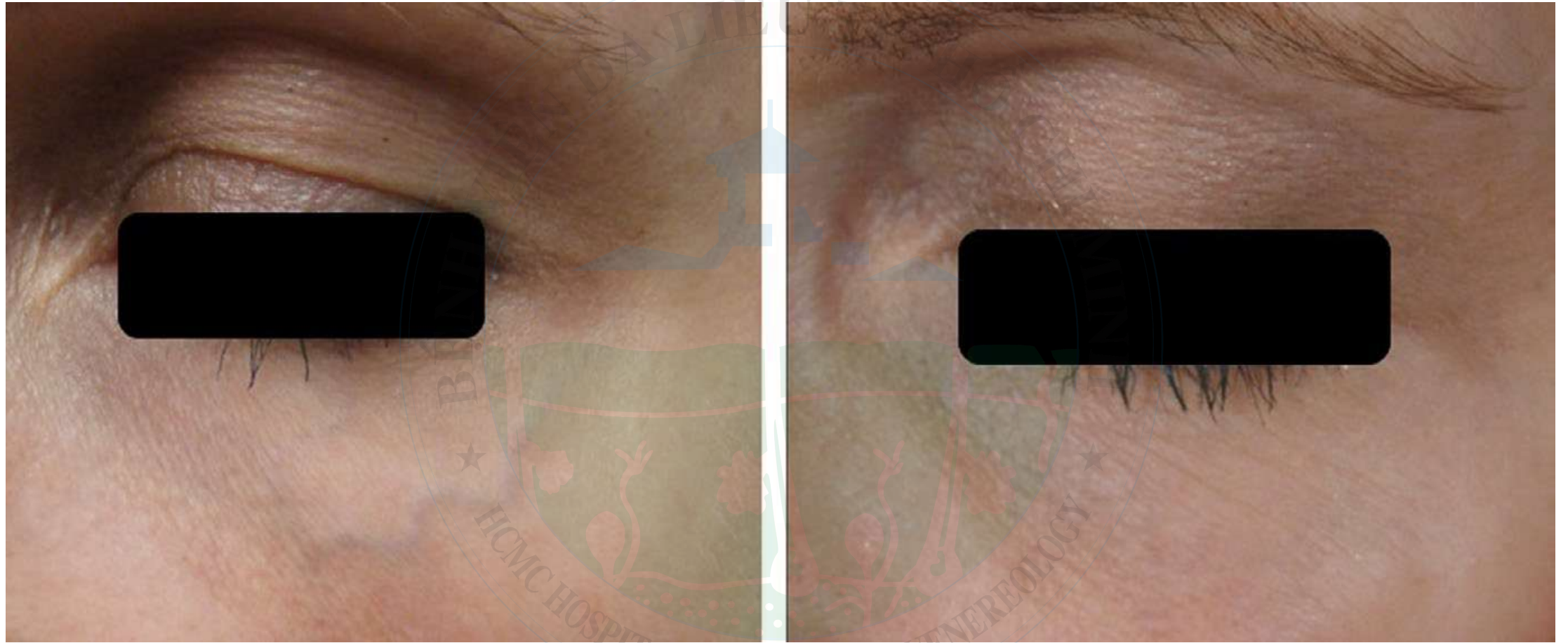
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Abstract

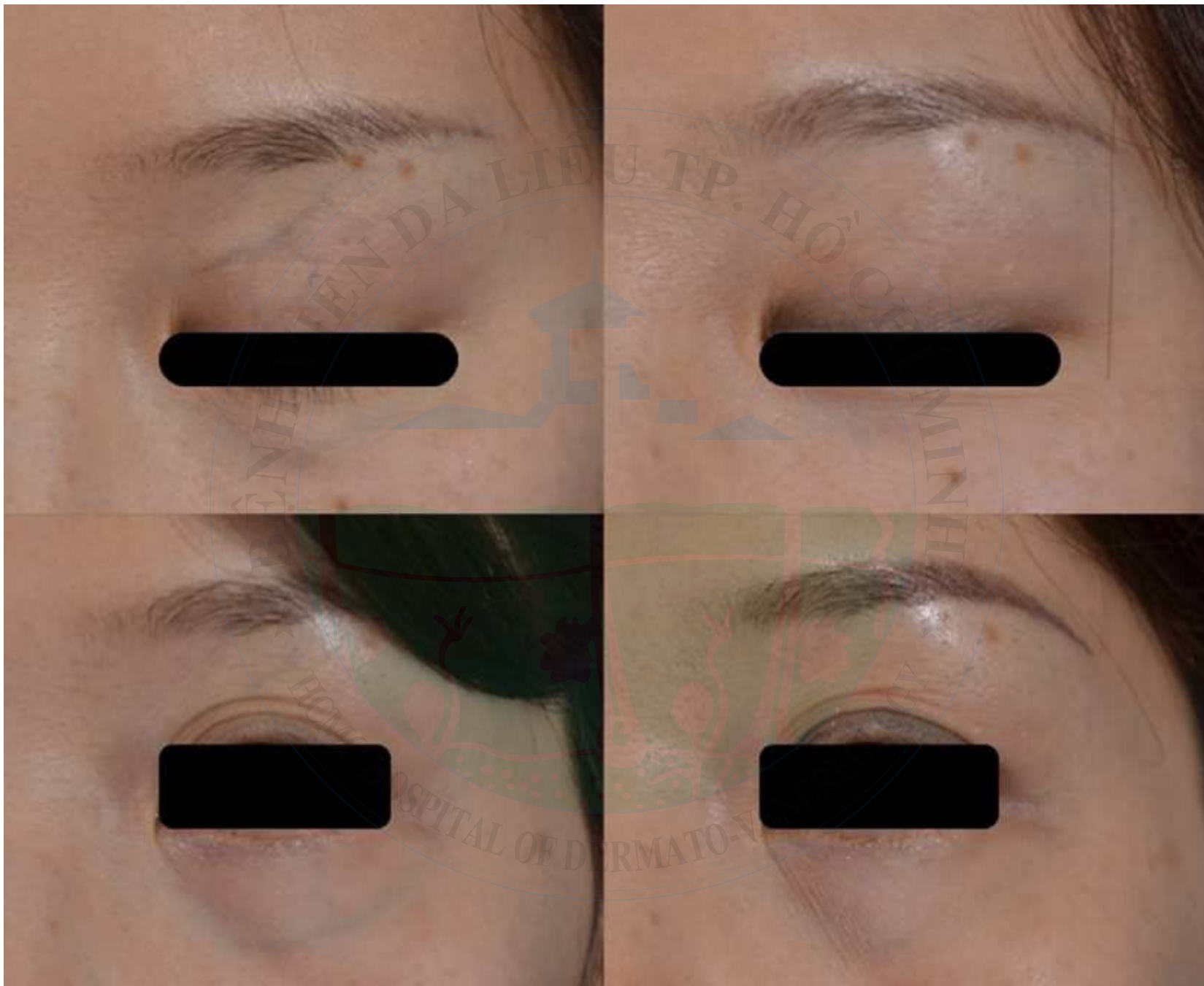
Background: The periocular and temporal regions are important aspects of beauty. The presence of reticular veins in these areas is undesirable and can also interfere with injection of neurotoxins to treat squint lines. 1064-nm Nd:YAG laser shows promise as an effective treatment modality with long-lasting effects.

Aim: The aim of the study is to show that the long-pulsed, contact-cooled, variable spot-sized 1064-nm Nd:YAG laser is effective and safe, with good patient satisfaction and tolerability, and is able to achieve long-term results.

Methods: A retrospective study of 35 consecutive patients seen over a 3-year period in a private cosmetic clinic affiliated to the University of Toronto for periocular and temporal reticular veins was conducted. They were all treated with 1064-nm Nd:YAG laser.







Disposable syringe punching: An aseptic alternative to a comedo extractor



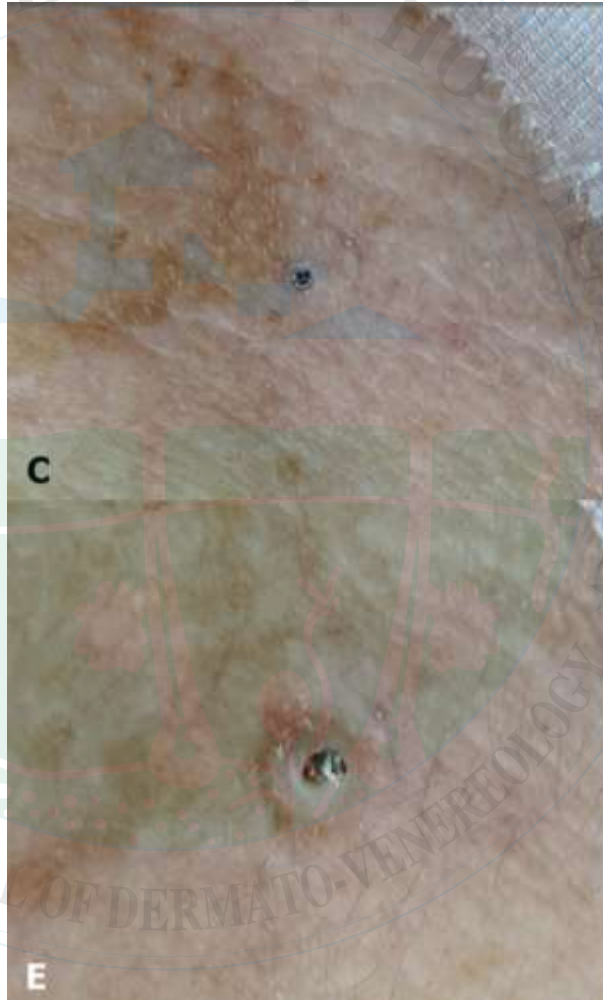
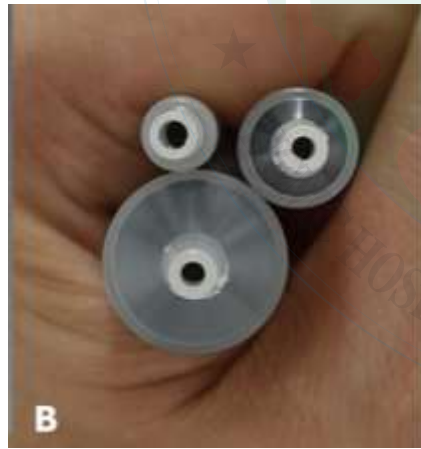
Jun Young Kim, MD
Daegu, South Korea

CLINICAL CHALLENGE

Generally, dermatologists extract comedones by using a clean comedo extractor in their clinic, but comedo extractors are sometimes not available. The comedones can be squeezed out directly with fingernails or extracted by using alternatives such as pen punching, safety pins, or versatile paper clips^{1,2}; however, these alternatives are hard to find and have contamination issues.

SOLUTION

Common aseptic disposable syringes are an option for comedo extraction (Fig 1, A). The diameter of the tip of a needleless syringe is approximately 2 mm (Fig 1, B). The lesions should be prepped with alcohol (Fig 1, C), and light to medium pressure should be applied directly on top of the lesion with the tip of a needleless syringe (Fig 1, D) until all of the material is exposed (Fig 1, E, F). If the lesion is a closed comedo, a tiny prick incision with the removed beveled needle can be used to slightly pierce the epidermis. Although the patient may feel minor discomfort as a result of pressure, complaints of pain can prompt the physician to stop and retry the technique. The advantages of this technique include the availability of syringes in any clinic and the use of a disposable aseptic syringe that allows the procedure to be conducted aseptically. In addition, there is no need for a scalpel when making prick incisions and no chance for injury because the margin of the syringe tip is blunt, and the 1-cm protruding tip of the syringe can reach concave and deep areas. This technique is useful and easy.



High-precision freezing in cryotherapy by using customized and predesigned templates



Neha Taneja, MD,^a Sanjeev Gupta, MD,^b and Somesh Gupta, MD^a
New Delhi and Mullana, India

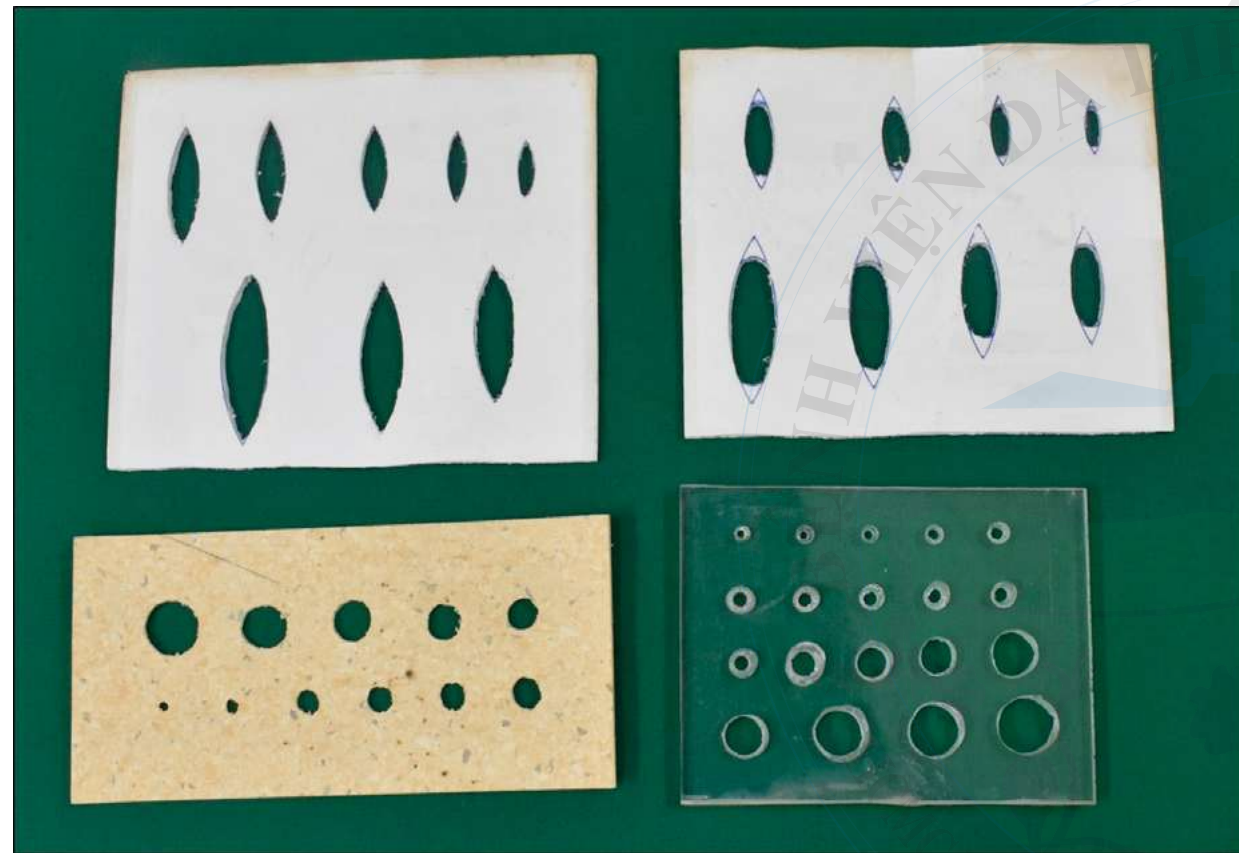
Key words: cryotherapy; precision; template.

SURGICAL CHALLENGE

Cryotherapy in dermatology, though effective, is limited by its side effects,¹ a significant one being the lateral spread of cryogen on to the surrounding normal-appearing skin. To minimize runoff, neoprene and otoscope cones have been used, but these are expensive and available only in the shape of a circle with a limited range of sizes. The skin lesions requiring cryotherapy do not always conform to these fixed geometric dimensions and, therefore, lead to imprecise treatment areas.

SOLUTION

We propose the use of thin, flexible polyurethane cryoshield templates, either prefenestrated in various shapes and sizes (prefenestrated template [PFT]) or cut-out identical to the dimensions of the lesion (disposable customizable template [DCT]) to prevent peripheral spread of the cryogen. PFTs are reusable (can be wiped with antiseptic solution and reused), and DCTs are disposed after use.



**Precise freezing in cryotherapy
using customized and pre-designed templates
with holes of diverse sizes and shapes**

Neha Taneja, Sanjeev Gupta, Somesh Gupta

**Department of Dermatology and Venereology
All India Institute of Medical Sciences, New Delhi, India**

Precise freezing in cryotherapy
using customized and pre-designed templates
with holes of diverse sizes and shapes

Neha Taneja, Sanjeev Gupta, Somesh Gupta

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Trap technique for bloodless removal of digital pyogenic granuloma



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New Delhi, India

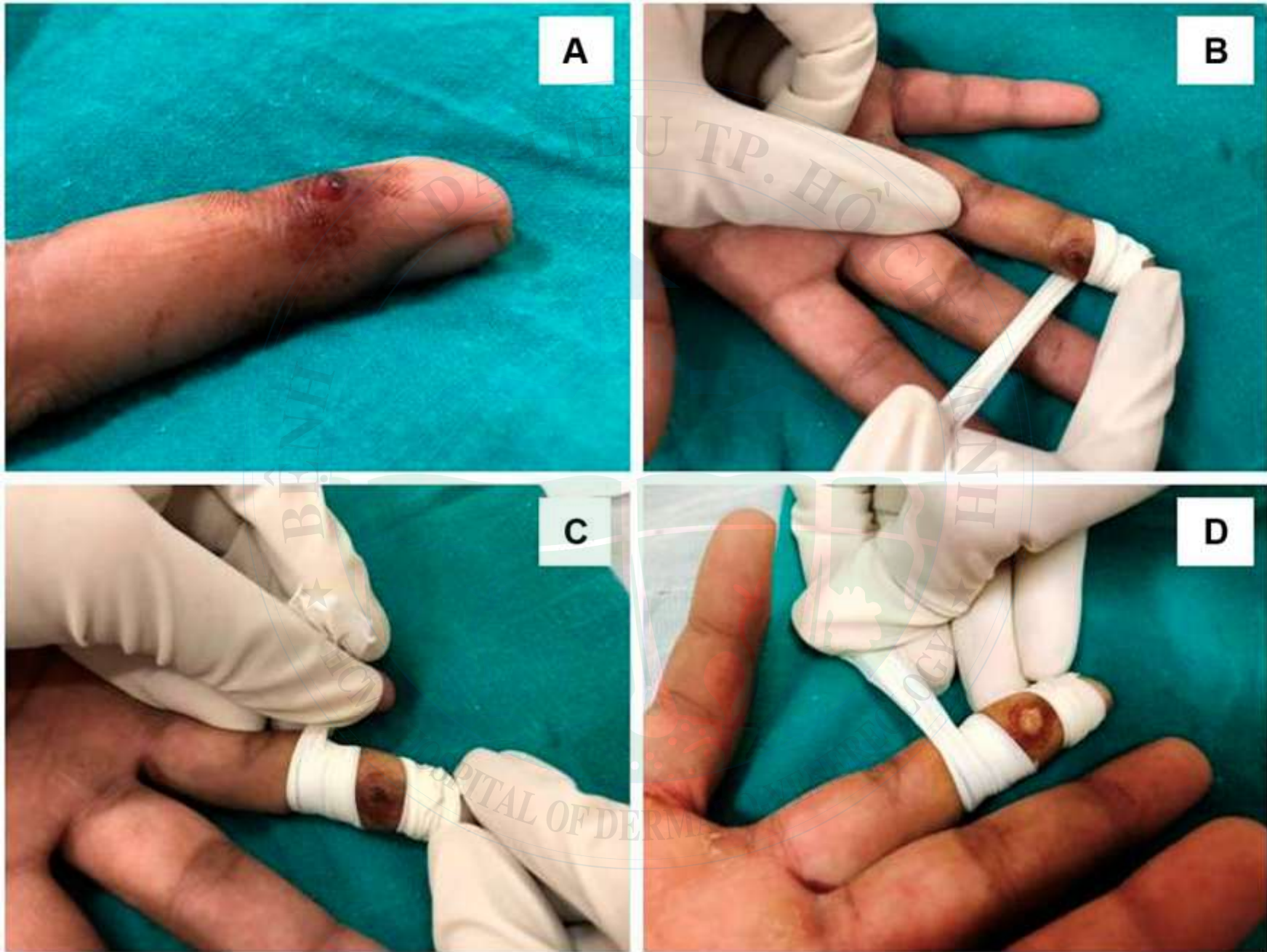
Key words: lobular capillary hemangioma; Penrose drain; pyogenic granuloma; surgical removal; tourniquet.

SURGICAL CHALLENGE

Pyogenic granuloma (PG) is a lobular capillary hemangioma. Owing to their vascular nature, PGs have a high tendency to bleed during surgical removal. PG at highly vascular sites such as the digits further complicates the issue. A bloodless surgical field is required to assist in complete removal of PG to prevent recurrence.

SOLUTION

A Penrose drain is frequently used as a tourniquet to achieve hemostasis. The same tourniquet can be used during surgical removal of PG (Fig 1, A). After digital block anesthesia has been administered, the tourniquet is



Two-step, imaging-device–guided, precise filler-injection technique



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Taoyuan, Taiwan

Key words: filler injection; ultrasound; vein finder.

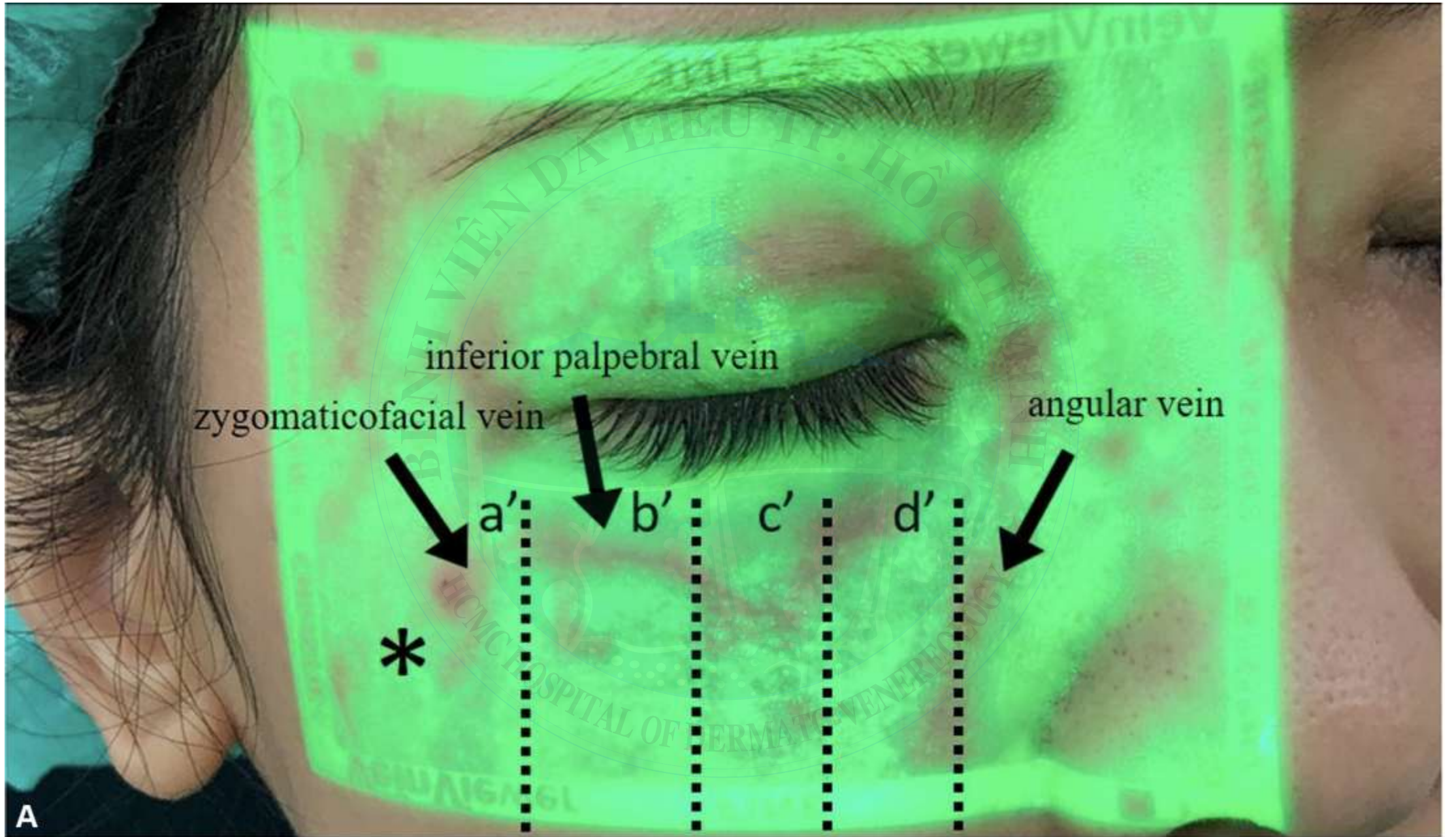
SURGICAL CHALLENGE

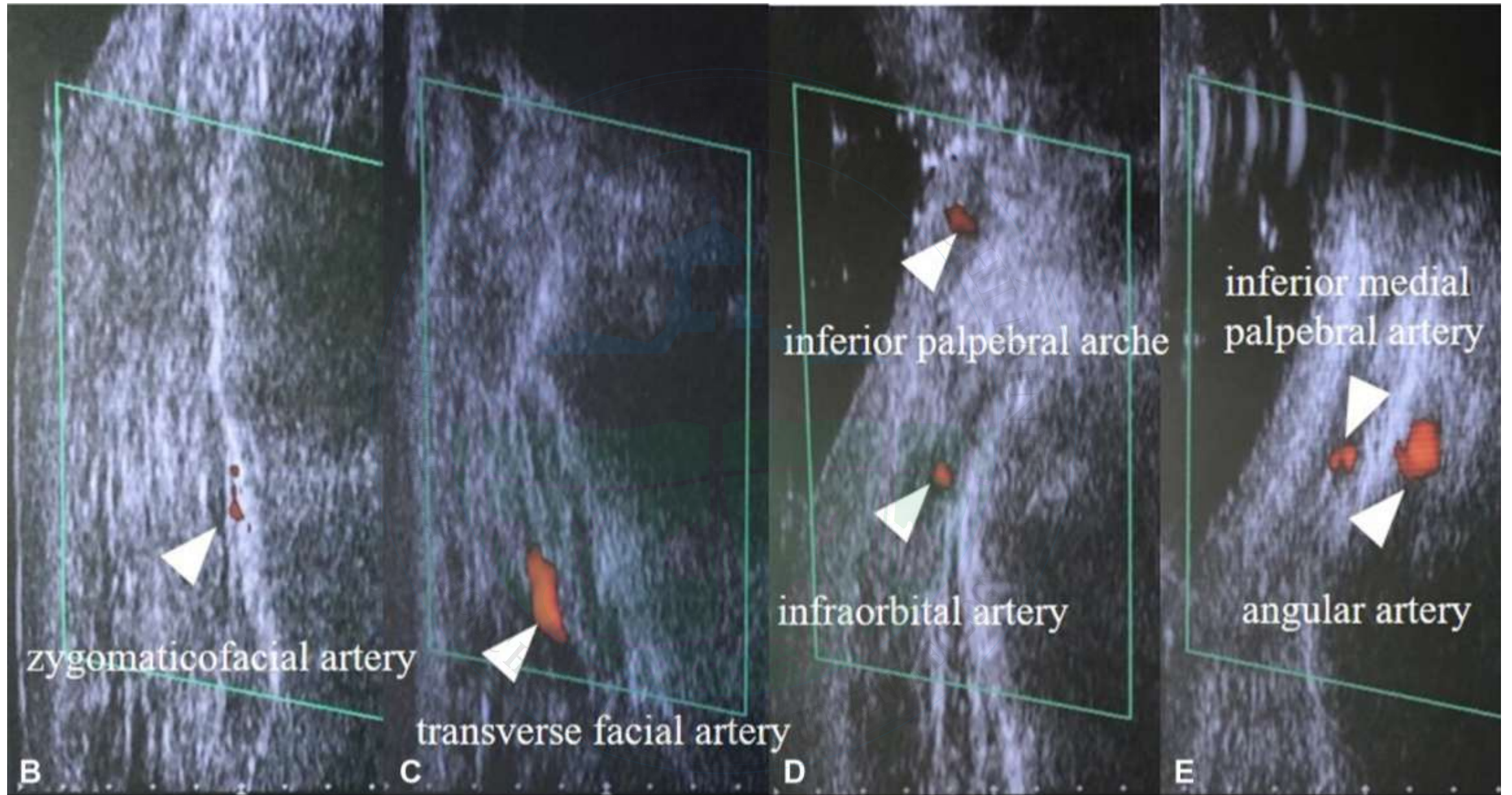
Hyaluronic acid injection is one of the most common procedures for facial rejuvenation and volumization. Although it is generally considered safe, complications sometimes occur, such as bruising, cutaneous necrosis, and blindness. Although knowledge of facial anatomy may minimize the risk, the distribution of vessels varies for each patient.

SOLUTION

We used Vein Viewer (Christie Medical Holdings, Inc, Memphis, TN) and ultrasonography (Acuson X150, Siemens Medical Solutions USA, Mountain View, CA) to assist with filler injection. In the first step, we applied the Vein Viewer to detect superficial vein distribution over the treated area and to choose the entry point without venipuncture (Fig 1, A). In the second step, we performed ultrasonography with color Doppler to detect sequential deep anatomic structures and guide the pathway of the filler injection to prevent intravascular infusion (Fig 1, B-E).

Vein Viewer is a device that uses near-infrared light to illuminate the patient's skin.¹ The near-infrared light penetrates the skin and subcutis with low absorption. In contrast, near-infrared light is absorbed by blood, causing dark shadows. Therefore, it can show the superficial vasculature and help us choose an entry point to prevent venipuncture and bruising. The ultrasonography and color Doppler provide us real-time images of the location of blood vessels and anatomic structures in the treated area. Hence, we can inject filler in the correct anatomic layer and avoid intravascular infusion.² Under the guidance of both devices, we can perform filler injection more delicately and reduce the risk of complications.





Ultrasound-guided median and ulnar nerve blocks in the forearm to facilitate onabotulinum toxin A injection for palmar hyperhidrosis



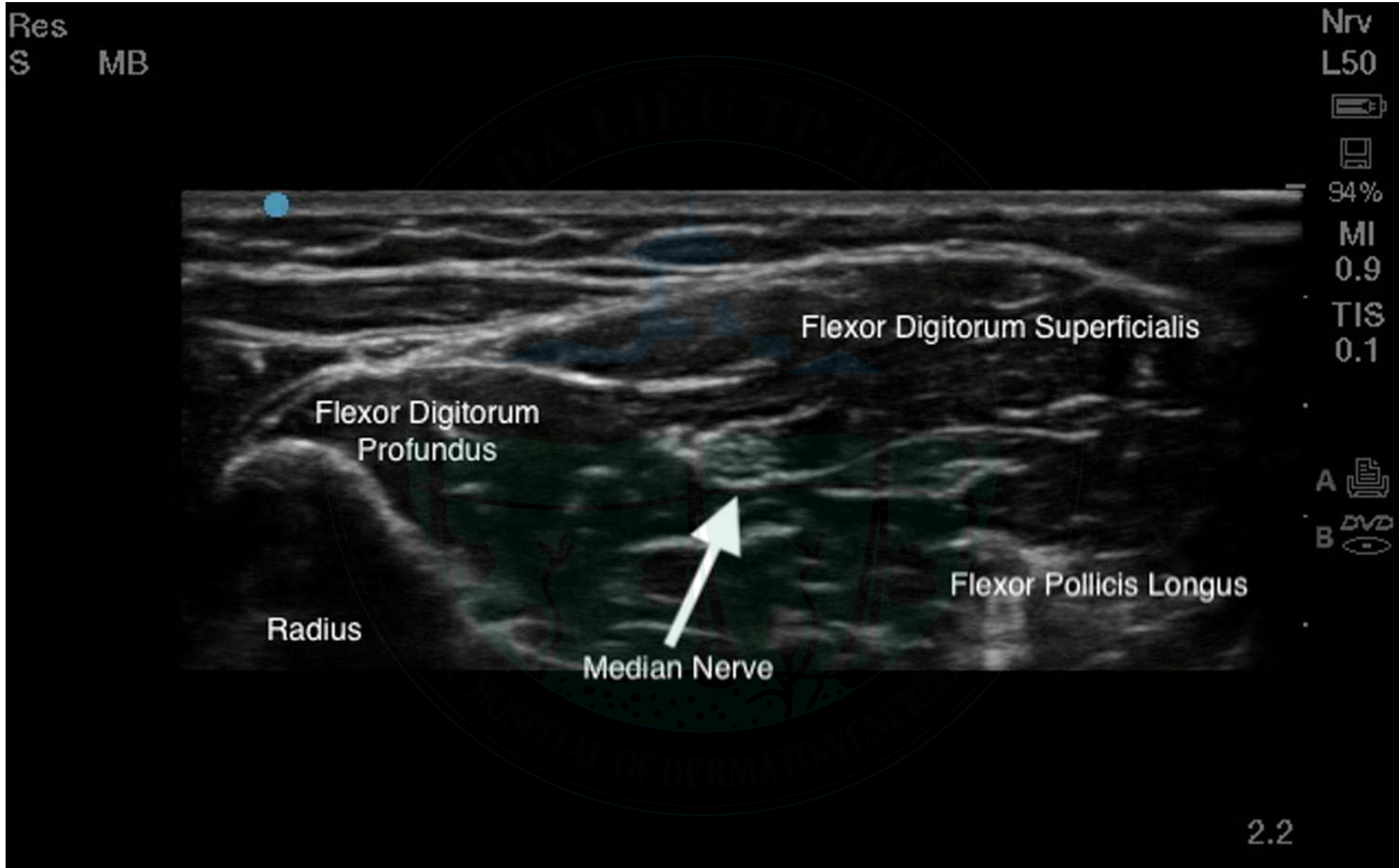
Arun Kalava, MD, FASA, EDRA, and Briana C. Colon, BS
Tampa, Florida

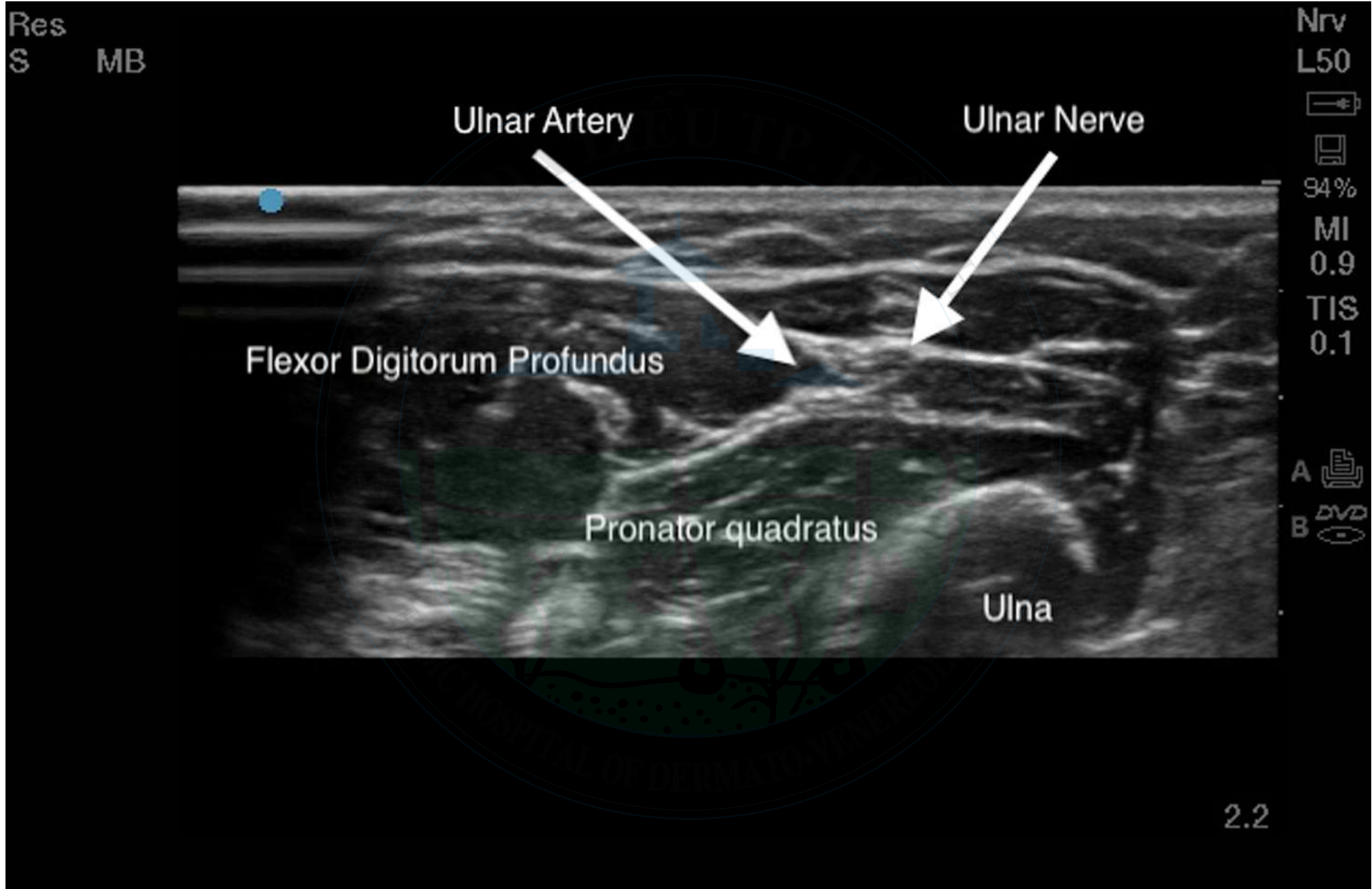
Key words: hyperhidrosis; median nerve; nerve block; onabotulinum toxin A; ulnar nerve; ultrasound.

THERAPEUTIC CHALLENGE

Onabotulinum toxin A injections are used to treat palmar hyperhidrosis and often result in intolerable pain when multiple injections are administered. Cold packs, local anesthetic, ethyl chloride spray, and anesthetic cream are not effective modalities to minimize the pain of the injections.¹

Performing median and ulnar nerve blocks before onabotulinum toxin A injections are an excellent technique to reduce pain but have the risk of nerve injury and mechanical damage when performed without imaging.² We propose ultrasound-guided median (Fig 1) and ulnar nerve (Fig 2) blocks in the forearm to reduce the risk of mechanical and neural damage.





Burning Mouth Syndrome



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KEYWORDS

• Oral burning • Dry mouth • Glossodynia • Burning mouth syndrome • Oral dysesthesia

KEY POINTS

- Burning mouth syndrome (BMS) is a chronic condition characterized by a burning sensation of the intraoral mucosa in the absence of a local or systemic cause.
- A diagnosis of BMS should be made only after a thorough history, clinical examination, and indicated laboratory studies have ruled out local or systemic cause.
- Despite advances in the understanding and treatment of BMS, it remains a challenging condition for both patients and providers.
- Some patients experience at least partial remission of symptoms with or without treatment, but, for many, symptoms persist. Management should be aimed at symptom reduction and coping strategies.

Type 1

Morning

- Symptom-free waking
- Burning sensation develops late morning

Day

- Burning sensation progresses in intensity throughout day

Evening

- Peak symptom intensity

Type 2

Morning

Day

Evening

Continuous burning symptoms

Type 3

Intermittent symptoms present only some days

Local factors

- Poorly fitting dentures
- Parafunctional habits
 - Candidiasis
- Oral mucosal diseases
- Local allergic reaction

Systemic factors

- Nutritional deficiencies – Vitamin B12, B6, iron, zinc
- Endocrine disorders – Diabetes mellitus, thyroid disease, hormonal deficiencies
 - Hyposalivation
- Medication side effect
- Upper respiratory tract infection
- Gastroesophageal reflux disease

Psychologic Factors

- Depression
- Anxiety

Chief complaint and history of present illness

- Oral burning,
- +/- Xerostomia
- +/- Dysguesia
- Duration and intensity
- Pattern and frequency
- Localization
- Symptom onset and progress
- Aggravating and relieving factors
- +/- Prior history of episodes
- Impact on functions
- +/- Parafunctional oral habits
- +/- Jaw muscle pain
- Last dental visit

Medical and surgical history

- Metabolic and endocrine disorders [Diabetes, Thyroid disease]
- Autoimmune disease
- Pervious upper respiratory tract infections
- Psychiatric disorders
 - Nutritional deficiencies
- Medication history
 - GERD
 - Allergies
- History of chemotherapy or radiation therapy in orofacial area

Clinical exam and recommended tests

- Extraoral and intraoral exam
- Sialometry if hyposalivation is suspected
- Culture oral samples for fungal infection if candidiasis is suspected and empiric therapy fails

Recommended laboratory studies

- Complete blood cell count with differential
 - Fasting blood glucose
- Serum iron, Ferritin
- Vitamin B6, vitamin B12, and vitamin D

Table 1
Pharmacotherapeutic interventions

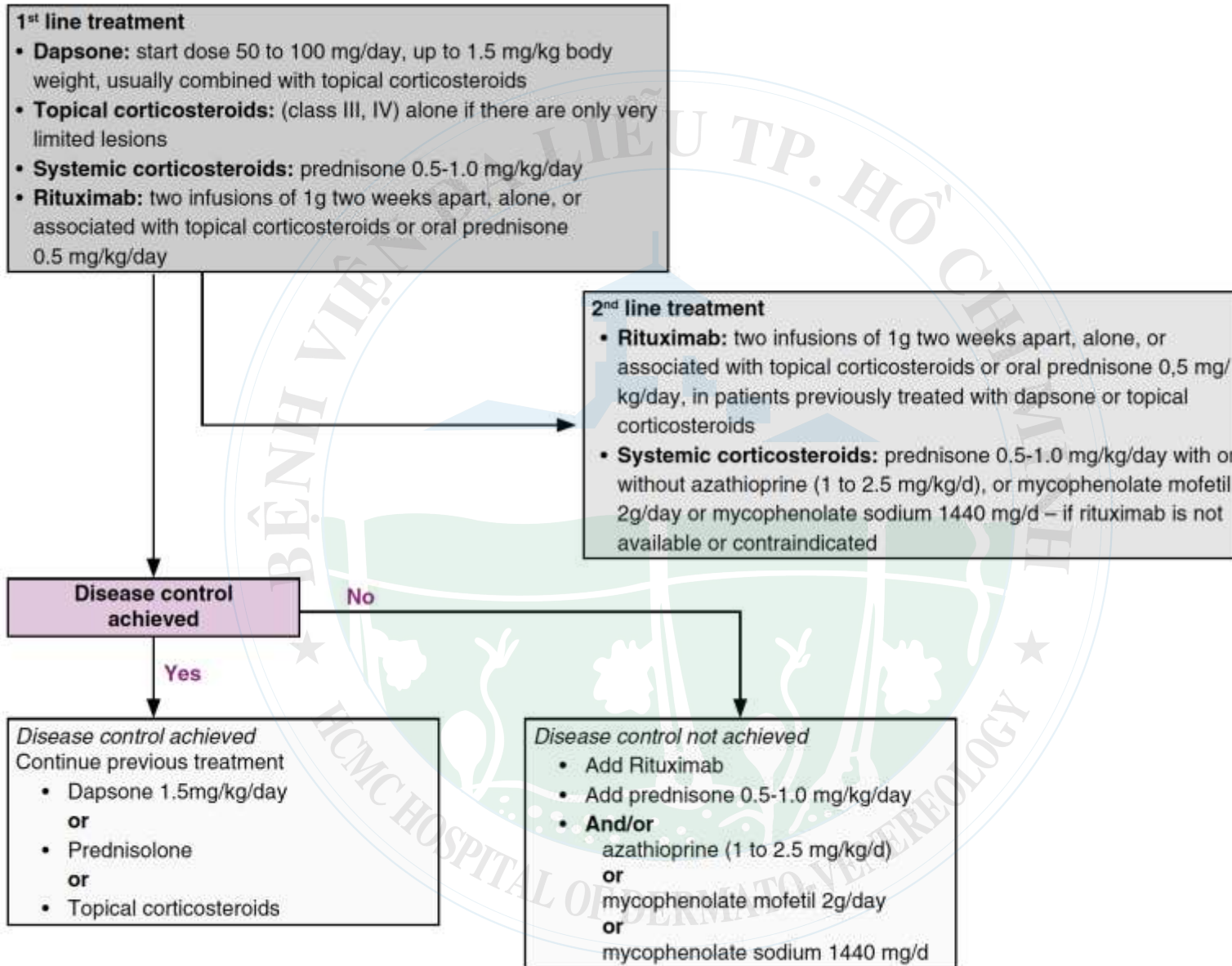
Category	Medication	Topical or Systemic	Dose and Delivery
Benzodiazepine	Clonazepam	Topical Systemic	0.5 mg to 2 mg swish and expectorate or tablet held in mouth and expectorated 0.5 mg capsule or orally disintegrating tablet starting dose taken at bedtime, not to exceed 2mg/d
Tricyclic antidepressant	Amitriptyline	Systemic	10–25-mg starting dose taken at bedtime, titrated to maximum dose of 100–125 mg
Anticonvulsant	Gabapentin	Systemic	300 mg/d at bedtime starting dose, up to 900–1200 mg 3 times daily
Atypical analgesic	Capsaicin	Topical	0.2% solution (can dilute Tabasco™ sauce) swish and expectorate 4 times daily
Supplement	Alpha-lipoic acid	Systemic	200 mg 3 times daily

GUIDELINES

Updated S2K guidelines on the management of pemphigus vulgaris and foliaceus initiated by the european academy of dermatology and venereology (EADV)

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Mild pemphigus foliaceus*



Treatment algorithm for mild pemphigus foliaceus. *involved body surface area < 5 % and/or PDAI score ≤ 15.

Mild pemphigus vulgaris*

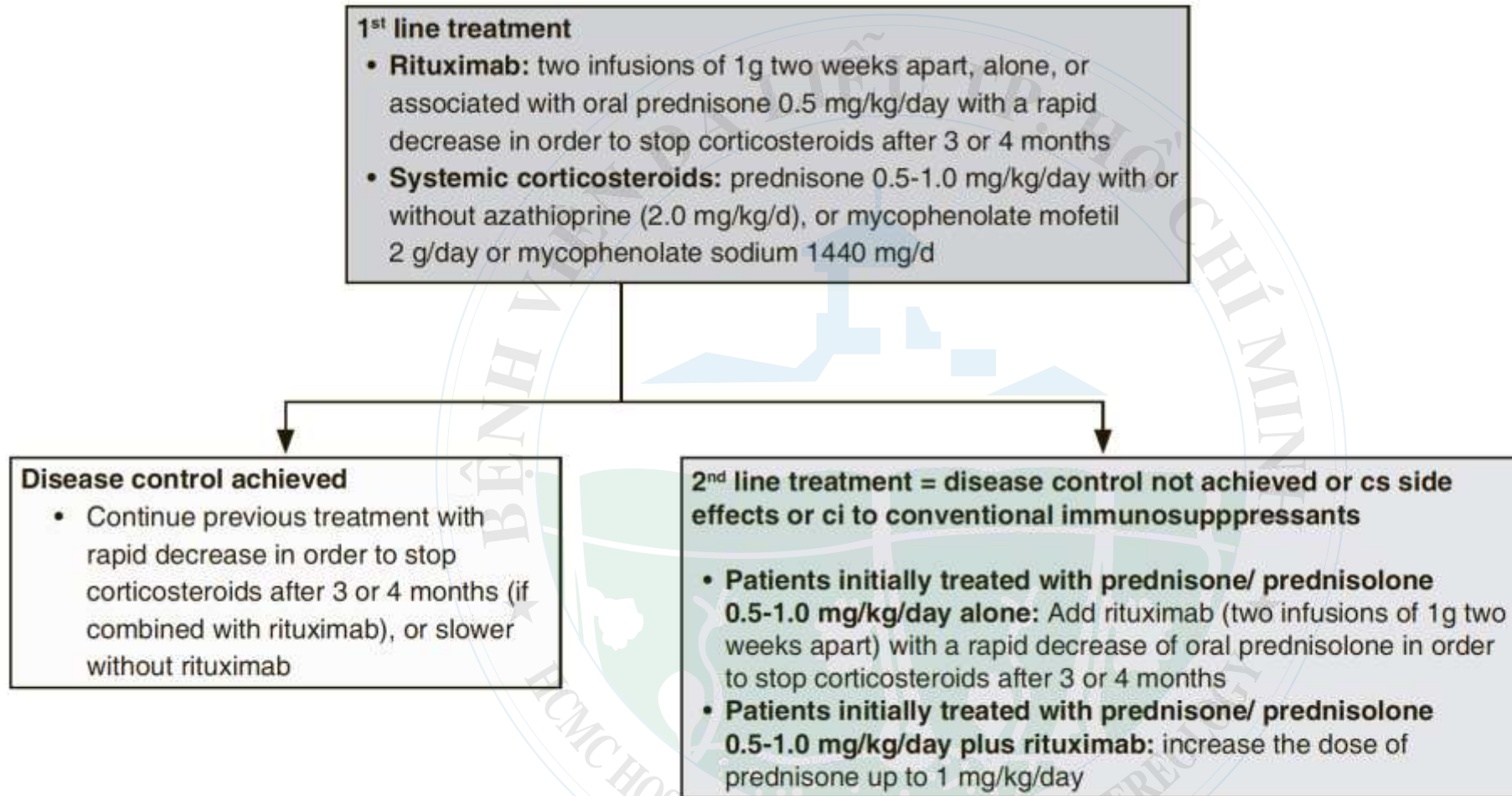
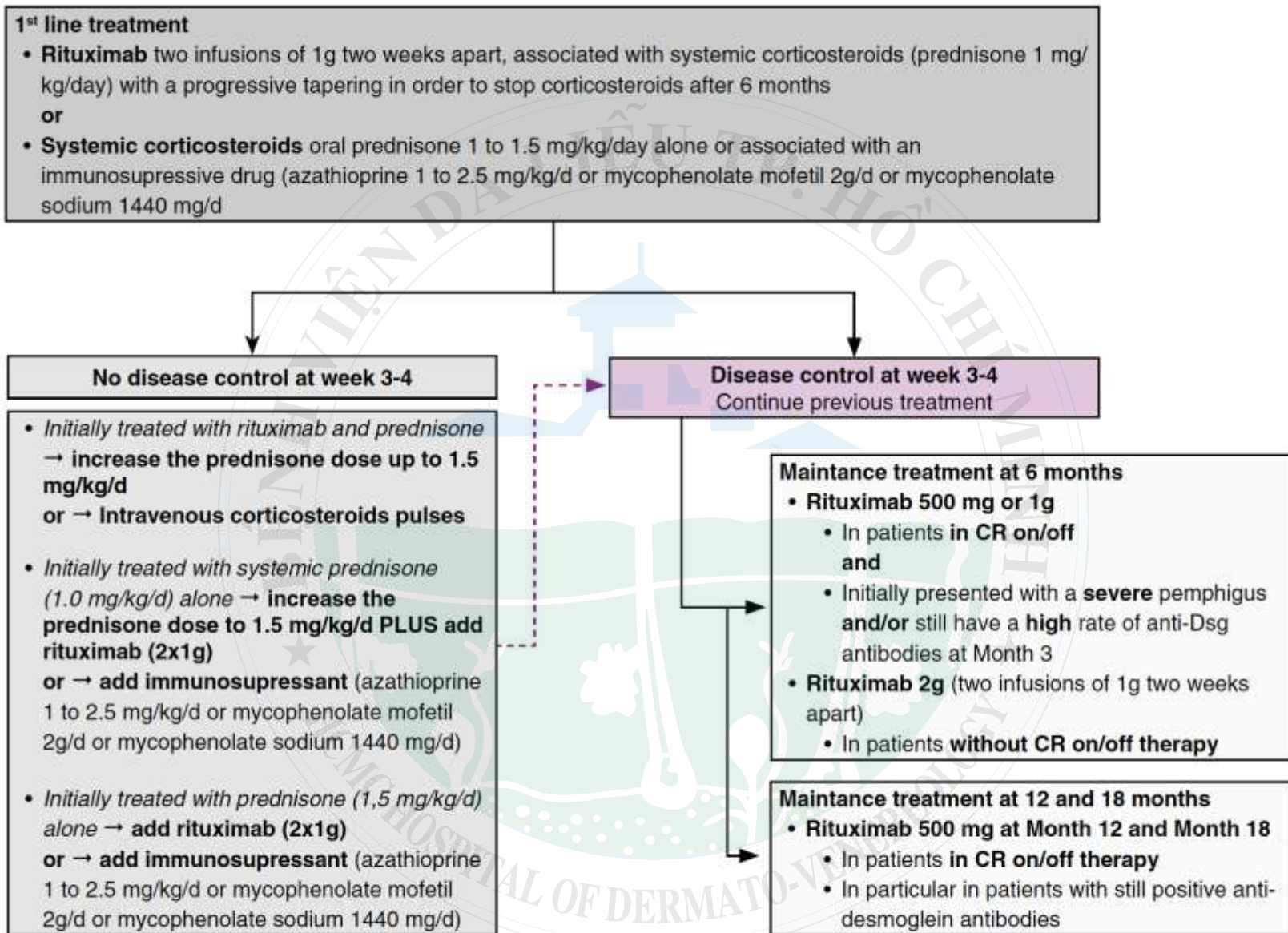


Figure 2 Treatment algorithm for mild pemphigus vulgaris. *involved body surface area < 5 % and/or limited oral lesions not impairing food intake or requiring analgesics and/or PDAI score ≤ 15.

Moderate to severe PV/PF



Treatment algorithm for moderate and severe pemphigus vulgaris and pemphigus foliaceus. CR, complete remission

Summary

1. Treatment of Psoriasis With Biologic Therapy Is Associated With Improvement of Coronary Artery Plaque Lipid-Rich Necrotic Core
2. Buffered lidocaine 1%/epinephrine 1:100,000 with sodium bicarbonate (sodium hydrogen carbonate) in a 3:1 ratio is less painful than a 9:1 ratio: A double-blind, randomized, placebo-controlled, crossover trial
3. Treatment of periocular and temporal reticular veins with 1064-nm Nd:YAG Laser
4. Disposable syringe punching: An aseptic alternative to a comedo extractor
5. High-precision freezing in cryotherapy by using customized and predesigned templates
6. Trap technique for bloodless removal of digital pyogenic granuloma
7. Two-step, imaging-device-guided, precise filler-injection technique
8. Ultrasound-guided median and ulnar nerve blocks in the forearm to facilitate onabotulinum toxin A injection for palmar hyperhidrosis
9. Burning Mouth Syndrome
10. Updated S2K guidelines on the management of pemphigus vulgaris and foliaceus initiated by the European Academy of Dermatology and Venereology (EADV)



CHƯƠNG TRÌNH ĐÀO TẠO LIÊN TỤC QUÝ III.2020

Chủ đề Điều trị kết hợp trong thẩm mỹ nội khoa

Thời gian: Thứ bảy, ngày 17/10/2020

Địa điểm: BV Da Liễu Tp.HCM

*Save
The Date*

HỘI NGHỊ KHOA HỌC DA LIỄU MIỀN NAM

“Những thách thức hiện nay trong chuyên ngành Da Liễu”

Thời gian: Chủ nhật, ngày 18/10/2020

Địa điểm: GEM Center, Q1, TP.HCM