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**New Review – December 2014**

*Interventions for melanoma in situ, including lentigo maligna*

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**New from UpToDate**

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*Dermatology topics*

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Journal Articles:

1. A Review of Vitamin B12 in Dermatology

Citation: American Journal of Clinical Dermatology, 2015, vol./is. 16/1(27-33), 1175-0561;1179-1888 (2015)

Author(s): Brescoll J., Daveluy S.

Language: English

Abstract: Vitamin B12, also known as cobalamin, is a water-soluble vitamin that is important in the hematological and nervous systems, and it has a complex relationship with the skin. Altered cobalamin levels can lead to dermatological manifestations, which may indicate a deficiency or excess of this vitamin. The biochemistry and metabolism of cobalamin is complex, and diseases can be associated with alterations of this metabolic pathway. The cutaneous manifestations of cobalamin deficiency include hyperpigmentation (most commonly); hair and nail changes; and oral changes, including glossitis. Additionally, several dermatologic conditions, including vitiligo, aphthous stomatitis, atopic dermatitis, and acne are related to cobalamin excess or deficiency. The cutaneous complications of cobalamin therapy include acne, rosacea, and allergic site reactions, or anaphylaxis with cobalamin injections. As cobalt is a component of cobalamin, patients with
cobalt sensitivity have been reported to have cutaneous manifestations when receiving cobalamin replacement therapy.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available American journal of clinical dermatology at No link? Ask Salisbury Healthcare Library - please click here to request article.

2. An Update on Topical Therapies for Mild-Moderate Psoriasis  
**Citation:** Dermatologic Clinics, January 2015, vol./is. 33/1(73-77), 0733-8635;1558-0520 (01 Jan 2015)  
**Author(s):** van de Kerkhof P.C.M.  
**Language:** English  
**Abstract:** Topical therapies are the mainstream treatment of psoriasis because most patients have mild disease. First-line treatments are vitamin D derivatives and corticosteroids. These treatments are usually given in combination schedules. For topical treatments the selection of the most appropriate vehicle is of major importance, thus improving adherence to the treatment, which frequently is impaired by the complexities of topical therapeutic choices. Evidence for efficacy and safety of topical treatments is readily available for vitamin D treatments and short-term treatment with corticosteroids. However, the scientific evidence for longer-term treatments is limited. Multiple new small molecules are in various stages of development and are reviewed.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Dermatologic clinics at No link? Ask Salisbury Healthcare Library - please click here to request article.

3. Assessing Psoriasis Severity and Outcomes for Clinical Trials and Routine Clinical Practice  
**Citation:** Dermatologic Clinics, January 2015, vol./is. 33/1(57-71), 0733-8635;1558-0520 (01 Jan 2015)  
**Author(s):** Chalmers R.J.G.  
**Language:** English  
**Abstract:** Psoriasis is a complex disease. Dermatologists have not documented psoriasis severity, except in clinical trials; doing so requires tools for assessing psoriasis and an understanding of what changes in those assessments mean in terms of outcome. Two psoriasis assessment tools have dominated: The Psoriasis Area and Severity Index and the Dermatology Life Quality Index. There are advantages and disadvantages to each. Newer instruments may not be more suitable for documenting psoriasis. There may be benefits in terms of patient ownership of disease management from using self-assessment tools for documenting severity, for example, the Self-assessment version of the Simplified Psoriasis Index.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Dermatologic clinics at No link? Ask Salisbury Healthcare Library - please click here to request article.

4. Current and Future Oral Systemic Therapies for Psoriasis  
**Citation:** Dermatologic Clinics, January 2015, vol./is. 33/1(91-109), 0733-8635;1558-0520 (01 Jan 2015)  
**Author(s):** Kelly J.B., Foley P., Strober B.E.  
**Language:** English  
**Abstract:** For patients with moderate to severe psoriasis, there is a large range of variably effective and safe oral, systemic medications. With appropriate monitoring, these therapies may be used as either monotherapy or in combination with other therapies. Newer drugs in the research pipeline hold significant promise.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Dermatologic clinics at No link? Ask Salisbury Healthcare Library - please click here to request article.

5. Dermatitis artefacta in children and adolescents  
**Citation:** Paediatrics and Child Health (United Kingdom), February 2015, vol./is. 25/2(84-89), 1751-7222;1878-206X (01 Feb 2015)
Dermatitis artefacta (DA) is skin damage caused deliberately and secretly by the patient, and presented as skin disease, for covert secondary gain. In children DA must be distinguished from skin damage inflicted by others (abuse and fabricated or induced illness). Excluding the possibility of rare skin disease is difficult for paediatricians, who may feel unable to dismiss other dermatological diagnoses with authority. However there are usually positive diagnostic clues in the history, such as previous unexplained illness or psychosocial difficulties alleviated by the DA. Examination may reveal either a characteristic distribution or particular morphology of the lesions which will suggest the diagnosis. Most of the published cases are adults, in whom DA usually reflects significant psychological needs, or conscious deception for material gain. Children with DA have psychological needs too, but the spectrum of causes is different. At one end, normal children sometimes inflict lesions on themselves experimentally or in response to peer pressure, then find themselves caught up in a medical scenario. At the other, children trapped in an intolerable situation may resort to DA as a cry for help. Skill and sensitivity are required to provide an "exit strategy" or to divert a dermatological presentation to the appropriate agency such as clinical psychology or child protection.

6. Dermatoses due to Indian cultural practices

Citation: Indian Journal of Dermatology, January 2015, vol./is. 60/1(3-12), 0019-5154;1998-3611 (01 Jan 2015)
Author(s): Gupta D., Thappa D.M.
Language: English
Abstract: A wide prevalence of socio-religious and cultural practices in the Asian subcontinent often leads to multitude of skin diseases which may be missed by the dermatologists because of a lack of awareness. 'Henna' use causes IgE-mediated hypersensitivity reactions and contact dermatitis. 'Kumkum' application can result in pigmented contact dermatitis and lichen planus pigmentosus. Sticker 'bindis' and 'alta' induce contact leukoderma. Irritant and allergic contact dermatitis occurs after playing with 'Holi' colors. Threading and drawstring dermatitis lead to koebnerization of pre-existing dermatoses, infections and even squamous cell carcinoma of skin. Mild irritant reactions and contact sensitization occur secondary to balm and hair oil use. 'Mudichood' represents the comedogenic effect of hair oils combined with occlusion and humidity. Aromatherapy oils can cause contact dermatitis and photosensitive reactions. Heavy metal and steroid toxicity along with severe cutaneous adverse effects like erythroderma can occur as a consequent to the use of alternative medicines. Squamous cell carcinoma due to chronic heat exposure from the heating device "kangri" is seen in Kashmiris. Prayer nodules in Muslims and traction alopecia in Sikhs illustrate how religious practices can negatively affect the skin. With increasing globalization and migration, the practice of indigenous customs and traditions is no longer limited to regional territories, making it imperative for the dermatologists to be acquainted with the cutaneous side effects they can cause.

Publication type: Journal: Review
Source: EMBASE
Full text: Available ProQuest at Indian Journal of Dermatology

7. Development of topical therapeutics for management of onychomycosis and other nail disorders: A pharmaceutical perspective

Citation: Journal of Controlled Release, February 2015, vol./is. 199/(132-144), 0168-3659;1873-4995 (10 Feb 2015)
Author(s): Elsayed M.M.A.
Language: English
Abstract: The human nail plate is a formidable barrier to drug permeation. Development of therapeutics for management of nail diseases thus remains a challenge. This article reviews the current knowledge and recent advances in the field of transungual drug delivery and provides guidance on development of topical/ungual therapeutics for management of nail diseases, with special emphasis on management of onychomycosis, the most common nail disease. Selection of drug candidates, drug delivery approaches, and evaluation of formulations are among the topics discussed. A comprehensive mathematical description for transungual
permeation is also introduced.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Journal of controlled release: official journal of the Controlled Release Society at [Journal of Controlled Release](https://www.sciencedirect.com/science/journal/01683659)

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**8. Fumaric acid esters in the management of psoriasis**

**Citation:** Psoriasis: Targets and Therapy, January 2015, vol./is. 5/(9-23), 2230-326X (05 Jan 2014)  
**Author(s):** Balak D.M.W.  
**Language:** English  
**Abstract:** Fumaric acid esters (FAE) are small molecules with immunomodulating, anti-inflammatory, and anti-oxidative effects. FAE were introduced as a systemic psoriasis treatment in 1959 and empirically developed further between 1970 and 1990 in Germany, Switzerland, and the Netherlands. The development of FAE as psoriasis treatment did not follow the traditional drug development phases. Nonetheless, in 1994 FAE were approved in Germany for the treatment of severe plaque psoriasis. FAE are currently one of the most commonly used treatments in Germany, and FAE are increasingly being used as an unlicensed treatment in several other European countries. To date, six randomized controlled trials and 29 observational studies have evaluated FAE in a combined total of 3,439 patients. The efficacy and safety profile of FAE is favorable. About 50%-70% of patients achieve at least 75% improvement in psoriasis severity after 16 weeks of treatment. Common adverse events of FAE include gastrointestinal complaints and flushing symptoms, which lead to treatment discontinuation in up to 40% of patients. Lymphocytopenia, eosinophilia, and proteinuria are commonly observed during FAE treatment, but rarely require treatment discontinuation. The long-term safety profile of continuous FAE treatment is favorable without an increased risk for infections, malignancies, or other serious adverse events. There are no known drug-interactions for FAE. The 2009 European evidence-based S3-guidelines on psoriasis treatment recommend FAE and suggest it as a first-line systemic treatment for moderate-to-severe plaque psoriasis. This review is aimed to give an overview of FAE treatment in the management of psoriasis.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available [The Journal of dermatology](https://www.journalofdermatology.com) at No link? Ask Salisbury Healthcare Library - please click here to request article.

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**9. Immunological response in Stevens-Johnson syndrome and toxic epidermal necrolysis**

**Citation:** Journal of Dermatology, January 2015, vol./is. 42/1(42-48), 0385-2407;1346-8138 (01 Jan 2015)  
**Author(s):** Abe R.  
**Language:** English  
**Abstract:** Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are life-threatening cutaneous adverse drug reactions that induce widespread epidermal necrosis. Recent advances in pharmacogenomic studies have provided evidence of genetic predispositions to SJS/TEN. Several concepts have been proposed to explain the pathogenesis of severe cutaneous adverse drug reactions. In the hapten concept, small molecules called haptens elicit an immune response only when attached to proteins. The "p-i" concept postulates that the causative drugs can stimulate cells by binding directly and reversibly to immune receptors. In addition, there is the idea that drugs alter the antigen by binding to the human leukocyte antigen pocket. With regard to keratinocyte death, several cell death mediators, such as FasL, granulysin and annexin A1, have been proposed as playing a role in SJS/TEN pathogenesis. A subset of T lymphocytes, including regulatory T cells, also may play a role in SJS/TEN.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available [The Journal of dermatology](https://www.journalofdermatology.com) at No link? Ask Salisbury Healthcare Library - please click here to request article.

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**10. Infectious eczematoid dermatitis: A comprehensive review**

**Citation:** Journal of the European Academy of Dermatology and Venereology, February 2015, vol./is. 29/2(203-208), 0926-9959;1468-3083 (01 Feb 2015)  
**Author(s):** Yamany T., Schwartz R.A.  
**Language:** English  
**Abstract:** Infectious eczematoid dermatitis (IED) is characterized by an acute eczematous eruption triggered by
purulent discharge from a primary infected site. Alcohol consumption, cigarette smoking and occupations with higher incidences of contact dermatitis portend increased risk for IED. Staphylococcus aureus is the most commonly cultured microbe from affected skin, with Streptococcus species the second most. Patients are first evident with peripherally spreading vesicles and pustules radiating from an infected site. Older areas of involvement become crusty, scaly and erythematous. Diagnosis is clinical. Other eczematous rashes, including autoeczemization and contact dermatitis, should be on the differential diagnosis list. The treatment centres on topical antibiotics and soaks. Prognosis has improved since the advent of antibiotics. However, cases with multiple relapses and poor response to therapy are still observed.

**Publication type:** Journal: Review  
**Source:** EMBASE  
**Full text:** Available Journal of the European Academy of Dermatology and Venereology : JEADV at No link? Ask Salisbury Healthcare Library - please click here to request article.

### 11. Interventions to increase treatment adherence in pediatric atopic dermatitis: A systematic review

**Citation:** Journal of Clinical Medicine, December 2015, vol./is. 4/2(231-242), 2077-0383 (18 Dec 2014)  
**Author(s):** Bass A.M., Anderson K.L., Feldman S.R.  
**Language:** English  
**Abstract:** Poor adherence to treatment is a major factor limiting treatment outcomes in patients with atopic dermatitis. The purpose of our systematic review is to identify techniques that have been tested to increase treatment adherence in atopic dermatitis. A MEDLINE search was performed for clinical trials focusing on interventions used to increase adherence in atopic dermatitis. Four articles were retrieved. References of these studies were analyzed yielding three more trials. The seven results were evaluated by comparing the intervention used to improve adherence, how adherence was assessed, and the outcome of the intervention tested. Different approaches to increase adherence such as written eczema action plans, educational workshops, extra office visits, and use of an atopic dermatitis educator were evaluated. All interventions increased adherence rates or decreased severity in patients, except for two. The MEDLINE search yielded limited results due to a lack of studies conducted specifically for atopic dermatitis and adherence was measured using different methods making the studies difficult to compare. Interventions including patient education, eczema action plans, and a quick return for a follow-up visit improve adherence, but based on the lack of clinical trials, developing new techniques to improve adherence could be as valuable as developing new treatments.

**Publication type:** Journal: Review  
**Source:** EMBASE

### 12. Intrapartum antibiotics and childhood atopic dermatitis

**Citation:** Journal of the American Board of Family Medicine, January 2015, vol./is. 28/1(82-89), 1557-2625;1558-7118 (01 Jan 2015)  
**Author(s):** Wohl D.L., Curry W.J., Mauger D., Miller J., Tyrie K.  
**Language:** English  
**Abstract:** Introduction: Atopic dermatitis (AD) in children significantly impacts families because of medical costs, "lost" hours, and secondary characteristics such as asthma and ancillary infections. We investigate whether children delivered vaginally to women receiving intrapartum antibiotics have a greater risk of AD when younger than the age of 2 years than their counterparts. Methods: We conducted a retrospective analysis of women who delivered child(ren) vaginally between 1996 and 2008. Women were identified as those who received intrapartum antibiotics and those who did not. Pediatric records were used to determine the incidence of AD. Results: We collected data for 492 mother-child pairs. Intrapartum antibiotics were administered during 128 births; 28.9% of those children were diagnosed with AD by age 2 years (relative risk [RR], 1.03; 95% confidence interval [CI], 0.75-1.41). Factors with the greatest risk of diagnosis of AD by 2 years of age were intrapartum antibiotic exposure for >24 hours (RR, 1.99; 95% CI, 1.13-3.49), first born (RR, 1.78; 95% CI, 1.33-2.38), and higher maternal education (RR, 1.43; 95% CI, 0.99 -2.06). No statistical differences in the prevalence of AD related to parental eczema, maternal group B Streptococcus status, or gestational age existed. Conclusions: Exposure to antibiotics for <24 hours during a vaginal delivery does not increase the risk of AD. Studies are needed to understand whether exposure for >24 hours during the intrapartum period increases the risk of AD.
13. NOS2 and CCL27: Clinical implications for psoriasis and eczema diagnosis and management

Citation: Expert Review of Clinical Immunology, February 2015, vol./is. 11/2(167-169), 1744-666X;1744-8409 (01 Feb 2015)
Author(s): Garzorz N., Eyerich K.
Language: English
Abstract: Chronic inflammatory skin diseases such as psoriasis and eczema are a major medical challenge. Development of highly specific therapies for both conditions is opposed by the lack of translation of basic knowledge into biomarkers for clinical use. Furthermore, to distinguish psoriasis from eczema might be difficult occasionally, but specific and costly therapies would not be efficient in misdiagnosed patients. In the era of high-throughput 'omics'-technologies, comparing the molecular signature of psoriasis and eczema is a promising approach to gain insight into their complex pathogeneses and develop new diagnostic and therapeutic strategies. Investigating patients affected by both psoriasis and eczema simultaneously, we recently constructed a disease classifier consisting of only two genes (NOS2 and CCL27) that reliably predicts the correct diagnosis even in clinically unclear cases. When such easy-to-handle approaches are combined with individual therapeutic response, we might reach the ultimate goal of personalized medicine in inflammatory skin diseases in near future.

14. Novel investigational therapies for atopic dermatitis

Citation: Expert Opinion on Investigational Drugs, January 2015, vol./is. 24/1(61-68), 1354-3784;1744-7658 (01 Jan 2015)
Author(s): Ibler K.S., Jemec G.B.
Language: English
Abstract: Introduction: Atopic dermatitis (AD) is a common skin disease. Although most patients are well served by existing therapies, a subset of patients with severe AD are still not adequately treated. An improved understanding of the pathogenic mechanisms behind the disease has led to the development of a range of potential new drugs for this indication. Areas covered: The authors provide a narrative review of the drugs in Phase II trials listed on Clinicaltrials.gov. The authors supplement this information with recently published literature located through PubMed. The main target of new treatments appears to be the inflammation process, whereas drugs aimed at reducing itching or increasing the barrier function are fewer to nonexistent. A wide range of drugs, including small molecules and antibodies, are being tested. Expert opinion: The focus on inflammation is not only driven by the limitations posed by our current understanding of biology, but also by the broader scope of these drugs, which may be used in other diseases. In alignment with the recent drug development of other dermatological diseases, antibodies directed at key molecules in the pathogenesis of AD appear to be the most promising.

15. Optimal management of nail disease in patients with psoriasis

Citation: Psoriasis: Targets and Therapy, January 2015, vol./is. 5/(1-7), 2230-326X (09 Jan 2014)
Author(s): Piraccini B.M., Starace M.
Language: English
Abstract: Psoriasis is a common skin disease, with nail involvement in approximately 80% of patients. Nail psoriasis is often associated with psoriatic arthropathy. Involvement of the nails does not always have relationship with the type, gravity, extension, or duration of skin psoriasis. Nail psoriasis can occur at any age
and all parts of the nails and the surrounding structures can be affected. Two clinical patterns of nail manifestations have been seen due to psoriasis: nail matrix involvement or nail bed involvement. In the first case, irregular and deep pitting, red spots of the lunula, crumbling, and leukonychia are seen; in the second case, salmon patches, onycholysis with erythematous border, subungual hyperkeratosis, and splinter hemorrhages are observed. These clinical features are more visible in fingernails than in toenails, where nail abnormalities are not diagnostic and are usually clinically indistinguishable from other conditions, especially onychomycosis. Nail psoriasis causes, above all, psychosocial and aesthetic problems, but many patients often complain about functional damage. Diagnosis of nail psoriasis is clinical and histopathology is necessary only in selected cases. Nail psoriasis has an unpredictable course but, in most cases, the disease is chronic and complete remissions are uncommon. Sun exposure does not usually improve and may even worsen nail psoriasis. There are no curative treatments. Treatment of nail psoriasis includes different types of medications, from topical therapy to systemic therapy, according to the severity and extension of the disease. Moreover, we should not underestimate the use of biological agents and new therapy with lasers or iontophoresis. This review offers an investigation of the different treatment options for nail psoriasis and the optimal management of nail disease in patients with psoriasis.

**Publication type:** Journal: Review

**Source:** EMBASE

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16. **Pediatric dermatology: Past, present, and future**

**Citation:** Pediatric Dermatology, January 2015, vol./is. 32/1(1-12), 0736-8046;1525-1470 (01 Jan 2015)

**Author(s):** Prindaville B., Antaya R.J., Siegfried E.C.

**Language:** English

**Abstract:** Up to 30% percent of pediatric primary care visits include a skin-related problem, and referrals are hampered by appointment wait times among the longest of any pediatric subspecialty. Despite the clear demand for pediatric dermatologists, there has been a long-standing shortage of providers, leaving dermatology as one of the most underserved pediatric subspecialties. Another consequence of the workforce shortage is the limited opportunity for pediatric dermatology training for residents and postgraduate general pediatricians and dermatologists. This review includes the evolution of the subspecialty from conception through the present, along with obstacles to workforce expansion and potential solutions to improve access to care for children with skin diseases.

**Publication type:** Journal: Review

**Source:** EMBASE

**Full text:** Available *Pediatric dermatology* at No link? Ask Salisbury Healthcare Library - please click here to request article.

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17. **Phototherapy and Photochemotherapy for Psoriasis**

**Citation:** Dermatologic Clinics, January 2015, vol./is. 33/1(79-89), 0733-8635;1558-0520 (01 Jan 2015)

**Author(s):** Racz E., Prens E.P.

**Language:** English

**Abstract:** Phototherapy is a first-line option for the treatment of moderate to severe psoriasis. Systematic reviews indicate near comparable efficacy of the different forms of phototherapy. Localized phototherapy can be an adjunctive treatment of recalcitrant plaques during systemic treatment of psoriasis. More than 200 psoralen-UV-A therapy treatment sessions is associated with an increased risk of keratinocytic cancers, whereas no increased risk has been demonstrated for narrow-band UV-B therapy. The mechanism of action of phototherapy in psoriasis is via inhibition of keratinocyte proliferation; induction of apoptosis in keratinocytes, dendritic, and T cells; and inhibition of Th1 and Th17 pathways, but activation of Th2.

**Publication type:** Journal: Review

**Source:** EMBASE

**Full text:** Available *Dermatologic clinics* at No link? Ask Salisbury Healthcare Library - please click here to request article.

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18. **Psoriasis: The Future**

**Citation:** Dermatologic Clinics, January 2015, vol./is. 33/1(161-166), 0733-8635;1558-0520 (01 Jan 2015)

**Author(s):** Menter M.A., Griffiths C.E.M.

**Language:** English
Abstract: The umbrella term psoriasis is now understood to incorporate several distinct phenotypes or endotypes along the disease spectrum that in turn will dictate different therapies. A stratified medicine approach to psoriasis using this clinical information coupled with pharmacogenomic and immunologic data will become more widely acceptable in the future. Comorbidities associated with psoriasis, such as diabetes, depression, and Crohn disease, and the debate about the interdependence of psoriasis and cardiovascular disease will also dictate future research and holistic and management plans for this complex disease.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Dermatologic clinics at No link? Ask Salisbury Healthcare Library - please click here to request article.

19. Radiation-induced morphea - A literature review
Citation: Journal of the European Academy of Dermatology and Venereology, February 2015, vol./is. 29/2(197-202), 0926-9959;1468-3083 (01 Feb 2015)
Author(s): Spalek M., Jonska-Gmyrek J., Galecki J.
Language: English
Abstract: Radiation-induced morphea (RIM) is a rare and under-recognized skin complication of radiotherapy. It is commonly wrongly diagnosed as other dermatological conditions or malignancy because of similar clinical characteristics. This literature review analyses 66 cases that have been reported in the literature since 1989. The clinical appearance often includes pain and disfiguration of affected area, which may influence the patient's quality of life. There is no clear connection between the radiotherapy dose, the fractionation scheme, the use of a boost, age, the presence of other dermatological conditions or other connective tissue diseases and the occurrence of RIM. Its pathogenesis is still unclear, but several theories are proposed to explain this phenomenon. The available data suggest that the abnormally high secretion of some cytokines (interleukin 4, interleukin 5, transforming growth factor) induced by radiation causes an extensive fibrosis after an activation of fibroblasts. Histological confirmation is crucial in distinguishing RIM from similar-looking diseases, such as chronic radiation dermatitis, cancer recurrence, radiation, recall dermatitis, new carcinoma or cellulitis. There is no clear treatment regimen for this condition. Clinical outcome after therapy is often unsatisfactory. The commonly used methods and agents include: topical and systemic steroids, calcineurin inhibitors, systemic immunosuppressants including methotrexate, tacrolimus, heparin, hyaluronidase, phototherapy (UVA, UVA1, UVB, PUVA), systemic antibiotics, imiquimod, mycophenolate mofetil, photopheresis. The differential diagnosis is challenging and requires a multidisciplinary approach to avoid misdiagnosis and to plan appropriate treatment.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Journal of the European Academy of Dermatology and Venereology : JEADV at No link? Ask Salisbury Healthcare Library - please click here to request article.

20. Small vessel vasculitis of the skin
Citation: Rheumatic Disease Clinics of North America, February 2015, vol./is. 41/1(21-32), 0889-857X;1558-3163 (01 Feb 2015)
Author(s): Micheletti R.G., Werth V.P.
Language: English
Abstract: Small vessel vasculitis in the skin manifests with palpable purpura on the lower extremities. This clinical presentation prompts a complete physical examination, history, and review of systems, as well as biopsies for routine processing and direct immunofluorescence to confirm the diagnosis. The presence of vasculitis in other organs, associated underlying conditions, and the severity of cutaneous manifestations dictate management. The majority of cases are self-limited, and overall the prognosis is favorable. Still, a subset of patients can have serious complications and chronic or recurrent disease.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Rheumatic diseases clinics of North America at No link? Ask Salisbury Healthcare Library - please click here to request article.
21. Squamous cell carcinoma of the skin: Epidemiology, classification, management, and novel trends

Citation: International Journal of Dermatology, February 2015, vol./is. 54/2(130-140), 0011-9059;1365-4632 (01 Feb 2015)

Author(s): Kallini J.R., Hamed N., Khachemoune A.

Language: English

Abstract: Squamous cell carcinoma (SCC) is the second most common non-melanoma skin cancer. It originates from epidermal keratinocytes or adnexal structures (such as eccrine glands or pilosebaceous units). We describe the salient features of cutaneous SCC. We also review novel classification schemes proposed during the last decade which attempt to stratify SCC lesions based on prognosis. Biopsy leads to definitive diagnosis. Treatment includes surgical excision; Mohs micrographic surgery produces excellent cure rates and spares the maximal amount of tissue. Other modalities include electrodesiccation and curettage, cryosurgery, radiotherapy, topical medications, photodynamic therapy, and systemic therapy. Management and follow-up depend on the risk stratification of individual lesions.

Publication type: Journal: Review

Source: EMBASE

Full text: Available International journal of dermatology at No link? Ask Salisbury Healthcare Library - please click here to request article.

22. Ten Years On. The Impact of Biologics on the Practice of Dermatology

Citation: Dermatologic Clinics, January 2015, vol./is. 33/1(111-125), 0733-8635;1558-0520 (01 Jan 2015)

Author(s): Leonardi C.L., Romiti R., Tebbey P.W.

Language: English

Abstract: This review delivers a commentary on the first decade of biologics' use in psoriasis and provides a glimpse of the pipeline of therapies currently in development for psoriasis that will enhance the therapeutic armamentarium available to the dermatologist. In addition, the authors revisit the rationale for the development of biological therapies, inventory the available therapies of today, and retrospectively assess their impact on the dermatology practice as it relates to the management of patients with psoriasis.

Publication type: Journal: Review

Source: EMBASE

Full text: Available Dermatologic clinics at No link? Ask Salisbury Healthcare Library - please click here to request article.

23. Therapeutic strategies in extrinsic atopic dermatitis: Focus on inhibition of IL-4 as a new pharmacological approach

Citation: Expert Opinion on Therapeutic Targets, January 2015, vol./is. 19/1(87-96), 1472-8222;1744-7631 (01 Jan 2015)

Author(s): Di Lernia V.

Language: English

Abstract: Introduction: Recent data about atopic dermatitis (AD) pathogenesis postulate that T cells and their related cytokines and chemokines are primarily responsible for the inflammatory responses. Areas covered: AD, the primary complex disease associated with filaggrin deficiency, is characterized by cutaneous inflammation driven by type 2 helper T (T<sub>H</sub>) cells. T<sub>H</sub>-related molecules, such as IL-4, IL-13, dominate the immune infiltrate. Experimental evidences suggest that these cytokines may be considered attractive therapeutic targets in AD, particularly in extrinsic AD with IgE overproduction. Recently, a fully human monoclonal antibody directed against the IL-4 receptor alpha subunit blocking IL-4 and IL-13 signaling has been evaluated in Phase I and Phase II clinical trials in patients with moderate-to-severe AD with significant improvement in disease severity. Phase III trials are ongoing. Expert opinion: Treatment of AD represents a therapeutic challenge. T<sub>H</sub>-cytokine-targeted therapies represent promising treatment options that could improve the therapeutic armamentarium for AD. These therapies are likely to become future therapeutic options in AD, particularly in the extrinsic AD.

Publication type: Journal: Review

Source: EMBASE

Full text: Available Expert opinion on therapeutic targets at No link? Ask Salisbury Healthcare Library - please
24. Treatment of acne with tea tree oil (melaleuca) products: A review of efficacy, tolerability and potential modes of action

Citation: International Journal of Antimicrobial Agents, February 2015, vol./is. 45/2(106-110), 0924-8579;1872-7913 (February 2015)

Author(s): Hammer K.A.

Language: English

Abstract: Over-the-counter acne treatments containing tea tree oil from the plant Melaleuca alternifolia are widely available, and evidence indicates that they are a common choice amongst those self-treating their acne. The aims of this review were to collate and evaluate the clinical evidence on the use of tea tree oil products for treating acne, to review safety and tolerability and to discuss the underlying modes of therapeutic action.

Publication type: Journal: Review

Source: EMBASE

Full text: Available International journal of antimicrobial agents at No link? Ask Salisbury Healthcare Library - please click here to request article.

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