THE TEXAS
Dermatologist

A Newsletter for members of the Texas Dermatological Society *www.texasdermatology.org* *Winter 2020*

See page 3 for more details.

Table of Contents:

Keep us posted!

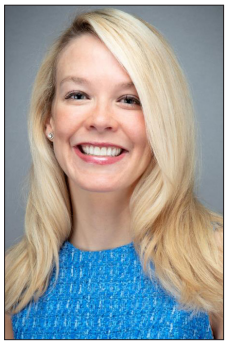
Send news of your recent appointments, accomplishments, announcements, etc.

We are unable to reprint abstracts or published articles; however, we will list the citation of any articles that were published in a peer-reviewed journal.

Send information to **Laura.Madole@texmed.org** for inclusion in the next newsletter.

Here's To a New Year!

Catherine Harrell, MD



Dear Colleagues,

I recently read a great book called The Power of Moments by brothers Chip and Dan Heath. The authors, business professors at Stanford and Duke respectively, sought to examine the moments in our lives that define us –those moments that are both memorable and meaningful- and identify their common traits. They wanted to know objectively what made a moment special. Why is it that certain instances are emblazoned in our memories and others fade away? In their research, they found that the most memorable moments had four common elements: elevation, insight, pride, and connection.

The Year 2020 will live in infamy as one of the most memorable in our lifetimes. Individually, our years may look quite different, but likely none of us have been spared from dramatic changes to our everyday lives. And those changes have likely resulted in numerous powerful moments of elevation, insight, pride and connection that have collectively made up the whole of 2020.

Powerful moments can transcend above the ordinary and elevate us. They may involve something as simple as laughing with a friend to welcoming a new life into the world. These moments of elevation may have looked a little different this year, but perhaps we have been able to find and celebrate the small things that we may have otherwise overlooked such as extra time with our families or in-person human interactions that we may have previously taken for granted. Powerful moments can provide us insight and realization of truths that generate impetus for change. For some of us that meant opening or closing a practice, transitioning job roles, or realizing that our personal schedules had been too full as certain activities were wrested from us. Powerful moments may give us a sense of pride and accomplishment, a goal met or a moment of courage and tenacity. Each of us should have a sense of pride in navigating our practices and patients through a global pandemic, and some of us while homeschooling our children. And, finally, powerful moments are often ones shared with other people. They give us a sense of connectivity to others. This may have looked like supporting and encouraging one another, as many of us Texas dermatologists did, through a time of shared adversity or lending an empathetic ear to a patient in our office who has just lost a loved one to COVID. As we recognize and reflect on these defining moments of 2020, we can hopefully convert the notoriety of this year into veneration and appreciation.

As the Texas Dermatological Society this year, we have memorably maneuvered governing body guidance, albeit arduously, through a pandemic. We transitioned our fall meeting to an online platform without precedent to ensure that our members stayed connected and had continuing education available. And I am so thankful for all the hard work of our board, staff, and members who worked tirelessly on these tasks and will certainly be remembered by me with a sense of pride and connection to my colleagues.

And as we move on to 2021, we will be entering into a legislative session in our state, which only happens every two years. Most of the legislation that impacts our daily lives occurs at

continued on page 3

Legislative Update

by Eric Woomer

Texas lawmakers continue to prepare for the 87th Legislative Session, to begin in January, 2021, even as the coronavirus continues to surge across the United States. Parts of the country are experiencing the most significant strains to date on healthcare workers and the healthcare system as a whole, and Texas is no exception. To date, the state has faced over 1.1 million confirmed COVID cases and more than 4,000 deaths. Governor Greg Abbott says there will not be another lockdown, and the Texas Legislature is constitutionally obligated to meet on the second Tuesday in January, so even as the number of cases rise, "the show must go on!" Here is an update on the Texas politics and session preparations:

Election Results

The pandemic helped provide one of the most noteworthy elections of our time, with the race between President Donald Trump and former Vice President Joe Biden hanging in limbo. Presently, Trump has yet to concede the race to Joe Biden, has filed numerous lawsuits in battleground states as a last-ditch effort to reverse the result. Counts and recounts continue in a few states, with nearly every possible road leading to Joe Biden becoming the next President of the United States. Pres. Trump easily carried Texas, nonetheless.

The U.S. Senate appears to remain under GOP control (with a few new faces) and the U.S. House of Representatives looks to have stayed under the control of the Democratic party. The longtime Republican U.S. Senator from Texas, John Cornyn, handily prevailed in his bid for a fourth term, and the partisan make-up in the Texas Congressional delegation remains the same (23 Rs and 13 Ds).

There was really only one race in Texas that was expected to impact the partisan divide in the State Senate (19 Rs and 12 Ds heading into election night): Senate District 19, held by Sen. Pete Flores (R-Pleasanton), who was elected in a special election in 2018. He was defeated by seven-term State Representative Roland Gutierrez (D-San Antonio). One special election remains – on December 19, Rep. Drew Springer (R- Muenster) squares off against Dallas hair salon owner Shelley Luther (R) in a runoff for Senate District 30.

The new 18 R - 13 D margin in the Senate is significant, because typically it takes nineteen votes to move a bill through the Texas Senate. Previously, Lt. Gov. Dan Patrick had the luxury of only needing Republican votes to advance conservative legislation. Now, he will need to rely on at least one Democrat.

In the House, many observers expected meaningful gains for the Ds, and perhaps even taking control of chamber, where a nine-vote margin separated the GOP leadership from the Democratic minority. But, despite the millions poured into races all over the state, few changes resulted – there are a couple of new faces, but the partisan divide remains the same (83 Rs and 67 Ds). The most notable loss to the House of Medicine was Rep. Sarah Davis (R-Houston) losing to Ann Johnson (D-Houston). Rep. Dade Phelan, (R-Beaumont) quickly consolidated support of both Rs and Ds and appears to have a clear path at being elected the next speaker of the Texas House when the session officially convenes.

Session Outlook

Legislative leaders are still discussing capitol building access and legislative processes and procedures, but among the expected changes:

- Limited Capitol access for guests, and no "so-and-so county at the Capitol" days or other large scale advocacy days, no outside events, and no visitors recognized from the dais.
- On Opening Day, we will see members only on the floor. Since the Texas Constitution provides that any duly elected member cannot be denied floor access, there will likely not be a requirement for members to wear a mask on the House floor.
- Committee rooms have been retrofitted with plexiglass dividers between seats. The auditorium will be reserved for committee hearings, with two days reserved for the House, two days for the Senate, and Fridays as needed.
- Offices will decide safety standards individually and whether they will have plexiglass installed and if masks will be required upon entry.
- Temperature checks will be required upon building entry, and they will be installing more hand sanitizer stations throughout the building.

These protocols will clearly affect the process during this legislative session, so unfortunately, it is very likely there will be no "TDS Dermatology Day" as we have come to know them. These have always been a great success in increasing awareness about skin cancer and performing dozens of skin checks for legislators and staff. Nevertheless, we are exploring other ways to connect with legislators virtually.

The potential remains to see additional adjustments to "business as usual," such as hard caps on the number of bills that a member could file this session. Additionally, bills that do get filed might not all get referred to committee – a substantial departure from the norm. With committee hearings needing to adhere to a more rigid process for safety, including scheduled witnesses, holding rooms, fewer staff, etc., expect the hearing process to be much slower. Unless there is a broad consensus on a particular bill, it is highly likely that many proposed laws that would normally receive a full hearing will go unheard.

(Continued on next page)

Legislative Update *(continued)*

Pre-filing of legislation is already underway, and more than 1,000 bills have been filed to date. Among the key issues to be discussed during the session that will impact the House of Medicine will be Medicaid expansion and continued elevated reimbursement for telemedicine procedures. Many observers expect a pronounced push for expansion of the scope of practice for advanced practice nurses and physician's assistants. There is already one bill filed to increase in-office dispensing by physicians, but no bills yet related to MedSpa regulation.

Lastly, to complicate matters even further, 2021 is a redistricting year, when legislative districts are redrawn to be of equal size following the decennial census. However, the redistricting population data will not be available until into the summer, which will certainly necessitate a special session, but also creating the possibility that session could be delayed until then – perhaps being gaveled in on January 12th to elect a speaker and adopt rules, but then adjourn for a few months until such data is available.

Budget

COVID has also had an enormous negative impact on the state budget. Just last year the comptroller was predicting a $2.89 billion surplus to end the current budget, but due to the pandemic, that surplus has turned into a $4.6 billion shortfall. This will make things problematic for policymakers, since Texas is a "pay as you go" state and must balance its budget each year. Any bill that increases state spending is likely to be dead on arrival. However, in late November, Comptroller Glen Hegar said that despite "historic declines" in the state's budget, lawmakers will have more money to work with than previously predicted, but he did not outline specifics.

We will continue to work closely with TDS leadership to evaluate legislation with the concerns of dermatologists and their patients foremost in mind. Please don't hesitate to contact me at Eric@EricWoomer.com if you have any questions or concerns. As always, thank you for allowing me and my team to represent you at the Texas Capitol!

TDS Spring 2021 Meeting

April 30 – May 1, 2021
Moody Gardens Hotel, Galveston, TX
Host: Michael Wilkerson, MD & UTMB
TDS Special Room Rate: $169/night
TDS Cut-Off Date: April 8, 2021

The Texas Dermatological Society is moving forward with planning a spring meeting for the TDS for 2021. While we don't know what that will look like, and there are still decisions to be made, we're optimistic that we will see the TDS membership at some point in 2021! The board will make a decision in early 2021 regarding the April meeting, and will let the membership know as soon as possible which direction the group will take. The spring meeting will be hosted by UTMB Galveston and it's sure to be an amazing schedule of CME lectures! We will have resident poster and podium competitions, social events and much more! Save the Date, and be sure to keep an eye out for meeting updates come 2021!

President's message *(continued)*

the state level. We have been informed that due to the pandemic this may be a slower session with fewer bills. From a defensive perspective, this may be a positive thing. But I would encourage you all to look out for any legislative notices that we send out via our new platform, Voter Voice. Every little bit at the grassroots level helps. We still hope to be able to connect in person for our spring meeting as I know that many of us miss the collegiality and fun of seeing one another in person. But if not, we intend to provide an alternative as we did this fall. As a society, we desire to continue to provide value to our members, their practices, and their patients.

It is my hope and prayer that we all look back on this year and recognize these powerful moments, and knowing the elements that comprise these moments that we may be intentional about creating our own moments of meaning and purpose over the coming year. And while there may continue to be some more challenging times ahead, we Texans are resolute. Grit is part of our nature. So I know that as dermatologists we will continue to thrive in the pursuit of providing excellent care and enriching our own lives and the lives of our patients.

Advisory Board Update

Angela Moore, MD

The last few months have brought significant challenges to our profession as the world copes with the COVID-19 crisis. Below are a few items that the AAD has been addressing:

Urge Congress to Stop Medicare Payment Cuts Before the End of the Year

New Medicare physician payment cuts, resulting from the planned evaluation and management code changes, are slated for implementation on January 1, 2021. These cuts would be detrimental to physicians already struggling to keep their practices open during the COVID-19 public health emergency.

- In response, Representatives Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) recently introduced H.R. 8702, the "Holding Providers Harmless for Medicare Cuts During COVID-19 Act".
- We need your help to stop Medicare payment cuts by making sure this bill passes before the end of the year.
- Contact your Representative today to ask them to cosponsor H.R. 8702 and support its inclusion in any year-end legislative packages.

New Veterans Health Administration Policy

The United States Department of Veterans Affairs (VA) has issued a new policy directive for Mohs Micrographic Surgery (MMS) establishing care delivery standards and clarifying further requirements on who can perform MMS at the VA.

- This change restricts non-fellowship-trained Mohs surgeons from performing MMS unless granted "discretionary exception" by the VA's senior management.
- The AADA's Mohs Committee will consider potential advocacy on this issue, including meeting with the VA, to ensure that veterans needing access to MMS can continue to do so without constraint and that qualified physicians are not excluded by economic credentialing.

99072 Advocacy

The AADA signed onto two AMA letters that support recognition of and payment for CPT code 99072, which covers the additional practice expense associated with patient encounters in the time of the novel coronavirus.

- One letter is to CMS, requesting Medicare coverage, and the others are to the major private payers: America's Health Insurance Plans (AHIP), Blue Cross Blue Shield Association (BCBSA), and the major commercial health plans (i.e., Anthem, Aetna, Cigna, Health Care Service Corporation, Humana and UnitedHealthcare).
- The AADA continues to advocate directly to plans over 99072; both UnitedHealthcare and Cigna have indicated to the AADA that they are looking to CMS to cover 99072 before extending coverage for their insured.

Letter from ISMS to Gov and Director of Public Health

Attached you will find a copy of a letter that was sent from the Illinois State Medical Society to the Governor of Illinois and the Director of Public Health, highlighting the importance of not restricting elective surgeries and allowing patients continued access to medically necessary services such as preventative and diagnostic screenings.

Hospital Cybercrimes Alert

There has been a nationwide trend of hospital cybercrimes. "Federal agencies have warned that the US healthcare system is facing an "increased and imminent" threat of cybercrime, and that cybercriminals are unleashing a wave of extortion attempts designed to lock up hospital information systems, which could hurt patient care just as nationwide cases of COVID-19 are spiking. In a previous joint alert, the FBI and two federal agencies warned that they had "credible information of an increased and imminent cybercrime threat to US hospitals and healthcare providers". The alert said malicious groups are targeting the sector with attacks that produce "data theft and disruption of healthcare services".

COVID-19:

The AADA is continually updating its website with information on COVID-19. Vist here for the latest updates.

New AAD COVID-19 Registry

The new AAD COVID-19 registry is collecting information about the dermatologic manifestations of the COVID-19 virus. Please report any cases of COVID-19 related dermatoses here.

Please email me at acderm@acderm.com if you have any issues or concerns that you feel need to be addressed at the AAD level, and I can assist in developing and presenting a resolution to the Advisory Board.

Praying for you and your loved ones during these challenging times! Have a blessed holiday season!

Angela Yen Moore, M.D.

Fall Meeting Highlights

While we missed seeing everyone in person in September, we had a wonderful fall virtual conference! The TDS contracted with a virtual platform called vFairs, which gave attendees a 3D, interactive meeting experience. We had resident podium competitions, poster competitions, medical student meetups, trivia night, a happy hour social, over 20 exhibitors and AMAZING CME lectures! We also had a record number of attendees register for the fall meeting – 478! Thank you to everyone who participated. We hope you enjoyed the conference, and we really hope to see everyone in person in 2021!

Congratulations!

To our fall 2020 resident podium and poster competition winners!

1st place poster
Chen Yao, MD

2nd place poster
Quinn Thibodeaux, MD

3rd place poster
Jay Truitt, MD

1st place podium
Paige Hoyer, MD

2nd place podium
Jacqueline McKesey, MD

3rd place podium
Jose Cervantes, MD

Thank You!

The TDS thanks the following companies who generously participated in our first ever virtual conference of the TDS!

Platinum

Sagis Patient-Focused Diagnostics

Gold

abbvie

Pfizer

Silver

mayne pharma

Lilly

ucb

GALDERMA

Exhibitors

Almirall US LLC
Certain-Dri
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Medical Pathology Associates
Ortho Dermatologics
Euroimmun
EPI Health
Dermira, Inc.
Biofrontera
Sanofi Genzyme
Castle Biosciences
Beiersdorf, Inc.
EPI Health
ProPath
Stemline Therapeutics
Novartis

Pacha, O., Sallman, M.A. & Evans, S.E. COVID-19: a case for inhibiting IL-17?. *Nat Rev Immunol* 20, 345–346 (2020).

Acquired epidermodysplasia verruciformis: a 10-year anniversary update.

Limmer AL, Wu JH, **Doan HQ**, Rady PL, Tyring. Br J Dermatol. 2020; 182(3):790-792. doi: 10.1111/bjd.18549. Epub 2019 Nov 24.

Penile nodules.

Swali RN, **Patel RR**, Tyring Int J Dermatol. 2020 Sep 21. doi: 10.1111/ijd.15175

Sustained and continuously improved efficacy of tildrakizumab in patients with moderate-to-severe plaque psoriasis.

Elewski B, Menter A, Crowley J, **Tyring S**, Zhao Y, Lowry S, Rozzo S, Mendelsohn AM, Parno J, Gordon K .Elewski B,. J Dermatolog Treat. 2020 Dec;31(8):763-768. doi: 10.1080/09546634.2019.1640348.

Human polyomavirus modulation of the host DNA damage response.

Tahseen D, Rady PL, **Tyring SK**. Virus Genes. 2020; 56(2):128-135. doi: 10.1007/s11262-020-01736-6.

Perinatal chikungunya induced scalded skin syndrome.

Jebain J, Siller A Jr, Lupi O, **Tyring SK**. IDCases. 2020 Sep 25;22:e00969. doi: 10.1016/j.idcr.2020.e00969. eCollection 2020.

Hand foot and mouth disease: Enteroviral load and disease severity.

Tyring SK. EBioMedicine. 2020 Nov 9;62:103115. doi: 10.1016/j.ebiom.2020.103115

Reactivation of Chagas disease in organ transplant recipients: Panniculitis as the only skin manifestation in a three case series.
Souza BCE, Ang PL, Cerulli FG, Ponce JJ, **Tyring SK**, Oliveira W Australas J Dermatol. 2020 Sep 27. doi: 10.1111/ajd.13478

Member News

Dr. John Wolf, Professor and Chair of the Department of Dermatology at Baylor College of Medicine has been selected as a **2020 Ashbell Smith Distinguished Alumnus of UTMB in Galveston**. He earned an MA and MD with High Honors in 1965. Earlier, Dr. Wolf was named a Distinguished Alumnus of Lamar High School and Rice university, both in Houston. He calls this the "trifecta".

2021 American Academy of Dermatology State Advocacy Grant

The Texas Dermatological Society is proud to announce that we applied for, and won the 2021 AADA State Advocacy Grant! This application process goes through an extensive review, and each application is scored in a rubric which considers many different metrics. A few of the metrics include how well the state reports on past advocacy work, and how well they outline a key initiative for the upcoming year. The TDS is very excited to receive this grant and have a successful 2021 legislative session!

Human Trafficking & Opioid Physician Requirements

Physicians who renew their medical licenses after September 1, 2020 are required to take one hour of CME that addresses human trafficking. This required course needs to meet all required Texas Health and Human Services Commissions human trafficking training standards.

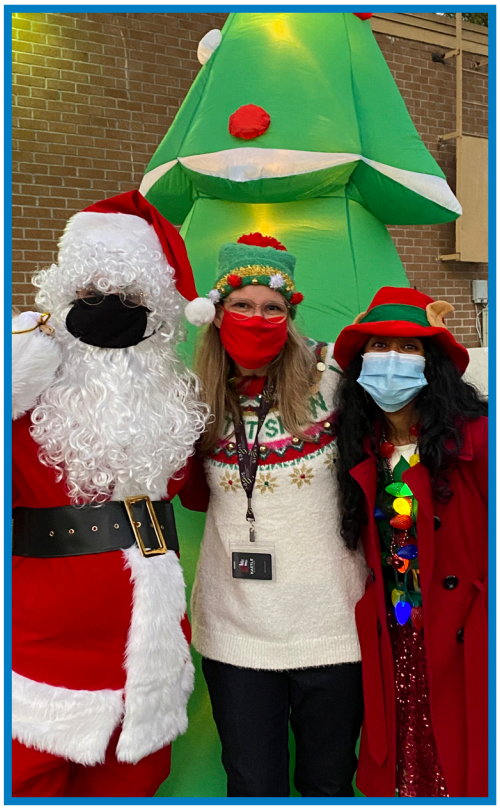
There is a current opportunity to fulfill this requirement through the TMA CME website. Feel free to follow this link to participate in the approved course.

During the 86th legislative session, there were multiple bills passed requiring physicians to complete certain specific opioid related CME. These new CME requirements applies to the renewal of a license on or after September 1, 2020. Physicians can access a current opportunity to fulfill this requirement.

Hey Residents!

Do you have several new residents in your individual programs? Let them know about TDS and all TDS does for the dermatology profession! Remember, resident membership is free – all you need to do is apply! Please pass along the website/membership application to your new co-residents and have them join today!

A Children's House for the Soul Hosts a Family Drive-In sponsored by Sagis



On Saturday, December, 5th 2020 A Children's House for the Soul, a community for those with skin conditions, hosted a Family Drive-In Night, sponsored by Sagis. The evening was full of physically distanced and socially safe interactions for children and families to enjoy! There were crafts, snacks, a Christmas sing-a-long, and of course, a viewing of a Christmas movie. There were over 49 people in attendance, including children who are impacted by skin conditions and birthmarks and their families.

Dr. Alanna Flath Bree, pediatric dermatologist and founder of A Children's House for the Soul was there greeting families and helping everyone find the perfect parking spot for the drive-in. Dr. John Cangelosi of Sagis (and ACHFTS board member) was dressed as Santa Claus himself, taking photos with children and bringing delight to families.

Serving as Santa's elf was none other than Dr. Meena Julapalli, pediatric dermatologist (and ACHFTS board member) who also lead all the happy children and families in a round of carols!

The evening was full of magic and fun for friends of A Children's House for the Soul, a 501 c-3 focused solely on providing social, emotional, and spiritual support for children and teens impacted by skin conditions and birthmarks and their families.

Another great activity taking place at the drive-in was the opportunity for families to take part in the #2020SucksALemonChallenge. The challenge is as its title implies! The goal is to use this social media challenge to spread awareness about childhood skin conditions and birthmarks. The challenge is fun and timely, as we can all agree 2020 has been more than a bit sour. A Children's House for the Soul encourages you to grab a lemon, suck the lemon, post a picture of your sour face on social media using the #2020SucksALemonChallenge, and challenge your friends to do the same! A Children's House wants to acknowledge what a year this has been, spread awareness about the impact of skin disease, and therein make some metaphorical lemonade. Click here to learn more about A Children's House for the Soul, participate in the challenge, or provide support.

Congratulations to the 2020-21 TDS Board of Directors

The Texas Dermatologist is published periodically by Texas Dermatological Society.

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The Amoeba Enigma: disseminated cutaneous lesions in an immunocompetent host

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Introduction

Cutaneous amebiasis is an exceedingly rare infection usually caused by free-living amoebas Acanthamoeba or Balamuthia. Free-living amoeba Acanthamoeba species have been identified in more well known clinical entities of amebic keratitis and granulomatous amebic encephalitis. Less commonly, Acanthamoeba species have been identified as the cause of cutaneous disease that predominates in immunocompromised patients with acquired immunodeficiency syndrome (AIDS) or those taking immunosuppressive medications. Cutaneous acanthamebiasis is often a reflection of disseminated disease, and the infection becomes critical if the disease involves the central nervous system (CNS). We present a rare case of cutaneous Acanthamoeba infection in a non-immunocompromised host to raise awareness for early recognition and treatment.

Case Presentation

A 41-year-old African American female with a history of hypertension and recently diagnosed diabetes (A1c 6.9) presented to our teaching hospital with two weeks of fever and right upper quadrant abdominal pain. Work-up revealed pulmonary nodules and hepatic abscesses on CT imaging for which she underwent IR drainage and was placed on broad-spectrum antibiotics with vancomycin, cefepime, and metronidazole. Infectious work-up including blood cultures, fluid cultures from hepatic drainage, and HIV were all negative, however the patient remained febrile with leukocytosis for a week on therapy. She had fatigue, malaise, and developed metallic taste after starting the metronidazole, but denied any headaches, seizures, ataxia, or other neurological symptoms.

A few days into her admission, the patient was noted to have four tender hyperpigmented subcutaneous nodules on the right medial thigh and left lower leg

(Figure 1a). Skin biopsy specimens were taken and sent for AFB, fungal and bacterial cultures and histopathologic evaluation. All tissue cultures were negative for organisms. Based on this information and the patient's clinical stability, the patient was discharged on levofloxacin and metronidazole with close outpatient follow up. Punch biopsy showed a dermal granulomatous infiltrate extending into the adipose with areas of basaloid necrosis and extravasated erythrocytes (Figure 2a). Trichrome staining revealed scattered histiocytoid cells with prominent central karyosome, dispersed chromatin, and foamy basophilic cytoplasm (Figure 2c). The morphologic findings on pathology were highly suspicious for an Acanthamoeba species or other amoebic infection. Special stains were used to rule out other infectious entities.

Upon her one week post-discharge clinic follow up, the patient noted resolution of her fever and abdominal pain, but progression in her cutaneous involvement despite antimicrobial therapy, with nonhealing, crusted ulcerations of the bilateral lower legs and a new tender subcutaneous nodule on the right forearm. The lesion on the right forearm was biopsied for additional workup and cultures, and minocycline and chloroquine were added to her medication regimen. Histologic images were sent to the Center of Disease Control (CDC), who agreed the findings were consistent with an Acanthamoeba species; PCR is in process. One week after her clinic follow up visit, the patient developed nausea and vomiting and was re-admitted for antimicrobial therapy. She had persistent fatigue but remained neurologically intact with negative brain MRI. After consultation with the infectious disease service and CDC, she was started on combination therapy with miltefosine, fluconazole, pentamidine, sulfadiazine, and flucytosine.

Discussion

Cutaneous acanthamebiasis is caused by free-living amoebas of the genus Acanthamoeba or Balamuthia. The third type of amoeba, Naegleria fowleri, does not typically cause cutaneous infection.1 Acanthamoeba organisms are ubiquitous and live in the air, soil, and water environments. Thus, a lack of history of contact with untreated fresh water would not rule out acanthamoeba

Continued

The Amoeba Enigma: disseminated cutaneous lesions in an immunocompetent host *(continued)*

infection. The cystic forms enters tissues of the skin or lung via skin injuries or inhalation, respectively, while trophozoite form is directly pathogenic. In the United States, cutaneous acanthamebiasis is considered an opportunistic infection that predominantly occurs in immunocompromised patients with AIDS or transplant recipients.2

Acanthamoeba can cause focal or disseminated disease, with the latter being often fatal. Focal disease includes cutaneous, neurologic (amebic granulomatous encephalitis), or ophthalmic (amebic keratitis) infection. Widespread cutaneous infection does not necessarily imply disseminated infection, but can precede amebic granulomatous encephalitis by weeks to months.1 Cutaneous acanthamebasis presents in variable clinical forms, including indurated plaques, subcutaneous nodules, or papulonodular lesions that may enlarge, suppurate, and ulcerate. Due to variable morphological presentation of cutaneous acanthamebasis, diagnosis is most reliably made by identifying trophozoites on pathology with hematoxylin-eosin staining. Tissue culture and polymerase chain reaction analysis may also detect the amoebas.

Biopsy most often shows a dense mixed inflammatory infiltrate with necrosis. The organisms themselves can be present to a variable degree with the trophozoite being characterized by a nucleus featuring a prominent round karyosome and dispersed fine chromatin. Karyosomes have a similar appearance to nucleoli, and trophozoites may resemble macrophages. Cysts may also be present and can be highlighted by a GMS stain, but may be mistaken for fungi and can be differentiated by the presence of a double-walled endocyst and exocyst.3

Treatment for cutaneous acanthamebiasis is often empiric and includes various multiagent therapeutic regimens to cover for amoebic encephalitis. There are reports of successful treatment with combinations that include sterol-targeting azoles (clotrimazole, miconazole, ketoconazole, fluconazole, or itraconazole), miltefosine, pentamidine, 5-flucytosine, sulfadiazine, and intravenous amphotericin B. Other medications that have been used include azithromycin, metronidazole, and rifampin.2,3 Prognosis differs based on underlying immunologic status, how early the infection is diagnosed, and promptness of initiating appropriate therapy. Interestingly, immunocompromised patients tend to have multiple subacute cutaneous lesions without CNS involvement and good response to therapy. However, immunocompetent patients tend to present with insidious onset of chronic cutaneous lesions followed by CNS compromise and death.3 Given the lethality of CNS involvement, workup for these patients should include CNS imaging and CSF analysis.

Our patient is immunocompetent with likely disseminated infection, presenting with widespread cutaneous lesions along with likely pulmonary and hepatic involvement. Fortunately, she has no CNS involvement on MRI and has remained afebrile without any headache or other focal neurological symptoms. During her current hospitalization, her cutaneous lesions have been improving on combination of miltefosine, fluconazole, pentamidine, sulfadiazine, and flucytosine.

Acanthamebiasis is a rare cutaneous infection that is likely underrecognized, leading to inadequate or improper treatment. Thus, amoebic infections should be considered in the differential of unique infections, especially with gastroenterologic symptoms. It is important for dermatologists be aware of the morphological features of amoebic infections for early recognition to optimize patient prognosis. Prompt treatment with multiagent therapies is key as disseminated infections involving the central nervous system are almost universally fatal.

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Verrucous Melanoma Presenting as a Cutaneous Horn

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Introduction

Malignant melanoma is typically divided into four primary growth patterns: superficial spreading, nodular, lentigo maligna, and acral lentiginous. However, there are many other clinical subtypes which may pose diagnostic challenges, given the rarity of their presentations.

Case Report

We present the case of a 48-year-old man who was evaluated in the emergency department for a lesion on his right lateral foot that had been slowly growing for six months. On exam, he was found to have a 3 cm tall by 1.4 cm wide conical, hyperkeratotic plaque consistent with a cutaneous horn. A shave biopsy was performed, and the patient was discharged home with outpatient dermatology follow-up.

Histopathology and Immunohistochemistry

H&E staining showed an acanthotic, benign-appearing squamous epithelium with extensive hyperkeratosis (A). Within the dermis was a spindled and epithelioid cell proliferation arranged in nests and fascicles with conspicuous mitotic activity, prominent nuclei, and a focal area of necrosis (B). The spindled cells did not demonstrate features of maturation with increasing depth. Immunohistochemical stains for SOX10 (C), S100, and MITF were positive in the cells of interest, and approximately 10% of the lesional cells stained positive for Ki-67 (D). Given the overall morphologic findings and immunohistochemical profile, the patient was diagnosed with a verrucous variant of spindle cell melanoma.

Discussion

Verrucous melanoma is a rare clinical variant of malignant melanoma that is easily mistaken as a benign keratosis. In one of the largest case series to date, 50% of the 20 verrucous melanomas identified were initially diagnosed as various benign lesions, most commonly seborrheic keratoses, naevi, papillomas, and cysts.1 Histologically, verrucous melanomas are exophytic and exhibit marked papillomatosis, leading them to appear clinically as hyperpigmented verrucous growths. Our case exhibited subtle papillomatosis, but its verrucous nature was likely obscured by its considerable cutaneous horn. Adding to the uniqueness of this case, melanoma presenting beneath a cutaneous horn has been reported only a few times in the literature.2

Conclusion

Given the importance of early diagnosis in the management of malignant melanoma, it is paramount for dermatology providers to be aware of this potentially benign-appearing variant of a frequently fatal disease.

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A Tale of Three Nipples: A Review of Unilateral Nipple Diseases

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Introduction

Paget's disease of the breast is a rare type of breast carcinoma of the nipple-areola complex, most commonly in post-menopausal women.1 It is often associated with an underlying in situ or invasive carcinoma. Clinically, Paget's disease typically presents as a thickened, eczematous, erythematous weeping or crusted lesion with irregular borders. Advanced lesions may present with erosion, scaling, and bleeding.1

The diagnosis of Paget's disease may be delayed or missed as benign nipple processes such as nipple eczema and nipple adenoma may mimic Paget's.1,2 Here we present a case of Paget's disease with a brief review of other common unilateral nipple diseases.

Case

- A 73-year-old female presented with a 1-week history of erythema, tenderness, and purulent drainage of the left nipple (Figure 1A).
- Mammogram 1 year ago did not show evidence of malignancy (BI-RADS score of 2).
- Medical history remarkable for melanoma 1 year ago s/p excision, CAD, atrial fibrillation, HTN, and ulcerative colitis. Current smoker.
- Punch biopsy showed pagetoid spread of atypical epithelioid cells compressing the basal epithelial layer. Extension down apocrine ducts was seen, but no invasion into the dermis was noted (Figure 1B). Cytokeratin 7 (CK7) was strongly positive in the tumor (Figure 1C). Findings were consistent with Paget's disease of the left nipple.

Discussion

- Full thickness biopsy of the nipple and areola is recommended for patients with nipple-areola skin changes to establish diagnosis.1
- Paget's cells invading epidermis are the hallmark histopathologic feature of Paget's disease and is (+) for CK7 in nearly all cases.1 Nipple adenomas are benign epithelial tumors of the nipple ducts and may present as eroded or ulcerative papules (Figure 2A). Histologically, adenomatous proliferation in the stroma of medium and small caliber ducts, surrounded by a double layer of cells, is seen (Figure 2B). A complete rim of p63 (+) myoepithelial cells (Figure 2C) helps exclude invasive carcinoma.3
- Nipple eczema may present as erythematous papules and plaques with oozing, crusting, or erosions4 (Figure 3A). Spongiotic dermatitis is seen on histology (Figures 3B and 3C). It responds to local therapy.
- Clinical suspicion must be high to avoid missing the diagnosis of Paget's disease.

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Use of Absorbable Cutaneous Sutures Amid the COVID-19 Pandemic

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Abstract

The use of absorbable superficial sutures is highlighted as a measure to decrease the number of times "high risk" patients return to the clinic, eliminating additional exposures for patients, surgeons, and medical staff. Herein we present several cases where the use of absorbable top sutures were preferred over non-absorbable sutures by both the patient and surgeon. Studies have shown no significant difference in cosmetic outcomes between polypropylene non-absorbing suture and plain gut absorbable suture.(1,2) Many patients express anxiety over the thought of suture removal, and often ask if the sutures will "dissolve on their own" during the surgery. Use of absorbable top sutures is one way surgeons can help allay this fear, and studies have shown similar patient satisfaction between absorbable and non-absorbable sutures.(3) Additional stress may be prominent during the current pandemic, especially for patients considered high risk by CDC. The CDC initially identified patients over the age of 65 as the high risk category for COVID-19 mortality, but have now clarified that all ages can be affected by this virus. However, patients over the age of 65 are more likely to have comorbidities.(4) Dermatologic surgeons should strongly consider the use of absorbable cutaneous sutures during this pandemic, as studies have shown similar cosmetic outcomes and patient satisfaction, and improved safety for patients, physicians, and medical staff.

Dermal Metastases of Cutaneous Squamous Cell Carcinoma: A Single Institution Case Series

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Background: Dermal metastasis in cutaneous squamous cell carcinoma (SCC) is a rare entity, and unfortunately, is a manifestation of end-stage disease. Immunocompromised populations, specifically solid organ transplant recipients, are at increased risk of invasive and metastatic SCC and may have limited treatment options. We describe a case series of eight patients who developed dermal metastases in the setting of cutaneous squamous cell carcinoma.
Design: A retrospective review was performed at a single academic institution of patients with cutaneous SCC and biopsy proven dermal metastases from 2015-2020.

Results: Eight patients were identified (n=6 immunocompromised, n=2 elderly). Median age was 69 years; n=6 males, n=2 females, and all were of white, non-Hispanic descent. Initial pathology was poorly differentiated SCC (n=4) ; moderately differentiated SCC(n=2), well differentiated SCC (n=1), and acantholytic SCC (n=1). All locations were on the head and neck; median initial size was 10.5mm. Six patients had nodal involvement and two with perineural invasion (< 0.1mm). Five cases received wide local excision with adjuvant radiation, three of whom progressed requiring either chemotherapy or immunotherapy. Three cases were deemed unresectable; two of which passed away without additional treatment, and one who is scheduled to initiate immunotherapy. Median time from SCC diagnosis to initial treatment was 41 days. Median time from initial SCC diagnosis to time of dermal metastases was 112 days. Four of eight patients are currently deceased. Median time from diagnosis of dermal metastases to death was 140.5 days (range 29-215 days).

Conclusion: We report eight patients who developed dermal metastases from cutaneous SCC. Immunosuppression and/or older age appear to be significant risk factors. The morbidity and mortality from this aggressive disease is significant, and thus aggressive, multi-disciplinary treatment is advocated as early as possible.

Electrosurgery and Implantable devices: A survey of dermatologic surgeons

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Introduction & Objectives: Encountering patients with implantable electronic devices (IEDs) during dermatologic surgery is becoming more common as the proportion of our elderly population increases and the indication for IEDs grow. Data pertaining to the safety of electrosurgery in patients with IEDs is limited. Given that electromagnetic interference (EMI) to the IED during surgery has been reported to be associated with adverse effects, it is imperative that surgeons screen and utilize precautions that are commensurate with manufacturer guidelines and evidence-based practices. We sought to investigate periprocedural electrosurgery screening and management amongst dermatologic surgeons to characterize current practice trends, identify areas of variation of physician practice, and enhance patient safety. Furthermore, we aimed to qualify and quantify adverse events encountered with IEDs.

Methods: A 21 question REDCap survey was distributed to the American College of Mohs Surgery (ACMS), and the Association of Professors in Dermatology (APD).

Results: A total of 115 DS completed the survey. One hundred and twelve (97.4%) and 109

(94.8%) of respondents screened for pacemakers (PM) and implantable cardiac defibrillator

(ICD), respectively, making implanted cardiac devices the most commonly screened devices. Respondents screened for the other IEDs much less frequently: Cochlear implants (CI) 63

(54.8%), deep brain stimulators (DBS) 73 (63.5%), spinal cord stimulator (SCS) 50 (43.4%), vagal nerve stimulators (VNS) 42 (36.5%), and phrenic nerve stimulators (PNS) 33 (28.7%). For PM and ICD, the top three pre-operative precautions were pre and post-operative monitoring (BP, pulse) (n=29; 25.2% and n=28; 24.4%), respectively, availability of a surgeon/staff trained in ACLS (n=36; 31.3%), and availability of a code/crash cart (n=31; 27.0%). The three most common intraoperative precautions for PM included avoidance of use around device (n=72; 62.6%), utilization of a burst less than 5 seconds (n=69; 60%) and bipolar electrocautery (n=39; 34.0%). The three most common intraoperative precautions for ICD included avoidance of use around device (n=66; 57.4%), utilization of a burst less than 5 seconds (n=55; 47.8%) and heat cautery (n=50; 43.5%). Screening practices and precautions for CI and neurostimulators were much more variable. Four (3.5%) respondents reported a total of 5 complications: 1 with PM, 3 with ICD, and 1 with DBS. Electrodessication was implicated in all 5 adverse events.

Conclusion: The results of our survey indicate that dermatologic surgeons regularly screen for PM and ICD, but less commonly for non-cardiac devices. Additionally, there appears to be a lack of consensus amongst surgeons regarding the perioperative practice in patients with IEDs. The number of DS who experience adverse sequelae from IEDs remains low. Further research is required to identify evidence-based best practices in the peri-operative screening and management of patients with IED.