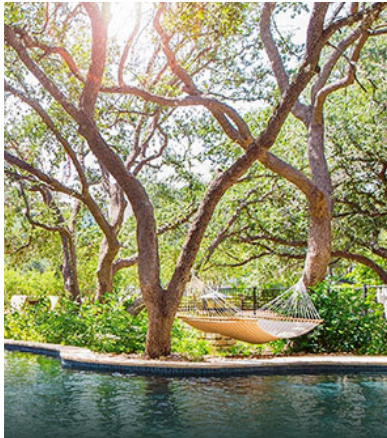




THE TEXAS Dermatologist

A Newsletter for members of the Texas Dermatological Society www.texasdermatology.org Summer 2021



TDS 2021 Annual Fall Meeting

Sept. 24-25, 2021

The Hyatt Hill Country Resort and Spa

San Antonio, TX

See page 4 for more details

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.

2021 President's Message

Travis Vandergriff, MD



Dear Friends and Colleagues

As the summer begins, we have a lot to look forward to! Summer invites relaxation, bringing with it longer days, warmer weather, holiday weekends, and a laid-back easygoing feeling. This summer, many of us will make plans to gather with friends and family in places near and far, a possibility that seems both exciting and soothing as we begin to emerge from the depths of the pandemic.

Navigating through the challenges of the pandemic has tested us as individuals, as a profession, and as a society. Having been a member of the Texas Derm Society board of trustees during the length of the pandemic, and recently becoming president, I have had the privilege of witnessing first-hand the resilience and strength of our group. Our members helped each other with ideas and strategies to keep practices strong and continue to serve our patients with skin care needs. Our members also continued to give back to their communities and to advocate for legislative changes despite the challenges and difficulties of the pandemic.

One of my favorite ways to engage with the TDS is by attending the spring and fall educational meetings. The pandemic forced our group to make quick and creative changes to meetings that usually take a year or more to plan in advance. Our meeting hosts and our executive director Laura Madole pulled it off, providing excellent educational content across a virtual platform, while still tapping into that sense of community that makes the TDS special. Our members and our industry sponsors never wavered in their support of the TDS meetings.

As we begin to emerge from the pandemic, we have a lot to look forward to in 2021. Time for reflection during the pandemic has given many of us a renewed sense of purpose and vision for our practices and ourselves, both professionally and personally. My goal as a leader of this stalwart group is to continue to make TDS a place where members feel a sense of community and see opportunities to engage. We are planning some outstanding educational meetings (September 24-25, 2021 in San Antonio, and April 29-30, 2022 in Dallas – mark your calendars!) where we hope to gather in person once again.

This summer, I hope you all get a chance to rest, relax, and refresh. Some of you will be taking the family on a road trip, others will be taking to the skies, and some may prefer to stay close to home. Wherever you find yourself this summer, I wish you all the best. I look forward to seeing you all soon.

Travis Vandergriff, MD

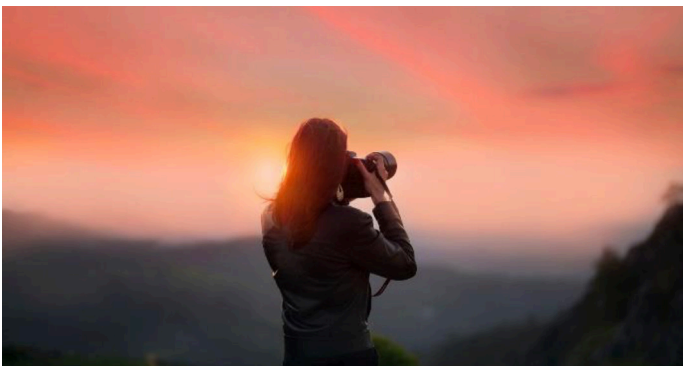


Annual TDS Art Show!

The TDS will host another annual member art show at the fall 2021 meeting. Are you a photographer? Painter? Sculptor? We would love to see your work and share with all TDS colleagues and attendees in San Antonio!

All art submitted should be flat pieces if possible. Members can bring the art piece, as well as a description and we will display them throughout the meeting in the exhibit hall. Feel free to place your art in the area for viewing anytime during meeting hours, we can't wait to see what you bring!

Be sure to mark on the registration form your interest in the art show, and please include a brief description of the piece(s) you'll be bringing to display!



Legislative Update

by Eric Woomer

There was nothing traditional about the 87th Texas Legislative Session. The Legislature started the session in the middle of a pandemic which resulted in the legislative environment and the process being modified significantly: members filed fewer bills than in previous sessions; committee hearing rooms modified for social distancing; Capitol or advocacy days were not allowed; and many members' offices were closed throughout session or open by appointment only. In response to the public health emergency, hundreds of bills were filed addressing the state's response. Then, in mid-February with Texas being hit by Winter Storm Uri hit the Legislature's focus quickly shifted from the pandemic to the failures of the state's electricity grid.

Eric Woomer, Policy Solutions tracked over 180 bills for the Texas Dermatological Society (TDS). TDS had a successful virtual advocacy day, holding several meetings with key legislators to convey TDS' legislative priorities and to provide our unique perspective on key bills. Furthermore, TDS worked closely with the larger medical community through the Texas Medical Association (TMA) to communicate support and/or opposition on certain legislation.

One of the top priorities for TDS was to block the move towards independent practice for Advanced Practice Registered Nurses (APRNs). Two bills were filed this session expanding the scope of practice: HB 2029 by Rep. Stephanie Klick and SB 915 by Sen. Kelly Hancock. The Society was strongly opposed, and through successful advocacy by TDS and the House of Medicine, neither bill moved from committee in either Chamber. Both the House and the Senate bills died, and no adverse scope legislation passed this session.

One of the bills the medical community supported and worked on prior to session was HB 1445 by Rep. Tom Oliverson. Over the interim, the Comptroller re-evaluated current tax rules and announced that the agency was going to begin imposing sales tax on third-party medical billing services in 2020. The medical community (including TDS) worked with policymakers to delay implementation of the new rule until the Legislature could convene and weigh in. HB 1445 continues the current policy of prohibiting medical billing services performed by an external third party from being subjected to the state sales tax. The legislation moved quickly through the process and passed both Chambers without objection. It was sent to the Governor on April 21st and signed by April 30th with an effective date of January 1, 2022.

TDS has been advocating for several sessions to expand physicians' ability to dispense medications, particularly topical

(Continued on next page)

Legislative Update *(continued)*

medications that can be easily dispensed to the patient while in the physician's office. Three bills were filed on the issue: HB 456 by Rep. Matt Shaheen; and HB 1778 by Rep. Tom Oliverson and companion bill, SB 1503 by Sen. Dawn Buckingham (both physician legislators). HB 456 would have expanded dispensing by physicians without limitation while HB 1778/SB 456 focused on dispensing in rural areas on limited basis. In light of continued strong opposition from the pharmacy industry, none of the bills were heard in committee and died in their respective Chambers.

However, TDS joined TMA and other specialty societies in an amicus brief to the Court of Appeals for the Third District Court of Texas in a case challenging the state's ban on physician dispensing. The brief noted that the current limitations on dispensing are far too prescriptive and that doctors in 45 other states currently dispense a range of medications, safely and consistent with medical ethics, saving consumers time and money. We are awaiting the Appeals court decision, likely later in the year or early 2022.

In addition, TDS opposed a bill pushed by the health plans that would have required physicians to use plan-designated diagnostic labs – limiting physician choice, eroding competition, reducing quality of lab work; and adding costs for patients. In response, HB 4211 was filed by Rep. Greg Bonnen, a physician, to prohibit this practice, but the bill died in the House.

Telehealth and Telemedicine regulatory flexibilities beyond the pandemic was a legislative priority for many lawmakers and providers coming into session, and it was designated as one of the Governor's emergency items. HB 4 filed by Rep. Four Price was the omnibus legislation related to Medicaid that made permanent the expansion of telemedicine, telehealth, and technology-related services and provides a pathway to integrating the delivery of services in a fiscally responsible manner. In addition, a number of bills were filed related to Telehealth and Telemedicine parity under commercial health plan, but none of the bills passed, in large measure due to heavy opposition from the insurance lobby.

As expected, there were hundreds of bills filed related the pandemic and the state's response. One of the bills that was a TDS priority was SB 6 by Sen. Kelly Hancock which afforded liability protection for physicians. Specifically, the bill exempts a physician from liability for injury or death, including economic and noneconomic damages, arising from providing or failure to provide care or treatment of a pandemic disease, except in a case of reckless conduct or intentional, willful, or wanton misconduct. The bill was signed by the Governor with an effective date of June 14th.

Prior authorizations imposed on medical procedures was also a significant focus for lawmakers this session. Rep. Greg Bonnen filed HB 3459 to address overly burdensome preauthorization and utilization review process, creating a "goldcarding" mechanism for physicians who have fewer incidences of prior authorization denials. HB 3459 was strongly supported by the medical community, and has passed the Legislature but is awaiting action by the Governor.

Health care transparency has been a top priority for lawmakers over consecutive sessions. Often that is a good thing - however, SB 2122 by Sen. Bryan Hughes would have imposed onerous compliance provisions on the provider community. The bill required that a medical provider send an itemized bill prior to attempting to collect any money from the patient, which must include an itemized list of each medical service provided, the amount the provider will accept as payment in full for that service, and a plain language description of the service. There was significant effort from the medical community opposing the bill. While the bill did make it over to the House, and referred to committee, the bill did not have any further action and died due to intensive advocacy efforts by TDS and TMA, among others in the House of Medicine.

Tensions between the House and Senate continued to grow in the final weeks of session, which resulted in a number of bills dying, including some of the Governor's emergency items as well as other leadership priorities. Legislators knew they would be back for a special session in late fall to take up legislative and congressional redistricting and to allocate billions in new federal stimulus funds. However, Gov. Greg Abbott announced shortly after Sine Die that he will call the Legislature back earlier for a Special Session perhaps in July or August to address the priorities that were not passed, including elections integrity, bail reform, taxpayer funded lobbying, and other items yet to be determined.

Lastly, our efforts to ensure that Texas summer youth camps permit campers to possess and apply sunscreen continue. COVID delayed consideration of TDS' suggested edits, but current draft rules, once adopted, will clarify that Food & Drug Administration-approved, over-the-counter topical sunscreen is not a prescription medication, to ensure that kids are able to bring and apply OTC sunscreen at Texas camps. Depending on what other amendments to agency rules are required by the Legislature, final adoption is likely later this year or early in 2022.

We will continue to work closely with TDS leadership as we look to two special sessions later in the year, and to monitor regulatory and legislative interim activities as things take shape. Please do not 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!

Congratulations to the Winners of the 2021 Annual Spring Meeting Resident Podium and Poster Competitions

PODIUM WINNERS:

1st – Frank Winsett, MD
University of Texas Medical Branch, Galveston, TX

A Cross-Sectional Analysis of Tinea Capitis

Background/objective: Tinea capitis is a common dermatophyte infection that most often occurs in prepubertal children. The most commonly implicated etiologic agent in the United States (US) is *Trichophyton tonsurans* (T tonsurans), followed by *Microsporum canis* (M canis). However, significant shifts have occurred over time in the prevalence of different fungal species. Herein, we examine species prevalence in tinea capitis infections at the University of Texas Medical Branch (UTMB) and how they have changed over time.

Methods: A retrospective single-institution cross-section study was conducted using patients diagnosed with tinea capitis, and confirmed by culture, at UTMB between 1949 and 2019. Patient demographics and culture data were collected.

Results: A total of 3010 culture-positive cases of tinea capitis were included in this study. The most commonly implicated organism was T tonsurans, making up 77% of all positive cultures; followed by M canis at 16% and *Microsporum audouinii* (M audouinii) at 3%. Over time, T tonsurans has increased in prevalence, while conversely, M canis and M audouinii have decreased in prevalence. Further, M audouinii exhibited a strong predilection for infection in males compared to females, whereas M canis and T tonsurans showed only very slight male predominance.

Conclusion: Over the past 100 years T tonsurans has replaced M audouinii as the most commonly implicated organism in tinea capitis in the US. Congruent with previous studies, we demonstrate that T tonsurans has increased in frequency and constitutes the majority of culture positive cases of tinea capitis.

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SAVE THE DATE!

TDS Fall 2021 Annual Conference

September 24-25, 2021

The Hyatt Hill Country Resort and Spa
San Antonio, TX

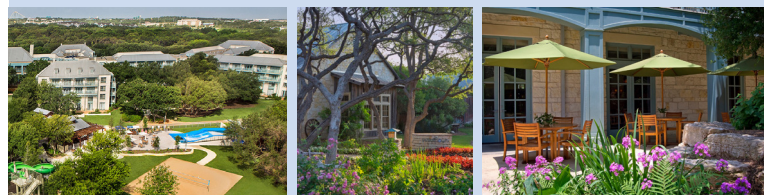
TDS Special Room Rate: \$239/night

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Be sure to mention you are with the TDS to receive this discounted rate! Rooms are available for booking now and will be at the special rate on the first come, first serve basis.

We're back and better than ever!!! Bring your families in-person and come join your TDS colleagues for a fantastic meeting at the Hyatt Hill Country this fall! Thank you to Drs. Wendi Wohltmann and Sandra Osswald for their hard work putting together an amazing schedule! The CME program is being finalized, but will consist of amazing resident case presentations and CME lectures. A few of the confirmed speakers are Drs. Crytal Aguh from Johns Hopkins, Dr. Jane Grant-Kels from the University of Connecticut and Dr. Dirk Elston from the Medical University of South Carolina!

The TDS is working hard to have a virtual stream of the LIVE presentations for those members who can't, or do not wish to attend an in-person event quite yet. We hope all TDS members can enjoy the conference! We can't wait to see you there!



Congratulations to the Winners of the 2021 Annual Spring Meeting Resident Podium and Poster Competitions

(Continued)

2nd – Paige Hoyer, MD **The University of Texas Medical Branch, Galveston, TX**

“An Introduction to Mohs Micrographic Surgery: an active-learning experience”

Paige Hoyer, MD; Renat Ahatov, BS; Brandon Goodwin, MD; Richard F. Wagner, Jr., MD The University of Texas Medical Branch, Galveston, Texas

Background or Rational: Mohs micrographic surgery (MMS) can be a challenging concept for dermatology residents and medical students to master. MMS training can vary between residency programs and even between trainees at the same program. Studies have shown that dermatology residents want more surgical training, regardless of their current training. Research has shown that active learning improves retention and is preferred over passive learning. We present a novel workshop aimed at improving the understanding of, and ability to complete, the steps involved in MMS. **Goal:** Improve dermatology resident understanding and confidence in performing MMS.

Methods: The MMS Workshop is an active-learning experience for dermatology residents to understand the concepts and improve skills in MMS. Residents completed the anonymous pre- and post-test surveys. Each resident was provided with a porcine skin substitute with a “tumor” drawn on. Residents were instructed on proper technique to remove the first stage, and subsequently surgically excised the first stage. Control frozen-section histopathology slides from a known positive Mohs case were reviewed and mapped as the “first stage”. Based on the map, residents proceeded to remove the second stage. A second control slide was evaluated for clearance of the tumor.

Results: A statistically significant improvement

3rd – Kishan Shah, MD **UT Southwestern; Dallas, TX**

Cutaneous mucormycosis at the site of COVID-19 vaccination in a patient with bullous pemphigoid

Mucormycosis is a severe fungal infection caused by the *Mucor* genus.¹ It is typically an opportunistic infection. Major risk factors include diabetes, transplant recipient, trauma or burns, prolonged corticosteroid treatment, and hematologic malignancies.² Early identification is paramount given *Mucor* spp. predilection for vascular

invasion, paucity of effective antifungal treatments, and reported 96% mortality in disseminated disease.^{1,3} While cutaneous mucormycosis has been reported in healthcare settings, it has never been reported at the site of prior vaccination.³ We report a case of cutaneous mucormycosis at the site of Coronavirus-19 (COVID-19) vaccination, mRNA-1723 (Moderna, Massachusetts, USA).

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POSTER WINNERS:

1st – Joan Fernandez, MD **Baylor College of Medicine**

Fixed Drug Eruption vs. Stevens Johnson Syndrome in an HIV Patient

Joan Fernandez MD,¹ Warren H. Chan MS,^{1,2} Omid Jalali MD¹ ¹Department of Dermatology, Baylor College of medicine, Houston, TX ²School of Medicine, Baylor College of Medicine, Houston, TX

We present a case report of a 34 year old male with AIDS and progressive spreading pruritic hyperpigmented macules and papules who developed new erythema around existing lesions and new bullae in the setting of Bactrim use. Immunocompromised patients have an increased risk of developing Stevens Johnson Syndrome (SJS), which often presents as dusky red macules that can rapidly progress to bullae formation, epidermal detachment, and large areas of raw and bleeding dermis. Fixed drug eruptions (FDE) appear as sharply demarcated erythematous plaques that may develop bullae and erosions due to epidermal detachment and recur at previous sites of involvement upon re-exposure to the causative drug. Clinicopathologic correlation is helpful for distinguishing generalized FDE and SJS, although the diagnosis can often remain a challenge due to overlapping morphologic and microscopic features. Our

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case highlights that in such a scenario, a high suspicion for SJS should be maintained along with immediate preparations for systemic therapy in case rapid progression of lesions in the setting of SJS occurs. AIDS patients require a higher degree of suspicion for SJS and elevation of care as treatment options in this population are limited.

2nd – Matthew Arffa, MD UT Austin Dell Medical School Dermatology Residency Program, Austin, Texas

Incontinentia Pigmenti in a Male Patient

Matthew L Arffa¹, MD, Brett Keeling¹, MD, Chandra Krishnan², MD, Moise L. Levy^{1, 3, 4}, MD ¹Dell Medical School, University of Texas at Austin, Department of Internal Medicine Division of Dermatology, ²Dell Children's Medical Center of Central Texas, Department of Pathology, ³Dell Medical School, University of Texas at Austin, Department of Pediatrics, ⁴Dell Children's Medical Center of Central Texas, Pediatric Dermatology

Introduction: Incontinentia pigmenti (IP) is an x-linked dominant disorder characterized by a stereotypical skin eruption with variable brain, teeth, eye, hair, and nail abnormalities. The rash is typically arranged into streaks and whorls and is divided into 4 stages: vesicular, verrucous, hyperpigmented, and hypopigmented. As this condition is x-linked dominant, it is primarily seen in females and is usually lethal antenatally for males. Case Report: An 8-day-old male presented to the pediatric dermatology clinic with a linear array of papules and vesicles on the left inner thigh and leg. The rash first developed on the 4th day of life as vesicles and papules from the left lateral scrotum down the medial aspect of the leg to his ankle. The patient is otherwise healthy with no issues during birth or delivery and had a normal karyotype. The patient appeared well with a normal neurological exam. A 3 mm punch biopsy exhibited epidermal spongiosis with focal intracorneal eosinophilic infiltration, consistent with the diagnosis of IP. Blood testing for the IKBKG (NEMO) gene did not identify a mutation, however genetic analysis of clinically involved skin demonstrated a pathogenic variant confirming the diagnosis of IP. Given the negative blood test and positive genetic analysis of involved skin in a male, the child is considered to have a mosaic variant of IP. The patient subsequently had a brain MRI/MRA, ophthalmology,

and neurology evaluation all of which were normal. At 5 months of life the patient clinically appears normal with no other manifestations of IP. Discussion: IP is due to a mutation in the IKBKG gene, which encodes the inhibitor of κ light polypeptide gene enhancer in B cells, kinase γ , also known as NEMO (NF- κ B essential modulator). NEMO is a subunit of a kinase that activates Nuclear Factor kappa B (NF- κ B) which has numerous cell functions including inhibition of cell apoptosis. Females with a mutation in one X-chromosome can survive as they have a spare, normal, X-chromosome. While this defect is dominant, the mutated chromosome is not expressed in every cell due to a process known as lyonization. In males, there are 3-postulated methods for the development of IP: Klinefelter's syndrome (47 XXY karyotype), hypomorphic alleles, and somatic mosaicism. Somatic mosaicism is considered the most common cause of male IP. The degree of severity and manifestations of mosaic IP depends on how early the mutation developed. Male patients with earlier postzygotic mutations can have manifestations identical to non-mosaic IP. While male patients may have a limited cutaneous eruption, it does not preclude them from developing other neuroectodermal abnormalities later in life. Therefore, males with mosaic IP should still undergo close monitoring and multi-disciplinary evaluation.

3rd – Morgan Fletcher, MD UT Health San Antonio; San Antonio, Texas

HIV/AIDS-associated kaposi sarcoma with negative immunohistochemical staining

Morgan Fletcher, MD¹; Abhishek Pandya, DO²; Caroline Zhu, BS³; Robert Gilson, MD¹ ¹UT Health San Antonio, Department of Dermatology, San Antonio, TX ²UT Health San Antonio, Department of Internal Medicine, San Antonio, TX ³UT Health San Antonio Long School of Medicine, San Antonio, TX

Abstract: Kaposi sarcoma (KS) is a low-grade vascular tumor associated with human herpesvirus 8 (HHV-8). One key HHV-8 gene product involved in Kaposi sarcoma growth is latency-associated nuclear antigen (LNA-1). Here, we present a case of KS in an HIV/AIDS patient with negative immunohistochemical (IHC) staining for LNA-1 but positive HHV-8 PCR. A 29-year-old HIV+ male

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presented to the emergency department due to facial swelling, lymphadenopathy, and skin lesions. Of note, four months prior, the patient was diagnosed with cryptococcal meningitis and HIV, and he was started on biktarvy (bictegravir, emtricitabine and tenofovir alafenamide), trimethoprim-sulfamethoxazole, azithromycin, and fluconazole. Skin findings were notable for several violaceous non-blanchable papules to the patient's hard palate, forehead, left temple, left cheek, chest, back, right upper and lower leg, and left foot. Skin biopsy showcased a vascular proliferation with a diffuse, predominantly lobular architecture with occasional dilated vascular channels, bland endothelial cells and red blood cell extravasation. Neoplastic cells were positive for CD31 and negative for HHV-8 IHC stains. HHV-8 PCR was positive. Per Hematology and Oncology recommendations, the patient underwent port placement and received an initial dose of liposomal doxorubicin with plans for repeat dose three weeks thereafter. This case demonstrates a rare combination of negative IHC staining along with positive HHV-8 PCR and also provides an interesting example of increased risk of KS after initiation of antiretroviral therapy in patients with low CD4 counts.

TDS 2021 Robert G. Freeman, MD Mentoring and Leadership Award



Ted Rosen, MD
2021 Robert G. Freeman,
MD Mentoring & Leadership
Award Winner

The Spring 2021 TDS Mentoring and Leadership Award was presented to Dr. Ted Rosen at the virtual spring 2021 conference that was hosted by UTMB. A

graduate of the University of Michigan Medical School, Dr. Rosen did his dermatology residency at Baylor College of Medicine, where he is currently Professor and Vice-Chair. Dr. Rosen served a term on the AAD Board of Directors, and is a past AAD Vice-President. He is also a past President and Secretary-Treasurer of the Houston Dermatological Society. He is the 2016 recipient of the AAD Thomas Pearson Memorial Award for lifelong achievement in education and a 2019 recipient of Baylor's prestigious Master Clinician Award. Dr. Rosen has authored over 300 PubMed-indexed papers, 26 book chapters and 4 textbooks.

Congratulations Dr. Rosen!

Thank you to the 2021 Spring Annual Meeting Sponsors!

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TDS Future Partner Supporters

Thank you to the following members who contributed to the "Future Partner" program at the spring 2021 meeting!

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Lisa Guidry Pruett, MD	Carrollton
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Bryan Townsend, MD	Austin

New Allied Health Members:

Shea Young, PA-C	Woodway
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New Resident Members:

Katie E. Homan, MD	Belton
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Congratulations to the 2021-22 TDS Board of Directors

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