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TRANSCRIPT

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3 Things to Know about Cutaneous Dermatomyositis

Announcer:
You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology's Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:
This is Dr. Madelaine Feldman, and I am at Congress of Clinical Rheumatology, and have just left Alisa Femia's dermatologist lecture entitled: Challenging Cases from the Dermatology-Rheumatology Clinic. She is Director of Inpatient Dermatology at the New York University School of Medicine.

Here are some of the high points. In dermatomyositis, (inaudible)* 28:55 myositis—that is the form of dermatomyositis that is with cutaneous manifestations only—she gave the 3 top things that need to be done. Number 1 is to treat the itch, and she did recommend a nonsedating antihistamine as well as Sarna lotion; number 2, to make sure that the patient is aware that it is extremely photosensitive and must be kept out of the sun, use sunscreen even while in the car—so photosensitivity is something that must be addressed—and finally, the third is the use of topical steroids. Sometimes the very potent steroid, such as clobetasol, is necessary, and if in areas of thinner skin, tacrolimus is used.

In terms of the medications that are used to treat this cutaneous dermatomyositis, the first one she spoke of was hydroxychloroquine. One of the things that she said was important to remember is that up to a third of patients who have cutaneous dermatomyositis will get a reaction, a skin reaction in the form of a morbilliform rash with Plaquenil, and up to 80% actually do need other immunomodulators. The first immunomodulator that she spoke of was methotrexate and that that works up to 70% of the time, so that should definitely be considered in those that don't respond to Plaquenil or hydroxychloroquine. In very recalcitrant skin disease, she recommended mycophenolate or IVIg, and both of those have been successful in treating very recalcitrant cutaneous dermatomyositis, particularly the IVIg. She said if necessary, tofacitinib at high doses—that is 10 mg twice a day—can be used in even more recalcitrant cutaneous dermatomyositis. She said both TNF inhibitors and Rituxan were not very helpful in this condition.

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