

Dermatology of the Face

Gregory G. Messenger, M.D.

Financial Disclosure

- ▶ Speaker, Gregory Messenger, MD, has a financial interest and affiliation with Messenger Dermatology, a division of Compass Health, where he is employed as a dermatologist.

Sunscreen

Photoprotection

1. Clothing
2. Sunscreens
 - **30 SPF (sun protective factor) all year long, summer and winter, cloudy day/bright day, hot day/cold day**
 - **Extrinsic aging caused by ultraviolet light**
 - **Intrinsic aging natural aging process**



Vitamin D



- ▶ 7 minutes of sun exposure with sunscreen supplies the daily allowance of Vitamin D.
- ▶ Dehydrocholesterol (epidermal) absorbs UVB → Vitamin D₃ (cholecalciferol) → hydroxylated by liver, forms 25-(OH)D₃ → hydroxylated by kidney, forms 1, 25(OH)₂D₃ (calcitriol, active form).

Seborrheic Keratosis

- ▶ Seborrheic keratoses on sun exposed skin
- ▶ **Double covered** areas are non-sun exposed skin with no seborrheic keratoses
- ▶ Sun exposure is the most significant contributing factor to the aging process of the skin

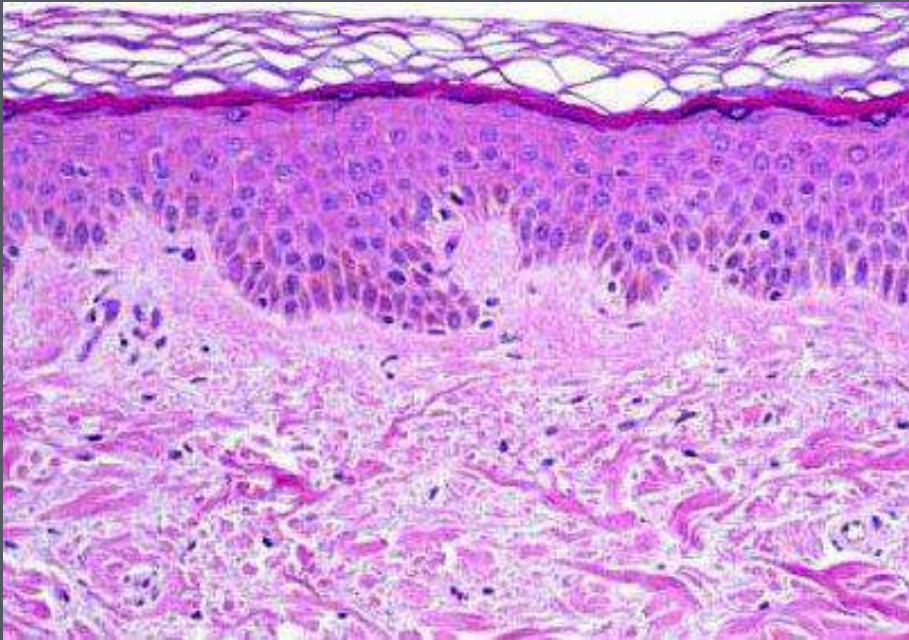


Psoriasis

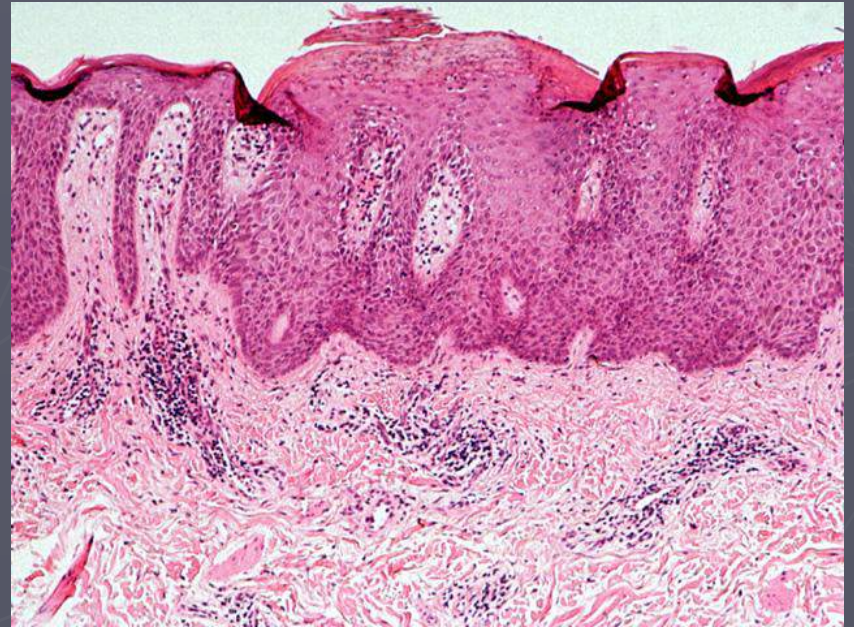
- ▶ Papulosquamous eruption
 - Most likely psoriasis
 - Oftentimes a blend of seborrheic dermatitis, nicknamed sebopsoriasis
 - Caused by Interleuken 17



H & E Staining



H&E stain of normal skin



H&E stain of psoriasis

Seborrheic Dermatitis



Seborrheic Dermatitis



Eyelid Dermatitis



Eczema

- ▶ Papulosquamous eruption most likely eczema



Tinea Faciei

- ▶ Papulosquamous eruption most likely fungus



Nevus Simplex



Vascular Lesions



Port Wine Stain



Strawberry Hemangioma
Beta Blockers



Sturge-Weber Syndrome

Port Wine Stain

- ▶ Capillary AV Malformation



Rosacea

- ▶ Pimples
- ▶ Telangiectasia
- ▶ Rhinophyma



Rhinophyma



Blepharitis



Molluscum Contagiosum



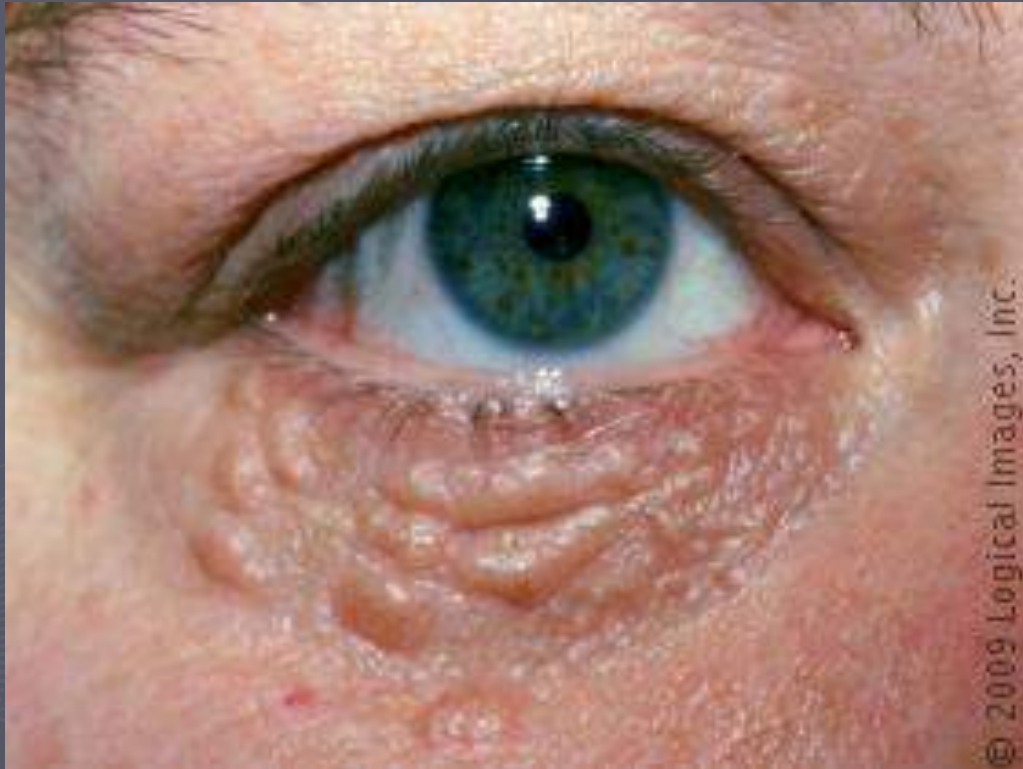
Wart



Seborrheic Keratosis



Syringoma



© 2009 Logical Images, Inc.

Alopecia Areata of the eyelid



Cicatricial Pemphoid with Symblepharon

- ▶ Three target antigens seen in cicatricial pemphigoid –
 - BPAG2, laminin-5, and A6B4 integrin
- ▶ Autoantibody to B4 → CP (ocular), B4 mutation → JEB with pyloric atresia



Hidrocystoma



Herpes Simplex

- ▶ Treatment
 - Acyclovir
 - Refer to ophthalmologist for treatment



Herpes Zoster

- ▶ Presents as chicken pox – Varicella Zoster Virus
 - Human herpes virus type 3 (*HHV-3*)
- ▶ 99% of the population have the antibodies
- ▶ Second presentation is as Herpes Zoster
- ▶ Treatment is designed to prevent postherpetic neuralgia
 - Acyclovir 800 mg q. 3 hours while awake
 - Systemic steroids for age 50 to 55
 - Neurontin 300 mg h.s.



Zostavax

- ▶ Prevents 50% of the occurrence of Herpes Zoster outbreaks
- ▶ 66% less pain with possible breakout
- ▶ Approved for 60 years of age and above



Purpura

Solar or Steroid Induced



Steroid Induced Purpura



Actinic Keratosis

► Treatment

- Efudex
- Liquid Nitrogen
- Curettage
- Aldara cream



► Prevention

- Photo protection
- Sunscreens
- Clothing



Squamous Cell Carcinoma



Basal Cell Carcinoma

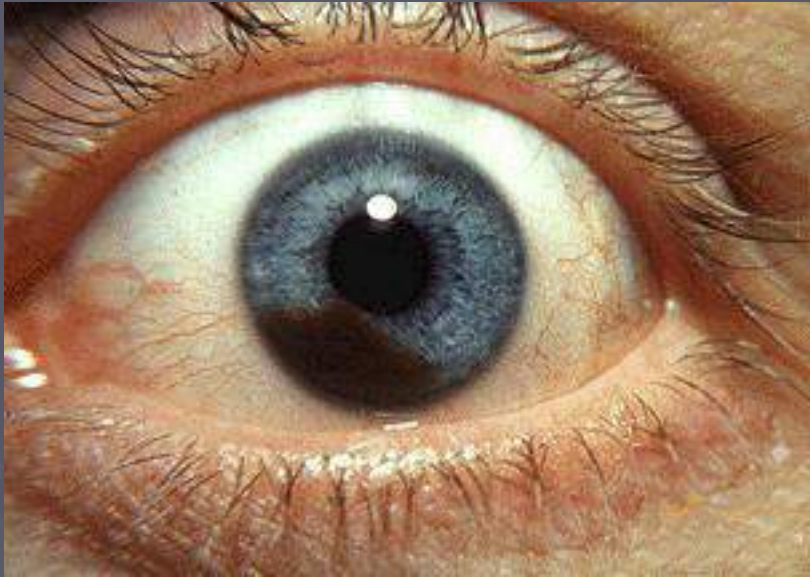


Basal Cell Carcinoma

- ▶ Post treatment with radiation



Melanoma



Melanoma



Classes of Immunotherapies

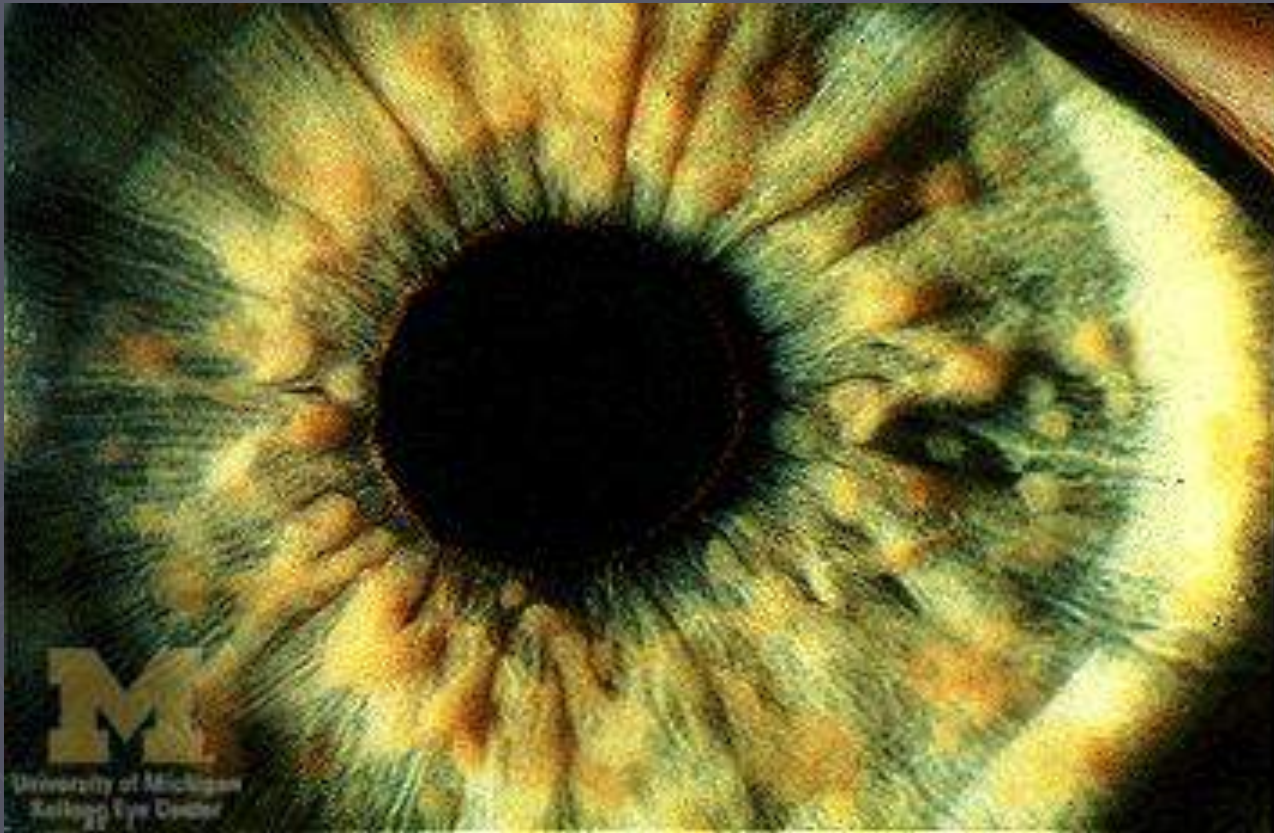
- ▶ CTLA-4 Inhibitors
 - Ipilimumab
- ▶ MAP Kinase Pathway Inhibitors
 - BRAF Inhibitors
 - ▶ Vemurafenib
 - ▶ Dabrafenib
 - MEK Inhibitors
 - ▶ Trametinib
- ▶ PD-1 Inhibitors
 - Nivolumab
 - Pembrolizumab

When is a sentinel lymph node biopsy indicated?

- ▶ Breslow depth $>1\text{mm}$ with clinically negative nodal basin
 - NCCN recommends against SLNB for MIS or melanoma less than 1.0mm in thickness
 - ▶ $\sim 5\%$ chance of positive SNLB at depth of 1mm
- ▶ Breslow depth $0.76\text{mm}-1.0\text{mm}$
 - Presence of adverse features
 - ▶ Positive deep margins, lymphovascular invasion, age < 40 years, significant vertical growth phase, increased mitotic rate
 - Presence of regression (controversial)
- ▶ Breslow depth $>4\text{mm}$ with clinically negative nodal basin

Lisch Nodules

- ▶ Seen in neurofibromatosis



Discoid Lupus Erythematosus



Subacute Cutaneous Lupus Erythematosus



Drug Induced Subacute Cutaneous Lupus Erythematosus

- ▶ Flared with Sun exposure



Cleared SCLE

- ▶ Cleared with:
- ▶ Discontinuation of offending drug
- ▶ Topical systemic steroid
- ▶ Sun avoidance



Vitiligo repigmentation



Injectables and Fillers

- ▶ Rare complication of intralesional injections of fillers and steroids is the retrograde flow into the ophthalmic artery which could lead to blindness.



Circulation of Periocular Area

