Common Dermatoses in Skin of Color (SoC)

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Relevant Disclosure and Resolution

Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

Pamela Allen, MD

I have no relevant financial relationships or affiliations with commercial interests to disclose.

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Objectives

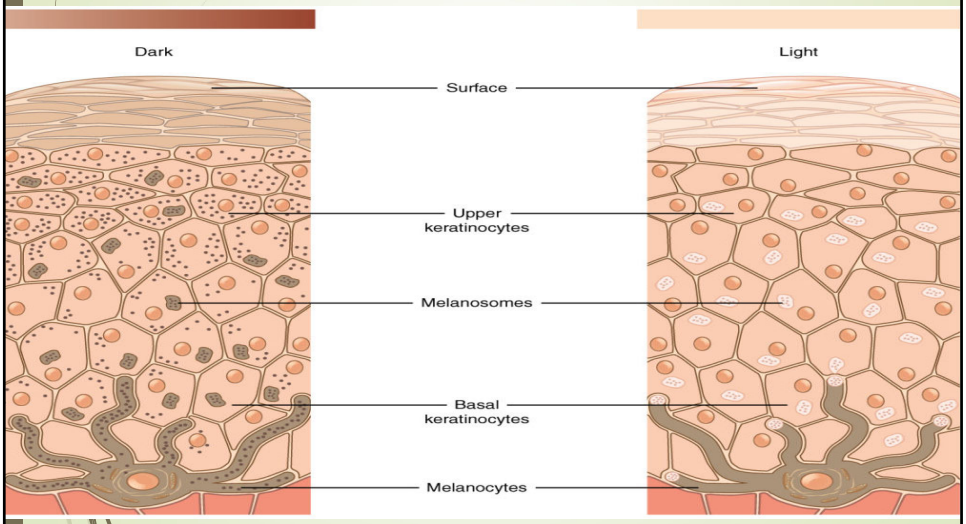
- 1. Recognize the differences in the biologic nature of melanocytes in dark skin vs light skin
- 2. Recognize common dermatoses in SoC patients
- 3. Select appropriate treatments for common dermatoses in SoC patients

Practice Gap

- Providers may not recognize the unique features of dermatoses in SoC patients
- Providers will be able to recognize the unique features of dermatoses in SoC patients

Skin of Color

All races have the same # of melanocytes. Skin color differs due to the amount of melanin produced and how it's packaged into melanosomes and distributed into the keratinocytes. Labile melanocytes in SoC



https://courses.lumenlearning.com/wm-biology2/chapter/pigmentation/

Fitzpatrick Photo Skin Types I-VI

Skin type	Image	Ethnic group	Hair colour	Colour of eyes	Skin colour	Tanning ability
Type 1		Albinos, same redheads	red, blond	blue, grey, green	very pale white, pale white with freckles	Burns very easily, never tans
Type 2		People of northern European origin, such as Scandinavians or Celts	blond, red, light brown	blue, grey, green, hazel	pale white	Burns easily, rarely tans
Type 3		People of Mediterranean and Middle East origin	chestnut, dark blond	brown, blue, grey, green, hazel	white, light brown	Sometimes burns, gradually tans
Type 4		People of East Asian origin, such as Chinese, Japanese and some Indians and Pakistanis	brown, medium brown, dark brown	hazel, brown	medium brown, dark brown	Hardly ever burns, tans very easily
Type 5		People of African origin, South East Asians and some Indians, Pakistanis and Latin	dark brown	brown	dark brown	Really burns, tans easily and quickly darkens
Type 6		People with blue-black skin of African origin, Aborigines and dark-skinned Asians such as Tamils	black	brown	black	Never burns, tans, very dark

https://www.researchgate.net/figure/Skin-type-and-tanning-ability-based-on-the-Fitzpatrick-skin-pigmentation-scale_tbl1

Racial Limitations of Fitzpatrick Skin Type

Cutis. 2020 February;105(02):77-80

Artist Angélica Dass rethinks the concept of race by showing the diversity of human skin colors in her global photographic mosaic. © Angélica Dass | Humanae Work in Progress (Courtesy of the artist).

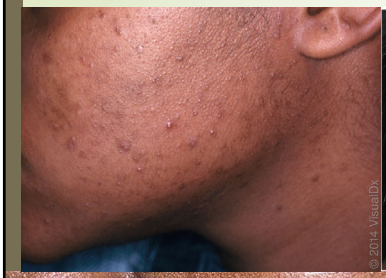
Common Dermatoses in SoC

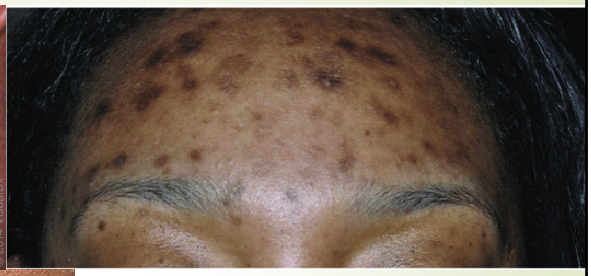
- Skin
- Hair
- Nails

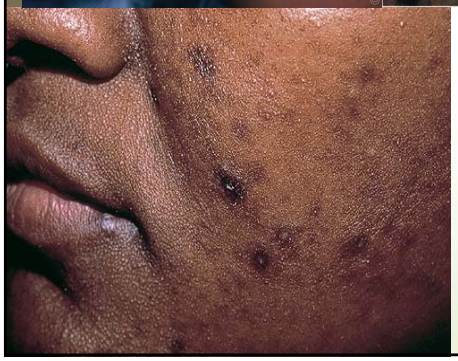
Skin

- Pigment Changes
- Rashes
- Moles
- Bumpy Things

Acne + Post-inflammatory Hyperpigmentation



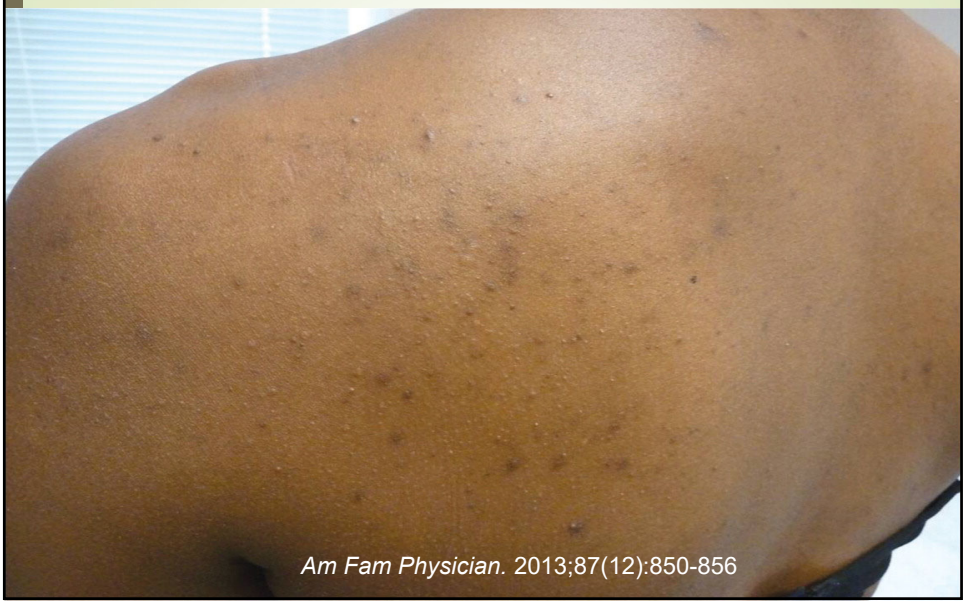




Acne Treatment

- benzoyl peroxide cleanser 2.5%
- Clindamycin 1% gel or dapsone 5%/7.5% topical
- tretinoin 0.025% nightly
- Gentle cleanser and moisturizer
- MUST ADDRESS THE DARK SPOTS!
- Follow up in 2-3 months

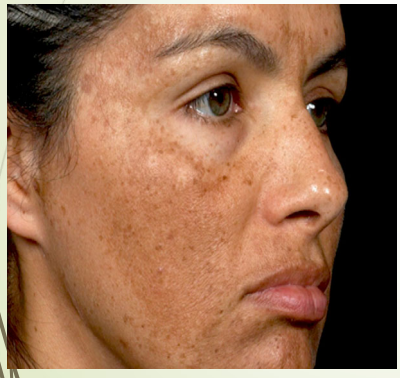
Acne + Post-inflammatory Hyperpigmentation



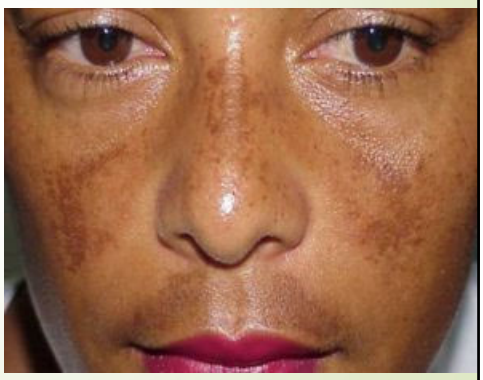
Hyperpigmentation ~ Melasma ~

Increase melanin – sun exposure, pregnancy, OCP's, cosmetics, genetic, meds (Minocycline, Clomipramine)

Handel AC, et al. Melasma: a clinical and epidemiological review. Anais brasileiros de dermatologia, 2014.



http://www.lowedermatology.com/melasma/



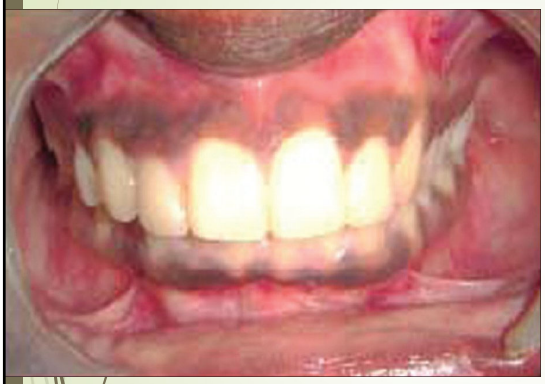
https://denverlasersolutions.com/melasma-treatment/

Treatments for Post-Inflammatory Changes/Melasma

- Broad-spectrum sunscreen, SPF 30 or higher (Mineral sunscreen)
- Fading Compounds:
- **CUSTOM SCRIPTS Pharmacy in Wesley Chapel, FL**
- **COMPOUND: Hydroquinone 4-10% + Tretinoin 0.025-0.05% + Hydrocortisone 1%-2.5% in cream base Sig: Apply thinly to dark areas QHS as tolerated**
- Azelaic Acid cream/foam 15% BID
- Kojic Acid
- Chemical Peels – superficial-medium depth
  - Salicylic Acid
  - Glycolic Acid
  - Trichloracetic Acid
  - Jessner's Peel (SA + LA + Resorcinol)
- 1927-nm fractional laser for melasma and post-inflammatory hyperpigmentation in Fitzpatrick skin types IV to VI.

Sheth VM, et al. Jelasma: a comprehensive update: part II. JAAD 65 (4), 699-714, 2011

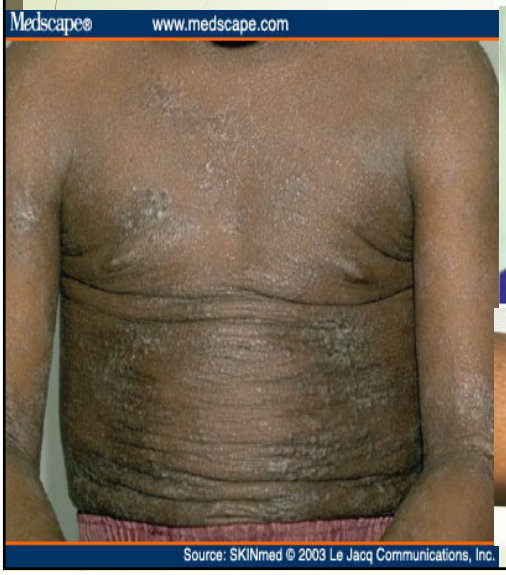
Gingival Hyperpigmentation

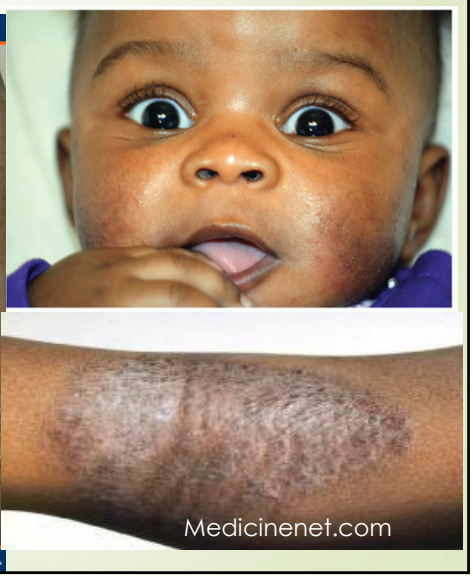


- Normal ethnic/racial variation
- Heavy metals: lead, bismuth mercury silver, arsenic
- Kaposi's sarcoma/HIV
- Drugs: chloroquine, quinine, MCN, zidovudine, chlorpromazine, ketoconazole, bleomycin, cyclophosphamide
- Smoker's melanosis
- Amalgam tattoo
- Addison's dz, Nelson's, Acromegaly, Albright's syndrome

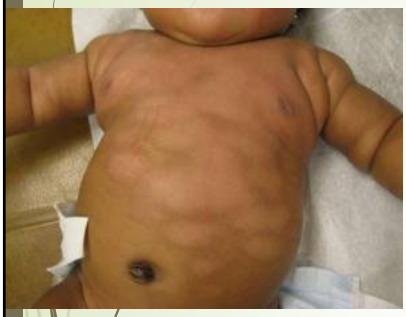
Gingival pigmentation (cause, treatment and histological preview)
Future Dental Journal Volume 3, Issue 1, June 2017, Pages 1-7

Atopic Dermatitis – Post- Inflammatory Hyperpigmentation



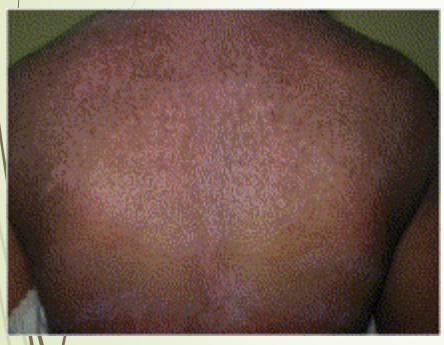


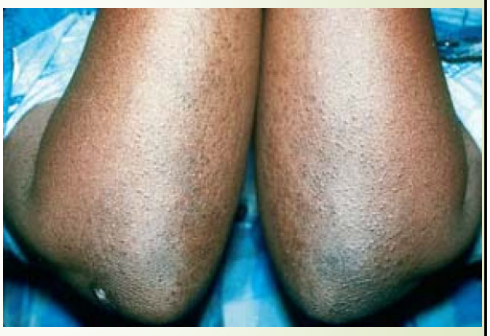
Atopic Dermatitis + Post-Inflammatory Hypopigmentation



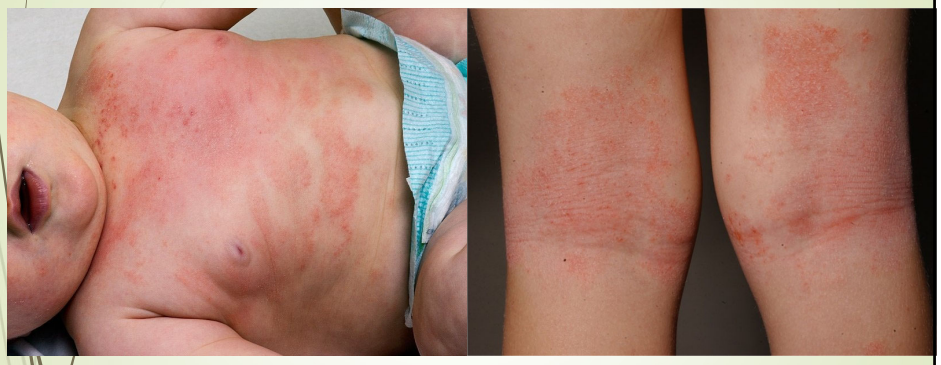
HC 2.5% oint. 1-2 times/day to face
TMC 0.025- 0.1% oint. BID to trunk and limbs – 1 lb jar is convenient when needed for trunk and limbs. (#30gm tube is usually not enough)
Tacrolimus 0.03% oint/Pimecrolimus 1% cream
Zyrtec 5mg/5ml – 1tsp 1-2 times daily
Hydroxyzine 10mg/5ml – used after 2 years of age d/t heavier sedation

Follicular Eczema – very itchy!





Atopic Dermatitis in lighter skin



Moderate-Severe Atopic Dermatitis: Dupilumab SQ injections Q2wks
Ages 6 months and up; weight based

Validated Investigator Global Assessment scale for Atopic Dermatitis

vIGA-AD™

Instructions:

The IGA score is selected using the descriptors below that best describe the overall appearance of the lesions at a given time point. It is not necessary that all characteristics under Morphological Description be present.

Score	Morphological Description
0 – Clear	No inflammatory signs of atopic dermatitis (no erythema, no induration/papulation, no lichenification, no oozing/crusting). Post-inflammatory hyperpigmentation and/or hypopigmentation may be present.
1 – Almost clear	Barely perceptible erythema, barely perceptible induration/papulation, and/or minimal lichenification. No oozing or crusting.
2 – Mild	Slight but definite erythema (pink), slight but definite induration/papulation, and/or slight but definite lichenification. No oozing or crusting.
3 – Moderate	Clearly perceptible erythema (dull red), clearly perceptible induration/papulation, and/or clearly perceptible lichenification. Oozing and crusting may be present.
4 – Severe	Marked erythema (deep or bright red), marked induration/papulation, and/or marked lichenification. Disease is widespread in extent. Oozing or crusting may be present.

Notes:

1. In indeterminate cases, please use extent to differentiate between scores.

For example:

- *Patient with marked erythema (deep or bright red), marked papulation and/or marked lichenification that is limited in extent, will be considered "3 – Moderate".*

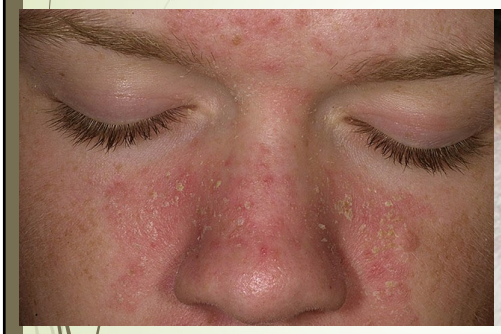
2. Excoriations should not be considered when assessing disease severity.

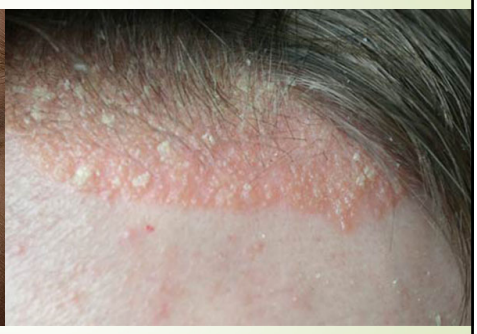
Seborrheic Dermatitis

link.springer.com

Hypopigmented petalloid macules/papules coalescing into patches/plaques in a seborrheic distribution

Seborrheic Dermatitis in lighter skin





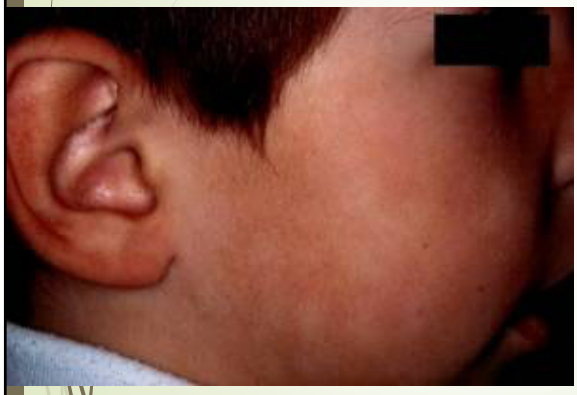
https://www.dermacaredirect.co.uk/advice/skincare-sd

Step2.medbullets.com

Seborrheic Dermatitis Tx

- Ketoconazole 2% shampoo / OTC dandruff shampoos – lather to affected areas (incl. face/ears/scalp/chest if involved)
- Ketoconazole 2% cream 1-2 times daily
- Pimecrolimus/Tacrolimus (0.03%/0.1%) 1-2 times daily
- HC 2.5% oint 1-2 times daily to affected areas
- Scalp: Mid-Hi potency topical corticosteroids (ointments/solutions/foam) - vehicle depends on hair care practices) 1-2 times daily
- Ciclopirox Shampoo/lotion

Hypopigmentation – Pityriasis alba

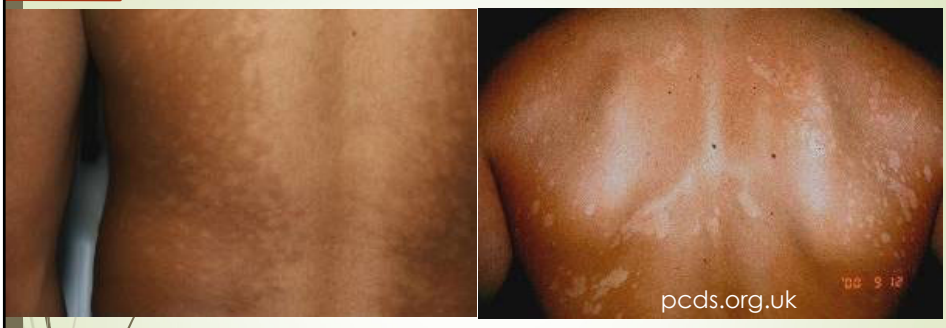


- Mainly children with darker skin
- Cheeks and upper extremities
- More noticeable in summer
- Milder form of atopic dermatitis
- Usually resolves in young adults

Treatment
- Not necessary
- Topical pimecrolimus/tacrolimus
- Hydrocortisone 1-2.5% cream

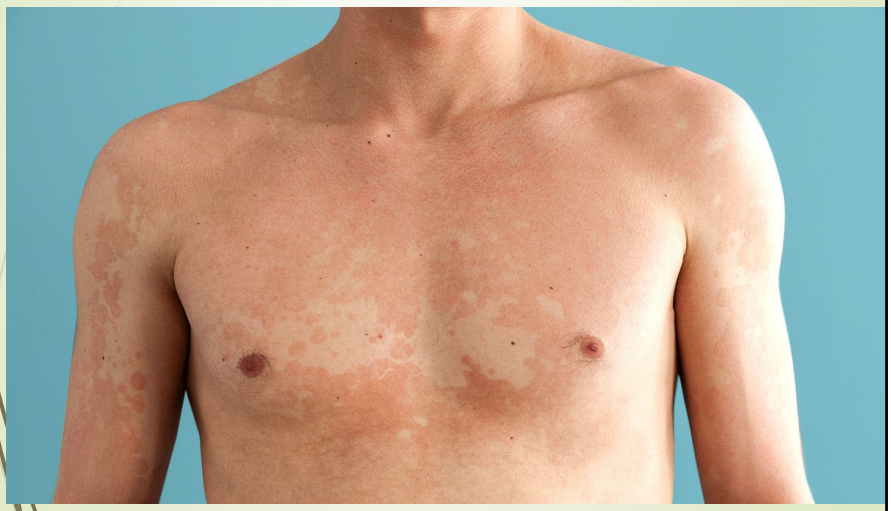
pcds/org/clinical-guidance/pityriasis-alba

Hypopigmentation
Tinea Versicolor (aka Pityriasis Versicolor)



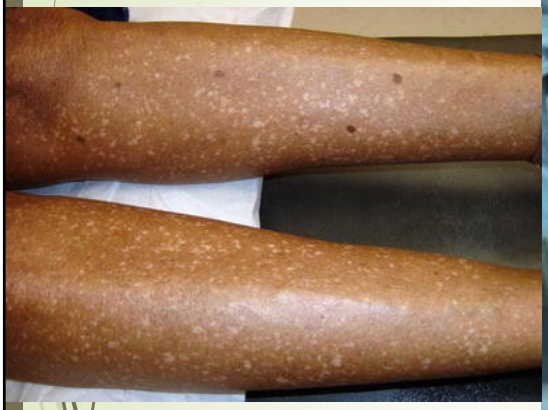
Lighter pigmentation in dark skin
- Young adults, sweating, sports, working out at gym
- Yeast >>> Pityrosporum species/Malassezia furfur
- Ketoconazole 2% shampoo X 15-20 minutes, lather in shower - 3 times weekly
- OtC Terbinafine spray
- No longer use oral Ketoconazole d/t increased risk of adrenal insuff, fatal liver toxicity and drug interactions

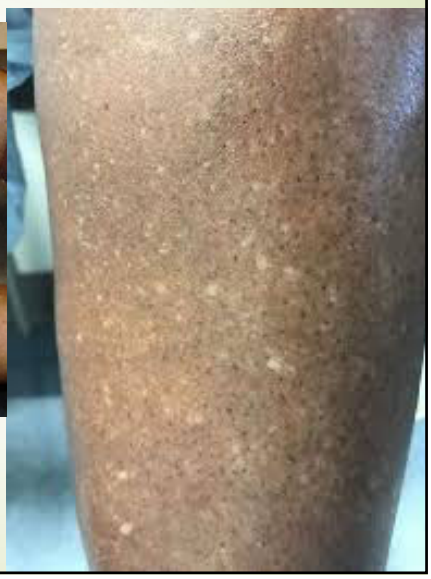
Tinea Versicolor in lighter skin



everydayhealth.com

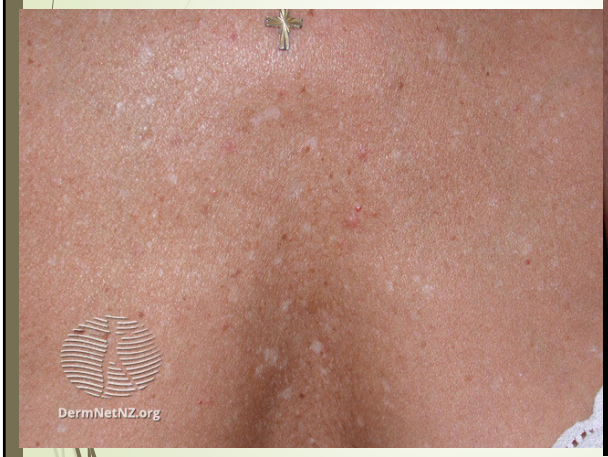
Idiopathic Guttate Hypomelanosis (IGH) legs of women, sun-exposure

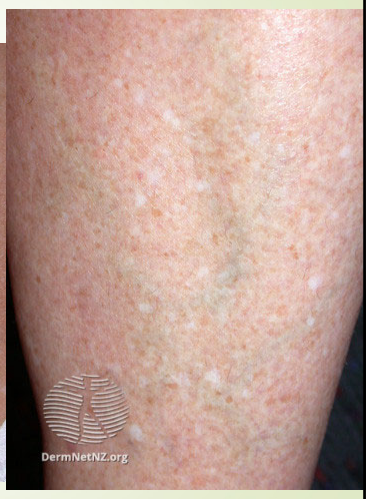




https://drkeshavsskin.com/igh/

IGH in lighter skin



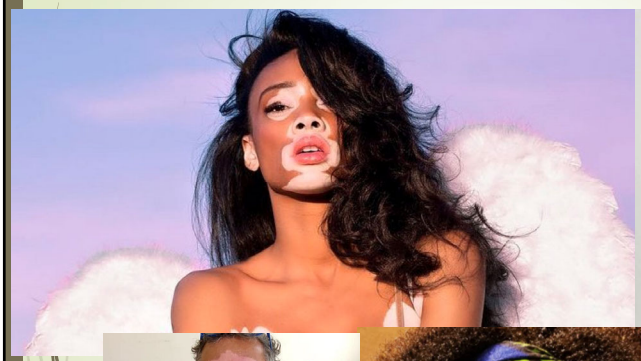


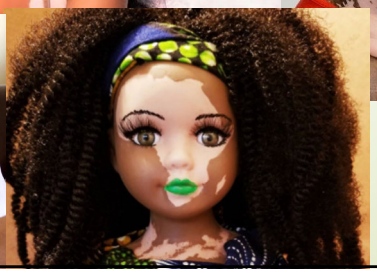
Depigmentation - Vitiligo

Loss of melanocytes
Affects 2% of population
Affects races equally
Autoimmune diseases: AI Thyroiditis, Lupus, Pernicious anemia, DM 1
Antigen trigger: viral infection,
Stressors

Vitiligo

(compaigns promoting acceptance and self-love)



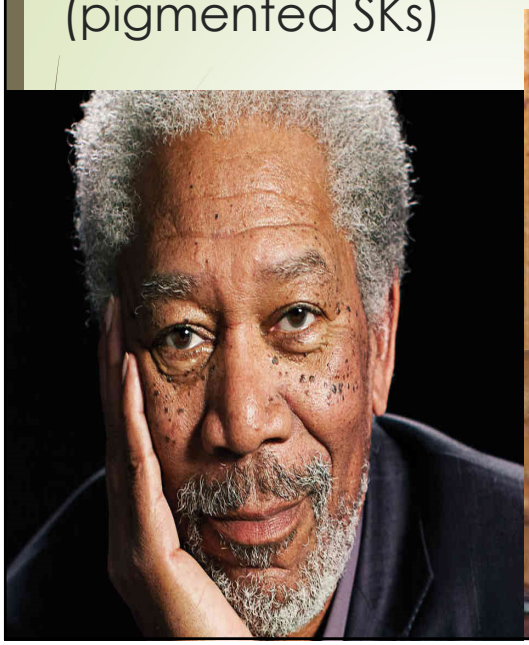


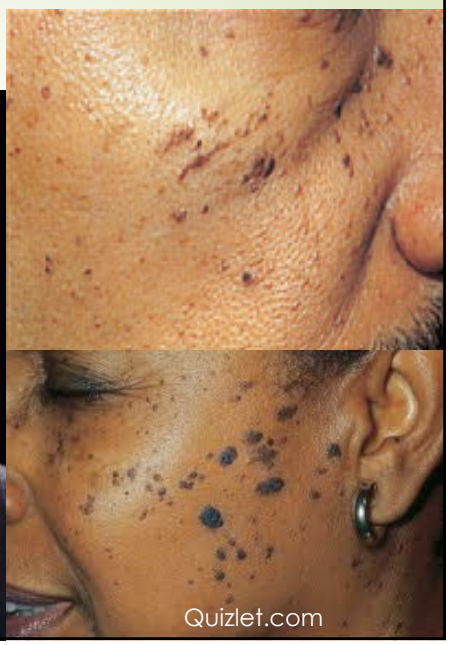
Vitiligo Treatments

- Hi-potency topical corticosteroids
- Calcineurin inhibitors (pimecrolimus/tacroliumus)
- Narrowband UVB phototherapy
- Melanocyte grafting
- Camouflage makeup
- Total skin lightening (Monobenzyl Ether of Hydroquinone)
- **JAK inhibitors (tofacitinib and ruxolitinib)– topical and oral on the horizon (inhibits IFN-gamma>>blocks Janus Kinase, suppress T-cell mediators of vitiligo)**

- **Repigmentation in Vitiligo Using the Janus Kinase Inhibitor Tofacitinib May Require Concomitant Light Exposure** J Am Acad Dermatol 2017 Oct;77(4):675-682.e1.
  - retrospective case series w/10 consecutive patients with vitiligo treated with tofacitinib. Severity of disease was assessed by body surface area of depigmentation.
  - Five patients achieved some repigmentation at sites of either sunlight exposure or low-dose narrowband ultraviolet B phototherapy
  - **JAK inhibitors appear to require low-level light therapy for repigmentation**

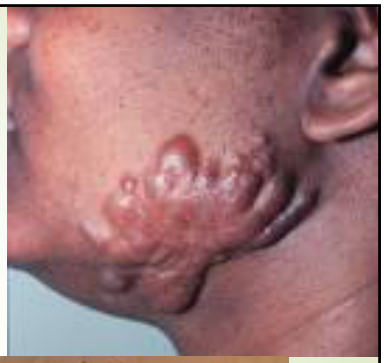
Dermatosis Papulosa Nigrans (DPNs) (pigmented SKs)

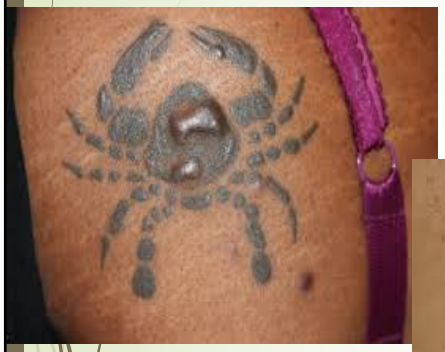


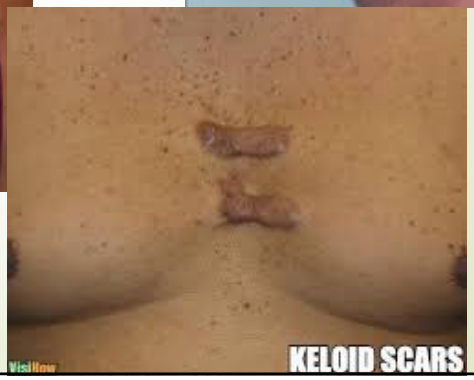


Keloids

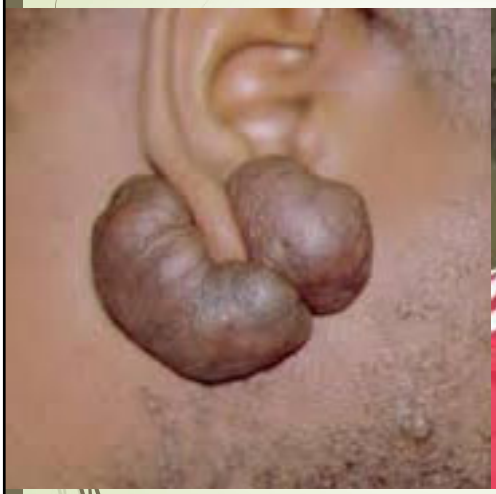
overgrowth of scar beyond the initial point of trauma

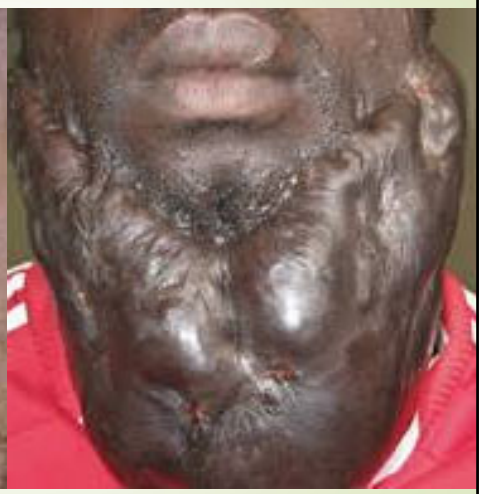






Keloids





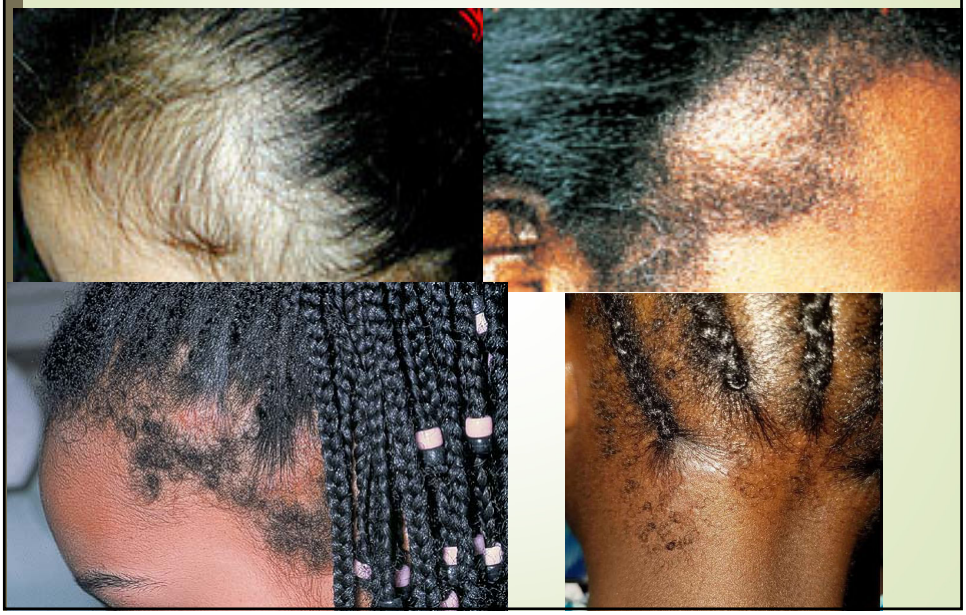
Treatments for Keloids

- Triamcinolone IL injections – 20-40mg/ml Q4-6 wks
- Excision w/serial monthly Triamcinolone 10mg/ml injection – may require grafting
- 1550-nm erbium-doped non-ablative fractional laser for acne scarring in Fitzpatrick skin types IV to VI, and low-power diode
- Cryotherapy
- Silicone sheets/gels + pressure
- Radiation alone or after excision

- **Laser Best Practices for Darker Skin Types** *Cutis*. 2016 May;97(5):330-331
- www.aad.org

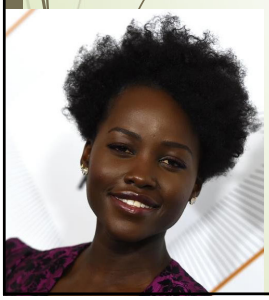
Hair

Traction Alopecia ("fringe hair" sign)

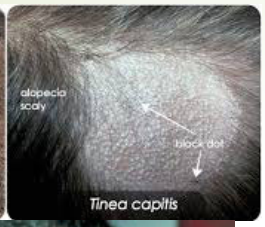


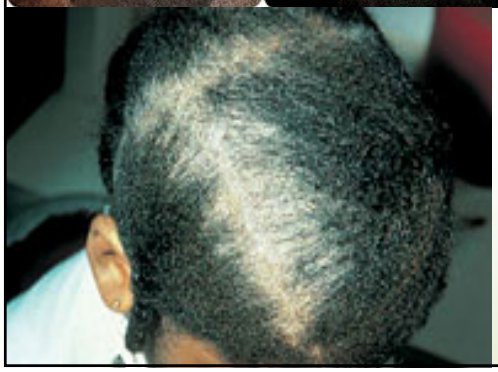
Hair care tips

- Avoid tight pulling of hair
- Reduce the number of braids, barrettes, rubberbands
- Take out barrettes, rubberbands, tight hairstyles when sleeping
- Satin pillowcase/bonnet
- Avoid weaves, wigs



Tinea Capitis (Ringworm)





- MC – M. canis in the world
- MC in US – T. tonsurans
- 3 types: Black dot/seb derm/ inflammatory kerion
- Cervical lymphadenopathy
- Tx: Oral Terbinafine 250mg

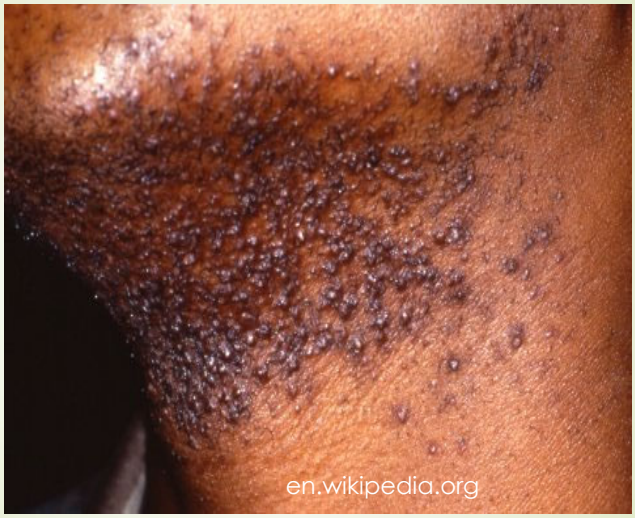
<20kg = ¼ tab daily X 8wks

20-40kg = ½ tab daily X 8 wks

>40kg = 1 tab daily X 8 wks

Ketoconazole 2% shampoo

Pseudofolliculitis Barbae (PFB)



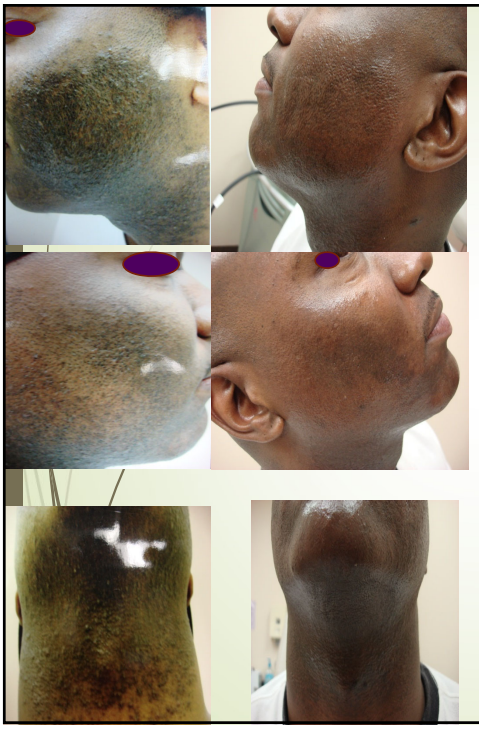
Tx: Topical clindamycin 1% gel/soln/lotion 1-2 times daily, tretinoin 0.025-0.05% cream/gel QHS, fading creams containing Hydroquinone 4-10%
Shave w/direction of hair growth

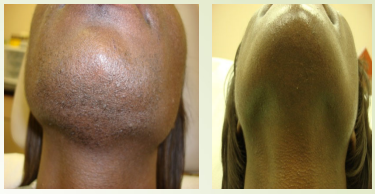
PFB

Hair Lasers

- Pigmented hair only
- Permanent hair reduction
- ~ 6 monthly tx's, then maintenance Q3-4 months
- Nd:YAG1064 – safest in dark skin

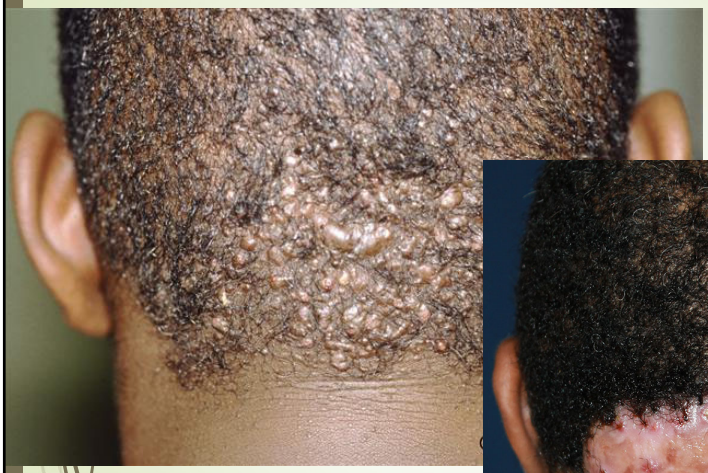
- **Hair removal lasers:**
  - Ruby 695nm
  - Alexandrite 755nm
  - Pulsed Diode laser 810nm
  - **Long pulsed Nd:YAG 1064nm (Safest in SoC)**
  - IPL 590-1200 nm





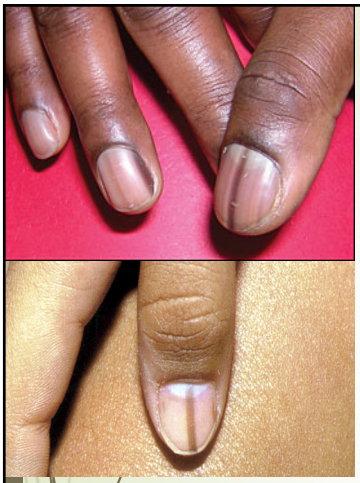
Candela GentleMax 755/1064 nm

Acne Keloidalis Nuchae (AKN)

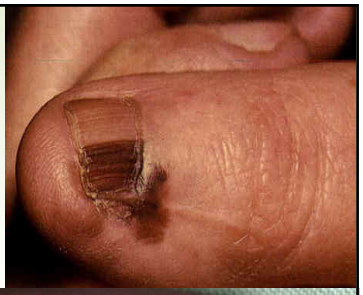


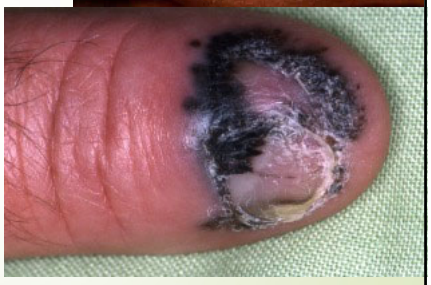
aocd.org

Wetreatkeloids.com



Benign melanonychia
Regular longitudinal bands
Spanning entire nail. Usually
multiple nails affected.
Normal variant in 90% AAs.
Common in Asians and Hispanics





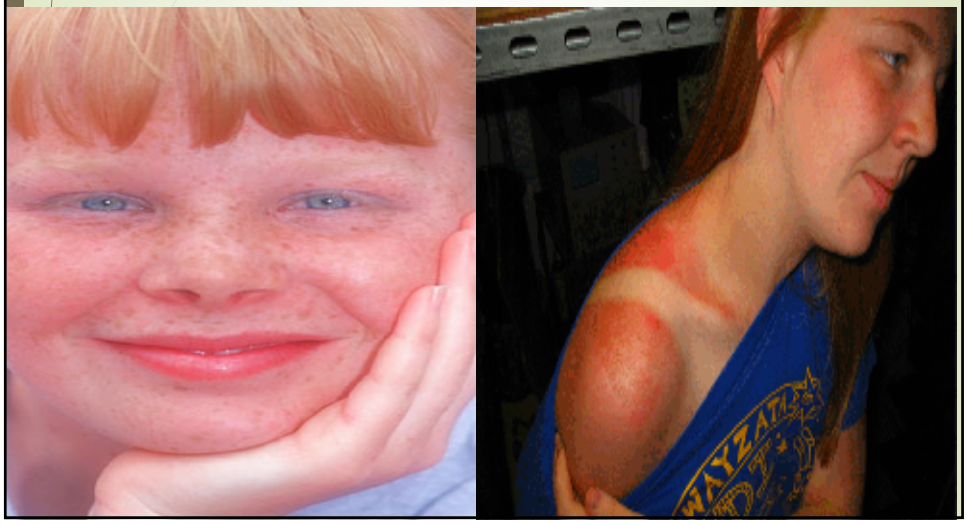
Acral melanoma
Irregular melanocytic deposition
of the nail extending to the
proximal nail fold (Hutchinson's sign)

Who is Susceptible to Skin Cancer?

EVERYONE

Who's at the Highest Risk for Skin Cancer?

Fitz type I skin – red hair, blue eyes, freckled

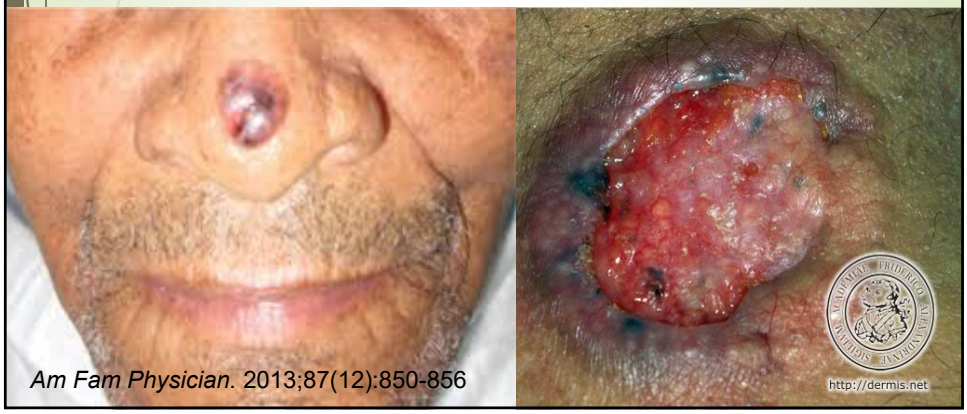


Basal Cell Carcinoma

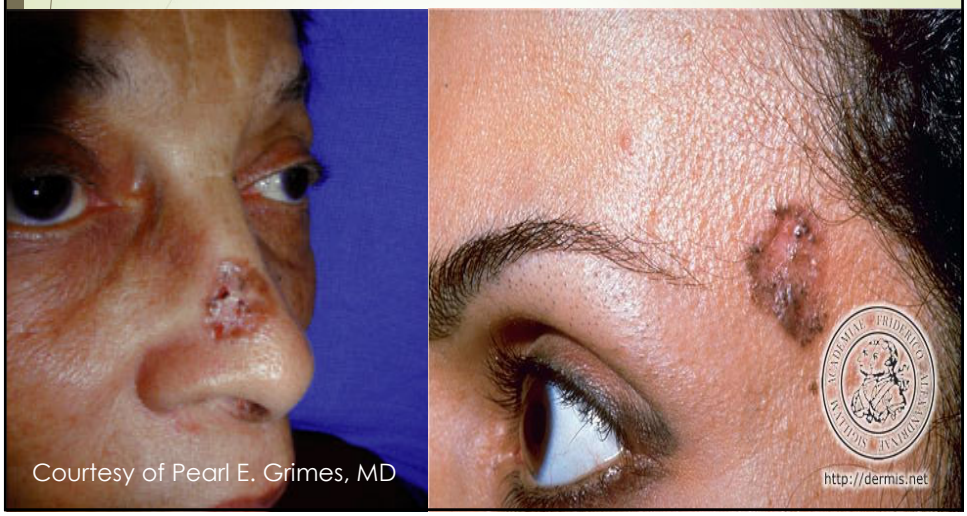
(most common skin ca overall), slow-growing

MC in Hispanics & Asians

- Nodular BCC
- Ulcerating BCC

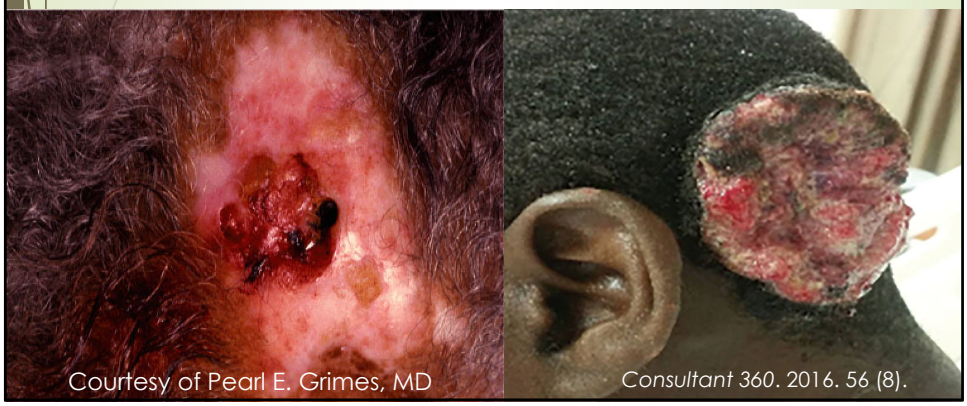


- Pigmented BCC, MC in SoC



Squamous Cell Carcinoma

(2nd most common skin ca overall
MC skin cancer in African Americans)



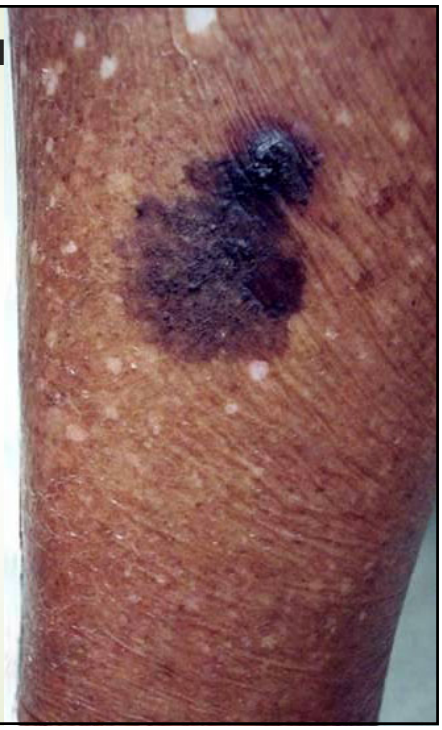
Courtesy of Pearl E. Grimes, MD

Consultant 360. 2016. 56 (8).

Malignant Melanoma

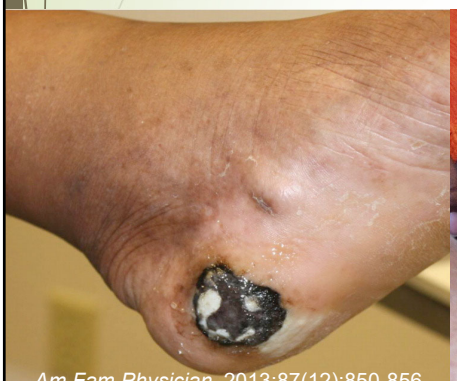
(3rd most common skin ca incl. SoC)

- Deadliest form of skin ca (75% of all skin ca deaths
- 1 in 34 Americans with lifetime risk of developing MM
- 24% SoC w/MM dx'd at regional stage, 16% dx'd at distant stage



Malignant Melanoma

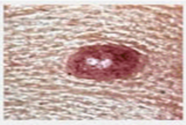
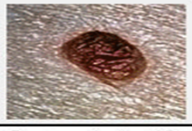
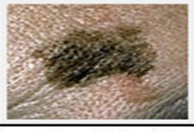
- 1 person dies from MM every hour
- MM in SoC occurs on non-sun-exposed regions mainly



Am Fam Physician. 2013;87(12):850-856

https://www.asds.net/skin-experts/skin-cancer/skin-cancer-in-people-of-color/skin-cancer-photo-gallery

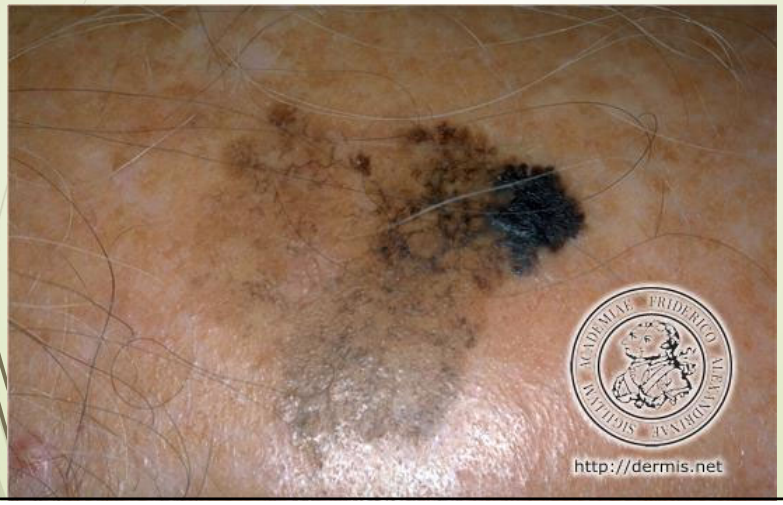
ABCD's of Melanoma

Normal Mole	Melanoma	Sign	Characteristic
		Asymmetry	when half of the mole does not match the other half
		Border	when the border (edges) of the mole are ragged or irregular
		Color	when the color of the mole varies throughout
		Diameter	if the mole's diameter is larger than a pencil's eraser

Photographs Used By Permission: National Cancer Institute

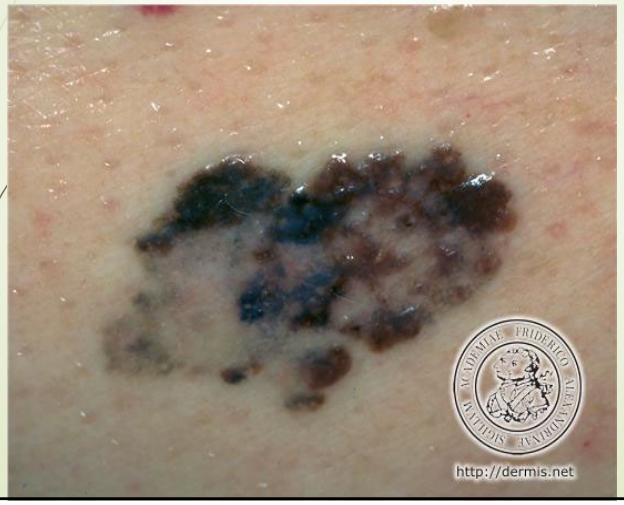
Asymmetry

- Lentigo Maligna (MM in-situ)

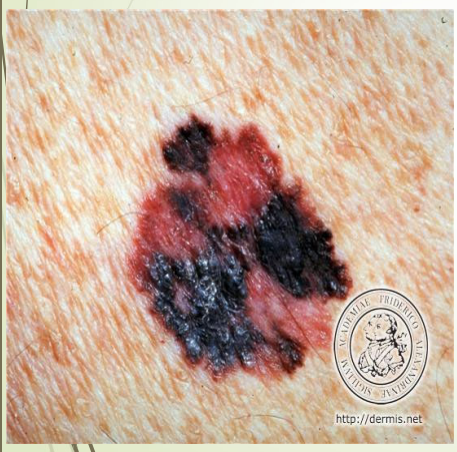


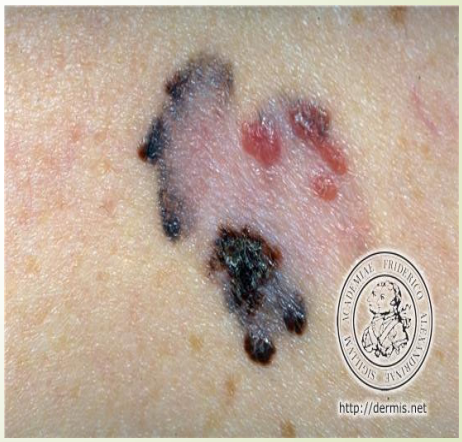
Border Irregularity

- Superficial Spreading MM (MC type)

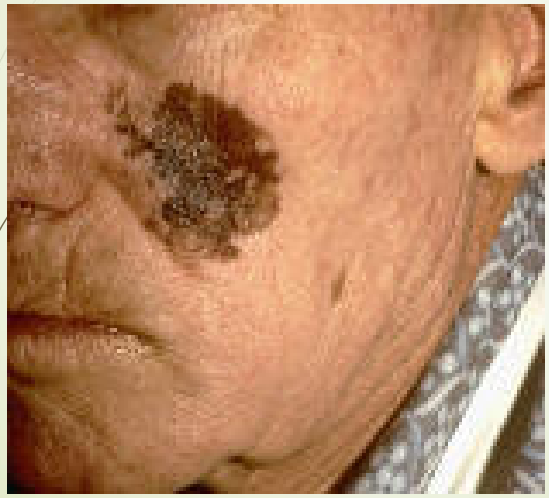


Color Variegation



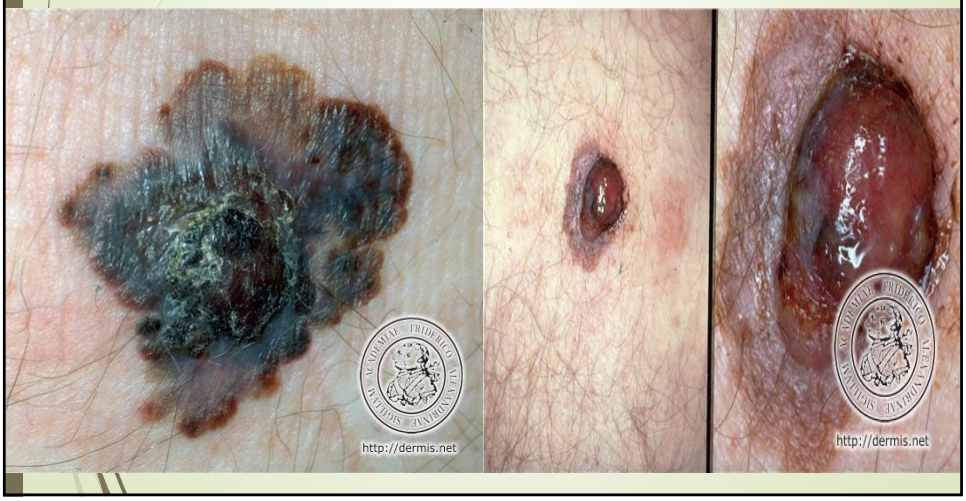


Diameter > 6 mm

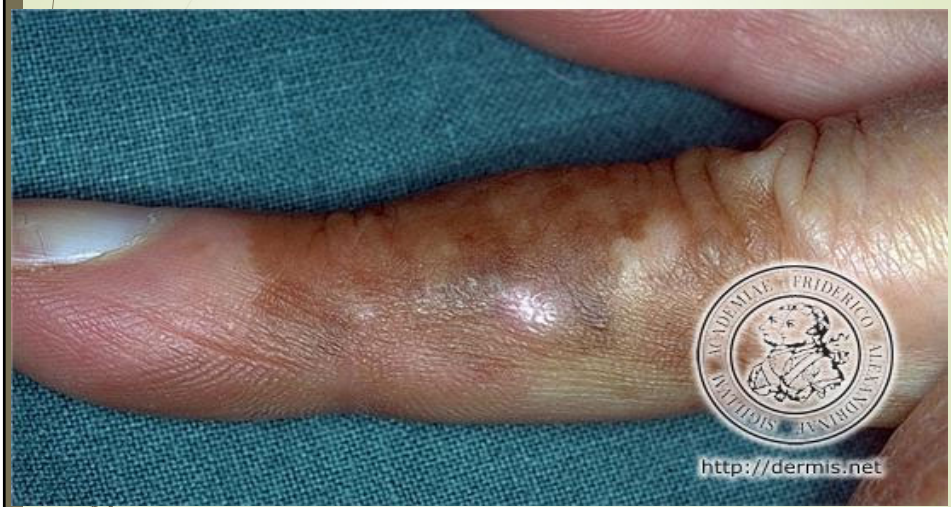


Evolving

- SSM
- Nodular MM

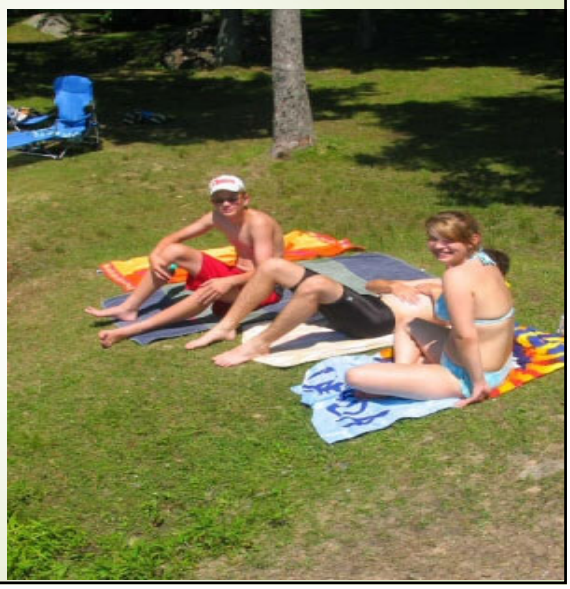


Acral MM



Sun Safety Tips

- Avoid unnecessary sun exposure (10am to 4pm)



Sun Safety Tips

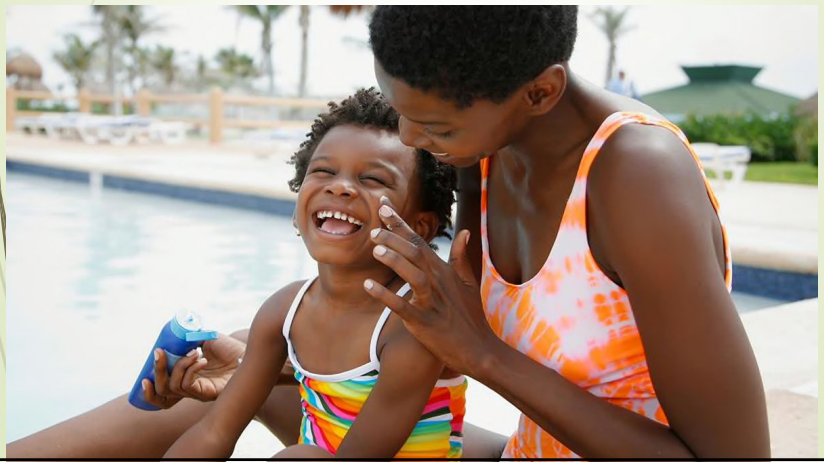
- Seek the shade

Sun Safety Tips

- Wear protective clothing and UV-blocking sunglasses

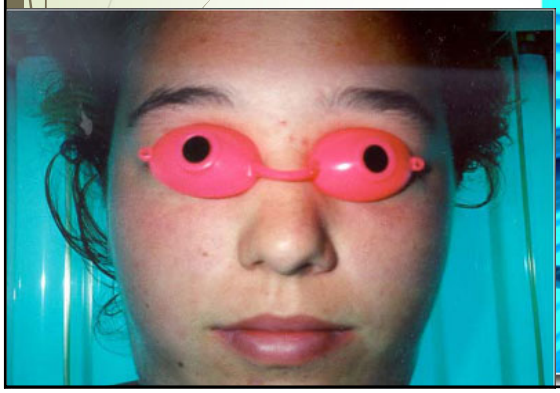
Sun Safety Tips

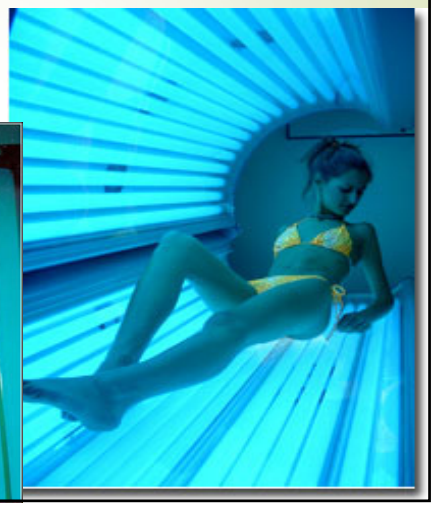
- Broad-spectrum sunscreen: SPF 30 or higher (Zinc oxide/titanium dioxide)



Sun Safety Tips

- Avoid tanning parlors and artificial tanning devices





Sun Safety Tips

- Examine your skin from head to toe monthly

Sun Safety Tips

- Have a professional skin exam annually

- For more information on skin cancer: visit www.aad.org/SkinCancerNews

References:

American Academy of Dermatology Website
DermIS.net
Google images

References

- American Academy of Dermatology Website
- DermAtlas
- Dermis.Net
- Emedicine

Thank you!

- Questions?