

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.comhttps://practicaldermatology.com/conferences/maui-derm-hawaii-2025/pediatric-acne-and-ad-sessions-dr-eichenfield/32684/>

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Pediatric, Acne, and AD Sessions: Dr. Eichenfield

Dr. Larry Eichenfield:

Hi, I am Dr. Larry Eichenfield from the University of California, San Diego and Rady Children's Hospital, here at Maui Dermatology, and I had a variety of sessions really looking at different aspects of updates in pediatric dermatology.

So for the pediatric dermatology session, I discussed vitiligo, and vitiligo is an evolving inflammatory disease and I think my takeaway on my discussion was recognizing more severe vitiligo and rapidly progressive vitiligo and making sure we tried to get control of the disease. We discussed topical ruxolitinib, the first drug approved for vitiligo and approved in pediatrics with a limited 10% body surface area, BID application for ages 12 years of age and older. And then we discussed in the more severe disease the concept of pulse dosing, weekend dosing of dexamethasone or other steroids. As well as taking a little dive into the literature, some of which is adolescent and adult, and a lot of an adult, it's looking at new systemic agents as alternatives for systemic corticosteroids for vitiligo.

And that's an interesting set of JAK inhibitors and other agents that are being developed for vitiligo. And I did this through a case-based methodology that's really highlighting certain differences in cases that make us a little bit more aggressive. And also discussing the timeframe of reaction to our topical therapies, so we understand we have to guide our patients through that.

Next discussion I had was in the acne symposium and I was discussing aspects of pediatric acne and a few ideas about what's happening in the field. First of all, the variable use of spironolactone in teens and even some pre-teens with acne and some of the variability in response. It may be that the spironolactone doesn't quite work as well in some of the younger teens as in our adults. And then also sort of the absence of a lot of safety literature, but highlighting a few articles that give us a little more information and letting people know that the Pediatric Dermatology Research Alliance is in the process of having a consensus conference on the use of hormonal therapy under 16 years of age.

And then lastly, the atopic dermatitis section that was tasked with reviewing topical agents and update in new topical agents, as well as some pediatric issues in atopic dermatitis. So that's a lot of material to cover because we're in an exciting time period with our new topical agents with our approval of topical ruxolitinib for ages six years of age and older for atopic dermatitis. And the studies completed in a .05% formulation of roflumilast down to age two. And then the approval of tapinarof aryl-hydrocarbon receptor agonist for atopic dermatitis, in the same formulation that we have at for psoriasis, now approved for AD from ages two years of age and older.

Those studies were actually done in moderate severe atopic dermatitis patients, so a more severe population, but it was approved across the board at all severities for atopic dermatitis. Topical ruxolitinib also completed their studies down to age two. And for atopic dermatitis, we're waiting for that to be approved at the time that we're discussing this as compared to its approval age, 12 years of age and older. But nice having these newer non-steroidals, they're really impacting on our ability to care for children with atopic dermatitis.