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AN ATYPICAL PRESENTATION OF SECONDARY SYPHILIS

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We report a case of a 42 year old female with noduloulcerative lesions of secondary syphilis. The patient presented with an eruption that began acutely three months prior as large, tender nodules. The lesions progressed rapidly to large, painful, ulcerated tumors involving her trunk and face. Some of the lesions had a rolled, violaceous border, and others had thick overlying crusts. The patient denied having any previous cutaneous disease, denied any history of STD's, IVDA, or ETOH abuse. Biopsy of the lesions demonstrated a dense lichenoid infiltrate comprised almost exclusively of plasma cells. Treponemal immunoperoxidase stain was positive for multiple spirochetal organisms within the epidermis and dermis. Serum RPR was reactive with a 1:512 dilution and treponemal antibody was reactive.

Nodulouloulcerative lesions of secondary syphilis are uncommon. They are more commonly seen in association with concurrent HIV infection. They have also been reported in association with Lues Maligna, a pustuloulcerative form of secondary syphilis that occurs in association with fever, headaches, and arthralgias. Our patient developed nodulouloulcerative lesions resembling pyoderma gangrenosum or even chancre-like lesions typically seen in primary syphilis. This unusual presentation occurred in a previously healthy patient without any concurrent systemic manifestations.

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PATIENT ACCEPTABILITY OF A NEW FRAGRANCE-FREE SULFACETAMIDE/SULFUR CLEANSER

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Abstract: The objective of this study was to evaluate the patient acceptability of a 10% sodium sulfacetamide and 5% sulfur cleanser in patients with mild-to-severe rosacea. This was a single-center, open-label, 4-week study involving 34 enrolled patients (31 of whom completed all visits). All patients were prescribed (metronidazole gel 0.75%) to be used twice daily after washing with the sulfacetamide/sulfur cleanser. The investigator's assessment of product tolerability involved a 4-point scale to evaluate dryness, scaling, pruritis, and stinging/burning. Patients were asked to assess various skin sensations after product use (eg, "feels soft/smooth') on a 6-point scale. In addition, the investigators performed an inflammatory lesion count and assessed erythema severity and global rosacea severity. Investigator assessment of product tolerability showed that the average score for each potential adverse effect decreased over the course of the study. Patient evaluation demonstrated that the average score for each subjective assessment decreased from or remained similar to baseline at the week 4 visit. There was a numerical trend toward improvement in disease-state evaluations (lesion counts, erythema severity score, and global rosacea severity score) over the course of the study.

10% sodium sulfacetamide and 5% sulfur cleanser is the first fragrance-free sulfacetamide/sulfur cleanser for use in patients with rosacea. This study demonstrates that this newest cleanser is highly acceptable to a rosacea patient population.

Introduction: Rosacea is a chronic dermatologic condition requiring topical and/or oral treatment modalities as well as adjunctive modalities such as the use of therapeutic cleansers with low irritancy potential.1 Sodium sulfacetamide/sulfur formulations have been used to successfully treat rosacea.2, 3 Recently, a number of antimicrobial cleansers containing 10% sodium sulfacetamide and 5% sulfur have become available. 10% sodium sulfacetamide and 5% sulfur cleanser is the only antimicrobial cleanser that lacks fragrances that can cause skin irritation.4 Patient acceptability of rosacea therapy that includes a therapeutic cleanser is a critical factor in promoting adherence and, therefore, ensuring optimal outcomes.5

Methods: The objective of this study was to evaluate the patient acceptability of a 10% sodium sulfacetamide and 5% sulfur cleanser in patients with mild-to-severe rosacea. This was a single-center, open-label, 4-week study involving 34 enrolled patients (31 of whom completed all visits). All patients were prescribed (metronidazole gel 0.75%) to be used twice daily after washing with the sodium sulfacetamide/sulfur cleanser. The investigator's assessment of product tolerability involved a 4-point scale to evaluate dryness, scaling, pruritis, and stinging/burning (Table 1). Patients were asked to assess the following skin sensations after product use: "feels tight," "feels rough,' stinging/burning, "feels soft/smooth," flaking, itching, "looks red," "looks dry," on a 6-point scale (Table 2). In addition, the investigators performed an inflammatory lesion count and assessed erythema severity and global rosacea severity.

Table 1 Investigator Assessment Scale

0	None
1	Mild
2	Moderate
3	Severe

Table 2 Patient Assessment Scale

Score	Description
0	Absent
1	Very mild
2	Mild
3	Moderate
4	Severe
5	Extreme

Results:

Product Tolerability: Investigator assessment of product tolerability showed that the average score for each potential adverse effect decreased over the course of the study (Tables 3-6).

Table 3 Investigator Assessment of Dryness: Subjects Evaluated as to Severity of Adverse Effect and Average Score

Score Visit	0	1	2	3	Average Score
Baseline	15	12	7	0	0.8
Week 2	25	7	1	0	0.3
Week 4	17	14	0	0	0.5

Table 4 Investigator Assessment of Stinging and Burning: Subjects Evaluated as to Severity of Adverse Effect and Average Score

Score Visit	0	1	2	3	Average Score
Baseline	23	7	4	0	0.4
Week 2	26	4	2	1	0.3
Week 4	25	5	0	1	0.3

Table 5 Investigator Assessment of Pruritis: Subjects Evaluated as to Severity of Adverse Effect and Average Score

Score Visit	0	1	2	3	Average Score
Baseline	17	8	8	1	0.8
Week 2	23	7	3	0	0.4
Week 4	18	12	0	1	0.5

Table 6 Investigator Assessment of Scaling: Subjects Evaluated as to Severity of Adverse Effect and Average Score

Score Visit	0	1	2	3	Average Score
Baseline	20	12	2	0	0.5
Week 2	26	6	1	0	0.2
Week 4	22	9	0	0	0.3

Patient evaluation demonstrated that the average score of each subjective assessment decreased from or remained similar to baseline at the week 4 visit (Tables 7-14).

Table 7 Patient Assessment of Tolerability: Scores Regarding "Feels Rough" and Average Score

Score Visit	0	1	2	3	4	5	Average Score
Baseline	7	7	12	7	1	0	1.6
Week 2	17	9	5	1	1	0	0.8
Week 4	17	8	4	2	0	0	0.7

Table 8 Patient Assessment of Tolerability: Scores Regarding "Feels Soft/Smooth" and Average Score

Score Visit	0	1	2	3	4	5	Average Score
Baseline	6	8	11	8	1	0	1.7
Week 2	3	5	10	14	1	0	2.2
Week 4	2	7	7	14	1	0	2.2

Table 9 Patient Assessment of Tolerability: Scores Regarding "Feels Tight" and Average Score

Score Visit	0	1	2	3	4	5	Average Score
Baseline	15	9	5	4	1	0	1.0
Week 2	12	11	6	2	2	0	1.1
Week 4	12	12	3	3	1	0	1.0

Table 10 Patient Assessment of Tolerability: Scores Regarding "Itching" and Average Score

Score Visit	0	1	2	3	4	5	Average Score
Baseline	16	6	6	4	2	0	1.1
Week 2	19	6	4	2	2	0	0.8
Week 4	17	7	5	1	1	0	0.8

Table 11 Patient Assessment of Tolerability: Scores Regarding "Looks Dry" and Average Score

Score Visit	0	1	2	3	4	5	Average Score
Baseline	7	4	6	14	3	0	2.1
Week 2	14	10	4	4	1	0	1.0
Week 4	16	6	7	2	0	0	0.8

Table 12 Patient Assessment of Tolerability: Scores Regarding "Looks Red" and Average Score

Visit	Score 0	1	2	3	4	5	Average Score
Baseline	0	1	4	18	9	2	3.2
Week 2	1	4	10	13	5	0	2.5
Week 4	1	7	12	9	1	1	2.2

Table 13 Patient Assessment of Tolerability: Scores Regarding "Stinging/Burning" and Average Score

Visit	Score 0	1	2	3	4	5	Average Score
Baseline	17	6	5	6	0	0	1.0
Week 2	25	4	0	2	2	0	0.5
Week 4	20	7	1	2	0	0	0.5

Table 14 Patient Assessment of Tolerability: Number of Subjects Providing Scores Regarding "Flaking" and Average Score

Visit	Score 0	1	2	3	4	5	Average Score
Baseline	15	8	7	4	0	0	1.0
Week 2	22	5	1	5	0	0	0.7
Week 4	21	7	3	0	0	0	0.4

No serious adverse events were reported during the study, and no subjects discontinued the study due to adverse events related to the test substances.

Clinical Improvement: Baseline inflammatory lesion counts ranged from 1 to 36. There was a numerical trend toward improvement in disease-state evaluations (lesion counts, erythema severity score, and global rosacea severity score) over the course of the study. At week 2, 24 of 33 subjects demonstrated a decrease in inflammatory lesion counts; at week 4, 24 of 31 subjects had a decrease in lesion counts. The average erythema scores at baseline, week 2, and week 4 were 7.1, 6.9, and 6.2, respectively.

Conclusion: 10% sodium sulfacetamide and 5% sulfur cleanser is the first fragrance-free sodium sulfacetamide/sulfur cleanser for use in patients with rosacea. Based on investigator and patient assessments, this newest cleanser is well-tolerated and highly acceptable to a rosacea patient population. When used with topical metronidazole as foundation therapy, this therapeutic regimen provides well-tolerated efficacy in patients with mild-to-severe rosacea.

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STABILIZED ACTIVE VITAMINS ACE TOPICAL FORMULATION FOR ANTI-AGING-CLINICAL INVESTIGATIONS

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Vitamins A, C and E play important roles in maintaining skin health and appearance. Vitamin A has been reported to stimulate collagen synthesis and to exert anti-aging benefits. Vitamins C and E control inflammation, reduce erythema, and also can scavenge and destroy reactive oxidizing species and free radicals. Retinol, ascorbic acid and tocopherol are active forms of vitamins A, C, and E and can be readily utilized by biological systems. Development of topical formulations containing retinol, ascorbic acid and tocopherol is highly challenging due to their inherent oxygen labile characteristics. With the discovery of the novel stabilizing system, stabilized active vitamin ACE formulation was developed. This novel active vitamin combo formulation was proven to yield high stability for retinol, ascorbic acid, tocopherol under accelerated temperature conditions and during shelf life. A stabilized active ACE formulation was tested for its anti-aging capability against photodamage parameters in a 12-week, half-face, double blind benchmark-controlled clinical study. The population tested included Caucasian females, ages 30-70, Fitzpatrick Skin Type I-III ($n = 19$) with mild to moderate bilateral photodamages. Evaluations include clinical, instrumental and subject self-assessment. Assessment parameters included reducing the undesirable skin tone and texture, changes of fine and coarse wrinkles, roughness, laxity, mottled pigmentation, lentigines, texture/coarseness, and sallowness. Clinical and self-assessments were conducted at 0, 4, 8 and 12 wks. The results demonstrated that active ACE formulation started to show significant improvement in solar lentigines, mottled hyperpigmentation, fine wrinkling, surface roughness, sallowness and overall damage as early as week 4 and continued improving till the end of the study ($p < 0.005$), showed significant improvement in coarse wrinkling starting week 8 ($p < 0.005$) and laxity by week 12. Additionally, the active ACE formulation was demonstrated to show superiority in improving fine/coarse wrinkles and sallowness, as efficacious in depigmenting parameters compared to 3% hydroquinone. In summary, stabilized active ACE formulation has been proven to be stable, safe and efficacious in delivering anti-aging benefits.

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RECALCITRANT PRURITUS IN TWO PATIENTS WITH IDIOPATHIC, GENERALIZED ERYTHRODERMA: SUCCESSFUL TREATMENT WITH ETANERCEPT

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Patients with generalized erythroderma often suffer from severe and highly debilitating pruritus. Cessation of pruritus can be difficult, and treatments are numerous. However, it is one of the most frustrating and challenging problems for dermatologists. It is often achieved only upon successful treatment of the underlying skin disease. Pruritus in erythrodermic patients may be mediated by proinflammatory cytokines and neuroinflammatory interactions. Although the precise nature of tumor necrosis factor alpha (TNF-α) in pruritus remains unclear, it may underlie many of the key steps of inflammatory pathways that leads to induction and maintenance of the condition. Etanercept is a fully human soluble receptor protein that neutralizes both TNF and lymphotoxin alpha by direct binding. Therefore it is regarded as a potent anti-inflammatory agent. We observed a rapid and marked improvement of severe pruritus in two patients with idiopathic, generalized erythroderma.

I do not have any financial interests with any manufacturer or pharmaceutical company.

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RECURRENT APHTHOUS STOMATITIS: SUSTAINED REMISSION WITH ETANERCEPT

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Recurrent aphthous stomatitis is a disease of the oral mucosa characterized by the repeated occurrence of painful ulcers affecting approximately 10-50% of the population with a female predominance. The etiology of recurrent aphthous stomatitis is poorly understood, however, trauma, hormonal influences, immunopathogenic, genetic and microbial triggers remain possible. Recent studies have reported cytokine imbalances including IFN-γ, TNF-alpha, IL-2, -4, -5, and -10 within mucosal lesions. Pro-inflammatory cytokines within the mucosal membranes, such as TNF-alpha, may initiate or up-regulate the inflammatory response, while the absence of other mediators such as IL-10 may lead to an impaired immune response. Furthermore, there is supporting evidence that TNF-alpha possess cytotoxic activity against keratinocytes resulting in destruction of the epithelium. Patients may require systemic treatment including, colchicines, dapsone and thalidomide. The effects of the latter are presumably responsible for their therapeutic benefits in patients with aphthous stomatitis through reduction of TNF-alpha production. Based on this observation we initiated treatment with etanercept, a fully human soluble receptor protein that neutralizes both TNF and lymphotoxin alpha by direct binding in a patient with severe, debilitating, recurrent aphthous stomatitis and observed a sustained remission.

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