Pediatric Dermatopathologist Fills Niche

BY SHERRY BOSCHERT

San Francisco — As director of the University of Colorado Hospital’s dermatopathology services, Dr. James Fitzpatrick manages the handling of 70,000 skin specimens each year, with about 3,000 of those being pediatric specimens.

Those numbers posed a problem for Dr. Fitzpatrick, whose staff (including him) at the Aurora, Colo., hospital numbered only four dermatopathologists, the equivalent of 2.6 full-time employees, none of whom were trained specifically to handle pediatric cases. They got little quality support from the general pathologists, he said.

“General pathologists as a rule are not very good at dermatopathology, particularly in pediatric dermatopathology,” he said at a meeting of the Society for Pediatric Dermatology. “There are a lot of glaring omissions in their reports.”

What he needed, he decided, was a pediatric dermatopathologist who also could help with the adult dermatopathology workload.

Dr. Fitzpatrick made his case to the chair of the university’s dermatology department and to the Children’s Hospital in Aurora, and managed to get funding from the Children’s Hospital to learn dermatopathology from him and his staff.

Some physicians criticized the plan, claiming that anyone could do pediatric dermatology.

Dr. Fitzpatrick disagreed: “There are a lot of issues that are unique to pediatric dermatopathology.”

For example, there was one skin specimen from a 2-year-old that looked exactly like Sweet’s syndrome on histology. Clinically, however, the child had osteomyelitis and anemia, two of the clinical features of genetic Majeed syndrome. Further confusing the diagnosis was the fact that Majeed syndrome, like Sweet’s syndrome, can cause fever.

“What’s the likelihood of your general pathologist or adult dermatopathologist, like me, getting it right?”

“It’s actually an easy sell, because you make more money in dermatopathology than you do seeing a bunch of kids’ in clinic as a dermatology fellow.”

FDA Approves Pesticide-Free Head Lice Treatment

BY DAMIAN McNAMARA

The first head lice treatment with benzyl alcohol as the active ingredient has received Food and Drug Administration approval for use in adults and children aged 6 months and older.

The newly approved agent (not yet named) is the first prescription product to kill head lice by suffocation. While the active ingredient, benzyl alcohol, is, of course, still a chemical, it has been discovered by only a few physicians, said Dr. Fitzpatrick. If you search the Internet for pediatric dermatopathologists, you’ll find a grand total of two, one of whom is Dr. Prok, he noted.

Mom Drives Infants’ Zinc Deficiency

BY BRUCE JANCIN

Mau, Hawaii — Consider zinc deficiency when an infant presents with an eczema-like dermatitis limited to the diaper and perioral areas.

“Eczema tends not to affect the diaper area because it’s so moist and occluded,” Dr. Brandie J. Metz noted at the annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

Zinc deficiency in infants can be inherited, acquired, or caused by malabsorption due to cystic fibrosis or other systemic diseases. All forms of zinc deficiency, however, present with the same clinical picture, including the typical rash, diarrhea, and irritability, explained Dr. Metz, a pediatric dermatologist at the University of California, Irvine.

The perioral part of the rash often occurs in a U-shaped distribution below the mouth. One clue that the perioral and diaper area dermatitis is not eczema is complete lack of improvement with topical corticosteroids.

Acquired zinc deficiency is caused by abnormal excretion of zinc into breast milk.

Affected babies will present while breast feeding and clear a few days after being switched to cow’s milk or formula.

In contrast, infants with acrodermatitis enteropathica, the inherited form of zinc deficiency, are fine early on while breast feeding because the zinc in breast milk has good bioavailability. These infants become symptomatic a week or two after weaning from breast milk or at 4-10 weeks of age if they are exclusively breast fed, Dr. Metz continued.

Acrodermatitis enteropathica is a rare autosomal recessive disorder thought to involve a defect in intestinal absorption or zinc transport. It has been linked to the human ZIPI4 gene, she noted.

Acquired zinc deficiency can’t be diagnosed on the basis of a low maternal plasma zinc level because maternal breast milk zinc levels are independent of maternal blood levels. For the same reason, maternal zinc supplements are ineffective for the treatment of a zinc-deficient baby.

Pediatric plasma zinc levels can be misleadingly normal in children with mild deficiency; particularly if the specimen is collected on a paper towel or in a tube with a rubber stopper, which can leak zinc into the sample, Dr. Metz explained.

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