The growing population of long-term survivors of organ SCC in Organ Transplant Patients may present a unique set of challenges for dermatologists, with increased recurrence rates, but “you really have to have an excellent view of every histologically confirmed case to see the disease for elderly patients. Now ‘it’s not at all unusual for a patient who underwent this therapy,” he said. A literature search revealed a similar potentui of treatments, with similarly uneven results, reported Dr. Tomecki. He characterized systemic therapies, including oral antibiotics, dapsone, and systemic corticosteroids as ‘unpredictable, and really not something to rely on.’ First described by dermatologist brothers William Howard Hailey and Hugh Edward Hailey in 1939, Hailey-Hailey disease is a rare autosomal dominant disorder caused by a mutation in chromosome 3q.

The key abnormality is that the adhesion between epidermal cells is shot, causing moist, macerated plaques. In one such case, a liver transplant patient he had seen related a positive lymph node in his axilla and developed metastatic disease in his lung within 3 months.

“We’re going to be seeing more of these patients,” he said. The keys to management are education and vigilance. Many transplant centers fail to warn patients they should be examined frequently. When a lesion appears, have a low threshold for suspicion, he said. It is very difficult sometimes to determine which is the bad lesion and which is not.” High-risk SCCs are those that are large, multiple, deeply invasive, painful or tender, rapidly growing, recurrent, and occur on high-risk sites such as the scalp, ear, lip, neck, and face. Dr. Brown disclosed that he is a consultant to Graceway PharmaceuticaL Inc, and Novartis. His talk, however, was not sponsored by any company.

By Betsy Bates
Los Angeles Bureau

S C O T T S D A L E, A R I Z. — An accurate diagnosis of Hailey-Hailey disease was delayed an average of 8 years after onset of the painful disorder, while dermatologists and nondoncologists treated what they presumed to be dermatitis, psoriasis, or a rash, according to a 40-year retrospective study.

‘In three patients, believe it or not, the disease actually preceded the diagnosis by more than 30 years,” Dr. Kenneth J. Tomecki, vice chair of dermatology at the Cleveland Clinic, said at the annual meeting of the Noah Worcester Dermatological Society. Often remembered for the ‘dilated pink wall’ appearance of its histology, Hailey-Hailey disease is a rare but important genetic dermatosis, he said. Intrigued by the disorder since residency, Dr. Tomecki decided to conduct a review of every histologically confirmed case seen at the Cleveland Clinic from 1965 to 2005.

The appearance and growth of this tumor, once cavalierly called a ‘Hutchinson’s freckle’ because it resembles a dab of shoe polish, might not be noticed by patients. Even dermatologists may overlook the amelanotic variety of this tumor sometimes to determine which it was tried. Dapsone, which Dr. Brown prescribed for a patient recalled an onset of disease at 10 years old. “It usually appears relatively nonspecifically,” he said. “We’re going to be seeing more and more of these patients,” he said. The keys to management are education and vigilance. Many transplant centers fail to warn patients they should be examined frequently. When a lesion appears, have a low threshold for suspicion, he said. It is very difficult sometimes to determine which is the bad lesion and which is not.” High-risk SCCs are those that are large, multiple, deeply invasive, painful or tender, rapidly growing, recurrent, and occur on high-risk sites such as the scalp, ear, lip, neck, and face. Dr. Brown disclosed that he is a consultant to Graceway Pharmaceutical Inc, and Novartis. His talk, however, was not sponsored by any company.

The lesions are slow to develop and may lie camouflaged in contiguous solar lentigos or pigmented actinic keratoses, but “if you give it a long enough period of time, the disease can ‘take over.’” He characterized systemic therapies, including oral antibiotics, dapsone, and systemic corticosteroids as ‘unpredictable, and really not something to rely on.’ First described by dermatologist brothers William Howard Hailey and Hugh Edward Hailey in 1939, Hailey-Hailey disease is a rare autosomal dominant disorder caused by a mutation in chromosome 3q.

“Interestingly enough, in the hands of the surgeons, CO2, laser vaporization actually had a good result in all eight of the patients who underwent this therapy,” he said. A literature search revealed a similar potpourri of treatments, with similarly uneven results, reported Dr. Tomecki. He characterized systemic therapies, including oral antibiotics, dapsone, and systemic corticosteroids as ‘unpredictable, and really not something to rely on.’ First described by dermatologist brothers William Howard Hailey and Hugh Edward Hailey in 1939, Hailey-Hailey disease is a rare autosomal dominant disorder caused by a mutation in chromosome 3q.

“The key abnormality is that the adhesion between epidermal cells is shot, causing moist, macerated plaques.”

In one such case, a liver transplant patient he had seen related a positive lymph node in his axilla and developed metastatic disease in his lung within 3 months.

“We’re going to be seeing more and more of these patients,” he said. The keys to management are education and vigilance. Many transplant centers fail to warn patients they should be examined frequently. When a lesion appears, have a low threshold for suspicion, he said. “It is very difficult sometimes to determine which is the bad lesion and which is not.” High-risk SCCs are those that are large, multiple, deeply invasive, painful or tender, rapidly growing, recurrent, and occur on high-risk sites such as the scalp, ear, lip, neck, and face. Dr. Brown disclosed that he is a consultant to Graceway Pharmaceutical Inc, and Novartis. His talk, however, was not sponsored by any company.