

SimcoeDerm | Update

About our clinic

SimcoDerm is a full service, comprehensive dermatology clinic located in Barrie. We provide our services to all the patients in Simcoe County and beyond. Our practice includes: medical, surgical and cosmetic dermatology. Our primary goal is to provide all services required for skin care in one location.

We are a major skin cancer referral centre that provides medical consult and reconstructive skin surgery as well as other necessary procedures in our outpatient clinic and Ambulatory Surgery Centre. Patients experience the finest cancer care by our highly respected dermatologist, surgeons, and staff. Dr. Maryam S. Alam is our dermatologist who has seen the patients of this region for the past seven years. Her expertise and knowledge in her specialty field is known to all the patients and family physicians of the Simcoe County.

SimcoDerm

Medical and Surgical Dermatology Centre

This is Dr. Alam's approach to Toenail Fungus (Dermatophyte)

When a patient comes with toenail change (dystrophy), I would take the following steps:

- Take history
- Complete physical exam to rule out any other potential causes for nail changes like:
 - Psoriasis
 - Lichen planus
 - Dermatitis
 - Trauma
 - Onychogryphosis
 - Nail tumor, etc.
 - Especially look at toe web and soles for signs of dermatophyte like scaliness of the toe webs and soles.

Point # 1: "Not every toe nail change is dermatophyte"

- Check scalp, elbows, knees and finger nails to rule out any signs of psoriasis
- Clip the nail and send it for KOH / Culture to a lab
- Clip the nail and put it in an empty container and send it to the pathology lab for PAS (at the same time)

continued on page 2...

SimcoDerm

Medical and Surgical Dermatology Centre

in this issue:

- This is my approach to Toenail Fungus (Dermatophyte)
- Skin Cancer Screenings
- Q &A about:
 - Antibiotic Resistance
 - Treatments for Keratosis Pilaris
 - Oral treatments for Onychomycosis



continued from page 1, This is my approach to Toenail Fungus

Point # 2: Specimen from the nail bed and under the nail plate with blade or curette should be included.

- Wait for the results to come back

Result reading:

- If the results came back positive, the treatment options will be discussed with the patient
- If the KOH/Culture result is negative but the lesion is clinically dermatophyte, the test should be repeated twice more (sometimes the result is not positive on first KOH/Culture).

Point # 3: Dermatophyte treatment shouldn't be started unless the positive results are received from the lab because a non-dermatophyte conditions like nail psoriasis or non-dermatophyte molds could look like the same.

Treatment:

If KOH/Culture comes positive for dermatophyte, the next steps should be taken:

- Discuss hygiene /prevention (source from shoes, socks, public places, etc.)
- Discuss treatment options:
- Topical treatment with efinaconazole (Jublia) solution 10% once daily for 48 weeks. This has 50% mycological cure rate and efficacy is similar to oral antifungal Itraconazol.

- Oral treatment – Lamisil / Terbinafine 250mg daily for 3 months for toenails and 6 weeks for fingernails. This has 70-80% mycological cure rate
- If the nail involvement is more than 50% of nail plate/bed, the patient usually needs oral treatment.
- Discuss the side effects of oral Lamisil including rash, Stevens Johnson, GI upset, headache, and hepatitis.
- In order to take oral Lamisil, patient needs to do blood work (CBC, LFT) before and every 6 weeks after starting the treatment.
- In extensive nail dermatophyte, combination of nail avulsion (surgical or medical) and medical treatment should be considered.
- Many patients are hesitant to take oral Lamisil due to side effects and interactions, we need to offer a topical treatment like Jublia because it's mycological cure rate is 50%
- Female patients can use the topical treatment with nail polish (on top of their nail polish)
- Longer courses of antifungal treatment maybe useful in patient whose nails grow slowly, who has diminished blood supply to nail bed as a result of peripheral vascular disease or diabetes or who has total or nearly total nail plate involvement.
- Topical antifungal creams maybe beneficial in patients with concomitant Tinea pedis.
- Oral Lamisil (Terbinafine) is the most effective treatment for nail dermatophyte but efficacy of topical Jublia is like oral Itraconazole
- Treatment of non-dermatophyte and candida onychomycosis might need broader spectrum Triazole medications.

Q & A with Dr. Maryam S. Alam

Q How long should you use a topical medication like Benzacilin, before being concerned about antibiotic resistance?

A With antibiotic monotherapy bacterial resistance might happen in 6-8 weeks but combining antibiotic with Benzoyl peroxide (like Benzalcin), or combining antibiotic with topical retinoid (Like Bianca), decreases the risk of bacterial resistance.

Q How long should a patient stay on Oral medications for acne before being concerned about antibiotic resistance?

A Oral antibiotic treatment shouldn't be more than 6-12 weeks because monotherapy could cause bacterial resistance in 6-12 weeks. Adding topical benzoyl peroxide will decrease this risk.

Q What are the treatments for Keratosis Pilaris?

A Keratosis pilaris doesn't have any cure or great treatment, but patient could try topical retinoid creams, topical moisturizers, or PDL-IPL laser to reduce the redness of keratosis pilaris. Another option is topical alpha-hydroxyacid creams, mild topical salicylic acid creams or Lachydrin.

Q Can you alleviate our fears about topical biological like Elidel?

A Although FDA has a black box warning about risk of lymphoma in patients using Elidel and protopic, the current available information does not support increased risk of lymphoma or other cancers. So CDA (Canadian Dermatology Association) believes that these creams are important therapeutic class of treatment in children and adults.

CDA believes that FDA's recommendation for a warning of this nature is not supported by any clinical evidence and experience. So CDA believes that benefits to the population far outweigh the current risk evidences.

Q What are your thoughts on oral treatments for Onychomycosis?

A Efficacy of oral Lamisil is around 70% since lots of patients are concerned about side effects or interaction of oral Lamisil. Topical 10% Jublia nail solution could be considered because of its high efficacy (mycological cure rate is 50% which is equal to oral Itraconazole).

HOST A CLINIC
MARCH 28th
Cancer
SCREENING

SimcoDerm Skin Cancer Screenings

On February 7th we had a successful skin cancer screening of 18 patients in northern Ontario town of MacTier. It was hosted by Moose Deer Point First Nation-Nursing Station.

We are planning for the next screening on March 28th at Rama First Nation, Rama Ontario. The only thing we ask for the volunteer hosts is to have an exam room ready for our dermatologist and her team and to have per-scheduled patients booked (to keep it organized).

As you may know, May is melanoma month. We are planning a screening in May to focus on prevention and awareness as as everyone plans for spring and summer.