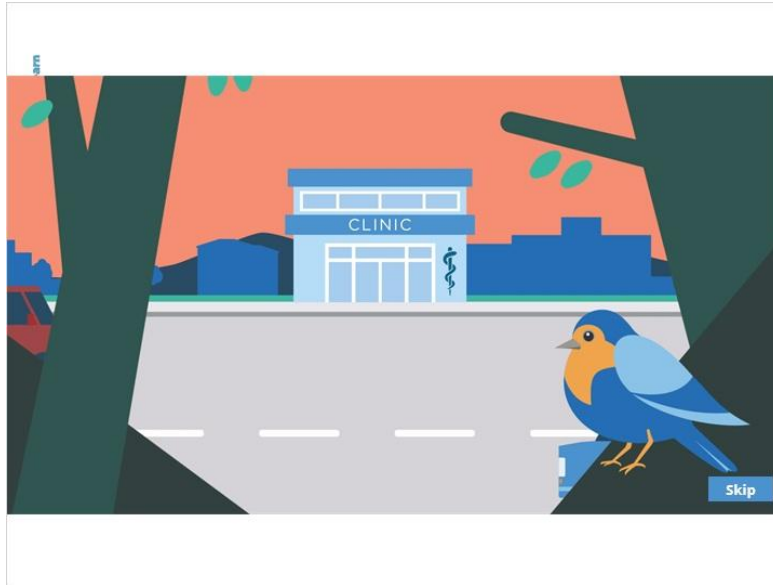


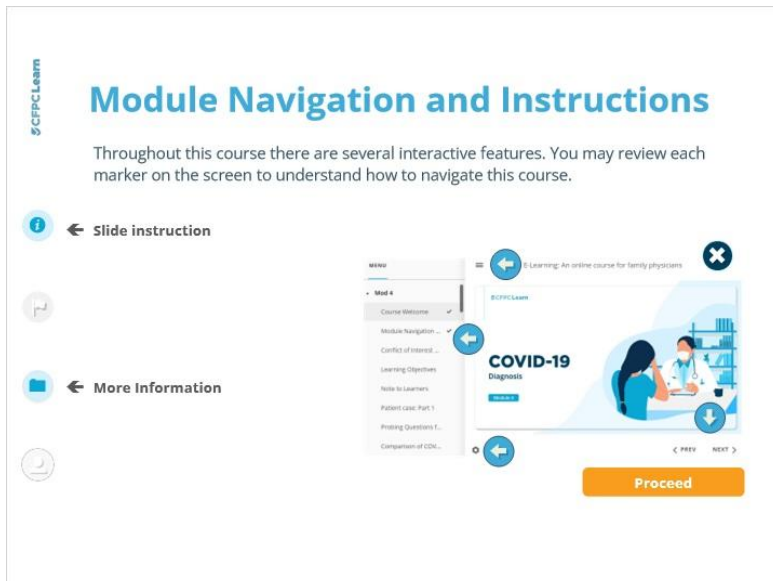
# Case 45 Rusty Malassez

## 1. Conflicts

### 1.1 Intro Video



### 1.2 Module Navigation and Instructions



## 1.3 Learning Objectives

CFPC Learn

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### Learning Objectives

**At the end of this module participants should be able to:**

1. Identify key factors/findings in family medicine to help establish common clinical diagnoses.
2. Evaluate best evidence/guidance and practice tools to determine preferred treatment options for patients.
3. Synthesize patient preference, evidence and experience to formulate comprehensive plans for patient cases.

Approximately 15 minutes to complete each patient case.

Proceed

## 2. Rusty Malassez

### 2.1 Meet Rusty

CFPC Learn

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### Rusty Malassez, 62

Rusty is a 62 year old patient who presents with several months of scaly, somewhat itchy rashes on his face and chest.

He has hypertension and was recently diagnosed with mild Parkinson's disease.

Medications include:

- Cilazapril 4 mg od
- Levodopa/carbidopa 100/25 tid

Conversation

What do you think?

## Conversation (Slide Layer)

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### Rusty Malassez, 62


X

Hi Rusty, I can see you have that irritation of your skin. By the way, how have you been doing with the Parkinson's?

My movement is doing pretty well on the medications and it isn't holding me back from hiking!

Conversation


What do you think?




## 2.2 Review Rusty

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### Physical Exam




On exam, you note the following for Rusty:



Poorly defined red patches around the naso-labial fold and in his eyebrows with some fine scale.



Scattered red patches on his chest, and over the sternum



Patch of scale and some exudate with erythematous base behind his ear

Moving Forward


Images from DermNet


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## 2.3 Review Rusty





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Other dermatological conditions






Other dermatological conditions are highlighted below.






**Psoriasis**  
Well defined erythematous plaque with thicker more silvery scale.



**Rosacea**  
Predominance of telangiectasias and papulo-pustules, minimal scale.



**Eczema**  
Distribution less common in "T zone."  
More pruritic.  
Less scale predominance.


Moving Forward


Images from DermNet

## 2.4 Review Rusty

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Other similar rashes:





- **Pityriasis rosea:** Abrupt onset, not typically on face/ intertriginous areas.
- **Tinea versicolor:** Lacks erythema.
- **Tinea Corporis:** Tends to more well defined, can be identified on fungal culture.
- **Systemic Lupus Erythematosus:** Malar rash that does not cross bridge of nose or affect nasolabial sulcus.

Moving Forward

## 2.5 Rusty


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Rusty Malassez, 62

Do you think this rash is coming from my new meds?

We don't know why, but up to 60% of people with Parkinson's disease get this. It isn't caused by the medications, though!

What do you think?




## 2.6 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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Which of the following are first line the treatment of seborrheic dermatitis?



Choose all that apply.

☒ A. Betamethasone 0.05%

☒ B. Ketoconazole 2% bid

☒ C. Pimecrolimus 1% bid

☒ D. Hydrocortisone 1% bid


☐ E. Clotrimazole 1% bid

Submit

## 2.7 Review Rusty

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Review



Answer: The correct answers are A, B, C and D.

i

1

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4

Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors


Click on the buttons to view additional information

Moving Forward

### Seborrheic Dermatitis (Slide Layer)

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Review



Answer: The correct answers are A, B, C and D.

i

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Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors

- Seborrheic dermatitis is an inflammatory skin condition with a multi-factorial mechanism which is not completely understood.
  - Associated with Malassezia sp. yeast which is normal skin flora but in patients with seborrheic dermatitis, it invades the stratum corneum.
- Free fatty acids are released resulting in a non-specific inflammatory response.

X

Moving Forward

## Topical Antifungals (Slide Layer)

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Review



Answer: The correct answers are A, B, C and D.

Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors

**Topical antifungals** (outcome: proportion of patients with lesion clearance at 4 weeks)


- Ketoconazole 2%:
  - 50% versus 28% (placebo): no difference side effects
  - Similar effectiveness to topical corticosteroids
    - Side effects (dryness, pustules): 5% (ketoconazole) vs 10% (corticosteroids)
- Ciclopirox 1%:
  - 38% versus 21% (placebo)
  - Compared to ketoconazole: unclear if efficacy differs between agents; similar side effects
- Metronidazole, clotrimazole and miconazole: much less studied than above agents.

Moving Forward

## Topical Corticosteroids (Slide Layer)

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Review



Answer: The correct answers are A, B, C and D.

Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors

**Topical corticosteroids:** (see outcome under antifungals tab)


- Strong steroids: 50% versus 8% (placebo)
- Mild steroids versus placebo: No difference
- Mild versus strong steroid:
  - Limited evidence with direct comparisons. An RCT comparing hydrocortisone 1% and betamethasone 0.05% suggests total clearance very similar with no difference in adverse events.
- The results are conflicting and it is hard to conclude that low and high potency corticosteroids are equivalent due to small study/sample sizes.

Moving Forward

## Calcineurin Inhibitors (Slide Layer)

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### Review



**Answer:** The correct answers are A, B, C and D.

Seborrheic Dermatitis

Topical Antifungals

Topical Corticosteroids

Calcineurin Inhibitors

**Calcineurin inhibitors**

- Inhibit pro-inflammatory cytokines in T cells.
- Pimecrolimus has been studied more in seborrheic dermatitis
- Pimecrolimus versus ketoconazole: similar reduction in clearance, scaling, pruritis
  - Adverse events (burning, erythema, pruritis, irritation): 67% pimecrolimus versus 20% ketoconazole
- Pimecrolimus versus topical corticosteroid: At 4 weeks,
  - Total clearance: Similar between both agents
  - Adverse events: 32% vs 7%; steroids better tolerated.


Moving Forward

## 2.8 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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### Which statements below are the most accurate?



☒ A. Anti-retroviral treatment can help HIV-related cases of seborrheic dermatitis.

☒ B. Itraconazole 200mg daily x7 days can be used for severe cases.

☐ C. Urea based creams are well studied and effective.

☐ D. Tea tree oil has been studied for facial seborrheic dermatitis.


Submit



## 2.9 Review Rusty

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# Review



Answer: The correct answers are A and B.

HIV-related cases

Severe disease

Other options


Click on the buttons to view additional information

Moving Forward

### Other options (Slide Layer)

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# Review



Answer: The correct answers are A and B.

HIV-related cases

Severe disease


Other options

- Urea-based creams are recommended but not well studied.
- Tea tree oil has been shown to have some effectiveness in scalp seborrheic dermatitis but there are no RCTs for facial or the rest of body.
- Interesting side note: Lithium salts have been studied in two RCTs which showed resolution of symptoms in 27% of patients compared to 15% on ketoconazole and 5% on placebo.

## Severe SD (Slide Layer)

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# Review



Answer: The correct answers are A and B.

HIV-related cases

Severe disease

Other options

Severe seborrheic dermatitis can be treated with oral antifungals. The most studied antifungal is oral itraconazole 200mg daily for 7 days. Other regimens have been studied with varying lengths of less than daily treatment.


Others studied are fluconazole, terbinafine and ketoconazole.

Moving Forward

## HIV (Slide Layer)

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# Review



Answer: The correct answers are A and B.

HIV-related cases

Severe disease

Other options

- Seborrheic dermatitis is seen in around 35% of people with HIV and up to 85% of people with AIDS.
- Treatment of HIV/AIDS with anti-retrovirals can resolve seborrheic dermatitis

Moving Forward

## 2.10 Rusty

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### Rusty Malassez, 62

I was thinking of growing a beard but I sometimes get a rash below my nose. What do you think?

Good point – people with beards and mustaches often have to shave them off to help improve their skin.

Oh well, I guess my rugged look will have to wait!



What do you think?



## 2.11 Review Rusty

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### How Much to Prescribe



- A Finger Tip Unit (FTU) is the amount of cream from a tube placed on the palm side of the distal phalanx from crease to finger tip. This is approximately 0.5 grams.
- This amount of cream covers ~2% of the body.
- Two percent is a sufficient amount to cover the palmar surface with fingers on both hands.
- For Rusty:
  - His rash covers ~4% (partial face/ small amount on chest), so he will need ~1 gm per application, or 2 gm for twice daily.
  - Many physicians give a little (25g) or a lot (150g).



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## 2.12 Create a Plan

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Let's Make a Plan



Using what you have learned write a plan for Rusty. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.





Fill in your plan for the patient here

See how your plan compares

## 2.13 Plan Answers

CFPC Learn

Rusty Malassez



This is the proposed plan for the patient. How does your plan compare?

Medication

Follow Up



Select details on the left to see suggested recommendations

What's in a name?

## Medication (Slide Layer)

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Rusty Malassez




This is the proposed plan for the patient. How does your plan compare?

Medication

Follow Up



What's in a name?



 Advise Rusty to moisturize with urea-based cream if there is a lot of scale.

Prescribe ketoconazole 2% BID for 4 weeks (about 50 g).

## Follow Up (Slide Layer)

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Rusty Malassez




This is the proposed plan for the patient. How does your plan compare?

Medication

Follow Up





What's in a name?

 Ask Rusty to send a photo to your office after 4 weeks and book either a virtual or in person visit to review.

## Name (Slide Layer)

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# Rusty Malassez



This is the proposed plan for the patient. How does your plan compare?





Medication

Follow Up

Meaning Behind the Name: Rusty

Malassezia were originally identified in the late 19th century by Louis-Charles Malassez. Lesions are a bit "rusty" in colour and flaky.



What's in a name?



## 2.14 References

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# References



Thanks for visiting the clinic!

References: Available [here](#).

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