

# MED PEDS CLINIC

| Newsletter Volume 2, Number 3 |

## Program Events

### **Med-Peds Career Night,**

Monday April 12th at 6pm.

(Come learn about how to avoid career ending mistakes made by Aaron Manning!) Kidding aside, great event with many specialties represented as well as med students!

### **Med-Peds Works In Progress Education Symposium,**

Tuesday May 25th 12pm-5pm.

Current R2s are presenting as well as any interested R1, R3, and R4. Dr. Juan Lessing will be given a lecture on "Bite Sized Scholarship."

## Messaging Clerks

This changes with each publication, but current state:

Urgent (1-2 weeks), call front desk or secure chat "Pena PC Front desk"

For appointment request 3+ weeks out, send message to "Pena Clerk Pod ..." See attached MA/RN/Pod assignment PDF.

## Let's Dissect This Case

### Case Report:

A 16 yo M presents for well child check, with PMH of intermittent alcohol use and depression, complains of hair loss for 6 months. Guardian states he is always messing with his hair and patient states the top of his scalp is intermittently itching. They have tried antidandruff shampoo but have not noted any improvement.

Image



How do you approach hair loss in general? Common and uncommon forms of hair loss?

## Wellness Corner

Main event coming up is our annual retreat on Saturday April 10, 2021. Watch for more updates soon!

## Narrative Medicine Elective

Our wonderful alum Dr. Mark Kissler is directing a narrative medicine elective. The format involves morning clinical work. (inpatient adult, low census) and afternoon structured humanities experiences. Information on resident course book or emailing [mark.kissler@cuanschutz.edu](mailto:mark.kissler@cuanschutz.edu)

(P.S. Sutton just shared with me she goes through course books for fun so she is probably *the* person to ask elective questions)

## COVID-19 Return to Sports

Attached is the current DH return to play policy for pediatric patients after a COVID-19 infection

## COVID-19 Vaccine and Mammograms

Attached is information encouraging waiting 4-6 weeks after vaccination to resume screening due to incidental lymphadenopathy.

A general approach to hair loss can be broken down into scarring or non-scarring processes. Very common forms of focal hair loss can be seen in alopecia areata, alopecia syphilitica, traction or pressure-induced alopecia, trichotillomania. Patterned, non-scarring hair loss can be seen in male or female patterned/androgenic hair loss. Diffuse, non-scarring hair loss can be seen in telogen effluvium (I had a little bit of this after Step 1!).

Scarring hair loss (also called cicatricial alopecia) differential is wide ranging from discoid lupus, acne keloidalis nuchae, tinea capitis and its severe, focal form called kerion, as well as dissecting cellulitis.

## Dissecting Cellulitis

This disorder is typically seen in teens-40 year olds, with higher percentage of male patients. Cause is not fully known, but thought to be a neutrophil predominant hypersensitive reaction to excess sebaceous and keratinous material in hair follicles. These areas can become superinfected with bacterial exacerbating the process. Nodules and tracks can form not unlike the findings we see in hidradenitis suppurativa (HS). Infact, this disorder is common associated with HS, pilonidal cysts and nodular/scarring acne. Diagnosis is typically clinical, but biopsies are rarely performed to confirm diagnosis.

## Referral and Treatment

Similar to our last newsletter case, this patient was referred and eventually seen by pediatric dermatology. Initial treatment recommendations were for daily hibiclens rinse and doxycycline 100mg BID. After 2-3 months, it was expected patient would need to be started on round of isotretinoin. His history of intermittent alcohol use as well as a newly discovered history of depression did make the dermatologist pause and consider partnership with behavioral health given blackbox warning has been given to this medicine for worsening mood/suicidal ideation.

### References:

Scheinfeld, N. (2014). Dissecting cellulitis (Perifolliculitis Capitis Abscedens et Suffodiens). *Dermatology Online Journal*. 20(5):229692



