Alopecia Areata and Associated Comorbid Conditions

Alopecia areata (AA) is an autoimmune disease characterized by nonscarring alopecia, possibly of autoimmune cause. In this retrospective cross-sectional study, Huang et al demonstrate a high prevalence of comorbidities, including autoimmune diagnoses, such as thyroid disease, diabetes mellitus, inflammatory bowel disease, systemic lupus erythematosus, and rheumatoid arthritis. Atopy, psychiatric conditions, hyperlipidemia, hypertension, and gastroesophageal reflux disease were also seen at high prevalence, suggesting that physicians caring for patients with AA should consider screening for these comorbid conditions.

Effect of Weight Loss on the Severity of Psoriasis

Psoriasis is a chronic inflammatory skin disease that is associated with an increased prevalence of traditional cardiovascular risk factors, such as diabetes, arterial hypertension, and hyperlipidemia, and an increased risk of myocardial infarction. In addition, psoriasis is associated with obesity, and weight gain is a risk factor for incident psoriasis. In this prospective randomized clinical trial, Jensen et al demonstrate that treating obese patients with psoriasis with a low-energy diet showed a trend toward reduction in the severity of psoriasis after weight loss. These data emphasize the importance of weight loss as part of a multimodal approach to effectively treat both psoriasis and its associated comorbid conditions.

Physical Barrier vs Sunscreen Protection of Nevi

Sun damage is the most important environmental factor associated with malignant melanoma (MM). Primary prevention and early detection of MM are crucial in reducing the health threats and economic burden posed by MM. Recently, proper sunscreen use has been demonstrated to reduce the incidence of MM in Australia and the United States. In this prospective study of nevi protected by sunscreen vs a physical barrier, Carrera et al demonstrate that both physical barriers and broad-spectrum sunscreens were able to partially prevent some subclinical UV-B radiation changes in nevi.

Chronic Eczematous Eruptions in the Aging

Dermatologists frequently encounter patients with chronic eczematous eruptions in the aging (CEEA) who experience intense, persistent, difficult-to-treat pruritus. In many cases, no cause can be identified, but a growing body of evidence has implicated long-term prescription drug use. In this retrospective case-control study, Summers et al demonstrate that calcium channel blockers and, to a lesser extent, thiazide diuretics were statistically significantly associated with otherwise unexplainable CEEA. Identifying drugs responsible for CEEA is a complex clinical challenge, but epidemiologic studies such as this are important in helping clinicians better pinpoint which drugs might be the best to discontinue.