

Erosive Pustular Dermatosis of the Scalp Treated with Kerecis



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INTRODUCTION

Erosive Pustular Dermatosis of the scalp (EPDS), though rare, is a chronic inflammatory disorder. ¹The condition typically affects elderly people and presents with keratotic yellow-brown crusts, erosions, purulent discharge, and lakes of pus. It is most commonly observed on the scalp in the setting of chronically sun-damaged skin. Bacterial cultures often reveal sterile fluid within the pustules. The condition is slowly progressive over many years. ² Topical high-potency steroids are often used to treat EPDS with modest results. The following 2 case studies illustrate a possible solution to helping treat this frustrating condition in two patients who were recalcitrant to traditional therapies.

METHODS

Illustrated are two case reports where Kerecis micro fish skin was utilized to facilitate granulation for EPDS

Case #1: Kerecis micro application was applied to EPDS. Kerecis was covered with adaptic, Steri strips, gauze, and Tegaderm.

Case #2: Curettage was performed prior to Kerecis micro application. Prior to each Kerecis application, bandages were removed, and area was cleaned with sterile gauze and hydrogen peroxide. After the area was cleaned, Kerecis was applied. The Kerecis was covered with Adaptic, Hydrofera Blue, Tegaderm, and Hypafix. The bandage was left intact for 1 week. Patient returned weekly for follow up to monitor progress. Chemical cauterization was used 4 weeks post 3rd Kerecis application. Acellular Dermal Matrix Kerecis was used for a 5th application. Kerecis micro 6th and 7th applications were applied 1 week apart.

CASE #1: 76 YEAR OLD MALE

Patient History: Patient has a history of actinic keratoses, melanoma, and superficial basal cell carcinoma located on the scalp. Patient tried and failed clobetasol 0.05% scalp solution, Tacrolimus 0.1% topical ointment, and timolol maleate 0.5% drops to treat EPD.

Wound History: Chronic Erosive Pustular Dermatosis of the Scalp

Kerecis Applications: 1

Patient Outcomes: Excellent



Case #1: EPDS pre 1st Kerecis



Case #1: EPDS 1st Kerecis



Case #1: EPDS 2 week post Kerecis Application



Case #1: EPDS 3 week post Kerecis application showing

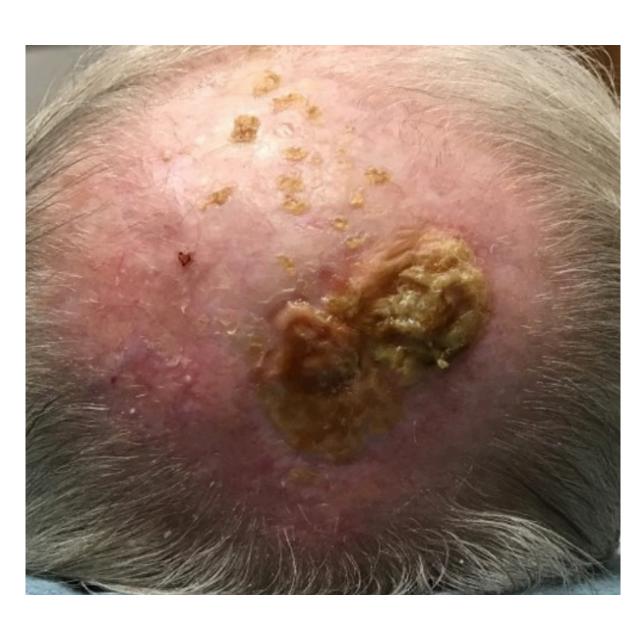
CASE #2: 82 YEAR OLD MALE

Patient History: Patient has a history of actinic keratoses and keratoacanthoma on the scalp. Patient tried and failed clobetasol 0.05% topical cream, Tacrolimus 0.1% topical ointment, and Timolol maleate 0.5% drops to treat EPDS.

Wound History: Chronic Erosive Pustular Dermatosis of the Scalp

Kerecis Applications: 7

Patient Outcomes: Good



Case #2: EPDS

Case #2: EPDS

Dermal Matrix)



s/p Curettage



Case #2: EPDS 5th Kereicis Application (Acellular 1 week s/p post 6th Kereicis Application



Case #2: EPDS 1st Kereicis Application



Case #2: EPDS 1 week s/p 7th Kereicis Application



Case #2: EPDS s/p 4th Kereicis Application



Case #2: EPDS 2 week s/p 7th Kereicis Application

RESULTS

Significant granulation tissue and healing were noted within the first week of application for both case studies.

Case study #1 required 1 Kerecis micro application to reach clearance of EPDS.

Case study #2 required 6 applications of Kerecis micro and 1 Kerecis acellular dermal matrix application. Applications were spaced 4-5 weeks apart. He is being followed bimonthly and is progressing towards resolution.

CONCLUSIONS

Case #1 achieved excellent granulation tissue to treat his current EPDS

Case #2: achieved acceptable granulation tissue and is progressing towards resolution

¹ Starace, Michela et al. "Erosive Pustular dermatosis of the scalp: challenges and solutions." Clinical, cosmetic and investigational dermatology vol. 12 691-698. 12 Sep. 2019, doi:10.2147/CCID.S223317 2 Michelerio, Andrea et al. "Erosive Pustular Dermatosis of the Scalp: A Clinicopathologic Study of Fifty Cases."

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