

Department of Dermatology

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General Summary

We have organized special clinics for selected skin diseases, including viral diseases, neurofibromatosis type 1, atopic dermatitis, psoriasis, contact dermatitis, and skin cancers. Integrating concentrated clinical efforts and related basic research should provide a significant contribution to excellent clinical practice.

Research Activities

Psoriasis

Various systemic therapies, including oral cyclosporin microemulsion preconcentrate, methotrexate, etretinate, biologics and topical therapies such as vitamin D3, and corticosteroids, have been used, depending on disease severity and the degree of the impairment of patient's quality of life (QOL) in individual patients. Also phototherapy is effective and have been performed in skin-care clinic. We have evaluated patients' QOL and have developed a Japanese version of the Psoriasis Disability Index and the Work Productivity and Activity Impairment questionnaire for psoriasis. In a special psoriasis clinic, we select patient-based treatments to satisfy patients' demands. New biologic agents, including infliximab, adalimumab, ustekinumab, and secukinumab are available and have been used to treat intractable severe psoriasis. Clinical trials have been performed with new biologic agents, including antibodies against IL-23p19 and new topical agents.

Atopic dermatitis

Recently, psychosocial factors have been suggested to influence the exacerbation of atopic dermatitis. Therefore, we are treating patients on the basis of both evidence-based medicine and QOL issues. We try to obtain a precise medical history from each patient and to evaluate the degree of QOL impairment. We are also doing some basic experiments using atopic model mice to reveal the mechanism of pruritus in this disease. Clinical trials of topical phosphodiesterase-4 inhibitor and anti-IL-31 receptor antibody have been performed.

Malignant skin tumors

We have been studying clinical courses, postoperative outcomes, and genomic and expression changes in patients with malignant melanoma, extramammary Paget's disease, squamous cell carcinoma, basal cell carcinoma, cutaneous T-cell lymphomas, and a wide

variety of soft tissue sarcomas including malignant peripheral nerve sheath tumors (MPNSTs). For the accurate diagnosis of pigmented tumors, we always perform dermoscopic examinations and sentinel lymph-node biopsy. For advanced stage cases, we treated the patients with multidisciplinary treatments including immune check point inhibitors, molecular targeted agents, chemotherapy and radiation therapy.

Neurofibromatosis

Because the number of registered patients in our clinic is the largest in Japan, we concentrate on long-term follow-up and improvement of impaired QOL by means of accurate diagnosis and the resection of neurofibromas. The estimated lifetime risk of malignant peripheral nerve sheath tumor (MPNST) in patients with neurofibromatosis 1 is around 10%. We have used the methylation-specific polymerase chain reaction (PCR) and real-time reverse transcriptase (RT)-PCR to analyze the methylation status of tumor suppressor genes and cancer-testis genes in established MPNST cell lines.

Herpes virus infection

1. Herpes simplex virus

Rapid diagnostic procedures by means of immunohistochemical staining with monoclonal antibodies against herpes simplex virus (HSV)-1, HSV-2, and varicella-zoster virus are performed in this clinic. After the diagnosis is confirmed, suppressive therapies with variciclovir are started to improve the impaired QOL.

2. Herpes zoster and postherpetic neuralgia

Initial treatments for herpes zoster and postherpetic neuralgia (PHN) are performed in this clinic. To prevent PHN, we proactively use tricyclic antidepressants. Posthoc analyses of a subgroup of patients showed that amitriptyline in combination with acyclovir reduced the incidence of PHN. We prescribe pregabalin, tricyclic antidepressants, selective serotonin reuptake inhibitors, opioid analgesics, such as Tramcet® (Grünenthal Ltd., Stokenchurch, UK), which contains tramadol hydrochloride and acetaminophen.

Human papillomavirus infection

In addition to ordinary cryotherapy, topical vitamin D3, salicylic acid, glutaraldehyde, and monochloro acetic acid have been used to treat viral warts. Contact immunotherapy using squaric acid dibutylester, CO₂ laser, and pulsed dye laser have also been used to treat severe intractable viral warts. Human papillomavirus infection typing with the PCR has regularly been performed.

Contact dermatitis/drug eruption

We have performed patch testing regularly to identify causes of contact dermatitis and drug eruption.

Laser

The Q-switched 694-nm ruby laser is useful for the treatment of nevus of Ota, acquired dermal melanocytosis, and ectopic Mongolian spots. On the other hand, nevus spilus / café-au-lait spots are difficult to treat with the Q-switched ruby laser because they often

recur after 1 to 2 months. The recently introduced 595-nm V-beam laser (long pulsed dye laser) is effective for intractable vascular lesions. The ultra-pulse CO₂ laser can be used to quickly remove lesions of actinic keratosis, seborrheic keratosis, syringoma, and epidermal nevus.

Skin Care Clinic

Narrow-band ultraviolet B (NB-UVB) irradiation is performed for patients with psoriasis, alopecia, atopic dermatitis, prurigo nodularis, vitiligo, or cutaneous T-cell lymphomas. Other special clinics, including those for skin care lessons, therapeutic make-up, acne care, mental care, and *kampo* medicine, are available to patients on demand.

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