

# Dystrophy and Trauma? Think Subungual Cysts

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BALTIMORE — Nail dystrophy and a history of trauma should raise suspicion of subungual epidermoid inclusions, Dr. Beth S. Ruben said at the annual meeting of the American Society of Dermatopathology.

Dr. Ruben and her colleagues have encountered 17 such cases. Common clinical impressions included pachyonychia, hemorrhage, onychomycosis, or carcinoma.

“The fingers and thumb were involved more than the toes,” she said. Fingers and thumbs were affected in nine cases, toes were affected in seven cases, and location was not specified in one case. “In some cases [12], there was nail dystrophy either clinically or histologically,” said Dr. Ruben of the University of California, San Francisco.

In five cases, there was evidence of trauma. Calcification was noted in four cases.

Histologically, look for small, pale clusters of keratinocytes forming small cysts that resemble the follicular isthmus, or even ductal epithelium, and small, solid aggregates. Sometimes there might be an underlying bony abnormality, and there might be associated hyperkeratosis of the nail bed, she said.

Subungual cysts can be classified using a system developed by Italian investigators (*Dermatologica* 1989;178:209-12).

Type I inclusions are quite superficial.

Nails might appear normal or exhibit clubbing. Less cystic variants can be mistaken for neoplasms.

Type II inclusions are more extensive. The nail bed might be hyperkeratotic. Cysts can be superficial or deep. The nail plate might be thickened. Most of the cases in the series reported by Dr. Ruben were of the superficial type (type I).

The differential diagnosis should include subungual keratoacanthoma and onycholemmal carcinoma, Dr. Ruben said. ■



## BRIEF SUMMARY

For Dermatologic Use Only—Not for Ophthalmic, Oral, or Intravaginal Use  
Rx only

## CONTRAINDICATIONS

FINACEA® Gel, 15%, is contraindicated in individuals with a history of hypersensitivity to propylene glycol or any other component of the formulation.

## WARNINGS

FINACEA® Gel, 15%, is for dermatologic use only, and not for ophthalmic, oral, or intravaginal use.

There have been isolated reports of hypopigmentation after use of azelaic acid. Since azelaic acid has not been well studied in patients with dark complexion, these patients should be monitored for early signs of hypopigmentation.

## PRECAUTIONS

**General:** Contact with the eyes should be avoided. If sensitivity or severe irritation develops with the use of FINACEA® Gel, 15%, treatment should be discontinued and appropriate therapy instituted. The safety and efficacy of FINACEA® Gel, 15%, has not been studied beyond 12 weeks.

**Information for Patients:** Patients using FINACEA® Gel, 15%, should receive the following information and instructions:

- FINACEA® Gel, 15%, is to be used only as directed by the physician.
- FINACEA® Gel, 15%, is for external use only. It is not to be used orally, intravaginally, or for the eyes.
- Cleanse affected area(s) with a very mild soap or a soapless cleansing lotion and pat dry with a soft towel before applying FINACEA® Gel, 15%. Avoid alcoholic cleansers, tinctures, and astringents, abrasives, and peeling agents.
- Avoid contact of FINACEA® Gel, 15%, with the mouth, eyes and other mucous membranes. If it does come in contact with the eyes, wash the eyes with large amounts of water and consult a physician if eye irritation persists.
- The hands should be washed following application of FINACEA® Gel, 15%.
- Cosmetics may be applied after FINACEA® Gel, 15%, has dried.
- Skin irritation (e.g., pruritus, burning, or stinging) may occur during use of FINACEA® Gel, 15%, usually during the first few weeks of treatment. If irritation is excessive or persists, use of FINACEA® Gel, 15%, should be discontinued, and patients should consult their physician (See ADVERSE REACTIONS).
- Avoid any foods and beverages that might provoke erythema, flushing, and blushing (including spicy food, alcoholic beverages, and thermally hot drinks, including hot coffee and tea).
- Patients should report abnormal changes in skin color to their physician.
- Avoid the use of occlusive dressings or wrappings.

**Drug Interactions:** There have been no formal studies of the interaction of FINACEA® Gel, 15%, with other drugs.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential of FINACEA® Gel, 15%. Azelaic acid was not mutagenic or clastogenic in a battery of *in vitro* (Ames assay, HGPRT in V79 cells [Chinese hamster lung cells], and chromosomal aberration assay in human lymphocytes) and *in vivo* (dominant lethal assay in mice and mouse micronucleus assay) genotoxicity tests.

Oral administration of azelaic acid at dose levels up to 2500 mg/kg/day (162 times the maximum recommended human dose based on body surface area) did not affect fertility or reproductive performance in male or female rats.

## Pregnancy: Teratogenic Effects: Pregnancy Category B

There are no adequate and well-controlled studies of topically administered azelaic acid in pregnant women. The experience with FINACEA® Gel, 15%, when used by pregnant women is too limited to permit assessment of the safety of its use during pregnancy.

Dermal embryofetal developmental toxicology studies have not been performed with azelaic acid, 15%, gel. Oral embryofetal developmental studies were conducted with azelaic acid in rats, rabbits, and cynomolgus monkeys. Azelaic acid was administered during the period of organogenesis in all three animal species. Embryotoxicity was observed in rats, rabbits, and monkeys at oral doses of azelaic acid that generated some maternal toxicity. Embryotoxicity was observed in rats given 2500 mg/kg/day (162 times the maximum recommended human dose based on body surface area), rabbits given 150 or 500 mg/kg/day (19 or 65 times the maximum recommended human dose based on body surface area) and cynomolgus monkeys given 500 mg/kg/day (65 times the maximum recommended human dose based on body surface area) azelaic acid. No teratogenic effects were observed in the oral embryofetal developmental studies conducted in rats, rabbits, and cynomolgus monkeys.

An oral peri- and postnatal developmental study was conducted in rats. Azelaic acid was administered from gestational day 15 through day 21 postpartum up to a dose level of 2500 mg/kg/day. Embryotoxicity was observed in rats at an oral dose that generated some maternal toxicity (2500 mg/kg/day; 162 times the maximum recommended human dose based on body surface area). In addition, slight disturbances in the postnatal development of fetuses was noted in rats at oral doses that generated some maternal toxicity (500 and 2500 mg/kg/day; 32 and 162 times the maximum recommended human dose based on body surface area). No effects on sexual maturation of the fetuses were noted in this study. Because animal reproduction studies are not always predictive of human response, this drug should be used only if clearly needed during pregnancy.

## Nursing Mothers:

Equilibrium dialysis was used to assess human milk partitioning *in vitro*. At an azelaic acid concentration of 25 µg/mL, the milk/plasma distribution coefficient was 0.7 and the milk/buffer distribution was 1.0, indicating that passage of drug into maternal milk may occur. Since less than 4% of a topically applied dose of azelaic acid cream, 20%, is systemically absorbed, the uptake of azelaic acid into maternal milk is not expected to cause a significant change from baseline azelaic acid levels in the milk. However, caution should be exercised when FINACEA® Gel, 15%, is administered to a nursing mother.

**Pediatric Use:** Safety and effectiveness of FINACEA® Gel, 15%, in pediatric patients have not been established.

**Geriatric:** Clinical studies of FINACEA® Gel, 15%, did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

## ADVERSE REACTIONS

Overall, treatment related adverse events, including burning, stinging/tingling, dryness/tightness/scaling, itching, and erythema/irritation/redness, were 19.4% (24/124) for FINACEA® Gel, 15%, and 7.1% (9/127) for the active comparator gel at 15 weeks.

In two vehicle controlled, and one active controlled U.S. clinical studies, treatment safety was monitored in 788 patients who used twice daily FINACEA® Gel, 15%, for 12 weeks (N=333) or for 15 weeks (N=124), or the gel vehicle (N=331) for 12 weeks.

**Table 3. Cutaneous Adverse Events Occurring in ≥1% of Subjects in the Rosacea Trials by Treatment Group and Maximum Intensity\***

	FINACEA® Gel, 15% N=457 (100%)			Vehicle N=331 (100%)		
	Mild n=99 (22%)	Moderate n=61 (13%)	Severe n=27 (6%)	Mild n=46 (14%)	Moderate n=30 (9%)	Severe n=5 (2%)
Burning/ stinging/ tingling	71 (16%)	42 (9%)	17 (4%)	8 (2%)	6 (2%)	2 (1%)
Pruritus	29 (6%)	18 (4%)	5 (1%)	9 (3%)	6 (2%)	0 (0%)
Scaling/dry skin/xerosis	21 (5%)	10 (2%)	5 (1%)	31 (9%)	14 (4%)	1 (<1%)
Erythema/ irritation	6 (1%)	7 (2%)	2 (<1%)	8 (2%)	4 (1%)	2 (1%)
Contact dermatitis	2 (<1%)	3 (1%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)
Edema	3 (1%)	2 (<1%)	0 (0%)	3 (1%)	0 (0%)	0 (0%)
Acne	3 (1%)	1 (<1%)	0 (0%)	1 (<1%)	0 (0%)	0 (0%)

\*Subjects may have >1 cutaneous adverse event; thus, the sum of the frequencies of preferred terms may exceed the number of subjects with at least 1 cutaneous adverse event.

FINACEA® Gel, 15%, and its vehicle caused irritant reactions at the application site in human dermal safety studies. FINACEA® Gel, 15%, caused significantly more irritation than its vehicle in a cumulative irritation study. Some improvement in irritation was demonstrated over the course of the clinical studies, but this improvement might be attributed to subject dropouts. No phototoxicity or photoallergenicity were reported in human dermal safety studies.

In patients using azelaic acid formulations, the following additional adverse experiences have been reported rarely: worsening of asthma, vitiligo depigmentation, small depigmented spots, hypertrichosis, reddening (signs of keratosis pilaris), and exacerbation of recurrent herpes labialis. Post-marketing safety—Skin: facial burning and irritation; Eyes: iridocyclitis on accidental exposure with FINACEA® Gel, 15%, to the eye (see PRECAUTIONS).

## OVERDOSAGE

FINACEA® Gel, 15%, is intended for cutaneous use only. If pronounced local irritation occurs, patients should be directed to discontinue use and appropriate therapy should be instituted (See PRECAUTIONS).

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## Current, Former Smokers More Likely to Go Bald

Cigarette smoking was significantly associated with androgenetic alopecia after investigators controlled for age and family history in a community-based survey conducted in Taiwan.

Androgenetic alopecia, the most common type of hair loss in men, is known to be a hereditary disorder, but environmental factors are presumed to play a role in pathogenesis as well. Three earlier studies addressed a possible link with cigarette smoking, but their results were inconsistent, the Taiwanese investigators wrote (*Arch. Dermatol.* 2007;143:1401-6).

Dr. Lin-Hui Su of Far Eastern Memorial Hospital and Tony Hsiu-Hsi Chen, Ph.D., D.D.S., of National Taiwan University, both in Taipei, surveyed 740 men from the general population aged 40-91 years who were found to have cosmetically significant male-pattern baldness.

After controlling for the effects of age and family history, they found that current and former smokers were significantly more likely to have moderate or severe androgenetic alopecia than were men who had never smoked (odds ratio 1.8). Men who currently smoked at least 20 cigarettes per day had more than double the risk of those who had never smoked (odds ratio 2.3).

Smoking intensity—defined as duration of smoking in years multiplied by the number of cigarettes smoked per day—was positively correlated with the degree of baldness.

Although this study did not assess the mechanisms by which smoking may promote hair loss, the investigators proposed four possibilities.

“First, smoking might be deleterious to the microvasculature of the dermal hair papilla. Second, smoke genotoxins may do damage to DNA of the hair follicle,” they said.

Third, smoking may cause an imbalance in the follicular protease or antiprotease systems. “Smoking-induced oxidative stress may lead to the release of proinflammatory cytokines that, in turn, results in follicular microinflammation and fibrosis.”

Fourth, smoking may induce a hypoestrogenic state by increasing the hydroxylation of estradiol and the inhibition of aromatase.

—Mary Ann Moon