

Fissured Tongue Common in Down Syndrome

BY BETSY BATES
Los Angeles Bureau

FLORENCE, ITALY — More than 60% of children and young adults with Down syndrome had notable skin and mucous membrane conditions in a study presented at the 13th Congress of the European Academy of Dermatology and Venereology.

"With increasing survival of Down [syndrome] cases, physicians must be more



Fissured tongue, seen in 2%-5% of the general population, is more common in Down patients.

aware of the skin findings seen so frequently in this genetic disorder," said Maryam Daneshpazhooh, M.D., a dermatologist at Razi Hospital in Tehran, Iran.

The presence of furrows on the dorsal surface of the tongue, called fissured tongue or scrotal tongue, occurs in about 2%-5% of the general population.

Fissured tongue, the most common mucocutaneous finding in the Iranian study, was seen in 28 of 100 subjects aged 3-20 years who were attending schools for children with special needs in the Karaj and Shahryar provinces, she reported.

The frequency of the condition in subjects with Down syndrome increased with the age of the patient, Dr. Daneshpazhooh said.

Hypertrophy of the tongue papillae, seen in 22 of 100 children, was the second most common finding.

The next most common finding was premature graying, ob-

served in 14 members of the cohort. More than half of the oldest subjects—those who were aged 16-20 years—had prematurely gray hair. (See box.)

In contrast to data discovered in previous studies, which were conducted on institutionalized children, none of the Iranian children had infections or para-

sitic infestations at the time of the study.

Dr. Daneshpazhooh noted that all of the children with Down syndrome in her study lived at home, where infestations are less common than in institutions. Families may pay more attention to hygiene in children with Down syndrome than would institutional staff. ■

Mucocutaneous Findings in Children And Young Adults

Finding	Percentage	Finding	Percentage
Fissured tongue	28	Keratosis pilaris	4
Hypertrophy of tongue papillae	22	Geographic tongue	4
Premature graying	14	Trichotillomania	4
Cheilitis	13	(3 girls and 1 boy)	4
Xerosis	12	Vitiligo	3
Alopecia areata (including 1 child with alopecia totalis)	11	Seborrheic dermatitis	3
Palmoplantar hyperkeratosis	10	Livedo reticularis	2
Syringoma	6	Atopic dermatitis	0

Source: Dr. Daneshpazhooh

Dermabond Good Quick-Fix for Closing Children's Incisions

BY NANCY A. MELVILLE
Contributing Writer

SCOTTSDALE, ARIZ. — The tissue adhesive Dermabond has gained popularity, especially for use in children and emergent situations, because of its short application time and improved cosmesis over older adhesives, and despite its limitations, the product can be ideal for many uses, said Bari Cunningham, M.D., at a meeting sponsored by the Skin Disease Education Foundation.

Although studies have shown that Dermabond offers no significant improvement in cosmesis over traditional suturing, its benefits are reflected in substantially higher pain scores and shorter procedure time (JAMA 1997;277:1527-30; J. Pediatr. 1998;132:1067-70).

"It's a few seconds versus the time it takes for stitches, which with children can take upward of half an hour. So the benefit is obvious," said Dr. Cunningham of Children's Hospital, San Diego, and the University of California, San Diego.

Another advantage of Dermabond over suturing is that a follow-up visit is not needed, which is convenient for patients needing to travel a long distance. In addition, wounds treated with Dermabond can withstand wetness, which is indispensable for patients who want to swim.

The product also is especially beneficial for the commonly problematic diaper region.

"Usually, when you stitch the diaper region, you worry about postop infection, but this is far superior," Dr. Cunningham said.

Dermabond's maker, Ethicon Inc., says the product seals out most infection-causing bacteria, such as certain staph, pseudomonas, and *Escherichia coli* species. Although it's not yet certain whether that will translate into fewer postop infections, the pos-

sible antibacterial properties are intriguing, Dr. Cunningham said.

Dermabond is a relatively new tissue adhesive about three times as strong as the old cyanoacrylates, which were too weak for widespread use. The old adhesives also tended to be brittle and prone to cracking, Dr. Cunningham said.

The product has evolved in response to physicians' preferences, with newer formulations being more viscous and featuring better applicator tips.

Dr. Cunningham and her colleagues conducted a study comparing suturing with tissue adhesive. In a 2-month follow-up, they found significantly better cosmesis with suturing than with the skin glue (Arch. Derm. 2001;137:1177-80).

The adhesive is ideal for incisions such as low-tension closures for cysts but is not appropriate for high-tension areas, Dr. Cunningham said.

She urged care in the eye area; there have been cases of doctors accidentally gluing a patient's eye shut. In such instances, avoid trying to pry the eye open or using water, which can make the situation worse. Instead, apply a petroleum-based product to gently ease the eye open.

For the same reason, doctors should avoid placing Neosporin (neomycin) ointment or other petrolatum-based products on an incision that needs to be closed, because such products can cause the Dermabond to dissolve.

And then there's the price; at about \$30 a vial, some question whether Dermabond is worth the cost. Dr. Cunningham argued that the savings in time make up for the cost. "If you factor in the cost of time taken for a postoperative visit, suture removal, and nursing, it is often more cost effective to use the Dermabond," she said.

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DR. CUNNINGHAM

Chemoprevention Promising for Skin Ca

BY KATE JOHNSON
Montreal Bureau

SNOWMASS, COLO. — Skin tumors and their precursors possess potentially attractive targets for chemoprevention, and many are being actively investigated, according to David R. Bickers, M.D.

Exposure to UV light causes mutations in several tumor suppressor genes and increases the risk of skin cancer. That relationship makes methods of augmenting these genes a "tantalizing" prospect for skin cancer chemoprevention, he said at a clinical dermatology seminar sponsored by Medicis.

Topical cyclopamine, topical tazarotene, and topical antioxidants all hold promise, said Dr. Bickers, professor and chair of the department of dermatology at Columbia University, New York.

In addition, cyclooxygenase overexpression is a feature in some human neoplasms, which could point to COX-2 inhibitors as possibly chemoprotective, he added.

Dr. Bickers is also planning a trial of the retinoid tazarotene, which is another potentially chemopreventive agent.

Tazarotene upregulates a tumor suppressor known as tazarotene-induced gene 3 (TIG3) in human keratinocytes. That gene is diminished in pa-

tients with basal cell carcinoma (BCC), he explained.

One recent study found that topical treatment of BCCs with tazarotene increased TIG3 expression, resulting in both clinical and histological improvement (J. Invest. Dermatol. 2003;121:902-9).

Cyclopamine, a veratrum alkaloid, also has similar potential to inhibit BCCs, he said.

His work with mice showed that treatment with oral cyclopamine diminished tumor development, he explained. In addition, one human study of topical cyclopamine showed rapid regression of skin tumors and histologic evidence of tumor cell inhibition and apoptosis.

Finally, a very recent study of oral antioxidants has shown that sun exposure results in less DNA damage in patients who have taken a 3-month course of oral ascorbic acid (vitamin C) and alpha tocopherol (vitamin E), said Dr. Bickers (J. Invest. Dermatol. 2005; 124:304-7).

Similarly, another study found that oral antioxidant treatment with *Polypodium leucotomos* extract reduced sun-induced skin erythema (J. Am. Acad. Dermatol. 2004;51:910-8).

"While these results are modest, this strategy may prove more feasible as more potent compounds are developed," he said. ■