Top Dermatology and Wound Care Articles

Brian Z. Rayala, MD, FAAFP
Professor of Family Medicine
University of North Carolina at Chapel Hill

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Faculty Disclosure

- *I have nothing to disclose.*

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Learning Objectives

By the end of this session, participants will be able to:

- Summarize key findings from recent high-impact dermatology and wound care studies and explain how these results inform diagnosis, prevention, and management in family medicine.
- Evaluate the clinical relevance and strength of evidence behind new and emerging therapies — including pharmacologic, procedural, and non-pharmacologic interventions — for common dermatologic and wound conditions.
- Apply evidence-based updates to patient care by incorporating practical, cost-conscious recommendations for management of conditions such as scabies, atopic dermatitis, alopecia areata, hyperhidrosis, venous ulcers, diabetic foot ulcers, and postoperative wounds.

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Dermatology

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Br J Dermatol 2024; **190** 486–491
https://doi.org/10.1093/bjd/ljad501
Advance access publication date: 19 December 2023

BJD
British Journal of Dermatology
Clinical Trial

Comparison of topical permethrin 5% vs. benzyl benzoate 25% treatment in scabies: a double-blinded randomized controlled trial

Damian Meyersburg, Magdalena Hoellwerth, Matthias Brandlmaier, Allesandra Handisurya, Andreas Kaiser, Christine Prodinger and Johann W. Bauer

[1]Department of Dermatology and Allergology, University Hospital Salzburg of the Paracelsus Medical University Salzburg, Salzburg, Austria
[2]Department of Dermatology, Medical University of Vienna, Vienna, Austria
[3]Department of Psychosomatics and Inpatient Psychotherapy, University Hospital of Psychiatry and Psychotherapy, Paracelsus Medical University, Salzburg, Austria
Correspondence: Damian Meyersburg, Email: d.meyersburg@salk.at

Linked Article: Sunderkötter *et al. Br J Dermatol* 2024; **190**:459–460.

Abstract

Background Scabies is a pruritic parasitic infestation of the skin. High-income countries have reported an increasing incidence over the last few years. Studies have indicated a reduction in the sensitivity of scabies mites to the standard treatment of choice, topical permethrin 5%.

Objectives To evaluate in a head-to-head manner the efficacy of two topical scabicides (permethrin 5% and benzyl benzoate 25% (BB)) in the treatment of scabies using the same administration modality; and to address potential confounding factors such as incorrectly performed treatment and hygiene measures.

Methods In total, 110 patients with dermoscopy-verified scabies infestation were enrolled and randomized into two equally sized groups in a double-blinded manner. Fifty-five received topical permethrin 5% and 55 received topical BB 25%, both for daily use over a period of three consecutive days. Treatment outcome was evaluated by dermoscopy at a 3-week follow-up visit.

Results Treatment resulted in a dermoscopy-verified cure rate of 27% in the permethrin group and 87% in the BB group. The tolerability and safety profile of permethrin 5% cream was excellent, while the BB emulsion produced a burning sensation in 43% of patients.

Conclusions Topical permethrin demonstrated a lack of efficacy in the majority of scabies cases, whereas BB demonstrated an excellent cure rate and reasonable tolerability. Considering the reduced sensitivity of scabies mites to permethrin 5%, our results suggest that BB is an appropriate first-line therapy in the treatment of scabies.

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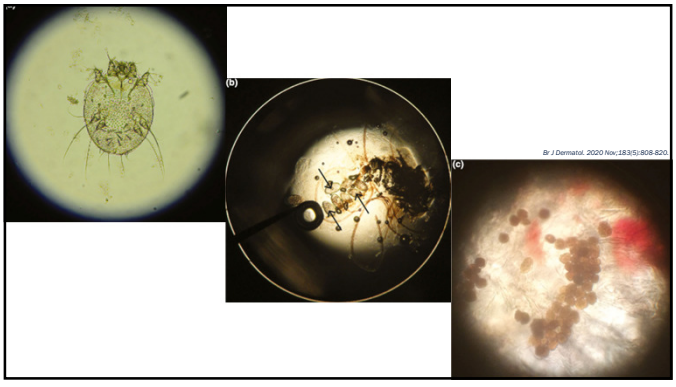

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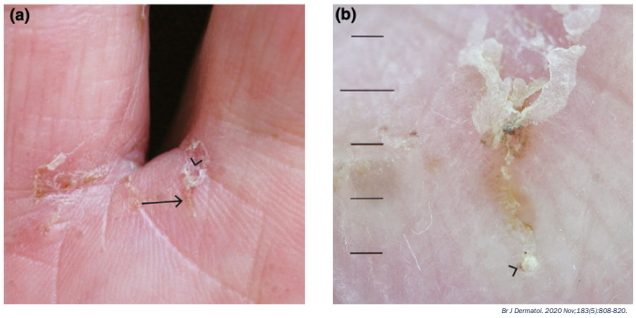

Br J Dermatol. 2020 Nov;183(5):808-820.

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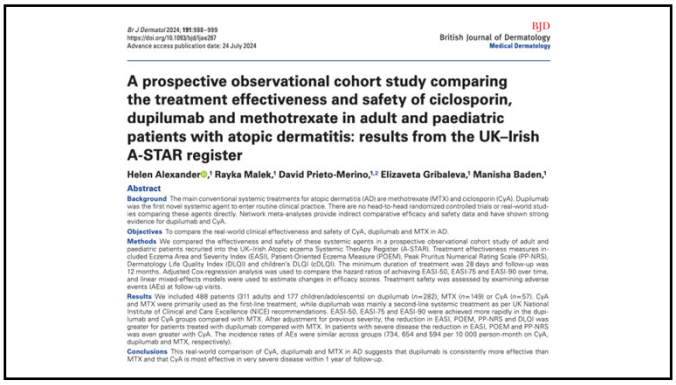

Br J Dermatol 2024; 191: 988–999
https://doi.org/10.1093/bjd/ljae287
Advance access publication date: 24 July 2024

BJD
British Journal of Dermatology
Medical Dermatology

A prospective observational cohort study comparing the treatment effectiveness and safety of ciclosporin, dupilumab and methotrexate in adult and paediatric patients with atopic dermatitis: results from the UK–Irish A-STAR register

Helen Alexander,[1] Rayka Malek,[1] David Prieto-Merino,[1,2] Elizaveta Gribaleva,[1] Manisha Baden,[1]

Abstract

Background The main conventional systemic treatments for atopic dermatitis (AD) are methotrexate (MTX) and ciclosporin (CyA). Dupilumab was the first novel systemic agent to enter routine clinical practice. There are no head-to-head randomized controlled trials or real-world studies comparing these agents directly. Network meta-analyses provide indirect comparative efficacy and safety data and have shown strong evidence for dupilumab and CyA.

Objectives To compare the real-world clinical effectiveness and safety of CyA, dupilumab and MTX in AD.

Methods We compared the effectiveness and safety of these systemic agents in a prospective observational cohort study of adult and paediatric patients recruited into the UK–Irish Atopic eczema Systemic TherApy Register (A-STAR). Treatment effectiveness measures included Eczema Area and Severity Index (EASI), Patient-Oriented Eczema Measure (POEM), Peak Pruritus Numerical Rating Scale (PP-NRS), Dermatology Life Quality Index (DLQI) and children's DLQI (cDLQI). The minimum duration of treatment was 28 days and follow-up was 12 months. Adjusted Cox-regression analysis was used to compare the hazard ratios of achieving EASI-50, EASI-75 and EASI-90 over time, and linear mixed-effects models were used to estimate changes in efficacy scores. Treatment safety was assessed by examining adverse events (AEs) at follow-up visits.

Results We included 488 patients (311 adults and 177 children/adolescents) on dupilumab (*n* = 282), MTX (*n* = 149) or CyA (*n* = 57). CyA and MTX were primarily used as the first-line treatment, while dupilumab was mainly a second-line systemic treatment as per UK National Institute of Clinical and Care Excellence (NICE) recommendations. EASI-50, EASI-75 and EASI-90 were achieved more rapidly in the dupilumab and CyA groups compared with MTX. After adjustment for previous severity, the reduction in EASI, POEM, PP-NRS and DLQI was greater for patients treated with dupilumab compared with MTX. In patients with severe disease the reduction in EASI, POEM and PP-NRS was even greater with CyA. The incidence rates of AEs were similar across groups (734, 654 and 594 per 10 000 person-month on CyA, dupilumab and MTX, respectively).

Conclusions This real-world comparison of CyA, dupilumab and MTX in AD suggests that dupilumab is consistently more effective than MTX and that CyA is most effective in very severe disease within 1 year of follow-up.

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Assessing Eczema Severity

Scoring System	Mild	Moderate	Severe
Eczema Area and Severity Index (EASI)	0-7	8-21	22-72
Patient-Oriented Eczema Measure (POEM)	0-7	8-16	17-28
Peak Pruritus Numerical Rating Scale (PP-NRS)	0-3	4-6	7-10
Dermatology Life Quality Index (DLQI)	0-5	6-10	11-30
Children's Dermatology Life Quality Index (cDLQI)	0-5	6-10	11-30

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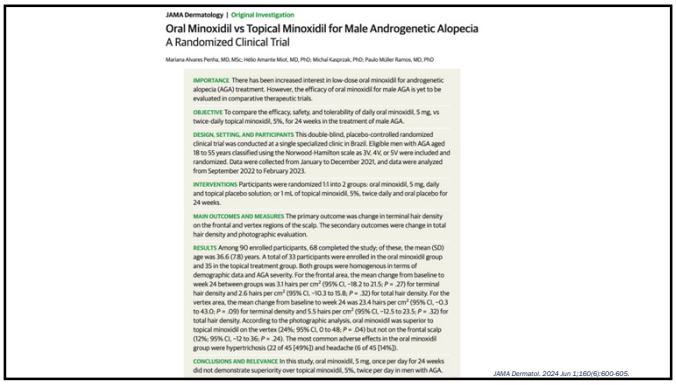

JAMA Dermatology | Original Investigation

Oral Minoxidil vs Topical Minoxidil for Male Androgenetic Alopecia
A Randomized Clinical Trial

Mariana Alvares Penha, MD, MSc; Hélio Amante Miot, MD, PhD; Michal Kasprzak, PhD; Paulo Müller Ramos, MD, PhD

IMPORTANCE There has been increased interest in low-dose oral minoxidil for androgenetic alopecia (AGA) treatment. However, the efficacy of oral minoxidil for male AGA is yet to be evaluated in comparative therapeutic trials.

OBJECTIVE To compare the efficacy, safety, and tolerability of daily oral minoxidil, 5 mg, vs twice-daily topical minoxidil, 5%, for 24 weeks in the treatment of male AGA.

DESIGN, SETTING, AND PARTICIPANTS This double-blind, placebo-controlled randomized clinical trial was conducted at a single specialized clinic in Brazil. Eligible men with AGA aged 18 to 55 years classified using the Norwood-Hamilton scale as 3V, 4V, or 5V were included and randomized. Data were collected from January to December 2021, and data were analyzed from September 2022 to February 2023.

INTERVENTIONS Participants were randomized 1:1 into 2 groups: oral minoxidil, 5 mg, daily and topical placebo solution; or 1 mL of topical minoxidil, 5%, twice daily and oral placebo for 24 weeks.

MAIN OUTCOMES AND MEASURES The primary outcome was change in terminal hair density on the frontal and vertex regions of the scalp. The secondary outcomes were change in total hair density and photographic evaluation.

RESULTS Among 90 enrolled participants, 68 completed the study; of these, the mean (SD) age was 36.6 (7.8) years. A total of 33 participants were enrolled in the oral minoxidil group and 35 in the topical treatment group. Both groups were homogenous in terms of demographic data and AGA severity. For the frontal area, the mean change from baseline to week 24 between groups was 31 hairs per cm^2 (95% CI, −18.2 to 21.5; $P = .27$) for terminal hair density and 2.6 hairs per cm^2 (95% CI, −10.3 to 15.8; $P = .32$) for total hair density. For the vertex area, the mean change from baseline to week 24 was 23.4 hairs per cm^2 (95% CI, −0.3 to 43.0; $P = .09$) for terminal density and 5.5 hairs per cm^2 (95% CI, −12.5 to 23.5; $P = .32$) for total hair density. According to the photographic analysis, oral minoxidil was superior to topical minoxidil on the vertex (24%; 95% CI, 0 to 48; $P = .04$) but not on the frontal scalp (12%; 95% CI, −12 to 36; $P = .24$). The most common adverse effects in the oral minoxidil group were hypertrichosis (22 of 45 [49%]) and headache (6 of 45 [14%]).

CONCLUSIONS AND RELEVANCE In this study, oral minoxidil, 5 mg, once per day for 24 weeks did not demonstrate superiority over topical minoxidil, 5%, twice per day in men with AGA.

JAMA Dermatol. 2024 Jun 1;160(6):600-605.

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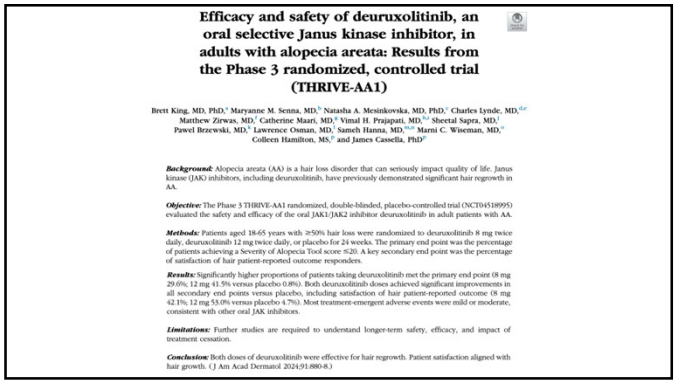

Efficacy and safety of deuruxolitinib, an oral selective Janus kinase inhibitor, in adults with alopecia areata: Results from the Phase 3 randomized, controlled trial (THRIVE-AA1)

Brett King, MD, PhD,[1] Maryanne M. Senna, MD,[2] Natasha A. Mesinkovska, MD, PhD,[3] Charles Lynde, MD,[4,5] Matthew Zirwas, MD,[6] Catherine Maari, MD,[7] Vimal H. Prajapati, MD,[8,9] Sheetal Sapra, MD,[1] Pawel Brzewski, MD,[1] Lawrence Osman, MD,[1] Sameh Hanna, MD,[10,11] Marni C. Wiseman, MD,[1] Colleen Hamilton, MS,[12] and James Cassella, PhD[12]

Background: Alopecia areata (AA) is a hair loss disorder that can seriously impact quality of life. Janus kinase (JAK) inhibitors, including deuruxolitinib, have previously demonstrated significant hair regrowth in AA.

Objective: The Phase 3 THRIVE-AA1 randomized, double-blinded, placebo-controlled trial (NCT04518995) evaluated the safety and efficacy of the oral JAK1/JAK2 inhibitor deuruxolitinib in adult patients with AA.

Methods: Patients aged 18-65 years with ≥50% hair loss were randomized to deuruxolitinib 8 mg twice daily, deuruxolitinib 12 mg twice daily, or placebo for 24 weeks. The primary end point was the percentage of patients achieving a Severity of Alopecia Tool score ≤20. A key secondary end point was the percentage of satisfaction of hair patient-reported outcome responders.

Results: Significantly higher proportions of patients taking deuruxolitinib met the primary end point (8 mg 29.6%, 12 mg 41.5% versus placebo 0.8%). Both deuruxolitinib doses achieved significant improvements in all secondary end points versus placebo, including satisfaction of hair patient-reported outcome (8 mg 42.1%; 12 mg 55.0% versus placebo 4.7%). Most treatment-emergent adverse events were mild or moderate, consistent with other oral JAK inhibitors.

Limitations: Further studies are required to understand longer-term safety, efficacy, and impact of treatment cessation.

Conclusion: Both doses of deuruxolitinib were effective for hair regrowth. Patient satisfaction aligned with hair growth. (J Am Acad Dermatol 2024;91:880-8.)

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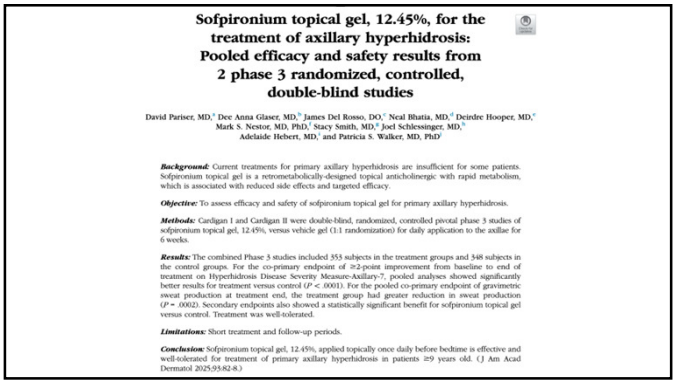

Sofpironium topical gel, 12.45%, for the treatment of axillary hyperhidrosis: Pooled efficacy and safety results from 2 phase 3 randomized, controlled, double-blind studies

David Pariser, MD,[1] Dee Anna Glaser, MD,[2] James Del Rosso, DO,[3] Neal Bhatia, MD,[4] Deirdre Hooper, MD,[5] Mark S. Nestor, MD, PhD,[6] Stacy Smith, MD,[6] Joel Schlessinger, MD,[6] Adelaide Hebert, MD,[7] and Patricia S. Walker, MD, PhD[7]

Background: Current treatments for primary axillary hyperhidrosis are insufficient for some patients. Sofpironium topical gel is a retrometabolically-designed topical anticholinergic with rapid metabolism, which is associated with reduced side effects and targeted efficacy.

Objective: To assess efficacy and safety of sofpironium topical gel for primary axillary hyperhidrosis.

Methods: Cardigan I and Cardigan II were double-blind, randomized, controlled pivotal phase 3 studies of sofpironium topical gel, 12.45%, versus vehicle gel (1:1 randomization) for daily application to the axillae for 6 weeks.

Results: The combined Phase 3 studies included 353 subjects in the treatment groups and 348 subjects in the control groups. For the co-primary endpoint of ≥2-point improvement from baseline to end of treatment on Hyperhidrosis Disease Severity Measure-Axillary-7, pooled analyses showed significantly better results for treatment versus control ($P < .0001$). For the pooled co-primary endpoint of gravimetric sweat production at treatment end, the treatment group had greater reduction in sweat production ($P = .0002$). Secondary endpoints also showed a statistically significant benefit for sofpironium topical gel versus control. Treatment was well-tolerated.

Limitations: Short treatment and follow-up periods.

Conclusion: Sofpironium topical gel, 12.45%, applied topically once daily before bedtime is effective and well-tolerated for treatment of primary axillary hyperhidrosis in patients ≥9 years old. (J Am Acad Dermatol 2025;93:82-8.)

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Wound Care

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Original Investigation | Diabetes and Endocrinology

Chlorhexidine vs Routine Foot Washing to Prevent Diabetic Foot Ulcers
A Randomized Clinical Trial

Alison D. Lydecker, MPH; Justin J. Kim, MD, MS; Gwen L. Robinson, MPH; J. Kristie Johnson, PhD; Clayton H. Brown, PhD; Christopher C. Petruccelli, MD; Michael L. Terrin, MD; David J. Margolis, MD; Mary-Claire Rughmani, MD, MS

OBJECTIVE To evaluate the effect of daily foot care using chlorhexidine wipes vs soap-and-water wipes for 1 year on the risk of developing new foot complications in veterans with diabetes.

DESIGN, SETTING, AND PARTICIPANTS This double-blind, placebo-controlled, phase 2b randomized clinical trial was conducted at the Baltimore Veterans Affairs (VA) Medical Center between January 2019 to January 2023. Veterans were eligible if they had a diabetes diagnosis, were at high risk for diabetic foot complications, were ambulatory, had both feet, and did not have a current foot infection. Participants were randomly assigned (1:1) to receive either soap-and-water wipes (control group) or 2% chlorhexidine wipes (chlorhexidine group). Intention-to-treat data analysis was conducted from October 5, 2023, to April 24, 2024.

INTERVENTION Daily use of a 2% chlorhexidine wipe or a soap-and-water wipe on the feet for 1 year. Wipes were nearly identical in color, size, shape, thickness, feel, and scent. Both chlorhexidine and control groups received the same lotion for application on the feet after wipe use and education on foot self-care.

MAIN OUTCOMES AND MEASURES The primary outcome was time in days from randomization to new foot complication, including chronic foot ulcer, foot infection, or foot amputation.

RESULTS A total of 175 participants (170 males [97%]; mean [SD] age at enrollment, 68 [9] years; 1 Asian [1%], 117 Black or African American [67%], 53 White [30%] individuals) were randomly assigned to the chlorhexidine group (n = 88) or the control group (n = 87). Twelve participants (14%) in the chlorhexidine group and 14 participants (16%) in the control group developed a new foot complication within 1 year. Median (IQR) time from randomization to development of a new foot complication was 232 (115-315) days. The reduction in hazard of new foot complications in the chlorhexidine group compared with the control group was not significant (hazard ratio, 0.83; 95% CI, 0.39-1.80). The intervention was well tolerated, with 145 participants (83%) continuing it over the study period. Sixty adverse events occurred, but none was related to the study products or procedures.

CONCLUSIONS AND RELEVANCE This randomized clinical trial found that daily use of chlorhexidine wipes for foot washing for 1 year did not lead to a significant reduction in the risk of new foot complications compared with daily use of soap-and-water wipes. The intervention was well tolerated, and the trial provides important lessons for future studies on diabetic foot ulcer prevention.

JAMA Netw Open. 2025 Feb 3;8(2):e2460087.

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Cochrane Database of Systematic Reviews

[Intervention Review]

Compression for preventing recurrence of venous ulcers

Melissa Andreia de Moraes Silva[1,2], Andrea Nelson[3], Sally EM Bell-Syer[4], Seleno G de Jesus-Silva[5], Fausto Miranda Jr[6]

[1]Interdisciplinary Surgical Science Program, Universidade Federal de São Paulo (UNIFESP), São Paulo, Brazil. [2]Vascular Surgery, Hospital de Clínicas de Itajuba - MG, Itajuba, Brazil. [3]School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK. [4]Department of Health Sciences, University of York, York, UK. [5]Vascular and Interventional Radiology Department, Itajubá Clínics Hospital, Itajubá, Brazil. [6]Division of Vascular and Endovascular Surgery, Department of Surgery, Paulista School of Medicine - Federal University of São Paulo, São Paulo, Brazil

Contact: Melissa Andreia de Moraes Silva, meldemoraes@gmail.com.

Editorial group: Cochrane Wounds Group.
Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 3, 2024.

Citation: de Moraes Silva MA, Nelson A, Bell-Syer SEM, Jesus-Silva SG de, Miranda Jr F. Compression for preventing recurrence of venous ulcers. *Cochrane Database of Systematic Reviews* 2024, Issue 3. Art. No.: CD002303. DOI: 10.1002/14651858.CD002303.pub4.

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Cochrane 2024 – Compression for Preventing Recurrence of VLUs

All evidence are ***SOR B*** (low-certainty)

- European class 3 (>36mm) better than no compression (6m)
- EU class 2 (25-35mm) comparable to EU class 1 (18-24mm) for prevention & compliance (12m)
- UK class 3 (25-35mm) better than UK class 2 (18-24mm) over 1.5-10y
- UK class 3 has higher noncompliance than UK class 2
- No studies evaluated *length of hoses*, *duration of reulceration episodes*, *contralateral ulceration*, *proportion of followup without ulcer*, *comfort*, or *adverse effects*

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[Intervention Review]

Endovenous ablation for venous leg ulcers

Paris L Cai[1], Louise H Hitchman[1], Abduraheem H Mohamed[1], George E Smith[1], Ian Chetter[1], Daniel Carradice[1]

[1]Academic Vascular Surgical Unit, Hull York Medical School, Hull University Teaching Hospitals NHS Trust, Hull, UK

Contact: Daniel Carradice, d.carradice1@gmail.com.

Editorial group: Cochrane Wounds Group.
Publication status and date: New search for studies and content updated (conclusions changed), published in Issue 7, 2023.

Citation: Cai PL, Hitchman LH, Mohamed AH, Smith GE, Chetter I, Carradice D. Endovenous ablation for venous leg ulcers. *Cochrane Database of Systematic Reviews* 2023, Issue 7. Art. No.: CD009494. DOI: 10.1002/14651858.CD009494.pub3.

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Pivotal Trials Evaluating Superficial Venous Reflux Interventions

- **ESCHAR trial (2007)**
- Cochrane review (2014) + meta-analysis (2014)
- Cochrane review (2016)
- **EVRA (2018)**
- Cost-effectiveness analysis of EVRA (2019)

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Cochrane 2023 – Endovenous Ablation for VLUs

- 2 RCTs (N=506): **EVRA (N=450)**, VUERT (N=56)
- **Conclusions:**
  - EVLA/RFA + compression improves time to complete ulcer healing (pooled HR 1.41, 95% CI 1.36 to 1.47; I^2=0%) – ***SOR A*** (high-certainty)
  - Cost-effective at 1 year (99% probability at £20,000/QALY) – ***SOR A*** (moderate-certainty)
  - Unclear effects on recurrence (1 yr) and complications (VTE) – ***SOR B*** (low-certainty)

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Negative pressure wound therapy versus usual care in patients with surgical wound healing by secondary intention in the UK (SWHSI-2): an open-label, multicentre, parallel-group, randomised controlled trial

Catherine Arundel, Laura Mandefield, Caroline Fairhurst, Kalpita Baird, Athanasios Gkekas, Pedro Saramago, Ian Chetter, on behalf of the SWHSI-2 Trial Investigators*

Summary

Background Surgical wound healing by secondary intention (SWHSI) presents a substantial management and financial challenge. Negative pressure wound therapy (NPWT) has increasingly been used as a treatment despite an absence of comparative evidence of effectiveness. We evaluated the effectiveness of NPWT compared with usual care for improving time to wound healing in patients with an SWHSI.

Methods We did a pragmatic, open-label, multicentre, parallel-group, randomised controlled trial in 29 UK National Health Service Trusts. Participants aged 16 years or older with an SWHSI appropriate for both study treatments (NPWT or usual care) were randomly assigned (1:1) by a centralised web-based system. Randomisation was stratified by wound location, wound area, and study centre. Participants were followed up for 12 months. Participants and clinical and research teams could not be masked to treatment. Assessors masked to treatment reviewed wound photography to verify the outcome. The primary outcome was time to wound healing (days from randomisation to complete epithelial cover), analysed via intention to treat using Kaplan–Meier survival curves and a proportional hazards Cox regression model. The trial was registered with ISRCTN, ISRCTN26277546.

Findings Between May 15, 2019, and Jan 13, 2023, 686 participants with an SWHSI were randomly assigned to receive NPWT (n=349) or usual care (n=337). All participants were included in the primary analysis. Most participants were diabetic (n=549, 80·0%) and had a single SWHSI (n=622, 90·7%), located on the foot or leg (n=620, 90·4%), arising after vascular surgery (n=619, 90·2%). There was no clear evidence that NPWT reduced the time to wound healing compared with usual care (hazard ratio 1·08 [95% CI 0·88–1·32], p=0·47). There were 448 adverse events, of which 14 were serious (nine participants in the NPWT group and five participants in the usual care group); 124 were deemed potentially related to treatment. NPWT was found not to be cost-effective compared with usual care.

Interpretation In patients with a lower limb SWHSI, including those with complications of diabetes, there is no clear evidence that NPWT reduced the time to wound healing compared with standard dressings. These findings do not support the use of NPWT to augment SWHSI healing.

Lancet. 2025 May 10;405(10490):1689-1699.

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Systematic Review

Association of Digestible Carbohydrate Intake With Cardiovascular Disease, Type 2 Diabetes, Obesity, and Body Composition

Executive Summary

Main Points

Rockville (MD): Agency for Healthcare Research and Quality (US); 2025 Mar. Report No.: 25-EHC009.

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AHRQ 2025 – Association of Carb Intake with CVD, T2DM, Obesity, Body Composition

- Risk of CVD
- Risk of T2DM
- Risk of Obesity; association w/ Body Composition

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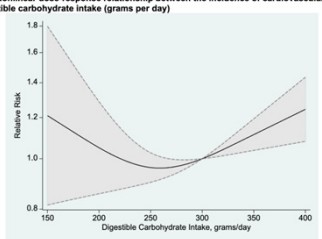
Risk of CVD – *SOR B (low)*

Figure 1. Nonlinear dose-response relationship between the incidence of cardiovascular disease and digestible carbohydrate intake (grams per day)



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

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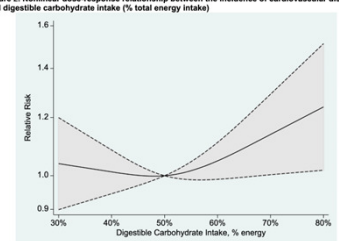
Risk of CVD – *SOR B (low)*

Figure 2. Nonlinear dose-response relationship between the incidence of cardiovascular disease and digestible carbohydrate intake (% total energy intake)



The solid line represents the nonlinear dose response, and the dotted lines represent the 95% confidence interval.

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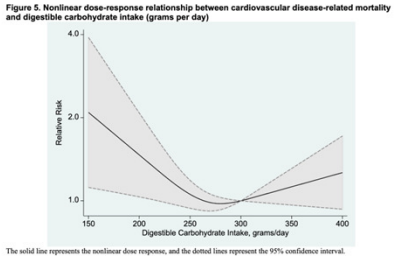
CVD-related mortality – *SOR B (low)*



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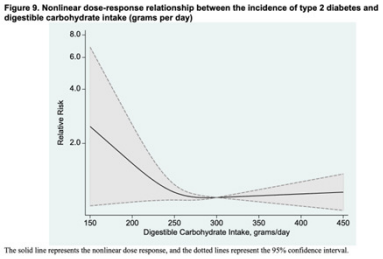
Risk of T2DM – *SOR B (low)*



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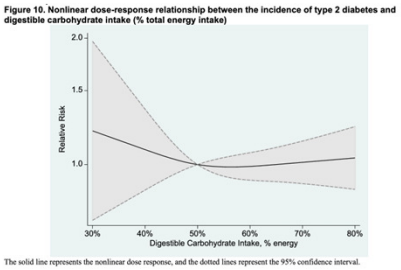
Risk of T2DM – *SOR B (low)*



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Practice Recommendations

- Topical **benzyl benzoate** may be more effective than **permethrin** for scabies (*NNT=2*), but transient, mild to moderate, local irritation may be more common (*NNTH=3*). (***SOR B***)
- For moderately severe eczema, **dupilumab** and **cyclosporine** appear more effective than methotrexate; **cyclosporine** seems most effective for severe eczema. (***SOR B***)
- Low-dose **oral minoxidil** may be as effective as **topical minoxidil** in the intermediate-term for male AGA, but hypertrichosis is more common (*NNTH=4*). (***SOR B***)
- Compared to placebo, oral **deuruxolitinib** may be effective for AA over 6 months, but longer studies with active comparators, better CVD risk stratification, and assessment of treatment cessation effects are needed. (***SOR B***)
- For primary axillary hyperhidrosis, topical **sofpironium** appears more effective than placebo in the short-term, but may cause systemic anticholinergic adverse events. Comparison to known effective treatments is crucial before this treatment is recommended. (***SOR B***)

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Practice Recommendations

- Among high-risk diabetics, use of **chlorhexidine washes** is no better than **soap & water** in preventing diabetic foot complications. (***SOR A***)
- **Strong (25-35mm Hg) compression** may be as good or better in preventing VLUs than **medium (18-24mm Hg) compression**, but adherence may be lower. (***SOR B***)
- **Endovenous ablation** decreases VLU healing time (HR 1.41) and appears to be cost cost-effective at 1 year. (***SOR A***)
- Do not use **NPWT** for lower limb surgical wounds as they do not improve healing compared to standard dressings. (***SOR A***)
- CVD mortality may be lowest with carb intake of 250-300g/d. (***SOR B***)

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References

- Br J Dermatol. 2024 Mar 15;190(4):486-491.
- Br J Dermatol. 2020 Nov;183(5):808-820.
- Br J Dermatol. 2024 Nov 18;191(6):988-999.
- JAMA Dermatol. 2024 Jun 1;160(6):600-605.
- J Am Acad Dermatol. 2024 Nov;91(5):880-888.
- J Am Acad Dermatol. 2025 Jul;93(1):82-88.
- JAMA Netw Open. 2025 Feb 3;8(2):e2460087.
- Cochrane Database Syst Rev. 2024 Mar 7;3(3):CD002303.
- Cochrane Database Syst Rev. 2023 Jul 27;7(7):CD009494.
- Lancet. 2025 May 10;405(10490):1689-1699.
- Rockville (MD): Agency for Healthcare Research and Quality (US); 2025 Mar. Report No.: 25-EHC009.

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Any questions?

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Brian Z. Rayala, MD

Professsor
Department of Family Medicine
School of Medicine
UNC Chapel Hill
brian_rayala@med.unc.edu

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