

4.0 DERMATOLOGY

4.1 ACNE

Revised Dec 2023

AEROMEDICAL CONCERNS: The lesions on the face may interfere with mask seal and helmet wear. Those over the shoulders may cause discomfort when wearing safety restraints or parachute harnesses.

WAIVER: Normally, unrestricted waiver can be considered although severe cystic acne may dictate service group/aircraft limitation to avoid routine use of either helmet or mask.

INFORMATION REQUIRED:

1. Dermatology consultation to ensure appropriate treatment for type of acne.
2. Detailed full-body skin exam.
3. Details of current treatment.
4. Documentation of any side effects of medication, an eye exam two weeks after initiating Accutane, and the ability to wear flight gear and achieve mask seal (if applicable).

TREATMENT: Treatment with oral erythromycin, doxycycline, or tetracycline is NCD following a period of grounding to screen for side effects. Minocycline is not acceptable because of the risk of CNS side effects such as light-headedness, dizziness and vertigo.

For patients with cystic acne resistant to other treatments oral Isotretinoin (Accutane) may be the treatment of choice. Accutane is CD, but waivers will be considered on a case-by-case basis after a 14 day period of observation. Accutane use requires monthly follow up by prescribing physician and notification to Flight Surgeon of any side effects related to the medication. Additionally, patients require an eye exam two weeks (including slit lamp) after initiation of treatment to ensure that vision remains within service group standards. Accutane side effects include potential visual concerns with mucocutaneous effects of medication. Side effects that would require stopping the medication include: nose bleeding, skin cracking (lips, hands, etc.), rash, changes in mood, or musculoskeletal pain.

DISCUSSION: Antibiotics as described above, taken while avoiding large quantities of oral milk, alkali or iron, will produce good or excellent results in 90% of patients in 3 months. The incidence of dizziness in patients taking minocycline has reported to be as high as 17%, however the risk of side effects is dose related and is quoted as 5% in the dose required to control acne.

Isotretinoin counteracts the pathogenic factors that contribute to the development of acne vulgaris. It is a teratogenic drug that is associated with a range of mucocutaneous and extracutaneous adverse effects. However, for many patients it is the definitive treatment required for severe acne vulgaris. Side effects of isotretinoin are usually manageable, permitting continuation of therapy with close follow up.

ICD-9 CODES:

706.1 Acne

706.17 Acne with any use of Accutane

4.2 DERMATITIS

AEROMEDICAL CONCERNS: Depending on the location of lesions, there can be interference with the wearing of flight gear. The symptoms, particularly itching, can be distracting in flight. Patients with atopic dermatitis are more susceptible to contact dermatitis due to irritants found in a military environment.

WAIVER: Symptom severity and the requirement for therapy will determine the aeromedical disposition. Patients controlled on topical therapy over small areas and patients who are asymptomatic on stable doses of loratadine (Claritin) **OR** fexofenadine (Allegra) may be considered for waiver. An initial seven day grounding period is required for loratadine and fexofenadine to document no adverse effects. A one-time separate waiver submission is required for loratadine or fexofenadine.

INFORMATION REQUIRED:

1. Allergy/immunology consultation to rule out asthma or hay fever
2. Dermatology consult (when clinically indicated)
3. Detailed full-body skin exam
4. Details of current treatment
5. Documentation of the ability to wear flight gear and achieve mask seal (if applicable)

TREATMENT: Intermittent use of topical steroids over a limited area is compatible with waiver. The use of other medications besides loratadine or fexofenadine is CD, no waiver.

DISCUSSION: Atopic dermatitis affects 1-3% of the population, 20% of whom will have the onset delayed into adult life. Between 30-50% of patients will also exhibit allergic respiratory disease such as asthma or hay fever.

ICD-9 CODES:

691 Atopic Dermatitis

692 Contact Dermatitis

708.0 Allergic Urticaria

4.3 DERMATOPHYTOSIS OF THE NAIL

AEROMEDICAL CONCERNS: The disease process does not interfere with aviation duties and is only a cosmetic concern. Treatment is potentially toxic, expensive, has high relapse rates and often requires adjuvant therapy.

WAIVER: Not required for the disease. Treatment with terbinafine is NCD provided the following guidelines.

INFORMATION REQUIRED:

1. Documentation of baseline liver function tests.
2. Monthly liver function tests for duration of treatment.

TREATMENT: Terbinafine is the only approved medication for use in aviators. A three day grounding period is required when initiating therapy with terbinafine. Ketoconazole is not recommended for waiver. A positive culture is required prior to the initiation of treatment following the standard of care.

DISCUSSION: Clinically, microscopic diagnosis is sufficient to guide therapy in most cases. Susceptibility to onychomycosis appears to be genetically determined. Susceptible individuals have frequent recurrences and a less than optimal response to treatment.

ICD-9 CODE:

110.1 Dermatophytosis of Nail

4.4 PSORIASIS

AEROMEDICAL CONCERNS: The relapsing nature of the condition together with the requirement for therapy makes it difficult for the military aviator to satisfy operational responsibilities. Some cases are exacerbated by physically and emotionally strenuous work. Some of the forms of treatment have side effects incompatible with flying.

WAIVER: Waiver may be considered for mild cases, including those needing occasional topical steroids. More severe cases will be found NPQ, with no waiver recommended. A history of psoriasis is disqualifying for entry into aviation.

INFORMATION REQUIRED:

1. Dermatology consultation (must include treatment recommendations and response to therapy)

TREATMENT: Topical steroids in mild cases will control the condition in one third of cases within 2 weeks, even when the steroid is withdrawn. A second third will respond to continued applications of steroid 1-2 times weekly. The remainder of cases do not respond. Other topical applications such as tar products and dithranol are unacceptable in aviation. Anti-mitotic drugs such as methotrexate (side effects including ataxia, hallucinations) and retinoic acid (liver toxicity, dry mouth, sore lips, conjunctivitis) are also unacceptable within aviation. Phototherapy (PUVA) can help in 75% of cases, but the requirement for maintenance therapy interferes with operational requirements.

DISCUSSION: The condition has a peak onset in young adults, with 2% of the adult population from NW Europe affected. It is less common in sunny climates and in those with darker skins. Psoriasis is a fluctuating condition of spontaneous remissions and relapses; up to one third of cases go into remission each year. Up to 7% of cases have been reported to have psoriatic arthritis. Conversely, 4% of patients with inflammatory polyarthritis have psoriasis.

ICD-9 CODE:

696.1 Psoriasis