

Remaining Q&A from the March 19 2026 NDSC webinar with Dr. Jillian Rork

This one was close to the end but I'm not sure which diagnosis she is referring to: **Do you feel diet contributing factor?** Yes - diet is a contributing factor for many of these skin conditions, especially psoriasis, acne, folliculitis, and hidradenitis. There have not been studies to know the exact amount of impact it has in individuals with Down syndrome. There is some good information about dietary recommendations on the patient/physician advocate sites, such as the National Psoriasis Foundation, HS Connect, HS Foundation, and The Canadian HS Foundation

What would be a good lotion for maintenance to avoid dry skin? is CeraVe recommended for our children with SD? Any fragrance free lotion/cream would be helpful. CeraVe is a great brand but there are many others too!

My daughter has HS & we have been successful in managing it with hibiclens wash & adaplene gel daily. Do you see others using this approach successfully & any concerns? No concerns! Hibiclens can be effective. I have found benzoyl peroxide washes to be a bit more helpful and less drying, but do not change this if it is working. Adapalene is a topical retinoid which we spoke about. I am so glad this is working for her.

What can I do to prevent this from happening all the time (folliculitis)? This is a hard question for me to answer specifically without seeing it. Oftentimes starting with a wash and increasing bathing frequency to at least every other day can be helpful. A wash we typically start with is benzoyl peroxide 10% wash in the shower. Please reach the bottle on how to use this. I would also ask this question to your care providers. I hope this is a helpful starting point!

What do you think about alternating between Hibiclens and PanOxyl for folliculitis? I am not familiar with these products, but I think you are trying to ask about alternating between Hibiclens and PanOxyl. If this is helpful, I think this is a great plan. Just make sure the skin does not get too dry from these washes.

Just wondering if you have any info on Ilumya biologic? I do not have personal experience with this medication as it is often not covered by state insurance. This is a biologic treatment (specifically blocking IL-23 immune system pathway) that is approved for psoriasis. There are so many biologics out there and I would work with your dermatologist to understand why an IL-23 would be the best. Ask about side effects including infection

risk (upper respiratory, pneumonia, ear infections) as these are important considerations for someone with Down syndrome starting a biologic.

Confluent and reticulated papillomatosis Would love to know more about this. Here is a helpful website talking about CARP <https://dermnetnz.org/topics/confluent-and-reticulated-papillomatosis>. I do see this more in patient with Down syndrome who have insulin-resistance, Type II diabetes. I would talk with your doctor about making sure blood sugar screening is up-to-date.

What was the name of the doctor at Sickkids again? Irene Lara Corrales
- <https://www.sickkids.ca/en/staff/irene-lara-corrales/>

Based on your description, my daughter has been experiencing that continuum of folliculitis and HS for about 5 years. She has had JIA for 12 years and has been on adalimumab (Amgevita) for JIA for 3 years. We recently reduced her dose from 40 mg every 2 weeks to 40 mg every 3 weeks. Should I bring forward the HS concern at her next rheumatologist checkup? (Side note - she has been doing laser hair removal for the folliculitis). Thank you for this question. I think you should. I hope she has a dermatologist to talk through this with also. Humira can help with both HS and JIA. If her JIA is doing well and you are decreasing the Humira, you might find her HS worsen (that is to say if Humira is doing anything for her HS). Please follow the lead of her rheumatologist, but bring it up and also see if her skin worsens. You should also be aware that JAK inhibitors (tofacitinib) are a potential treatment of both JIA and HS. There have been clinical trials about this medication in people with Down syndrome (as we spoke about). I would bring this up to the rheumatologist so they are aware and can be an alternative in the future if needed.

My 25 year old son had the hidradenitis s\$@#^ (I missed the rest of the name) those huge bumps. Luckily they have subsided. But he still has the folliculitis. Dr Rork talked about 10% benzoyl Peroxide. But what about Hibiclens. We alternate the two cleansers with the daily showers. I was worried about the condition building up an immunity to the benzol peroxide and it becomes ineffective. Has that a worry? I think alternating, if it is working, is a great plan. I will use Hibiclens also (just watch for it to be drying). I do not believe benzoyl peroxide can build immunity. Often when we see flares, it is for other reasons. But, I think your plan of alternating is safe.