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**Paedrus dermatitis involving the periocular area: An observational study from Nepal**



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**Background:** Paedrus dermatitis involving the periocular area, also known as Nairobi eye, is characterized by erythematous vesiculobullous linear patch or plaque with itching, stinging, or burning sensation. It commonly occurs during rainy season and near to the agricultural fields.

**Objective:** To evaluate the demographic profile, clinical presentation and ophthalmological manifestations of periocular paedrus dermatitis. **Materials and method:** This is a cross-sectional, prospective, observational study evaluating patients attending Dermatology or Ophthalmology with features consistent with paedrus dermatitis involving the periocular region for a period of one year. Relevant demographic and clinical data were obtained; clinical photographs were taken and histopathology was performed among selected subjects.

**Results:** A total of 24 patients presented with the clinical diagnosis in the year 2018. Majority were male (M:F 1.4:1) with overall mean age of presentation  $29.08 \pm 13.38$  years. All the patients presented during period between June to August coinciding with summer and monsoon season with a peak being first week of July (37.5%). Mean time period of presentation was  $3.41 \pm 2.01$  days (range 1-7 days). The lesions were unilateral in all cases, predominantly involving the right eye (62%). Burning sensation (83%) and itching (50%) were the predominant symptoms while lid swelling, erythema, vesicle, and pustules were other common periocular findings.

**Conclusions:** Nairobi eye is common presentation during rainy or summer season whose morphological patterns and clinical features will prevent misdiagnosis and allow effective treatment.

*Commercial disclosure: None identified.*

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**Dermoscopy of localized argyria**



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The pigmentation of skin and mucous membranes caused by deposition of silver is called argyria. It is an uncommon condition caused by direct contact with the silver usually under occupational exposure. The dermoscopy of localized argyria (LA) has been only reported in isolated cases in the literature. Cases of argyria were searched in the database of the pathology department of our hospital. In 5 of them there were dermoscopic images, and they are the ones we included in the study. All were studied by electron microscopy and energy-dispersive spectroscopy. The age range was 29-87 years (mean, 56 y). Four of the patients were women. A patient could not remember any previous contact with silver. The exposure was occupational in 3 patients and related to a piercing in another. Clinically LA appears as round blue-black lesions that could be misdiagnosed as blue nevi, metastatic melanoma or tattoos among other diagnosis. Dermoscopy of LA has been described as homogeneous blue to brown-black, blue-black, or blue-gray colored macules without pigment network. When localized in palms it presents a parallel ridge pattern. Herein we summarize the dermoscopic findings in our patients and the findings described in the literature. We believe that it is necessary to collect more cases of argyria to establish the dermoscopic pattern of LA.

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**Applying different classification methods to diagnose atopic dermatitis in an Asian adult general population cohort**



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**Background:** How to diagnose atopic dermatitis (AD) in population-based studies is debatable, especially among adults and Asians. We therefore aim to understand how various classification methods affect the reported prevalence of AD using an Asian general population cohort.

**Methods:** Participants of the Healthy Living in Singapore (HELIOS) cohort study from April 2018 to May 2019 were evaluated. Participants reported whether they have ever been diagnosed with eczema. They responded to questionnaire items of the UK Working Party (UKWP) diagnostic criteria of AD. Visible flexural dermatitis was evaluated by staff with standardized training. Prevalence of AD was analyzed based on self-reported eczema, flexural dermatitis, UKWP and its modified version (UK2/4). UK2/4 version required fulfillment of major criterion and at least 2 of 4 minor criteria (excluding criterion for flexural dermatitis).

**Results:** There were a total of 2684 participants with a median age of 55.0 years old. Majority (78.5%) of participants were Chinese. Prevalence estimates of AD according to self-report, visible flexural dermatitis, UKWP and UK2/4 criteria, were  $16.7 \pm 0.7\%$ ,  $2.9 \pm 0.3\%$ ,  $2.2 \pm 0.3\%$  and  $7.5 \pm 0.5\%$  respectively. Kappa values between self-reported AD and (UKWP and UK2/4) were weak to fair (0.129 and 0.294 respectively).

**Conclusions:** The reported prevalence of AD varied depending on the methods used. The UKWP criteria, which include a history of atopy and early age of onset seem less sensitive for diagnosis of AD in an Asian adult cohort. UK2/4 criteria reported AD prevalence was similar to our known local prevalence of adult AD and may therefore be more appropriate.

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**UV exposure and the risk of cutaneous melanoma in skin of color**



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**Background:** Although the evidence for UV exposure as a risk factor of cutaneous melanoma has been established in light skinned populations, the evidence for the relationship in people with skin of color is less certain.

**Objective:** To assess the published data of the effect of UV exposure on the risk of cutaneous melanoma in people of color.

**Methods:** A systematic review of all published data: a total of 10,573 records were screened, 543 articles were assessed in full text, and 21 met inclusion criteria.

**Results:** There were 21 case-control studies assessing UV exposure and melanoma risk that included patients with skin of color. Most articles used dark skin types as the reference group. We categorized those studies into 3 different groups to define skin of color: 4 articles used Fitzpatrick skin types IV-VI; 13 used any ethnicity other than non-Hispanic white; and 4 used sun sensitivity of rarely or never burns. A total of 4622 people were included in those studies and only 16% of them had skin of color. One study showed a positive relationship between UV exposure and melanoma.

**Conclusions:** There are few studies examining UV exposure as a risk of cutaneous melanoma in skin of color, and among these studies only one showed a relationship. Studies focusing on skin of color people analyzing the impact of UV exposure as a risk factor of melanoma is urgent to better guide melanoma prevention strategies in this population.

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