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Online case-based education improves dermatologists' knowledge and confidence regarding psoriasis treatment selection

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Introduction and Objective: Many patients with psoriasis (PSO) also experience comorbidities which can make treatment and management challenging. We assessed whether online CME can improve dermatologists' knowledge and confidence in selecting appropriate treatments for PSO patients with comorbidities.

Methods: Dermatologists participated in a text-based activity featuring two patient cases with questions that "tested" knowledge and discussion of the main "teaching" points. Educational effect was assessed using a repeated-pair design, pre-/post-assessment. A chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education. The activity launched on 25 March 2019 with data collection through 13 May 2019.

Results: Significant increase in percentage of dermatologists (n = 114) answering all 3 questions correctly (13% baseline, 78% post assessment; $P < .001$). Significant improvements in knowledge about IBD risk in patients with PSO (80% improvement, $P < .001$), treatment selection in PSO patients with IBD (94% improvement, $P < .001$), and improved confidence in selecting an appropriate treatment for an obese PSO patient with multiple comorbidities who is failing on adalimumab (168% improvement, $P < .001$). Extensive educational impact (V = 0.497) with 48% of dermatologists reporting greater confidence in selecting appropriate treatments for patients with PSO and comorbidities (average confidence shift 20%).

Conclusions: The extensive impact of this interactive 'test then teach' activity on clinical decisions of dermatologists should translate into improvements in clinical practice.

Commercial disclosure: None identified.

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Vitiligo as a chronic cutaneous graft-versus-host disease

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Chronic graft-versus-host disease (GVHD) is a systemic disease with prominent cutaneous manifestations. Other cutaneous autoimmune conditions have been well characterized as posttransplantation complications, however vitiligo is very rare. We investigated clinicopathologic features of patients who developed vitiligo as a manifestation of chronic cutaneous GVHD and analyzed clinical correlation between vitiligo-like lesion and chronic cutaneous GVHD. We recruited chronic cutaneous GVHD patients with vitiligo-like lesion from 2000 to 2019 and performed histopathologic examination on their vitiligo lesions with immunohistochemical stain for melan A. Total 37 patients were diagnosed as chronic cutaneous GVHD and 13 chronic GVHD patients presented with vitiligo were identified. There were 12 male patients and only one female patient. The age ranged from 2 to 49 years with a mean age of 28 years. Underlying diseases were leukemia in 9 patients. All patients developed vitiligo as a manifestation of chronic GVHD which occurred at a mean duration of 11.25 months (6-24 months) after transplantation. Immunohistochemical stain for melan-A performed were negative in 5 patients. Furthermore, 4 of 5 patients who were negative for melan-A presented with vitiligo only, neither lichenoid nor sclerodermoid manifestations. We concluded that vitiligo might be an important chronic cutaneous GVHD spectrum as an extension of the lichenoid and sclerodermoid type.

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Evaluation of different approaches in managing local skin reactions with the use of ingenol mebutate 0.015% and 0.05% during the treatment of actinic keratosis

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Introduction: Treatments for actinic keratosis (AK) can elicit local skin reactions (LSRs). A previous study demonstrated treatment burden of ingenol mebutate (IMB) gel associated with LSRs is small, manageable and short lasting (Hanke et al, 2016). We summarized the literature regarding LSR management and approaches for managing LSRs during treatment of AK with IMB.

Methods: We systematically searched the electronic databases PubMed and Medline to identify all relevant records until August 2019. Search terms included "actinic keratosis," "local skin reactions or local skin response," "management in practice and clinic," "management in practice or clinic," and "ingenol mebutate." All relevant articles for humans in English language were reviewed.

Results: A total of 6 studies with 1262 patients were included after exclusion of studies by reading title, abstract or full text: three retrospective chart reviews; one randomized controlled trial; an investigator initiated single-blinded study; and one observational longitudinal cohort study. Three of the studies describe LSRs resolving overtime without the need for additional treatment. The other studies evaluate different approaches in managing LSRs during the treatment of AK-including the use of various topical moisturizers, implementing a low dose regimen of IMB, application of dimethicone, and application of clobetasol propionate.

Conclusions: Managing LSRs during treatment of AK is important for treatment adherence and setting patient expectations. This study suggests that while many LSRs may resolve over time without need for additional treatment, evidence is lacking to support a singular strategy for reducing or preventing IMB-induced LSRs.

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Eccrine porocarcinoma: A clinicopathologic analysis of 20 patients

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Introduction: Eccrine porocarcinoma (EP) is a rare skin cancer arising from eccrine sweat glands. It mainly occurs in the elderly and has significant metastastic potential. Because of the rarity of the tumour, a standardized approach for diagnosis and management is lacking.

Methods: A retrospective search on the electronic databases of our two centres from 05/2009 to 05/2019 was performed. Immunocompetent patients with histologic confirmation of EP were identified. Analysis included: baseline clinical characteristics, histopathologic characteristics, immunochemistry analysis, management approaches, and clinical outcomes.

Results: 20 patients were included in the analysis. M:F ratio was 1.9:1. Mean age was 73.9 years (range 35-101).The most common clinical presentation was as a smooth/ulcerated nodule (60%) and the head and neck were most often affected (35%). Surgical treatment consisted of primary excision (30%), diagnostic biopsy followed by further excision (45%), Mohs micrographic surgery (MMS) (10%), excision followed by MMS (10%) and curettage and cautery (5%). 20% of specimens showed lymphovascular invasion. The majority of tumours were positive for CEA and EMA. 40% of patients were offered further imaging with CT being the most frequent modality (25%). 30% of patients developed metastases (20% nodal and 10% distant metastases).

Conclusions: We reported a case series of 20 patients with EP. In the absence of guidelines, we see a significant heterogenicity in management. Our study highlights the need for a multidisciplinary approach in EP and evidence-based guidelines for staging and surgical management, given the risk for metastases. Genetic characterisation of EP may improve risk stratification and guide management of this rare cancer in the future.

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