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### Gonorrhea in a tertiary-care European hospital: A 10-year retrospective study of the evolution of cases and drug resistance of the isolates



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**Background:** Sexually transmitted infections (STI) remain a major public health concern worldwide, *Neisseria gonorrhoeae* infection being currently the second most commonly reported bacterial STI. Although traditionally considered treatable, the emergence of *N. gonorrhoeae* resistance to antimicrobials is currently a serious problem. The goal of this study was to evaluate the incidence and trends of antimicrobial resistance over the past 10 years in *N. gonorrhoeae* isolates from Hospital Santa Maria, a tertiary-care Portuguese hospital.

**Methods:** A retrospective study of all patients with laboratorial confirmed *N. gonorrhoeae* infection diagnosed between 2009 and 2018 was conducted. Susceptibilities to penicillin, tetracycline, ciprofloxacin, azithromycin and cefotaxime were studied, along with demographic and clinical characteristics.

**Results:** From 2009 to 2018, 440 confirmed cases of *N. gonorrhoeae* infection were diagnosed in our center, with a significant yearly increase over this period ( $P < .05$ ). Most cases occurred in males (97.9%), with a median age of 25 years. In 88.7% of the cases, treatment with ceftriaxone plus azithromycin was used. Resistance to penicillin, tetracycline and ciprofloxacin remained high throughout the study period.

**Discussion:** Antimicrobial resistance of *N. gonorrhoeae* appeared shortly after the introduction of antimicrobials. To combat this problem, improved surveillance and more studies combining susceptibility and epidemiologic data are needed. In our study, we concluded that *N. gonorrhoeae* remains highly susceptible to the antibiotics currently recommended for the treatment of this infection, whereas ciprofloxacin, azithromycin and penicillin should be avoided as empirical treatment. Nevertheless, effective interventions to control the extension of STIs are urgently needed.

*Commercial disclosure:* None identified.

17011

### Azithromycin and rosacea: Case report in a dermatologic medical center in Bogota, Colombia



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**Introduction:** Rosacea is a chronic skin disease with different types of clinical presentation, characterized by the presence of papules, pustules, flushing, telangiectasia, or Fima on the face. In which, proinflammatory molecules (IL-8, MMP-9, TNF- $\alpha$ ) actively participate, some of them induced by Cathelicidins (LL-37). The Azithromycin it's an antibiotic that has shown inhibiting and regulating effects on these proinflammatory and the cells involved in their production (PMN, mast cells, fibroblasts); and therefore, denoting its anti-inflammatory, immunomodulatory and antioxidant effect.

**Methods:** Twenty-five patients were analyzed with prior authorization; which presented different types of rosacea and began treatment with micronized systemic Azithromycin at a dose of 500 mg daily for 3 days, repeating the scheme every 15 days and performing control with the dermatologist 3 months after starting treatment from 2018 to 2019. Who were quickly surveyed for improvement according to specific symptoms (flushing, facial itching, papulopustular, facial burning, eye burning, foreign body sensation and tearing) based on a scale of 1-10 (1: no improvement, 10: complete improvement).

**Results:** Regarding flushing, papulopustular lesions, and eye burning, at least 25% of patients showed moderate growth, with facial itching, eye burning, and tearing, and more than 75% reported significant improvement.

**Conclusions:** It's important to know how azithromycin is a good option to take into account information is provided on the manifestations present in the studied group of patients. Denoting new and possible therapeutic options in rosacea, with comfortable schemes and with a beneficial effect like other therapies, however, without clarifying the impact together with other treatments.

*Commercial disclosure:* None identified.

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### The patient-reported burden of atopic dermatitis and its association with itch: Observations from the upadacitinib phase 2b randomized, placebo-controlled trial in moderate to severe atopic dermatitis



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**Introduction:** Atopic dermatitis (AD) is a chronic, inflammatory skin disease that imposes a substantial patient-burden. We characterize this patient-burden and its association with itch.

**Methods:** Data were analyzed from a phase-2b placebo-controlled upadacitinib (UPA) trial in adults with moderate to severe AD (EASI  $\geq 16$ , BSA  $\geq 10\%$ , IGA  $\geq 3$ ; inadequately controlled by topical treatments or topical treatments were medically inadvisable;  $n = 167$ ). Burden was characterized by standard and novel validated baseline outcome measures, including the ADerm-SS and ADerm-IS (11 symptom and 10 impact items, respectively; item score ranges 0-10 with higher scores indicating worst symptoms/impact;  $n = 45$  at baseline). Pruritus NRS correlations and descriptive statistics within severity strata were assessed at week 16. Missing data were excluded.

**Results:** At baseline, 41.9% (IGA = 4) and 59.9% (EASI  $\geq 23$ ) were severe by clinician-reported outcomes; 79.4% (POEM  $\geq 17$ ) and 52.5% (pruritus NRS  $\geq 7$ ) were severe by patient-reported outcomes. Nearly all experienced itch daily (95.2%); mean average pruritus NRS was 6.5. Non-itch symptoms were also common and burdensome, with high scores for Rash (97.8%, mean = 6.1), Dry Skin (100%, mean = 6.0), Skin Flaking (93.3%, mean = 5.6), and Skin Pain (93.2%, mean = 5.2). Many reported nightly sleep disturbances (55.8%), with high scores for Difficulty Falling Asleep (mean = 5.6), Sleep Impact (mean = 5.6), and Waking Up At Night (mean = 5.5). Patients experienced considerable emotional burden (Self-Consciousness [93.3%, mean = 5.9]; Embarrassment [91.1%, mean = 5.8]; Sadness [84.4%, mean = 5.3]). Itch was significantly correlated with ADerm-SS/IS items ( $r \geq 0.80$ ), Objective SCORAD ( $r = 0.61$ ), and EASI ( $r = 0.59$ ), with positive relationships observed with higher severity levels at week 16.

**Conclusions:** The extensive patient-burden of AD includes multiple symptoms impacting many different aspects of day-to-day life.

*Commercial disclosure:* 100% sponsored by AbbVie; medical writing support was provided by AbbVie

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### Sun protection opinions and practices based on health insurance



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**Objective:** Low socioeconomic status is associated with fewer reported sun protective behaviors, which are key in preventing skin cancer. California's Medicaid program, Medi-Cal, provides health insurance for those with low income. Notably, having Medicaid has been associated with unfavorable melanoma survival. This study investigated differences in sun protection behaviors and beliefs based on health insurance.

**Methods:** We administered 401 surveys from 5/22/19-6/18/19 at two dermatology clinics in Sacramento, California. We analyzed 384 surveys based on private insurance, Medi-Cal and Medicare coverage.

**Results:** Patients with Medicare and Medi-Cal are less likely to protect themselves from the sun with sunscreen ( $P = .0007$ ), protective clothing ( $P = .025$ ), and the avoidance of sun ( $P = .028$ ) than those with private health insurance. Groups did not vary in their adverse opinions on sunscreen, except that over half of those with Medicare reported they could not afford sunscreen (58.8%,  $P = 4.8e-05$ ). A significant difference in confidence in skin cancer knowledge ( $P = .1$ ) and in perceived risk of skin cancer ( $P = .27$ ) was not observed. Patients with Medi-Cal are most likely to report it is worth getting burned for a tan ( $P = .016$ ) and most likely to use tanning beds ( $P = .2$ ).

**Conclusions:** Reported sun protection practices and beliefs may be influenced by insurance coverage. The greatest difference in sun protection lies among sunscreen use, which could be a future area for intervention. Targeting the positive perception of tanning in those with Medi-Cal may improve outcomes as well.

*Commercial disclosure:* None identified.