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A survey-based study on maintenance of certification programs during grand rounds at the University of Texas Southwestern Medical Center

Anisha Guda, BS, UTHealth San Antonio Long School of Medicine

Maintenance of Certification (MOC) is a recertification program required by the American Board of Dermatology (ABD) for dermatologists. The program was created because continuing medical education (CME) was viewed as inadequate in keeping physicians' knowledge up to date. Many dermatologists are opposed to the program. In July 2016, UTSW incorporated MOC content into their Grand Rounds. The purpose of this study was to identify whether the dermatologists at UTSW find MOC Grand Rounds to be useful and whether or not they believe this method of obtaining MOC credit could be utilized in other institutions. A five question survey was developed and piloted by a few dermatologists at UTSW. The survey was emailed to the dermatologists who attended the MOC Grand Rounds at UTSW Medical Center. The survey questions consisted of three questions that were scored on a scale of 1-6 (1 = strongly disagree, 2 = moderately disagree, 3 = neutral, 4 = mildly agree, 5 = moderately agree, 6 = strongly agree) and 2 free response questions. 13 out of 20 dermatologists responded to the survey (65% response rate). 11 out of 13 dermatologists (84.6%) reported that MOC at Grand Rounds is of value to them. 11 out of 13 dermatologists (84.6%) reported that other dermatology programs should incorporate this method of obtaining MOC credit. In addition, 9 out of 13 dermatologists (69.2%) reported that audience response sessions improve the Grand Rounds experience. From the data obtained, it is evident that dermatologists find the MOC content to be interesting and useful when it is incorporated into Grand Rounds.

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Melanoma awareness in a predominantly Hispanic population: A cross-sectional survey

Mayra B.C. Maymone, Dermatology Department, Boston University; Daniela Sanchez, BS, Boston University School of Medicine; Emily O. McLean, MD, Boston University; Neelam Vashi, MD, Boston University and Boston Medical Center

Melanoma incidence rate in 1996 was 15.7 (11.22-18.58) new cases per 100,000 compared with 17.45 (14.31-25.18) in 2017. Despite representing <5% of all cutaneous malignancies, melanoma remains the most lethal skin cancer, yet when diagnosed at early stages, melanoma has a more favorable prognosis. The study objective was to better understand public awareness of melanoma, and evaluate if there was any change over the last 23 years. A survey was conducted from May to November 2017, including 285 participants, aged 18 years or older. Questions regarding melanoma were designed to emulate the questions by Miller et al. Of participants, 59.6% female, 46% Hispanic/Latino, and 36% non-Hispanic Caucasian, with mean age of 45.6 years. Fifty-five percent had completed a high school education or less, and 45% reported an income of <\$4,999/year. Approximately 39% of participants were unaware of the term melanoma. Of those who were aware of melanoma, 65% were able to identify early signs associated with melanoma as well as recognize at least one risk factor. Knowledge that melanoma was a type of skin cancer was more common among women, Caucasians, adults aged ≥ 65 , and those with college education or more. Awareness of the term melanoma was lowest among males, Hispanics, and those with high school education or less. Our study demonstrated that deficits in melanoma knowledge and awareness remained largely unchanged in the past two decades. Minority populations and those with a high school education or less would benefit from educational programs geared towards early detection.

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A cutaneous crypt for cryptococcosis: The skin as a marker for disseminated disease

Kayla Babbush, BS, Albert Einstein College of Medicine and Montefiore Medical Center; Jamie R. Manning, MD, Albert Einstein College of Medicine; Bijal Amin, Yevgeniy Balagula, Montefiore Medical Center

Cutaneous cryptococcosis is caused by *Cryptococcus neoformans*, an opportunistic, encapsulated yeast that can cause significant morbidity and mortality. Cutaneous cryptococcosis can affect both immunocompromised and immunocompetent individuals, and can result from direct inoculation or hematogenous spread to skin. In primary cutaneous cryptococcosis, localized infection is subsequent to direct inoculation. In contrast, the more common, secondary skin involvement is due to hematogenous dissemination, which can be accompanied by spread to other organs such as the lungs and central nervous system. Here, we present a case of a 66-year-old man with a history of deceased-donor renal transplant secondary to polycystic kidney disease on chronic immunosuppression. He presented with a 2-month history of an enlarging, deep tender ulceration with heaped up borders and yellow purulent crust on the left eyelid. HSV and VZV PCR, bacterial culture and blood culture were negative. Lumbar puncture results were consistent with cryptococcal meningitis. Similarly, a biopsy of the periphery of the lesion demonstrated granulomatous and suppurative inflammation and refractile yeast forms, findings compatible with cryptococcosis. Gomori methenamine silver stain highlighted many fungi and mucicarmine stain highlighted their capsules. The patient was treated with intravenous amphotericin B and flucytosine for disseminated cryptococcal infection with cutaneous involvement. In immunocompromised patients, the diagnosis can be challenging, as cutaneous findings are nonspecific and can often mimic other conditions. Cutaneous involvement can serve as a helpful clue of underlying disseminated disease, and dermatologists play a crucial role in the diagnosis and early treatment of this opportunistic, often life threatening disease.

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The impact of prurigo nodularis on sleep-related measures: A systematic review

Eran C. Gwillim, MD, Sherief R. Janmohamed, MD, PhD, Department of Dermatology, Feinberg School of Medicine, Northwestern University, Chicago, Illinois, and Department of Dermatology, UZ Brussel, Belgium; Muhammad Yousaf, BA, Department of Dermatology, Feinberg School of Medicine, Northwestern University; Kevin Patel, MD, Massachusetts General Hospital; Jonathan I. Silverberg, MD, PhD, MPH, George Washington University School of Medicine and Health Sciences

Background: Prurigo nodularis (PN) is a chronic pruritic disease characterized by the formation of firm cutaneous nodules. Chronic pruritus is associated with sleep disturbances. Yet, there are conflicting data about the association and impact of sleep disturbances in PN. We sought to determine the association of PN and its treatments with sleep disturbances and related-impacts.

Methods: A systematic review was performed of all published studies that analyzed PN and sleep-related measures. Medline, Embase, Scopus, and Web of Science were searched. At least two reviewers independently performed study title/abstract and full-text review and data extraction.

Results: Seventeen studies met inclusion criteria, including five (29%) prospective cohort, three (18%) retrospective, 2 (12%) cross-sectional, 5 (29%) case studies, and 2 (12%) randomized-controlled trials. Ten studies (59%) investigated various PN therapies found multiple sleep-related adverse-effects including sedation (n = 7 [41%]), fatigue (n = 5 [29%]), drowsiness (n = 1 [6%]) and insomnia (n = 1 [6%]). One study, using the Pittsburgh Sleep Quality Index, found that approximately half (n = 21 [53.8%]) of PN patient's sleep quality to be poor. Two interventional studies included sleep disturbance as a defining characteristic of more severe PN and found all patients (n = 40 [100%]) classified as such at baseline; treatment with ketotifen or methotrexate, showed numerical improvement in NRS scores of sleep over a 1-6-month period.

Conclusions: PN and related treatments are associated with sleep disturbances. However, the direct impact PN has on sleep is not well characterized. Future research is needed to elucidate the impact PN has on sleep and related impacts.

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