15472

Intrafamilial trasmission of rosacea

Giuseppe Micali, Anna Elisa Verzì, MD, Dermatology Clinic, University of Catania, Italy; Federica Dall'Oglio and Giorgia Giuffrida

Background: Pathophysiology of rosacea is multifactorial and still unclear. Hereditary predisposition has been hypothesized based on family inheritance and twin concordance.

Objective: To assess the prevalence of intrafamilial transmission of rosacea.

Methods: One hundred patients with rosacea consecutively seen at the Dermatology Clinic of the University of Catania (Italy) from June 2018 to June 2019 were enrolled. During the clinical evaluation, an accurate anamnesis of familiarity across four generations, aimed to assess vertical (grandparents, parents, offspring) and horizontal (siblings, twins) transmission, was performed. Reported affected relatives were screened for rosacea, and in case clinical consultation was not feasible, facial photos were obtained.

Results: Forty-eight out of 100 patients (48%) were positive for rosacea familiarity with 32 cases showing 1 affected family member, 10 cases showing 2, 4 cases 3, 1 case 4, and 1 case 5; a total of 73 affected relatives were identified (ratio patient with familiarity/affected relatives = 1/1.52). Statistical analysis using STATA software is in progress.

Conclusions: Our familiarity rate (48%) is higher than that reported in the literature (30%-40%) therefore we believe that familiarity in rosacea might be underestimated and that further horizontal and vertical investigations are encouraged. This study contributes to the knowledge of intrafamilial prevalence of rosacea, pointing to soliciting awareness in additional family members with positive familiarity for the disease. This may help to detect new cases and to prompt the appropriate clinical interventions and educational programs.

Commercial disclosure: None identified.

15474

A new topical daily cosmetic regimen for mild acne: A multicenter prospective trial

Federica Dall'Oglio, Dermatology Clinic, University of Catania; Gabriella Fabbrocini, Aurora Tedeschi, Marianna Donnarumma, Section of Dermatology University of Naples Federico II; Paolo Chiodini, Giuseppe Micali, Dermatology Clinic, University of Catania, Italy

Background: Mild acne is generally managed by topical agents.

Objective: To assess the efficacy and tolerability of a new daily cosmetic regimen consisting of a fluid containing licochalcone A (anti-inflammatory/anti-microbial agent) combined with salicylic acid (comedolytic) and L-carnitine (sebum-controlling agent) and a cream with licochalcone A combined with hydroxy-complex 10% (comedolytic) in mild acne by clinical/instrumental evaluations.

Methods: A multicenter, prospective, clinical trial was conducted on 91 naïve patients with mild facial acne. Subjects were instructed to apply the fluid in the morning and the cream at bedtime for 8 weeks. The efficacy was evaluated by Global Acne Grading System (GAGS) score and by comedones/papules count at baseline, 4 and 8 weeks, using erythema-directed digital photography. Sebum production was measured using a standardized absorbent tape at all time points. Tolerability was assessed by a self-administered questionnaire at 8 weeks.

Results: At week 4, a statistically significant reduction of GAGS from baseline was observed and the comedones/papules mean count was significantly reduced of 41% and 45%, respectively, along with a mean significant reduction of sebum values of 47%. At week 8, a further statistically significant reduction of GAGs and lesion count (comedones −61%, papules −73%) along with a sustained sebum reduction (∼52%) was recorded. No signs of local intolerance were documented.

Conclusions: Our results suggest that the daily regimen based on licochalcone A combined with salicylic acid/L-carnitine as fluid and with hydroxy-complex 10% as cream represents an interesting nonpharmacologic approach to be considered in the treatment or maintenance of mild acne.

Commercial disclosure: None identified.

15476

Systematic literature review examining satisfaction with abobotulinumtoxinA for esthetic indications

Joely Kaufman-Janette, MD, Skin Research Institute; Alessio Redaelli, MD, Phlebological and Esthetic Medicine Department, Visconti di Modrone Medical Center; Marina Landau, MD, Elena Gubanova, MD, Riekie Smit, MD, Greg J. Goodman, FACD, MD, Monash University, Clayton, Victoria, Australia; Yates Chao, MD, Beatriz Molina, BCAM, International Association for Prevention of Complications in Aesthetic Medicine; Inna Prygova, MD, Ipsen; Alessandra Nogueira, MD

Background: AbobotulinumtoxinA (aboBoNT-A) is a botulinum neurotoxin A approved for esthetic use in treatment of glabellar lines (GL). The aim of this systematic review was to analyze current literature (from PubMed/Medline, Embase, Cochrane Library, and Google Scholar databases) to determine levels and durability of subject and physician satisfaction of aboBoNT-A treatment for esthetic purposes.

Methods: A systematic review of literature databases was conducted to identify English-language publications relevant to: population (patients with esthetic indications [including GL and wrinkles]); interventions (aboBoNT-A); comparators (no restrictions [nothing, placebo, other medications, usual standard of care]); outcomes (patient and physician satisfaction); settings (clinical).

Results: The search identified 279 papers for abstract screening. Of these, 30 original research papers were relevant to subject and physician satisfaction. Of 12 placebo- and comparator-controlled studies, 6 assessed subject satisfaction at week 2: all reported either an improvement in satisfaction from baseline (n = 3 studies) or >50% of subjects 'satisfied' or 'very satisfied' with aboBoNT-A (n = 3). Studies with assessments at ≥4 months (n = 11) or 6 months (n = 3) all had some subjects still reporting satisfaction. No placebo- or comparator-controlled studies assessed physician satisfaction.

Conclusions: Most studies report a high rate of patient satisfaction with aboBoNT-A within 2 weeks post-injection. Despite the current recommended interval of ≥12 weeks, satisfaction with the esthetic results of aboBoNT-A therapy is still evident up to 6 months post-injection.

Commercial disclosure: Ipsen provided funding for this study as well as development of the abstract and poster.

15483

Low adherence to skin cancer screening recommendations in organ transplant recipients

Amanda Daggett, MD, Erika Elliott, BA, Department of Dermatology, Tulane University School of Medicine; Anne Fenton, BS, Tulane University School of Medicine; Alexander J. Jafari, BA, Department of Dermatology, Tulane University School of Medicine; Andrea Murina, Tulane University School of Medicine

Skin cancer is the most common malignancy in organ transplant recipients (OTRs). Despite an increased incidence, surveillance in OTRs is underprovided. This study aimed to identify the dermatology follow-up rate of OTRs at a hospital with transplant service as well as demographic characteristics influencing follow-up rates. This study was a retrospective chart review completed at a tertiary care center from 1/2008 to 1/2019. ICD codes for kidney, heart, liver, and bone marrow transplants were used to identify patients. 1153 charts were reviewed; age, sex, race, insurance, and dermatology visits were recorded. 118 (10%) of patients were seen by dermatology. Of those 118 patients, 40 were diagnosed with skin cancer (33.9%). Clinic notes identified an additional 41 patients who were seen by an outside dermatology provider. Overall, only 14% of OTRs were seen by any dermatologist after their transplant. Factors that significantly increased visits to dermatology were male sex ($P < .01$) and white race ($P < .0001$). Kidney transplant patients had the lowest rate of dermatology follow-up (11% vs 19.6% in all others; $P < .0001$). Insurance status did not affect follow-up rates. Only 6.9% of all OTRs saw dermatology without a skin cancer diagnosis, highlighting missed opportunities for screening and education prior to cancer development. OTRs not seen by dermatologists have decreased skin cancer awareness and compliance with photoprotective measures. Our study demonstrates a need for quality improvement measures to improve dermatology follow-up. We encourage other programs to monitor their transplant populations, in hopes of decreasing morbidity and mortality in this population.

Commercial disclosure: None identified.