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**Public social media consultations for skin conditions: An online survey**

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With the abundance of non-expert advice on the Internet and ease of dissemination, it can be challenging for patients to find unbiased, expert information. There exists a culture of online public consultations being performed on social media. Currently, no study has examined this for dermatologic conditions. An online survey was posted to dermatology-relevant Facebook groups in 2019. There was a total of 261 respondents. Of all respondents, 39.5% have consulted social media for a skin-related condition. Those living in a rural setting did so more than those in suburban and urban settings (80.0% vs 38.1%;  $P = .008$ ). Those more likely to schedule an appointment with a dermatologist who is active on social media also consulted social media more (59.2% vs 32.5%;  $P = .00009$ ). The top reasons for using social media included learning about the experience of others (74.8%), searching for medical information (51.5%), posting a question (11.7%), and posting a photograph (1.9%). Of those who consulted social media and were willing to share, 47.9% and 13.5% did so before and after seeing a dermatologist respectively, while 38.5% did not see a dermatologist. The top reasons for consulting social media included it being easier than seeing a dermatologist (44.8%), not thinking they needed to see a dermatologist (35.4%), being cheaper than seeing a dermatologist (22.9%), having a long wait time to see a dermatologist (12.5%), and not trusting their dermatologist (3.1%). The majority (76.0%) believed the information they received was trustworthy. Dermatologists should be aware of this trend to provide appropriate patient counseling.

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***Descampsia antarctica* as a novel skin protection tool against environmental pollution**

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The skin is the largest organ of the human body and constitutes the most external and essential defensive barrier against pathogens and physical-chemical damage involving thermal deregulation, dehydration, chemical attack and ultraviolet radiation. To deal with these critical challenges, the skin exhibits a high self-renewal potential driven by dynamic stem cell niches. However, the cutaneous homeostatic and regenerative potential is at present critically impaired by the increasing accumulation of several air pollutants, directly implicated in a plethora of dermatologic conditions, including premature skin aging, altered pigmentation and cancer. In this scenario, innovative strategies are required to tackle the effects of severe air pollution on skin function. Here we present an aqueous extract of the polyextremophile Gramineae native to Antarctica, *Descampsia antarctica* (EDA). This organism is able to live under extreme conditions showing highly efficient protection against severe environmental aggression. We have used a human skin organ culture (HSOC) model to investigate the potential of EDA as a protective agent against the action of common and highly toxic pollutants. In particular, we have evaluated the biological effects (changes in morphological parameters and expression/localization of proliferation, cell death, toxic response/inflammation markers) of a prolonged (7 days) exposure to high doses of arsenic, cadmium, chrome and dioxins in the presence or absence of EDA. Our results clearly indicate that EDA exhibits a strong protective function against chemical pollutants in the HSOC model, suggesting that this natural extract might be effectively used *in vivo* to protect human skin routinely in different daily conditions.

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**Trichodysplasia spinulosa in a renal transplant patient: A case report of successful treatment**

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**Background:** Trichodysplasia spinulosa (TS) is a rare cutaneous disease caused by the TS-associated polyomavirus (TSPyV). It occurs more frequently in immunocompromised patients, particularly in solid organ transplants.

**Case Report:** A 61-year-old man, with a past medical history of kidney transplant in 2015, presented to the dermatology clinic with multiple asymptomatic skin-colored papules on the face and some slightly pruritic pink papules on the extremities. The lesions appeared one year after kidney transplant and were slowly progressing for the past two years. His systemic immunosuppressive medication was composed of prednisone, mycophenolate mofetil (MMF) and tacrolimus. On clinical examination there were multiple millimetric folliculocentric hyperkeratotic skin-colored to pink papules on the face, ears and extremities. Some of the papules also had a white central spicule. Furthermore, alopecia was noted on the eyebrows and extremities. A biopsy from a lesion on the thigh showed a dilated follicle with eosinophilic trichohyalin granules and keratin debris that were replacing the hair shaft. With the patient nephrologist consent, the MMF was reduced from 720 mg to 360 mg twice a day and a topical tretinoin gel 0.1% was applied on facial lesions. Six months later, only a few hyperkeratotic pink papules persisted on the extremities.

**Discussion:** A few successful treatments have been described in the literature. Topical cidofovir cream 1%-3%, oral valganciclovir and reducing immunosuppression seem to have shown better improvement than oral and topical retinoids. Our case report shows that carefully reducing the immunosuppression can be a safe and effective treatment without major side effects.

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13509

**Integrated safety analysis of FMX103 1.5% topical minocycline foam for the treatment of moderate to severe papulopustular rosacea: Results from two phase 3 studies**

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**Objective:** To evaluate the safety of FMX103 1.5% topical minocycline foam for adults with moderate to severe papulopustular rosacea, using pooled data from 2 phase 3 studies.

**Methods:** Two phase 3 randomized, multicenter, double-blind, vehicle-controlled, 2-arm, 12-week studies (FX2016-11 and FX2016-12) evaluated efficacy, safety, and tolerability of FMX103 vs vehicle foam. Eligible subjects (based on lesion count and IGA score for rosacea severity) were randomly assigned in a 2:1 ratio (FMX103: vehicle). Subjects returned for visits at weeks 2, 4, 8, and 12.

**Results:** The safety population included 1521 subjects (FMX103,  $n = 1008$ ; vehicle,  $n = 513$ ). Treatment emergent adverse events (TEAEs) were experienced by 341 subjects (22.4%), with the incidence balanced between treatment groups (FMX103, 21.7%; vehicle, 23.8%). The most frequently reported TEAEs, in the FMX103 and vehicle groups, respectively, were viral upper respiratory tract infection (2.4% vs 2.3%) and upper respiratory tract infection (1.9% vs 2.5%). Most TEAEs were mild or moderate in severity (FMX103, 98.6%; vehicle, 96.7%). Serious TEAEs were reported in 8 subjects (FMX103,  $n = 3$ , 0.3%; vehicle,  $n = 5$ , 1.0%); all were unrelated to treatment. TEAEs leading to drug withdrawal occurred in 9 subjects (FMX103,  $n = 7$ , 0.7%; vehicle,  $n = 2$ , 0.4%); 1 TEAE was considered to be related to FMX103 (moderate pruritus). At week 12, all facial tolerability assessments in both groups had higher percentages of subjects reporting "none" compared with baseline and the assessments trended toward improving scores.

**Conclusions:** This integrated safety analysis demonstrated that FMX103 1.5% is well tolerated, with a favorable safety profile.

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