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Guided meditation for phototherapy

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Background: Living with a dermatologic condition has a significant impact on patient self-perception, quality of life, and psychosocial well-being. We aimed to determine whether guided meditation during phototherapy influences patient quality of life and can change attitudes about mindfulness practices.

Methods: We administered a survey to 27 patients receiving phototherapy. The survey assessed stress level, attitudes towards meditation, and disease-specific impact. Participants' skin conditions included psoriasis, atopic dermatitis, CTCL, pruritus, and vitiligo. Participants were randomly assigned to meditation during phototherapy (16) or phototherapy alone (11) and enrolled in the study for a total of 2 weeks with a mean of 2.85 weekly sessions and mean duration of 3.7 minutes per session. Pre- and post-enrollment surveys were completed 2 weeks apart.

Results: There was a significant improvement in mean DLQI score ($P = .0057$) in the meditation + phototherapy group compared with prior to intervention. While the control group also experienced mild improvement in mean DLQI, the intervention group's improvement was further augmented by meditation to near significance ($P = .068$). There was also significant improvement in reported stress levels from pre-intervention to post-intervention ($P = .030$). 37.5% of patients had exposure to meditative techniques prior to enrollment. 55% reported that guided meditation helped their skin. After study completion, 100% of intervention patients expressed a desire to continue using mindfulness techniques.

Conclusions: These data demonstrate that engaging in mindfulness techniques can have a positive impact on patients' perspectives of their skin disease. Patients can see benefits from meditation as soon as 2 weeks after initiation.

Commercial disclosure: None identified.



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Retrospective review of 87 patients with classic Kaposi sarcoma: Clinical features, symptomatology, and outcomes

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Introduction: Classic Kaposi sarcoma (CKS), an HHV-8-associated lymphoangioproliferative disease, is typically indolent, but can be a progressive condition, causing pain, ulceration, disfigurement, and significantly affecting quality of life. Treatment approach includes observation and skin-directed treatment in limited disease and systemic therapy in symptomatic or multifocal disease. This study summarizes the clinical characteristics and treatments of our CKS patients and identifies any prognostic factors that influence outcome.

Methods: A retrospective chart review of CKS patients from 2010 to 2019 identified 87 patients. Data collected included patients' demographic and clinical characteristics, treatment(s), and treatment response.

Results: Our baseline demographic information is similar to the literature [mean age of diagnosis 65 y, M:F ratio 5:1]. Eighty patients had skin-limited disease; seven had skin and regional lymph node involvement. Twenty-one patients had solitary lesions, and 66 had multiple (range 2 to >10). Most patients had lower extremity involvement, but with variable lesion distribution. Several patients had lymphedema (40/87), ulceration (17/87), pain (15/87), and pruritus (5/87), all of which affect quality of life. Our results highlighted the variability in treatment with 48.3% treated with destructive methods, 25.3% with topical, 18% on observation, and many patients undergoing multiple treatments. Most patients had either stable disease or partial response at most recent follow-up. Further analyses show no difference in outcome between clinical characteristics or treatment approach.

Conclusions: Our results highlight the clinical heterogeneity and variable treatment approaches in CKS. A prospective study understanding these clinical differences and how they affect quality of life, could guide future treatment decisions.

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Perifollicular pink halo: A potential dermoscopic marker of inflammation in central centrifugal cicatricial alopecia

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Central centrifugal cicatricial alopecia (CCCA) is a prevalent cause of hair loss among African-American women. We conducted a cross-sectional study of the dermoscopic features of the scalp in 20 African-American women with diagnoses of CCCA (n = 8), traction alopecia (n = 6), or both (n = 6). Each participant was examined with a polarized dermatoscope for the presence of the following features: perifollicular halo, white dots, honeycomb pigment network, casts, perifollicular scale, and hair shaft size variability. Pinpoint white dots and a honeycomb network were present in 90% of participants. Perifollicular scale, was present in 60%. Hair casts, which are associated with traction alopecia, were present in 50% of patients with traction alopecia, 25% of patients with CCCA, and 50% of patients with features of both. Hair shaft size variability, a feature linked with both CCCA and androgenetic alopecia, was appreciated in patients with CCCA (100%), traction (100%), and both (66.7%). A perifollicular pink blush was observed in 90% of all patients (CCCA, 100%; traction, 100%; both, 66.7%). We propose that the perifollicular white-gray halo that has been previously described in CCCA can be better appreciated as perifollicular pink blush using polarized dermoscopy. In addition, it is the authors' clinical observation that the pink blush resolves with the use of anti-inflammatories such as topical or intralesional corticosteroids or oral doxycycline. This perifollicular pink halo may correspond to active inflammation in CCCA and traction alopecia, making dermoscopy a powerful aid in guiding management of these disorders.

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Factors associated with wound dehiscence following cutaneous excisions: Location, location, location

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Background: Surgical wound dehiscence (SWD) is the third most common adverse event following dermatologic surgery. SWD is defined as the separation of the layers of a surgical wound and can vary with respect to skin layers involved, ranging from partial or superficial separation to complete separation of all layers. There has been minimal evidence upon which to base formal standards of care to prevent SWD following dermatologic surgery.

Objective: To identify risk factors contributing to SWD and provide a basis of evidence upon which standard of care guidelines can be established to mitigate risk of SWD.

Methods: Retrospective data was collected from 14,918 outpatient excisions and postoperative visits performed at a single multi-office dermatology practice on patients ≥ 18 years of age from January 1 to June 30, 2019. Matched data analysis was performed using IBM SPSS Statistics 25 software to elucidate factors contributing to SWD.

Results: Binary logarithmic regression analysis demonstrated correlation between SWD and wound location on the back ($P < .002$), chest ($P < .001$), abdomen and genitalia ($P < .002$), and upper leg and buttocks ($P < .001$). SWD and patient age > 79 also are correlated ($P < .004$). When controlling for age, sex, and anatomic wound location, there is no correlation between SWD and diabetes, smoking status, excisional method, or provider type.

Discussion: Anatomic location of the surgical site most strongly correlates with SWD. Interestingly, smoking and diabetes did not correlate with SWD despite historically well documented negative impacts on wound healing and correlation with SWD in other surgical specialties.

Commercial disclosure: None identified.

