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The risk of inflammatory arthritis after a diagnosis of hidradenitis suppurativa: A population-based follow-up study

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Background: Hidradenitis suppurativa (HS) has been associated with axial spondyloarthritis. This study aims to evaluate and compare the risk of developing different inflammatory arthritis diseases among patients with HS.

Methods: This population-based cohort study used commercial insurance claims data from a US health care database, from 1/1/2003 through 1/1/2017. We identified patients with HS, and risk-set sampled a control group of patients without HS. Patients with pre-existing inflammatory arthritis were excluded. Patient follow-up lasted until one of the following events occurred: outcome, death, disenrollment, or end of data stream, whichever came first. Newly recorded inflammatory arthritis (ie, ankylosing spondylitis, psoriatic arthritis, other spondyloarthritis, and rheumatoid arthritis) was identified using ICD diagnosis codes. Hazard ratios (HRs) of developing arthritis were computed after 1:1 propensity-score matching.

Results: We identified 212,109 patients including 70,697 HS patients and 141,412 non-HS comparators. The mean follow-up was 519 days with a maximum of 4132 days. After PS-matching, HS patients had an increased risk for developing ankylosing spondylitis (0.5/1000 vs 0.3/1000; HR 1.50 [95% CI 1.03-2.19]), psoriatic arthritis (0.9/1000 vs 0.6/1000; HR 1.35 [1.03-1.79]), and rheumatoid arthritis (4.6/1000 vs 3.7/1000; HR 1.23 [1.09-1.38]), compared with non-HS patients. HS patients did not have an increased risk of developing other spondyloarthritis (3.2/1000 vs 3.1/1000; HR 1.04 [0.91-1.19]), including reactive arthritis and undifferentiated spondyloarthritis/sacroiliitis.

Conclusions: This study provides population-based rates of newly recorded inflammatory arthritis after the diagnosis of HS. We observed increased risk for several inflammatory arthritides, suggesting a systematic relationship between HS and inflammatory joint disease.

Commercial disclosure: None identified.

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Risk factors that predict mortality in patients with uveal melanoma: A retrospective study

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Introduction: Uveal melanoma is an uncommon tumor that represents from 3% to 5% of total melanomas.

Objective: To study the risk factors that predict death and survival of patients with uveal melanoma in Granada (southern Spain) and to evaluate the effect of immunotherapy in metastatic uveal melanoma.

Methods: A retrospective study was conducted for the 2009-2018 period. Epidemiologic data, symptomatology debut, type of local treatment performed, development of node and/or systemic metastases and the use of immunotherapy treatments data were collected. A descriptive analysis was carried out, employing cross-tables for the study of qualitative variables. A survival analysis was also performed using the Kaplan-Meier method.

Results: 25 patients were studied, with 56% of males and an average age of diagnosis of 59.17 years. 70.8% of the tumors were located in the choroid and 58% of the patients debuted with symptoms. 62.5% of the patients developed systemic metastases and 58.3% of the studied patients died during follow up period. The comparative study reflected a significant association of the debut with symptoms with the development of metastasis and death ($P < .001$). The median survival of all patients was 49 months, with a median survival of 9 months after the development of metastasis, and no differences were found in the survival of patients with metastasis who received immunotherapy treatment.

Conclusions: These data indicate the need for regular follow-up in patients at risk in order to make an early diagnosis of this uncommon form of melanoma.

Commercial disclosure: None identified.

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***MTHFR* mutation presenting as palmoplantar occlusive vasculopathy**

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Methylenetetrahydrofolate reductase is an enzyme encoded by the *MTHFR* gene that uses folate to metabolize homocysteine to methionine. The most common genetic variant is a C667T polymorphism resulting in an enzyme with 50% less activity. 10%-15% of North American Caucasians are homozygous for this genotype, tending to have higher homocysteine and lower serum folate levels compared with controls. There is epidemiologic data to support that hyperhomocysteinemia leads to increased risk of thrombosis, coronary heart disease, and pregnancy loss. Evidence suggests that homocysteine may facilitate oxidative injury to endothelium, promoting atherogenesis and leading to a prothrombotic state. Though systematic reviews refute links between elevated homocysteine and cardiovascular disease, *MTHFR* mutations have been associated with cutaneous conditions including livedoid vasculopathy and Behçet. We present a case of *MTHFR* mutation as the vasculopathic etiology of painful, papular lesions on the palmoplantar surfaces bilaterally in a 69-year-old Caucasian man. Punch biopsy of the hemorrhagic lesions revealed focal epidermal necrosis with associated occluded vessels, superficial perivascular and interstitial lymphohistiocytic inflammation and red blood cell extravasation. Further workup of the occlusive vasculopathy with secondary epidermal necrosis revealed a serum electrophoresis monoclonal IgM Lambda peak and elevated homocysteine levels. Genetic testing was recommended and revealed a homozygous *MTHFR* mutation with two copies of C677T. Palmoplantar occlusive vasculopathy is an unusual presentation of a rare genetic *MTHFR* mutation that follows an autosomal recessive inheritance pattern. We present this case to highlight the importance of genetic testing and a thorough histopathologic evaluation when investigating vasculopathic etiologies.

Commercial disclosure: None identified.

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Emergent melanoma in patients being treated with biologics: Analysis of the Australasian Psoriasis Registry Peter Foley

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Background: Psoriasis is a chronic inflammatory disease that is often treated with biologic agents. The association between current biologic agents used for psoriasis and melanoma risk is unclear. Methods We performed a retrospective analyses of the Australasian Psoriasis Registry (APR) dataset and reviewed the published safety data to look for any safety signal when it comes to biologics for psoriasis and melanoma.

Results: Published safety data in randomised controlled trials (RCT) and observational studies suggest melanoma risk is low in patients treated with biologics, and likely occurs at a similar rate to that seen in biologic-naïve patients. In RCTs the only biologics where melanoma occurred during the trial were adalimumab and ustekinumab. The APR contains 1369 patients on biologics, with 10,407.6 patient-years of treatment. There were 12 cases of melanoma, all of these were in situ or thin melanomas (<1 mm Breslow thickness). The APR demonstrates an increased incidence of melanoma in patients treated with ustekinumab, at 1.85 cases per 1000 patient-years, compared with other biologic agents. Conclusion The APR dataset was consistent with the reported safety signals in that patients on adalimumab and ustekinumab had developed melanoma. Collectively these data suggest treatment with ustekinumab may increase the risk of developing melanoma more than other biologics. However, larger cohorts need to be identified to confirm and more accurately quantify the risk.

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