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A novel intraoperative technique for better visualization and excision of a glomus tumor

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Glomus tumor is an uncommon benign vascular tumor arising from the cells of the glomus body structure most commonly in the subungual region of finger digits. Magnetic resonance imaging is considered the best modality for detecting lesions as small as 2 mm, and are usually visualized as a central spot of high signal intensity surrounded by an area of lower signal intensity. Surgical excision is the standard of care and several approaches are listed: direct transungual, lateral incision close to the edge of the nail, high midlateral incision below the lateral nail fold, lateral subperiosteal, modified periungual, nail bed margin, and nail-preserving modified lateral subperiostial. Here we present a novel intraoperative technique for enhanced visualization of the tumor for improved surgical outcomes. A series of 30 patients have been evaluated with intraoperative dermoscopic evaluation of the tumor. First the digit is anesthetized with the use of a standard digital nerve block technique. Then hemostasis is improved using a modified surgical tourniquet with a non-sterile glove rolled up tightly around the operative digit. Once the nail plate has been partially removed laterally exposing the tumor, dermoscopy is used to better visualize the tumor burden. As seen in the figures, there is an enhanced visualization of the overall tumor and evaluation of surgical margins in real time. This has the potential to allow dermatologists to better determine a complete surgical excision.

Commercial disclosure: None identified.

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Patient-centric approach to treatment of moderate to severe plaque psoriasis with secukinumab: Effectiveness and treatment persistence in the PURE registry

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Background: Secukinumab (SEC), a fully human monoclonal antibody that selectively neutralizes interleukin-17A, has shown long-lasting effectiveness and safety in various manifestations of psoriatic disease. This abstract presents clinical outcomes and treatment persistence associated with SEC in the PURE registry.

Methods: PURE is an international (Canada and Latin America) registry of adult patients with moderate to severe psoriasis (PsO) treated with SEC (cohort 1) vs other approved therapies (cohort 2). Approximately 2500 patients (1250 per cohort) will be recruited. Clinical characteristics like Psoriasis Area and Severity Index (PASI) are evaluated at enrollment, months 3 and 6, and thereafter every 6 months for 5 years. Physician judgment guided treatment, including updosing, independent of study participation. Effectiveness (PASI), treatment persistence over time, and safety profile were assessed in patients on label dose vs those updosed.

Results: As of 5 June 2019, 1773 patients (cohort 1/cohort 2: 720/1053) were enrolled. Among patients receiving SEC, 84.6% (n = 572) remained on label dose; 15.4% (n = 104) were updosed (modified intent-to-treat population on SEC; n = 676). Patient weight and previous biologic exposure differed (mean [SD] weight [kg]: 90.9 [22.8] and 100.4 [26.1]; biologic-naive: 64.0% and 35.6%, respectively). Overall, patients not updosed had low mean absolute PASI over time; patients with available 35-month follow-up (n = 39) had a mean absolute PASI of 1.2 [1.76] and 40-month persistence of 73.0%. Post-updosing, 50.0% of patients remained on SEC until 12.1 months (median). SEC was well tolerated, and the safety profiles were comparable in both groups.

Discussion: Persistence for secukinumab was high and accompanied with improvements in clinical outcomes and excellent safety profile.

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Artificial intelligence in skin of color

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Artificial intelligence (AI) and augmented intelligence (AuI) have been used in several major research endeavors in dermatology throughout the years with clinical applications significantly weighted in clinical imaging and demoscopy images. Here we address the potential shortcomings in skin of color patients with a comprehensive review of the landscape of artificial intelligence in skin of color, as well as the potential problems that this may yield in the future.

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A differential diagnosis for the congenital midline mass: Striated muscle hamartoma

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History: A 5-day-old black male full-term neonate born via vacuum-assisted delivery for non-reassuring fetal heart rate presented with congenital presentation of two asymptomatic midline lesions which appeared asymptomatic. There was no history of seizures, ophthalmologic findings, abnormalities in head circumference, height, weight, or limb size. Newborn screening examination was unremarkable.

Examination: On the midline submental chin there was a soft, brown dome-shaped plaque measuring 0.8 cm with a circumferential ring of light brown pigmentation; on the midline upper chest there was a light brown 2-mm dome-shaped papule.

Course and Therapy: Ultrasound of the submental chin lesion revealed a $0.5 \times 0.8 \times 0.4$-cm heterogeneously hypoechoic structure with a peripheral soft tissue rind. Punch biopsies of the submental chin and the midline upper chest revealed haphazardly arranged striated muscle fibers in the dermis, some of which inserted directly into the epidermis. The muscle fibers were highlighted by Masson trichrome and myogenin. Alcian blue revealed increased dermal mucin.

Discussion: Striated muscle hamartomas (SMH) are rare, benign congenital skin tumors characterized by haphazard arrangement of mature striated skeletal muscle, collagen, nerve bundles, and adipose tissue in the dermal and subcutaneous tissue. Although a rare entity, it is important to recognize this benign hamartoma as a congenital midline defect. Conservative management with clinical monitoring is recommended if cosmetically acceptable, as spontaneous regression over a period of years has been reported. Surgical excision may be pursued; however, the hamartoma may recur.

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