

13938

A new acne keloidalis nuchae classification system to guide surgical and laser treatments

Jenna J. Lullo, MD, Delphine Lee, MD, PhD, Harbor-UCLA Medical Center; Sanusi Umar, MD, Dr U Hair and Skin Clinic

Acne keloidalis nuchae (AKN) is a debilitating disease that primarily affects young men of color. Although a variety of treatment options are available, no systematic classification scheme exists that may guide treatment selection and outcomes. A retrospective case series of seventy-three patients was performed assessing AKN primary lesion type, distribution, and scalp disease association. Mean patient age was 36.5 years. All were non-whites with most being men of African (66%) and Hispanic descent (30%). Five AKN classes were proposed with varying treatments based on the area demarcated by the occipital notch and posterior hairline, vertical width of the lesion, above-skin height of the lesion, location, and lesion type. The most prevalent AKN classification was class II (63%) with plaques the most common lesion type. Mean sagittal (vertical) width of the principal lesion was 5.1 cm, with a significant increase in width for higher classes I-III: class I: 2.5 cm; class II: 4.8 cm; class III: 8.3 cm. A trend in predominance of lesion by class type was also noted with the proportion of tumorous masses steadily increasing by class (I: 0%; class II: 22%; III: 42%). We propose an AKN classification scheme linked to surgical, laser, or radiation treatment based on an analysis of patient and lesion parameters. Further research is warranted to optimize and validate this approach, with special attention to whether outcomes of treatments differ based on AKN class.

Commercial disclosure: None identified.



13984

The real protection of facial sunscreens

Lucas Portilho, Campinas University; Gislaïne Ricci Leonardi

Background: The harmful effects of solar radiation exposure on human skin are well known.

Objective: The aim of the study was to evaluate the correlation between the real amount of sunscreen applied by consumers and also to evaluate the Sun Protection Factor (SPF) and UVA protection factor (UVAPF) using different types of facial sunscreens.

Methods: The study was divided into 2 phases. Phase 1 evaluated the face area of 101 volunteers and the amount applied of 6 different types of commercial facial sunscreens. In phase 2, the real SPF and UVAPF were evaluated through globally validated methodologies, ISO 24444 and ISO 24443.

Results: The amount applied was directly related to the type of sunscreen. The SPF and UVAPF values were inferior in all products when compared with the SPF described in the label.

Conclusions: Sunscreen type had a direct connection with the amount applied. The study showed that the amount of sunscreen used in the current methodologies did not represent the real amount applied by consumers. The misleading protection provided by some types of sunscreen is a risk to public health since the protection indicated in the label was not reached. The study proved that depending on the sunscreen type, a large quantity of radiation would reach the skin, increasing the risk of skin alterations.

Commercial disclosure: None identified.



13955

Recalcitrant lower-extremity ulcerations: Importance of rebiopsy

Adam K. Brys, MD, Department of Dermatology, Duke University; Mary R. Ramirez, Adela R. Cardones

Lower-extremity ulcerations have an estimated prevalence of 1%-2% in the United States and are a common cause of inpatient hospitalization. A systematic approach beginning with the most frequent etiologies is essential to avoiding misdiagnosis and excessive health care expenditure, as more than 90% of cases may be explained by chronic arterial or venous disease alone. The differential diagnosis for the remaining minority of non-healing leg ulcers is extraordinarily broad and includes infection, panniculitis, calciphylaxis, vasculitis or other immune-mediated etiologies (eg, neutrophilic dermatoses such as pyoderma gangrenosum or Behçet disease), and malignancy, among numerous other causes. Herein, we present the case of a 36-year-old woman with a several year history of bilateral lower extremity erythema nodosum (previously responsive to prednisone tapers and hydroxychloroquine) and bilateral leg ulcerations secondary to thrombotic vasculopathy (confirmed on skin biopsy), known chronic venous insufficiency, steroid-induced diabetes mellitus, and obesity was admitted to our hospital with acute on chronic worsening of longstanding leg ulcerations. Physical examination was notable for two large bilateral lower extremity ulcerations accompanied by faintly erythematous, blanching macules and papules coalescing into patches and plaques on the bilateral thighs as well as oral and genital ulcerations. Laboratory evaluation was notable for leukocytosis of unclear significance in the setting of high-dose systemic corticosteroid administration. A repeat skin biopsy revealed an intravascular lymphoid infiltrate ultimately consistent with T-cell prolymphocytic leukemia (TPLL). Our case demonstrates the importance of repeat skin biopsy in cases of atypically presenting, recalcitrant to therapy, or acutely worsened lower extremity ulcerations.

Commercial disclosure: None identified.



14000

Association between pemphigus and systemic lupus erythematosus: Systematic review and meta-analysis

Kevin Phan, MD, Liverpool Hospital; Saxon D. Smith, Northern Clinical School, Sydney Medical School, University of Sydney, Sydney, Australia

Background: Pemphigus encompasses a group of debilitating autoimmune blistering disorders characterized by IgG autoantibodies against desmosomal adhesion molecules, resulting in intraepidermal blisters of the skin and mucosal surfaces. There have been several case reports demonstrating the co-existence of systemic lupus erythematosus (SLE) and pemphigus, both are B-cell-driven diseases.

Objective: To perform a systematic review and meta-analysis to assess the association between pemphigus and SLE.

Methods: A systematic review and meta-analysis was performed according to PRISMA guidelines. Odds ratio (OR) with 95% confidence interval (CI) was used as the effect size.

Results: We identified 4 studies which were pooled for meta-analysis. We found a significant association between pemphigus and SLE (OR 2.16, 95% CI 1.09-4.25, $P = 0.03$), with heterogeneity ($I^2 = 50\%$).

Conclusions: We found a significant association between pemphigus and SLE. Clinicians caring for patients with pemphigus should be aware of this association. Further research is required to elucidate the molecular mechanism underlying this association.

Commercial disclosure: None identified.

