

18048

**Effectiveness of mineralizing water in skin barrier recovery after skin irritation**



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Background: Skin barrier disruption can be induced by sodium lauryl sulfate (SLS). The objective was to evaluate the effect of mineralizing water (Vichy; VMW) on restoring an altered skin barrier.

Methods: Subjects were not to apply any moisturizing products on their forearms for 10 days before starting the study. Three areas (3 × 3 cm) were delineated on the forearms of each subject and 3% SLS patches were applied for 16 hours to induce chemical irritation. Each site was randomly assigned to receive either 10 days twice-daily application of VMW, thermal water from another region (ATW), or was left untreated. Transepidermal water loss (TEWL; measured by tewameter), redness (measured by chromameter) and erythema (clinical assessment on a 4-point scale from absent to severe) were all significantly higher after patch removal (D0) than before skin irritation.

Results: on skin barrier recovery showed an accelerated statistically significant decrease in TEWL with VMW as soon as D2 (D2 vs D0,  $P < .05$ ), whereas the decrease was not significant for ATW and untreated skin until D6. We observed an accelerated recovery of erythema at D2 for VMW, whereas the decrease in erythema score was not statistically significant compared with baseline for ATW and untreated skin until D3 and D6, respectively. Redness was improved for both VMW and ATW by D6 after irritation, whereas there was no statistically significant improvement for the untreated skin until D8.

Conclusions: VMW leads to faster recovery of TEWL and erythema following chemically-induced skin barrier disruption compared with ATW and untreated skin.

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**Use of topical antifungals in the treatment of inverse psoriasis: A survey study**



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Background: Inverse psoriasis (IP) is an intertriginous variant of psoriasis manifesting as erythematous, smooth, well demarcated plaques, present alone or coexisting with other psoriasis variants. Studies suggest *Malassezia* may play a greater role than *Candida* in exacerbations. Current guidelines support adjunctive use of topical antifungals in IP treatment, given potential reduction in microbial colonization and inflammation.

Objective: To characterize the use of topical antifungals by US-based dermatologists when treating IP.

Methods: An anonymous 5-item electronic survey was distributed in May and July 2019 to the Association of Professors of Dermatology (APD) listserv after APD approval and IRB exemption. A Likert scale consisting of "always," "usually but not always," "occasionally," and "never" was used to identify IP treatment patterns.

Results: Of the 91 respondents, 25% never prescribe topical antifungals for IP. Among prescribers of antifungals, about 97% suspect the presence of *Candida* and 28% never suspect the presence of *Malassezia*. Topical antifungal monotherapy is largely (78%) not employed as initial treatment. Almost all (97%) respondents using topical antifungals combine them with other topical agents as first line treatment for IP with only 46% doing this occasionally.

Conclusions: Topical antifungals are utilized by a majority of APD respondents in the treatment of IP, typically in combination with other topical agents. Those who utilize topical antifungals are more likely to suspect infection by *Candida* rather than *Malassezia*, which could influence the choice of antifungal. Additional research may be necessary to establish topical antifungals as first-line agents, alone or in combination, for inverse psoriasis treatment.

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18057

**Primary cutaneous follicle center lymphoma: Does location matter? A clinical and histologic comparison between scalp involvement versus other sites**



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Background: Primary cutaneous follicle center lymphoma (PCFCL) is a rare cutaneous lymphoma which commonly presents on the scalp and torso. Limited data is available on location dependent clinical course and histopathologic features.

Methods: Retrospective single-center case review of PCFCL patients presented at Northwestern Medicine between 2006 to 2019.

Results: Sixty-nine patients with PCFCL (50M, 19F), median age 56 years (range 31–88), with male overrepresentation ( $P < .01$ ), were identified. Most common sites of presentations were on the head and neck (74%; 51/69), especially the scalp (42/51). We compared scalp (42/69) versus other sites (27/69) of PCFCL manifestation. Androgenetic alopecia was more prevalent in the scalp PCFCL group ( $P < .01$ ). Clinical presentation was notably for lower T stages in the scalp group but overall similar clinical outcome. Local recurrence was very common (41%) and occurred more often, sooner and with high same site prevalence in the scalp group vs other sites involvement (46% vs 33%; 24 vs 51 months; 82% vs 63%). Comparison of common treatment modalities for each group and TNM stage was performed. Highest local recurrence was seen after intralesional corticosteroid treatment (64%), lowest after radiotherapy (20%) ( $P < .5$ ). Most prevalent histopathologic subtype was nodular (62%). Scalp group showed lesser histopathologic subtypes variety (29% vs 41%) and lower BCL-2 coexpression (10% vs 32%,  $P < .05$ ).

Conclusions: PCFCL manifests with male predominance and high scalp involvement with significant concomitant androgenetic alopecia. Comparison between scalp and other sites manifestations showed similar indolent course but differences in recurrence, treatment and histologic features. Radiotherapy was associated with less recurrence.

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18082

**Use of bilobed flaps on the proximal digit for repair after Mohs micrographic surgery**



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Defects of a proximal digit after Mohs micrographic surgery can present a challenge for repair. If the wound cannot be left to heal by secondary intention or closed primarily, options for closure typically include a full thickness skin graft or cross-finger flap. Full-thickness skin grafts, however, require a vascularized wound bed and should not be placed over exposed tendon or bone without peritonon or periosteum; in addition, grafts have a greater degree of wound contracture and do not replace subcutaneous volume loss in the area. Cross-finger flaps are regional flaps that utilize soft tissue on adjacent fingers; however fingers must be immobilized for 2-3 weeks while healing. Furthermore, a second procedure must be performed to divide the skin bridge. Bilobed flaps provide a simpler option for repair, minimize donor site deformity, can replace subcutaneous volume loss, and provide faster wound healing than grafts. Chiarelli et al describe a bilobed closure of traumatic proximal finger injury, and Jimenez et al describe a series of 33 cases of bilobed repair of the distal digit after mucus cysts excision, but there is a paucity of literature regarding closing Mohs surgical defects of the digit with bilobed flaps. We present 3 cases of patients with nonmelanoma skin cancer, in which Mohs surgical defects were successfully closed with bilobed flaps providing good functional and esthetically pleasing outcomes.

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