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**Advanced-stage CD30-positive mycosis fungoides: Clinical experience with brentuximab vedotin**



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**Background:** The experience in clinical practice with brentuximab vedotin (BV), an antibody targeting CD30, is sparse and our knowledge about this drug in primary cutaneous T-cell lymphoma (CTCL) comes mainly from clinical trials. We want to share our clinical experience with BV in the treatment of advanced stage C30-positive mycosis fungoides.

**Methods:** we performed an analysis of all the patients treated with BV in our department, under the diagnosis of CTCL. We recorded histologic characteristics of CTCL, number of previous therapies, concomitant drugs, clinical stage before and after receiving BV; clinical course, degree of clinical response, number of BV cycles and adverse events.

**Results:** we present five heavily pretreated advanced CD30-positive MF patients who received BV. Four of the cases presented plaques and tumors as main cutaneous lesions and one presented erythroderma. Median number of cycles was 3. All of the patients obtained partial responses in skin. Two of our patients experienced lymph node involvement or visceral disease; one of them with complete response in lungs after BV treatment. The other patient presented progression of the disease. The most common adverse event was peripheral neuropathy, presenting in two patients.

**Conclusions:** we obtained a rapid response in skin in all cases, especially in those patients who presented tumors in skin, but these were heterogeneous and short-lasting responses. We observed one case of spectacular complete response in viscera with a long-term response. None of the patients who suffered from neuropathy required discontinuation of treatment.

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*Commercial disclosure: None identified.*

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**Comparing chemical peeling and chemical peeling followed by ingenol mebutate gel for the treatment of actinic keratosis**



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**Background:** Actinic keratoses (AKs) are characterized by thick, scaly, or crusty areas on the skin caused by damage from exposure to ultraviolet radiation. Several treatment options exist. This study compared the efficacy and safety of chemical peeling vs combination of chemical peeling and ingenol mebutate in the treatment of widespread AKs.

**Methods:** Eighteen patients (mean age 74 years) with AKs were divided in two groups. The first group (n = 8) was treated with one session of Jessner's solution and 35% trichloroacetic acid peel (Monheit's peel), while in the second group (n = 8) ingenol mebutate was administered a month after chemical peel application. Lesion count was performed at baseline and after three months. Dermatology Life Quality Index (DLQI) was assessed and Global improvement was measured by physician.

**Results:** At baseline the number of AK lesions ranged between 11 and 50 and the mean DLQI score was 20. At the three-month follow-up visit AK lesion mean number was 3.2 in the first group, while complete clearance was observed in the second group. DLQI was reduced to 11 and 9, respectively. Physicians assessed a marked and moderate improvement in all patients. Adverse reactions were not occurred. A patient presented with a persistent lesion and diagnosed with squamous cell carcinoma.

**Discussion:** Chemical peeling is a useful therapeutic option for widespread AKs, particularly for poorly compliant patients as a single application is required. However the combination of chemical peeling and ingenol mebutate seems to be more effective as complete clearance can be achieved.

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*Commercial disclosure: None identified.*

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**Analysis of androgen excess and association with polycystic ovary syndrome in female-pattern hair loss before 30 years of age**



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Pathogenesis of female-pattern hair loss (FPHL) is known to be related with androgen, but its role in the FPHL is not fully understood. Polycystic ovarian syndrome (PCOS) is the most common androgen excess disorder in women. Based on the pathophysiologic commonality, there can be meaningful association of these two disease, and it can be helpful to understand the role of androgen in FPHL. We investigated this study to identify the characteristics of young FPHL in regard to androgenic traits and connection with PCOS. We reviewed the clinical features, laboratory data, ultrasonographic features of ovary, and trichoscopic findings in mid-frontal area in FPHL subjects under 30 years old. A total of 50 female patients were enrolled. The mean age of the patients was 21.5 years old. Most subjects (30/50, 60%) were satisfied with Rotterdam criteria of PCOS. A fifth of subjects (11/50, 22%) showed hyperandrogenism signs of acne or hirsutism in addition to FPHL. The ratio of abnormal value (50.0%, n = 30) in antimüllerian hormone (AMH) was higher than that of total testosterone (22.0%, n = 50) and DHEA-S (20.0%, n = 50). All of hormones showed more proportion of abnormality in FPHL with PCOS than FPHL without PCOS patients. In FPHL patients under 30 years old, it is likely that PCOS was prevalent. So overall clinical, biochemical, and sonographic evaluation should be conducted to examine the presence of PCOS. AMH may be more helpful in detecting FPHL compared with classic androgens for its higher abnormality ratio.

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**An investigation of prevalence, risk factors, and health services utilization for onychomycosis in South Korea fishing villages**



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There have been many studies about onychomycosis (OM) with various populations. However, no study was conducted on people living in fishing villages who seem to be susceptible to OM. The aim of this study was to investigate the prevalence, risk factor of OM in population in fishing villages in South Korea. Subjects who lived in three different fishing village in Geoje island located off the southern coast of South Korea were included in this study. Inspection was performed and mycologic examination was done for those with clinically diagnosed OM. Questionnaires regarding type of occlusive wear, hygiene habits, treatment history were surveyed. Among 94 subjects enrolled, 64 (68.1%) were diagnosed as OM with inspection and causative organisms were identified in 47. Among clinically diagnosed OM, DLSO was the most common clinical type (70.3%), followed by TDO (25%). The first finger and toenail were the most common, and more than 5 nails were involved more than half of them. Trichophyton rubrum was identified the most commonly. Wearing rubber boots was significantly related to OM ( $P = .019$ ). Among patients who experienced OM treatment, most of them answered ineffectiveness and indifference. Many of them had tried to cure only with conventional topical agents. The prevalence and severity of onychomycosis in fishing villages were high. Wearing occlusive footwear may be one of the risk factors. Insufficient way of treatment and unawareness hindered them to be cured. Therefore, proper education and medical service for onychomycosis should be provided in association with specific occupational background.

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