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### The influence of social media on acne treatment: A cross-sectional survey

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Background: Social media use has been suggested to worsen psychiatric health among adolescents, especially those with visible skin lesions including acne. However, little is known on social media influence on acne treatment.

Objective: We sought to determine the influence of social media use on acne treatment.

Methods: We conducted a cross-sectional survey of West Virginia University ambulatory patients whose chief complaint was acne. We collected socio-demographics, acne severity, acne treatment first approach, social media use, social media-related acne changes, and whether these changes aligned with the American Academy of Dermatology (AAD) clinical guidelines.

Results: Of 130 respondents, 58 (44.62%) consulted social media. 42 of 78 (53.85%) women consulted social media versus 16 of 52 (30.77%) men. Those aged 20-29 years had the highest percentage of social media consultation, 24 out of 40 (60%), versus other age groups. 76 (58.46%) participants consulted a medical professional first versus 21 (16.15%) for social media. The most used platforms were YouTube and Instagram (57.89% equally). Social media users often tried an over-the-counter acne treatment (80.70%); only 4 (6.90%) reported significant improvement. 39 (68.42%) participants consulting social media were more likely to seek medical professional help. Only 18 (37.5% of complete surveys) participants consulting social media made changes fully aligning with AAD clinical guidelines.

Conclusions: 1) Social media influences acne treatment, especially women and those aged 20-29 years old. 2) Most acne treatment decisions don't align with AAD recommendations. 3) Social media consultation for acne treatment persuades most patients to seek a medical professional.

Commercial disclosure: None identified.



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### Melanomas of the scalp: Is hair coverage preventing early diagnosis?

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Background: Scalp melanomas are usually thicker and show worse prognosis than other sites. One hypothesis to explain this aggressive behavior could be diagnosis delay attributed to hair concealment of lesions.

Objective: To describe hair coverage and visibility of scalp melanomas and correlate these features with Breslow thickness.

Methods: We included primary melanomas of the scalp from four reference centers in Australia and Italy whose preoperative photographs could be retrieved. Hair coverage and visibility were assessed on photographs. Patients records and pathology reports provided clinical and histologic information.

Results: The majority of 113 melanomas included were located on easily visible areas: bald scalp (48.7%) or hairline (15%). The remaining ones (36.3%), considered to be hair covered, showed more frequently thinning of hair (63.4%) than a dense hair coverage (36.6%). Melanomas of hairy scalps were more frequently invasive and had higher median Breslow (81.3%;  $0.8 \pm 1.3$  mm) than those arising on bald scalps or areas with thinning of hair (43.3%;  $0 \pm 0.6$  mm),  $P = .04$  (Kruskal-Wallis test). However, when considering only invasive cases ( $n = 55$ ), difference in Breslow thickness was not significant,  $P = .16$ .

Limitations: Breslow thickness is an indirect indicator of diagnosis delay, which may be influenced by rate of growth and melanoma subtype.

Conclusions: Most melanomas arose on easily visible areas of the scalp. Hair covered ones, despite rare, could be easily neglected during examination and were more frequently invasive. Breslow thickness, however, was not dependent on hair coverage for invasive melanomas. Additional factors may contribute to the unfavorable prognosis of scalp melanomas.

Commercial disclosure: None identified.



17481

### Psoriasis and psoriatic arthritis are associated with inflammatory bowel disease and other gastrointestinal illness: A nationwide inpatient sample analysis

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Background: Psoriasis is associated with cardiovascular disease, inflammatory bowel disease (IBD), metabolic syndrome, and psychiatric disease. Furthermore, psoriasis is associated with immune dysregulation and systemic inflammation.

Objective: To determine the association of psoriasis and psoriatic arthritis with IBD and the association of the combination of psoriasis or psoriatic arthritis with IBD and other gastrointestinal illnesses.

Methods: Data from the 2000-2014 Nationwide Inpatient Sample, which approximates a 20% stratified sample of all US hospitalizations, were analyzed. Multivariable logistic regression was used to examine the association between psoriasis and psoriatic arthritis with IBD and 23 gastrointestinal illnesses adjusting for socio-demographic characteristics.

Results: Psoriasis was associated with IBD (Crohn disease aOR = 2.13, 95% CI [2.0-2.3], and ulcerative colitis aOR = 2.48, 95% CI [2.4-2.6],  $P < .0001$ ). When adjusting for sociodemographics and IBD, psoriasis was associated with 21 of 23 gastrointestinal diseases examined, including celiac disease, GERD, esophagitis, peptic ulcers, autoimmune hepatitis, cholelithiasis, non-alcoholic fatty liver disease, gastritis-duodenitis, cholangitis, irritable bowel syndrome, colon cancer, stomach cancer, esophageal cancer, pancreatic cancer, liver cancer, liver cirrhosis, noninfective gastroenteritis and colitis, intestinal infections, pernicious anemia, acute pancreatitis, and chronic pancreatitis. Psoriatic arthritis was also associated with IBD (Crohn disease aOR = 1.95, 95% CI [1.7-2.2], and ulcerative colitis aOR = 2.66, 95% CI [2.4-2.9]) and the same gastrointestinal conditions, excluding cholelithiasis, cholangitis, pancreatic cancer, and liver cancer.

Conclusions: Psoriasis and Psoriatic Arthritis inpatients have an associated increase in IBD and other gastrointestinal illnesses.

Commercial disclosure: None identified.



17504

### Identifying a need for further dermoscopy training in patients with darker skin phototypes in dermatology residency

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Use of dermoscopy in dermatology has resulted in improved diagnostic performance and identification of skin lesions in patients with lighter skin phototypes. However, dermoscopy is used less frequently in patients with darker skin phototypes due to the lack of literature on the diagnostic value of dermoscopy in this patient population. A 13-item survey was administered to dermatology residents through the APD list-serve. 40 dermatology residents from 17 different programs enrolled in the study. Only 8% of residents reported having training in dermoscopy in patients with skin of color (SoC). Dermatology residents reported lower levels of confidence (on a scale of 1 to 5) in using dermoscopy in patients with Fitzpatrick skin types IV-VI compared with patients with Fitzpatrick skin types I-III (2.46 vs 2.98;  $P < .001$ ). In addition, residents reported lower levels of confidence in diagnosing pigmented skin lesions in darker skin phototypes (2.48 vs 3.05;  $P < .001$ ). Residents reported using dermoscopy less frequently in dark skin patients (average of 2.95 vs 4.46 days per week). Moreover, there appears to be a trend toward higher levels of confidence in residents who have had training in SoC dermoscopy (3.33 vs 2.41;  $P = .06$ ). 98% of residents reported wanting more training in dermoscopy in patients with SoC. Data collection is ongoing. Dermatology residents demonstrate a sense of unfamiliarity in using dermoscopy to evaluate skin lesions in patients with SoC. We hope to incorporate more training on dermoscopy across skin phototypes in hopes of increasing residents' confidence and diagnostic performance in patients with darker skin phototypes.

Commercial disclosure: None identified.

