17090

Characterization of the ocular rosacea in a dermatologic center in Bogota, Colombia

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Background: Rosacea is a chronic inflammatory disease of the skin that mainly affects the central-facial and periocular regions. Approximately 58% of patients present findings to the ophthalmological examination. In 20% of patients, the ocular manifestations are initial and independent of the severity of the skin disease. However, its characterization in our environment is unknown.

Design: Descriptive cross-sectional observational study.

Methods: 115 patients were diagnosed with rosacea in a dermatologic center in Bogota-Colombia, they were assessed by the ophthalmology service, after signing the informed consent. The data were obtained from medical records, symptom assessment, application of the OSDI (ocular surface disease index) scale, and specific findings to the ophthalmological physical examination. They were collected and analyzed using Excel.

Results: Of the 115 patients, 93 (81%) were women. The age range was between 45-60 years in 47 (41%) patients. Severe dry eye symptoms were found in 61 (53%) patients according to the OSDI scale, and the most frequent were: eye burning in 93 (81%) patients, red-eye in 91 (79%) patients, and eye itching in 87 (76%) patients. The predominant signs were dysfunction of meibomian glands in 100 (87%) patients, conjunctival hyperemia in 98 (85%) patients, and telangiectasias in 89 (77%) patients.

Conclusions: The ocular rosacea condition is frequent, although, it is underdiagnosed by the dermatologist, in this research, it was shown that the joint work with ophthalmology allows a better approach to the ocular rosacea.

Commercial disclosure: None identified.

17107

Analysis of cutaneous homeostasis and epidermal barrier functions in patients with psoriasis: Impact of phototherapy

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Background: Psoriasis is a chronic multi-systemic inflammatory disease that affects epidermal barrier. Phototherapy is an option for treating psoriasis. There is scarce scientific evidence about changes in homeostasis and epidermal barrier produced by phototherapy in patients with psoriasis.

Objective: 1) Evaluate changes in cutaneous homeostasis and epidermal barrier function in patients with psoriasis treated with phototherapy. 2) Compare skin properties of healthy skin (controls) and involved and uninvolved skin of patients with psoriasis.

Methods: Twenty-six patients with plaque-type psoriasis vulgaris and 26 healthy controls matched by gender and age were enrolled. Transepidermal water loss (TEWL), stratum corneum hydration (SCH), erythema and melanin index, skin temperature and elasticity parameters were measured with the use of noninvasive tool (Microcaya SL, Bilbao, Spain).

Results: The mean age of the population was 49.19 years (SD 16.02) and male:female ratio was 22:30. Psoriasis Area and Severity Index scores were 7.40 (SD 5.67). SCH was lower at uninvolved skin of psoriatic patients in comparison to healthy patients (26.68 vs 38.05 AU, $P < .0001$). Differences between uninvolved skin and psoriatic plaque were also shown: temperature, elasticity, TEWL (11.20 vs 20.30 g/m^2/m, $P < .003$) and erythema index were higher, while SCH (26.68 vs 4.79 AU, $P < .0001$) and melanin index were lower at psoriatic plaque. Moreover, temperature and SCH (4.798 vs 6.415 AU, $P = .002$) were increased at psoriatic plaque after phototherapy session.

Conclusions: Cutaneous homeostasis and epidermal barrier functions are altered in psoriatic patients both at uninvolved and involved skin. Temperature and SCH increased after phototherapy.

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17113

Early and maintained response levels in psoriasis patients treated with tildrakizumab

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Background: This is a post hoc analysis using pooled data from the reSURFACE 1 and reSURFACE 2 trials. Part 1 (0-12 weeks) was placebo controlled. Part 2 (12-28 weeks) rerandomized placebo patients to tildrakizumab 100/200 mg. In part 3 (28-64 weeks, reSURFACE 1; 28-52 weeks, reSURFACE 2), patients with PASI ≥50 were rerandomized to placebo, or to continue or increase their dose; patients with PASI <50 were discontinued. Patients who received tildrakizumab within 12 weeks and achieved PASI ≥50 at the end of part 3 were eligible to enroll in the long-term extension (LTE). The current analysis included patients who were treated with tildrakizumab 100 mg in parts 1-3 and ≥1 dose during the LTE. Patients were classified into 4 mutually exclusive groups based on their week-28 PASI response. Percent of PASI improvement from baseline to week 148 was examined for each PASI group. 34, 79, 131, and 91 patients in the week-28 PASI 50-74, 75-89, 90-99, and 100 groups were included, respectively. Mean PASI improvements at week 4 were 27.1%, 36.6%, 44.7%, and 52.5% for the respective week 28 PASI groups. Among patients who achieved PASI 75-89, 90-99, and 100 at week-28, mean PASI improvements were sustained up to week 148: 85.3%, 92.4%, and 95.4% respectively. Patients achieving week-28 PASI 50-74 had continuous mean PASI improvement from week 28 (64.4%) to week 52 (79.4%) and week-64 (82.2%), which were further sustained through week 148 (81.4%). Patients who received tildrakizumab and achieved PASI ≥90 at week 28 had rapid improvements as early as week 4. Among patients achieving week 28 PASI ≥50, PASI improvements were improved or sustained through week 148.

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17129

Comparative analysis of clinical benefits provided by two facial daily care regimens with the antioxidants ascorbyl glucoside and tocopheryl glucoside for 8 weeks in Brazilian women

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Background: The well known instability of vitamin C to thermal and oxidative degradation stimulated the research for more stable molecules with gradual release and effect on the skin. Ascorbyl glucoside is a vitamin C precursor. It is an ascorbic acid molecule with an additional C2-glucose, more chemically stable which prevents the low effectiveness of vitamin C in the presence of different degradation mechanisms. In addition, tocopheryl glucoside is a vitamin E precursor metabolized into free tocopherol in the skin, with a considerable reservoir effect, associated with gradual delivery. The use of this conjugated formula could give a continuous reinforcement of antioxidants in the skin.

Methods: Single-blind comparative randomized study, 120 female, 36-65 years old, with visible signs of facial aging scored 1-6 (Griffith scale). Subjects were divided in two regimens above mentioned. Clinical efficacy assessment by dermatologist, self-assessment and instrumental analysis (Visia CR; Canfield Scientific) were performed on D0, D30, and D60. Volunteers were advised to use the products as recommended during 8 weeks.

Results: Both regimens provided a significative reduction of overall skin photodamage, fine lines and wrinkles at D30 and D60 compared with D0. Statistically significant reduction for regimen II at D60 compared with regimen I for overall photodamage (27.1% and 19.2%, respectively, $P = .001$), fine lines, and wrinkles (36.4% and 23.8%, respectively, $P < .001$).

Conclusions: The regimen II provided synergic clinical benefits comparison to regimen I, representing a continuous reinforcement of antioxidants in the skin and a technological breakthrough in anti-aging daily care.

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