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Dermoscopic patterns on the lips of children living at 3600 m above sea level and 0° latitude



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Background: Most common lip lesions in children include cheilitis simplex and exfoliative cheilitis. When pigmented lesions are found, benign melanotic macules, melanotic macules associated syndromes, pigmented eczematous cheilitis, drug reactions or malignancies should be differentiated. In Latin American countries, actinic prurigo cheilitis must be considered a differential diagnosis. Our study aimed to describe the dermoscopic features of labial alteration in Mestizos children who live in Ecuador at 3600 m above sea level and 0° latitude.

Methods: A descriptive study of 26 Mestizo healthy children from a rural town in Cayambe-Ecuador was conducted. Clinical and dermoscopic pictures were obtained. Dermoscopy patterns were described. Histopathologic exam of 5 children was assessed.

Results: The age range was 6-13 years old. All children were Fitzpatrick skin phototype V. Clinical examination showed lower lip or both lips affectation in 24 (92%) children. Dermoscopy revealed disperse tan-brown parallel pattern in 26 children, with circumscribed reticular brown macules in 17 (65%). Vessels in shoal shape were present in all cases. The 5 histopathologic exams showed similar findings: prominent parakeratotic patches, basal layer hyperpigmentation, some melanophages in the upper dermis with dilated capillaries, without signs of inflammation and/or solar elastosis in the dermis.

Conclusions: Clinically most of the patients had labial alterations. Tan-brown parallel pattern and vessels in shoal shape at dermoscopy were present in all cases. Environmental and ethnic conditions could be responsible for these findings. More studies in children from Latin American communities need to be done.

Commercial disclosure: None identified.

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New classification of late and delayed complications after dermal filler: Localized or generalized?



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Background: As filler injections have become very common procedures worldwide, the number of complications has increased. However, there is a lack of systematized studies and precise classification of late and delayed complications. This study aimed to suggest new and reliable classifications and to characterize the clinical manifestations of late and delayed complications after filler injections.

Methods: This retrospective study analyzed patients and suggested a new classification of delayed adverse effects related to filler injection. Several demographic and clinical findings were analyzed. Patients were classified into two types according to their clinical presentation: type I (localized) or type II (Generalized).

Results: Twenty-five patients were evaluated during a clinically active adverse event suspected to be related to fillers. The most common injected filler substance was hyaluronic acid (HA, 68.8%). 76% of the patients were classified with localized complications. In the generalized complications group, systemic symptoms were more common ($P = .002$), the treatment response was poor ($P = .010$), and fewer patients showed complete remission ($P = .007$) than in the localized complications group.

Conclusions: We propose a simple new classification method for late and delayed complications after dermal filler: localized and generalized. We expect that this new classification could help provide appropriate treatment and predict patient prognosis.

Commercial disclosure: None identified.

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Psoriasis improvement and satisfaction in patients using a clobetasol spray and oral apremilast combination regimen: A pilot study



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Background: Psoriasis vulgaris is a common chronic inflammatory skin disease that significantly impacts patients' quality of life. Approximately 30% of patients with moderate to severe psoriasis achieve PASI 75 reduction at 16 weeks after utilizing oral apremilast. Clobetasol, a potent topical steroid, is effective at achieving rapid PASI 75 reduction at 4 weeks but is not a long-term option because of its potential to cause skin atrophy and adrenal suppression. This study investigated whether an initial 6-week tapering regimen of clobetasol spray could improve PASI 75 and sPGA response at 16 weeks in patients with moderate to severe psoriasis who initiate apremilast. A TSQM satisfaction survey was performed to validate the clinical data.

Methods: A single site prospective, non-blinded trial was conducted. Subjects were titrated to 30 mg twice daily of apremilast and continued this dose for 16 weeks. Concurrently, subjects utilized clobetasol 0.05% spray tapered over the first 6 weeks. Demographics, treatment efficacy, and a TSQM version II satisfaction survey were assessed.

Results: Of 20 subjects enrolled, 19 completed the trial. Thirteen (68.4%) subjects achieved PASI 75 at 16 weeks. Of the 16 subjects with scalp involvement, 13 (81.3%) subjects achieved PGA scores of 0-1 at 16 weeks. Sixteen (84.2%) subjects were satisfied with their treatment.

Conclusions: The combination of an initial 6-week tapering clobetasol spray with oral apremilast in moderate and severe psoriasis resulted in improved PASI 75 and sPGA with excellent satisfaction at 16 weeks. Prospective, double-blind, randomized trials should be performed to evaluate these findings.

Commercial disclosure: None identified.

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Psoriasis clinical self-assessment reveals challenges and barriers to care



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Background: This study was designed to assess the knowledge, competence, and practice barriers regarding the treatment of psoriasis.

Methods: A 26-question CME clinical practice assessment survey consisting of multiple-choice knowledge- and case-based questions evaluating psoriasis comorbidities and patient-centered management was made available online to dermatologists in the United States without monetary compensation or charge. The survey launched on a website dedicated to continuous professional development on March 25, 2019, and data were collected until May 2, 2019. Respondent confidentiality was maintained and responses were de-identified and aggregated prior to analyses.

Results: 72 dermatologists completed all questions in the survey. The key findings include the following: Comorbidities: 82% were aware of an increased risk for anxiety and depression, however only 64% and 40% of dermatologists recognized the prevalence of IBD and risk for MI, respectively. Undertreatment: Although 67% of dermatologists recognized the proportion of patients dissatisfied with treatment, only 26% knew the NPF Treat to Target goals, and 10% were aware of the large proportion of undertreated patients with severe disease. Severity: 61% of dermatologists knew that location and lesion size were the most important considerations for severity for dermatologists, but only 42% knew that itching was most important for patients. Barriers to biologic agents: Patient concerns about cost or insurance coverage (57%) and safety (32%) were noted most frequently.

Discussion: This research uncovered gaps in knowledge and competence regarding psoriasis among dermatologists. These gaps may be used to inform future medical education needs of learners regarding treatment of patients with psoriasis.

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