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Dermatofibrosarcoma protuberans treated with Mohs micrographic surgery

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Background: Dermatofibrosarcoma protuberans (DFSP) is a locally aggressive type of cutaneous sarcoma. Treatment has traditionally been wide local excision (WLE) with variable recurrence rates ranging from 0%-60%. Mohs micrographic surgery (MMS) offers 2 advantages over conventional surgery: 1) a greater likelihood of cure; and 2) greater preservation of healthy tissue. Recurrence rates with this modality range from 0%-8.3%.

Methods: Retrospective cohort study of cases of DFSP treated with MMS at three academic centers from 2011 to 2019 were reviewed. Age, sex, tumor site, primary or recurrent at time of surgery, lesion and defect size, type of repair, follow up period, margin for clearance, and recurrence rate were recorded.

Results: Thirty-two cases were found with a mean age of 41.5 years old. Most tumors were primary (77.4%) at the time of surgery with an average size of tumor of 4.2 cm. They required a mean of 2.8 stages to achieve tumor-free margins and final defect size was 6.7 cm on average. Cases were followed up for an average of 36.7 months and only one case recurred (after 12 months of first MMS) for a recurrence rate of 3.1%.

Conclusions: After assessing the literature MMS consistently has demonstrated lower recurrence rates as compared with WLE. Although our study is not a comparative one, we found a low recurrence rate similar to those previously reported. If available, MMS should be the first line of treatment for DFSP.

Commercial disclosure: None identified.

15762

Cutaneous graft-versus-host disease: A 10-year retrospective review in a Singapore tertiary center

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Introduction: Allogenic hematopoietic stem cell transplant is a curative treatment option for many hematological conditions. One of the most common complications following transplant is the development of graft-versus-host disease (GVHD), a multisystem disorder that most commonly affects skin but can also affect organs such as the liver, gut, and eye. It leads to a decrease in the quality of life and an increase in morbidity and mortality.

Objective: To have a better understanding of the spectrum of cutaneous GVHD in our center.

Methods: This is a retrospective study of all dermatology patients in a tertiary hospital in Singapore over a period of 10 years from 2008 to 2017. Cases with histologic findings consistent with cutaneous GVHD were selected from the dermatopathology database. Further information was gathered from our electronic medical records. 35 patients were studied.

Results: Patients with acute myeloid leukemia and acute lymphoblastic leukemia account for more than 50% of our cases. 62.8% of the cases presented within 100 days of HSCT and the most common morphology was maculopapular rash, accounting for 88.5% of the cases. 40% of our patients had recurrence of either cutaneous GVHD or GVHD affecting other organs. After a follow up of 5 years, mortality was as high as 42.9% with underlying haematological conditions as the most common cause of death. 1 was signed up as GVHD.

Conclusions: Our study reports the characteristics of patients with cutaneous GVHD in pediatric and adult population in our center.

Commercial disclosure: None identified.

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Spironolactone use does not increase the risk of estrogen-dependent cancer recurrence: A retrospective analysis

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Background: Androgens contribute significantly to the pathogenesis of female-pattern hair loss. Spironolactone is used off-label for androgenic alopecia because of its ability to arrest hair loss progression and long-term safety profile. However, little is known about the safety and use of spironolactone in estrogen-dependent cancer patients and survivors. Due to spironolactone's estrogenic effects, there is a theoretical risk for cancer recurrence. Given that spironolactone is an important tool in the armament for hair loss, our study investigated whether spironolactone is associated with an increased risk for estrogen-dependent cancer recurrence.

Methods: A retrospective analysis was conducted using the Humana insurance database. Patients with a diagnosis of a history of breast, ovarian, or endometrial cancer were identified using the International Classification of Diseases codes and stratified by spironolactone usage. Cancer recurrence rates between both cohorts were compared and analyzed by univariate analyses.

Results: In total, 440 (2.2%), 68 (2.8%), and 128 (2.6%) patients with a history of breast, ovarian, and endometrial cancer respectively take spironolactone. Over 3 years, 2305 (11.8%), 255 (10.4%), and 578 patients (11.7%) with a history of breast, ovarian, and endometrial cancer respectively developed cancer recurrence regardless of spironolactone usage. Univariate analyses showed that spironolactone was not associated with cancer recurrence ($P = .20$, 0.08, 0.88 for breast, ovarian, and endometrial cancer respectively).

Conclusions: Current data suggests spironolactone has no association with estrogen-dependent cancer recurrence and may be considered for the treatment of alopecia.

Commercial disclosure: None identified.

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Efficacy and safety of carbon dioxide laser excision in hidradenitis suppurativa: Experience from an urban academic medical center

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Background: Hidradenitis suppurativa (HS) is often refractory to standard medical and surgical interventions. Carbon dioxide (CO_2) laser excision has demonstrated promising results, yet little evidence exists to expand and support previous studies.

Objective: To examine the efficacy and safety of CO_2 laser excision for HS.

Methods: A retrospective review was performed at Henry Ford Hospital of patients with refractory hidradenitis suppurativa who underwent CO_2 laser excision with secondary intention healing from August 2014 to May 2017. Outcomes included wound healing status, time to healing, recurrence, and postoperative complication rates.

Results: Overall, 71 total sites in 48 patients underwent CO_2 laser excision. Of patients with Hurley stage data available, 25 had Hurley stage 3, 16 had Hurley stage 2, and 1 had Hurley stage 1 disease. Of 57 treated sites ($n = 40$) with wound healing information available, 50 had documented full healing (87.7%) with a median time to healing of 5 months (interquartile range 3-7). Four patient had recurrence at an average of 5.2 months post-operatively, and 8 cases had complications (infection $n = 4$, contracture $n = 2$, dehiscence $n = 1$, nerve entrapment $n = 1$).

Conclusions: While our cohort exhibited a recurrence rate of 7.9%, others have reported recurrence rates of 1.1% and 29.3%. One study found post-operative healing time following CO_2 excision to be 8.8 weeks, but our average healing time was prolonged in comparison. Our study on CO_2 excision found satisfactory healing rates and time to healing with reduced recurrence and complication rates in hidradenitis suppurativa patients, and this modality should be further investigated.

Commercial disclosure: None identified.