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**Quantification of erythema associated with continuous nylon, polyglactin-910, and fast-absorbing gut sutures in facial surgery repair: A randomized prospective study**



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**Background:** Patients are often concerned about the cosmetic appearance of scars following Moh micrographic surgery (MMS), including residual erythema. However, few studies have quantitatively investigated the cosmetic outcomes of different suture material for closure of facial incisions in MMS. We have devised a randomized prospective study to compare how the intensity of erythema evolves over time in surgical scars resulting from continuous nylon, polyglactin-910, and fast-absorbing gut sutures.

**Methods:** After undergoing MMS, 105 patients were randomized into two groups. Depending on randomization, either the superior/medial or inferior/lateral half of the scar was sutured with nylon sutures, whereas the other half was closed with polyglactin-910 sutures. Another cohort of 105 patients was similarly randomized to receive polyglactin-910 and fast-absorbing gut sutures. Postoperatively, subjects were assessed at one week, two months, and six months and close-up photographs were taken under comparable lighting parameters. Computer-assisted image-processing was utilized in all interval photographs to quantify the erythema intensity (EI) in each half of the scars.

**Results:** Paired *t* tests demonstrated the average EI of nylon sutures to be greater than that of polyglactin-910 sutures by 25.4% ( $P = .0004$ ) and fast-absorbing gut sutures by 19.2% ( $P = .005$ ) at 1 week. Average EI was comparable between the 3 materials at 2 and 6 months.

**Conclusions:** Nylon sutures are associated with more intense facial scar erythema than polyglactin-910 and fast-absorbing gut sutures during early scar maturation. Nevertheless, all 3 materials yield comparable cosmesis subjectively and quantitatively by 6 months and are equally favored for facial surgery.

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**Efficacy and safety trends with continuous long-term use of 2% crisaborole ointment in patients with mild to moderate atopic dermatitis**



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**Introduction:** Atopic dermatitis (AD) is a chronic inflammatory skin disease that often requires long-term treatment. Crisaborole significantly improved global signs and symptoms of AD in phase 3 studies. Here, the efficacy and safety of continuous long-term use of crisaborole in patients with mild to moderate AD is reported.

**Design:** Post hoc analysis of 48-week, phase 3, open-label, extension study.

**Methods:** All patients received crisaborole initially. Patients with Investigator's Static Global Assessment (ISGA) 0 (clear)/1 (almost clear) at the end of a 28-day cycle did not receive crisaborole for the next 28-day cycle (off-treatment). Patients with ISGA  $\geq 2$  (mild) received crisaborole for the next 28-day cycle (on-treatment). Patients were stratified by number of initial consecutive 28-day cycles of crisaborole received.

**Results:** 418 patients were included in exclusive cohorts (1 on-treatment cycle,  $n = 133$ ; 2 consecutive on-treatment cycles,  $n = 106$ ; 3 consecutive on-treatment cycles,  $n = 106$ ; 4 consecutive on-treatment cycles,  $n = 73$ ). In all groups,  $< 3\%$  of patients discontinued treatment during initial consecutive on-treatment cycles. After 1-4 initial consecutive on-treatment cycles, 77.6%, 76.3%, 59.4%, and 43.1% of patients achieved ISGA 0/1, respectively. Of these, 51.0%, 36.7%, 35.6%, and 36.2% maintained ISGA 0/1 at the end of the next 28-day cycle while off treatment. Incidences of treatment-related adverse events (AEs) were 4.5%, 4.7%, 3.8%, and 1.4% for patients receiving 1-4 consecutive on-treatment cycles. One patient discontinued due to AEs.

**Conclusions:** Continuous long-term treatment with crisaborole beyond 28 days may be necessary to maintain control of AD symptoms in some patients with mild to moderate AD. Continuous long-term crisaborole was well tolerated.

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**Skin cancer and dermoscopy training for primary care physicians in Colombia: Effect on skin cancer diagnosis**



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Dermoscopy is a noninvasive imaging technique that allows for the visualization of skin structures that are otherwise invisible to the naked eye. It has been shown to improve the diagnostic accuracy of skin cancer, including melanoma. Traditionally, dermoscopy has been used by, and taught to, dermatologists. However, during the past decade, its use has been extended to primary care physicians (PCPs), especially in the US, Australia, and Europe. The objective of this study was to determine the effect of an educational training program on using dermoscopy in skin cancer evaluation among PCPs in Latin America. Thirteen PCPs from 6 rural areas of Colombia participated in a 3-day training course, consisting of 2 days of live lectures on dermoscopy and skin cancer, followed by a daylong hands-on training session in dermoscopy at a free skin cancer screening event. Pre and post tests were performed before and after sessions using clinical and dermoscopic images to evaluate the user's ability to diagnose and differentiate benign and malignant neoplasms and to manage patients (ie referral vs reassurance). After training, the average diagnostic accuracy among participants increased by 6.3% ( $P < .001$ ) and 16.3% ( $P < .001$ ) using clinical and dermoscopic images, respectively. In addition, user levels of confidence characterized as "high" or "extremely high" among participants tested with clinical images increased by 15.3%, and those tested with dermoscopic images increased by 25.5%. Thus, we conclude that providers serving populations with limited health care access, including rural Latin America, benefit from dermoscopy and skin cancer education, which may ultimately improve patient care.

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**Online education yields significant gains in dermatologists' knowledge of management strategies for psoriasis**



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Physicians face challenges staying up-to-date with the latest research and accessing the ever-growing field of knowledge is time-consuming. Online education can make these clinician's tasks more efficient and less time-consuming. This study assessed whether the online CME-accredited round-table discussion titled "Targeting psoriatic disease: Treating the patient beyond the skin" improved physicians' understanding of the optimal management of psoriasis patients considering a holistic disease assessment. The online CME activity (<https://www.medscape.org/viewarticle/910807>) consisted of 30-minute, 4-experts, video discussion. Educational effect was assessed using 4-question repeated pairs, pre/post-assessment. Chi-square test was used to determine if a statistically significant improvement ( $P < .05$ ) existed in the number of pre/post test correct responses. The activity launched 3/28/2019; data were collected through 5/10/2019. A total of 563 dermatologists participated in this activity; 95 completed the pre- and post-assessment. Overall, the activity had a significant impact ( $P < .001$ ) on dermatologists' knowledge of management strategies for patients with different psoriatic manifestations: correct responses rose from 64% pre-activity to 81% post-activity. Significant ( $P < .05$ ) improvements in correct responses were observed pre-vs post-assessment in 2 of the 3 questions presented: (i) prevalence of PsA in psoriasis patients (68% vs 85%), (ii) management of patients with difficult-to-treat psoriasis (59% vs 83%). A non-significant increase was observed regarding the appropriate selection of biologic for a patient with PsA and axial involvement (64% vs 75%). A third of dermatologists gained confidence in their ability to choose therapy for patients with psoriasis and PsA. This online CME activity significantly improved dermatologists' knowledge of management strategies for psoriasis.

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