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2020 Strauss & Katz World Congress Fund Scholarship Recipients
selected by the World Congress Fund Review Task Force
In an effort to encourage the participation of young dermatologists from developing countries the World Congress Fund Review Task Force of the American Academy of Dermatology awarded 37 attendance scholarships for the 2020 Annual Meeting of the American Academy of Dermatology in Denver, Colorado from March 19 – 24, 2020.

The Strauss and Katz World Congress Fund Scholarship program was established with funds from the 18th World Congress of Dermatology (New York, 1992) and includes:

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To be eligible for this scholarship, applicants are required to be within three years of completion of their dermatology residency training at the time of the meeting. Applicants must be endorsed by their national dermatological society. Selected Poster Abstracts will be displayed electronically at the Annual Meeting.

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Eccrine angiomatous hamartoma
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INTRODUCTION
Hidradenitis suppurativa (HS) is a chronic, recurrent, inflammatory disorder of follicular occlusion, resulting in abscesses with potential fistula formation and severe scarring. Our objectives were to identify the risk factors determining the disease severity.

METHODOLOGY
This is a cross-sectional study carried out from September 2016 to August 2017 at 3 tertiary hospitals in Northern Peninsula Malaysia.

RESULTS
Sixty-two patients were recruited, 83.9% were male. The mean age was 29.2 with the median age of onset at 18 years old. Based on Hurley staging, 15 (24.2%) were in stage I, while 38 (61.3%) of chest and gluteal regions (8.42; 1.20-59.04) onset (adjusted odds ratio, 0.85; 95%CI, 0.76-0.96), involvement on Hurley staging, 15 (24.2%) were in stage I, while 38 (61.3%) of chest and gluteal involvement (21.5; 1.64-281.75), gluteal regions (8.42; 1.20-59.04) were to identify the risk factors determining the disease severity.

CONCLUSION
Clinical assessment remains pivotal in predicting the disease severity even without access to laboratory investigation. Early intervention with aggressive management should be considered for patients with chest and gluteal involvement.

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS
Patterns of skin disease in Botswana
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Giovanni Damiani, Rosalynn Conic, Carine Kovarik, Victoria Williams

INTRODUCTION
Botswana is an African country with the third highest HIV prevalence in the world, however, information on the burden of skin disease is lacking. The present study aims to quantify the patterns of skin diseases in Botswana in order to improve health care planning as well as design preventative measures and educational programs to optimize dermatology care.

METHODOLOGY
This is a retrospective dermo-epidemiological study which evaluated new and follow up patients referred to the Dermatology Outpatient Department of a tertiary public hospital during a 12 month period, from January to December 2015. Data was extracted from excel patient logs including: age, gender, HIV status, diagnostic biopsy information, final diagnosis, visit details (new or repeat) and treatment.

RESULTS
A total of 2792 new and follow up patients with a median age of 35 years (SD 19.24) and male to female ratio of 1:1.4 were enrolled. HIV positive patients represented 73.4% of new patients and 37.3% of follow up visits. In HIV positive new patients, the most common clinical diagnoses were eozymatous eruptions, viral infections and disorders of pigmentation. The top three biopsy diagnoses were Kaposi sarcoma (37.71%), squamous cell carcinoma in situ (3.81%) and discoid lupus (2.86%). Common therapies delivered included topical steroids, systemic medications and referral to another department.

CONCLUSION
Clinical assessment plays a pivotal role in predicting the disease severity even without access to laboratory investigation. Early intervention with aggressive management should be considered for patients with chest and gluteal involvement.

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS
Erythroderma: retrospective study of 61 patients
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INTRODUCTION
Erythroderma is defined as erythema and diffuse desquamation that compromises more than 90% of the skin surface, with thermoregulation alterations and subacute or chronic evolution. It is most often linked to: previous dermatoses, drugs, cutaneous lymphomas and infections. In approximately 20% of patients the cause is unknown (idiopathic). Objectives: to study the clinical and epidemiological characteristics as well as the follow-up of our population, to assess the prevalence of triggers and the type of medical attention that patients required.

METHODOLOGY
It’s a retrospective, observational and descriptive study. Patients with erythroderma who were treated at the Department of Dermatology of “F.J. Muñoz” (Buenos Aires, Argentina) between June 1, 2014 and May 31, 2019 were included. Those patients without basic complementary exams and outpatients who attended less than 3 consultations were excluded. Age, sex, medical history, time until first consultation, clinical characteristics, etiology, histopathological changes, time of duration and final evolution were assessed. The data was transferred to Microsoft Excel and adjusted for analysis.

RESULTS
Of the 61 patients 43(70.4%) were males and 18(29.5%) were females. The median age was 50.5 (CI 95% 45.9-55.1) and 50.6 years (CI 95% 43.42-57.79) for male and female patients, respectively. 33(54.8%) were inpatients and 8(13.1%) outpatients. The median time of hospitalization was 37.71+ 31.15 days (IC95% 29.3-48.4). The etiology was classified in 5 groups: 38(62.2%) previous dermatoses (psoriasis 5.87%, 9(14.7%) drugs, 46(5%) neoplasia, 46(5%) infections and 40(8%)idiopathic. The final evolution was favorable in 44(72.1%) patients, unfavorable in 5(8.1%) and unknown in 12(19.67%) patients.

CONCLUSION
In our study, erythroderma was more prevalent in men although the average age was similar in both sexes. The majority of patients needed to be hospitalized and only 8 could be managed with ambulatory care. The most prevalent cause of erythroderma were previous dermatoses, in agreement with international literature. Cases related to drugs, infections, neoplasia had lower prevalence than the international literature reports as well as those of idiopathic origin.
Cutaneous sarcoidosis: A case report of a missed diagnosis

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INTRODUCTION
Sarcoidosis is rarely encountered by physicians in Africa. Diagnosis is challenging with the lack of a gold standard test. In clinical practice, diagnosis relies on presence of non caseating granulomas compatible with clinical presentation and exclusion of other granulomatous diseases like leprosy and tuberculosis. Lupus pernio is a specific cutaneous manifestation of sarcoidosis that occurs in about 20-30%. Its recognition is an important clue to the diagnosis of sarcoidosis.

METHODOLOGY
This is a case report of cutaneous sarcoidosis that had been previously misdiagnosed and managed as a case of tuberculosis leprosy.

RESULTS
A 55 year old Nigerian man presented to the dermatology clinic with rashes on the nose and scalp. Histology of lesions showed cutaneous anergy to tuberculin are suggestive of Sarcoidosis.

CONCLUSION
The patient presented with cutaneous sarcoidosis. Diagnosis is challenging with the lack of a gold standard test. Lupus pernio is a specific cutaneous manifestation of sarcoidosis that occurs in about 20-30%. Its recognition is an important clue to the diagnosis of sarcoidosis.

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Paederus Dermatitis involving the Periocular Area: An Observational study from Nepal

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INTRODUCTION
Paederus dermatitis involving the periocular area, also known as Nasioi eye is characterized by erythematous vesiculobulbous linear patch or plaque with itching, stinging or burning sensation. It commonly occurs during rainy season and near to the agricultural fields. This study aims to evaluate the dermatographic profile, clinical presentation and ophthalmological manifestations of periocular Paederus dermatitis.

METHODOLOGY
This is a cross-sectional, prospective, observational study evaluating patients attending Dermatology or Ophthalmology with features consistent with Paederus dermatitis involving the periocular region for a period of one year. Relevant demographic and clinical data were obtained; clinical photographs were taken and histopathology was performed among selected subjects.

RESULTS
A total of 24 patients presented with the clinical diagnosis in the year 2018. Majority were males (M: F=1.4:1) with mean age 29.08±13.38 years. All the patients presented between June to August coinciding with summer and monsoon season with a peak being first week of July (37.5%). Mean time period of presentation was 3.4±2.01 days (range-1 to 7 days). Lesions were unilateral in all cases, predominantly involving the right eye (62%). Burning sensation (83%), itching (50%) were predominant symptoms while lid swelling, erythema, vescicopustules were other common periocular findings.

CONCLUSION
Periocular Paederus dermatitis is a common presentation during rainy season whose morphological patterns and clinical features will prevent misdiagnosis and allow effective treatment.

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Connective tissue diseases

The effect of botulinum toxin B on the pathogenesis of bleomycin-induced scleroderma mice model by possible regulation of oxidative stress

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INTRODUCTION
Over the years, several studies have suggested that oxidative stress plays an important role in the pathogenesis of scleroderma. We previously identified that Botulinum toxin B (BTX-B) injection suppresses the pressure ulcer formation in cutaneous ischemia-reperfusion injury mouse model by regulation of oxidative stress. However, the therapeutic possibility of BTX administration for preventing the development of scleroderma is unclear. Therefore, our objective is to investigate the effect of BTX-B on bleomycin-induced scleroderma mice model and determine the underlying mechanism.

METHODOLOGY
BTX-B was subcutaneously injected on the back skin 24 hours before initiating the bleomycin-induced scleroderma mice model. Skin thickness, collagen content, infiltrating inflammatory cells and factors regulating skin sclerosis and oxidative stress were examined. We also evaluated the effect of BTX-B on bleomycin injected Okd48 transgenic mice, which enabled evaluating oxidative stress through bioluminescence detection. Furthermore, we assessed the anti-fibrotic effect of BTX-B on skin fibroblasts from Scleroderma (SSc) patients, and examined the expression of oxidative stress associated genes.

RESULTS
BTX-B injection significantly reduced the dermal thickness, infiltration of ISM+ myofibroblast, CD3+ T-cells and CD68+ macrophages. mRNA levels of IL-6 expression was suppressed in BTX-B treated mice. Oxidative stress signals detected after bleomycin injection in Okd48 mice were significantly decreased in BTX-B treated mice. Oxidative stress signals detected after bleomycin injection in Okd48 mice were significantly decreased in BTX-B treated mice. Oxidative stress signals detected after bleomycin injection in Okd48 mice were significantly decreased in BTX-B treated mice.

CONCLUSION
BTX-B injection might have a therapeutic effect on skin fibrosis by reducing oxidative cellular damage and oxidative stress.
INTRODUCTION
Transgender Reformation: What Dermatologists Need To Know
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BACKGROUND
Transgenders are individuals who have a gender identity different from their assigned sex. Most of them opt for a transformation of their genital sex at some point in their life. Dermatologists have a great impact on the lives of transgender patients before and after their transition. There are no reports of the outcome of sex reassignment surgeries in these individuals. Aim: We aimed to study the dermatologic, psychosexual, hormonal and aesthetic trends in transgenders before and after sex reassignment surgery (SRS) in a transgender-friendly tertiary care hospital in South India.

METHODOLOGY
Materials and methods: All transgenders from different parts of South India who underwent gender SRS in our hospital over a period of six months consented to the study. Dermatology clearance was mandatory and infections were treated before undergoing SRS. Data was collected before SRS and five months after SRS. All study transgenders included (100%) were male to females (MtF) with a mean age 37.4 ± 10.1 (preferred pronoun ‘she’).

RESULTS
Infectious dermatological diseases (tinea cruris highest) exceeded venereal diseases (condyla acuminate) before and after SRS, non-infectious dermatological diseases (acne) exceeded 83.6%, 56% included in follicular, paro-anal and receptive anal intercourse before SRS. After SRS, penovaginal sex reported in 47%. The mean Visual Analogue Scale (VAS) to assess sexual satisfaction was 4.6 before and 8.2 after SRS. The median number of sexual partners before and after SRS were 5 and 1. The mean reduction of testosterone was 39.6%. Laser hair removal was significant after transition (p<0.01).

CONCLUSION
Our study is characterized by a younger age, a female predominance and a high mortality rate. The main prognostic factors were skin area detachment, renal failure and respiratory distress. The acute management of SJS/TEN requires a multidisciplinary approach ideally in an intensive care unit. Raising doctors and patient’s awareness about the risks associated with the medical prescription and the self-medication is necessary for prevention.
SCHOLARSHIP RECIPIENTS

HAIR & NAIL DISORDERS

Alopecia patterns in patients with autosomal recessive congenital ichthyosis: a prospective study of six Tunisian patients
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INTRODUCTION
Lamellar ichthyosis (LI) is a non-syndromic ichthyosis belonging to the spectrum of autosomal recessive congenital ichthyosis. Patients with LI usually complain of hair loss secondary to cicatrical alopecia. Hair anomalies in LI were poorly described in the literature and are even overlooked and taken into the account of the main disease. Hence, this study aims to shed more light on the different patterns of alopecia in LI through a prospective study including 6 patients in which we performed dermoscopy of alopecia and molecular investigation.

METHODOLOGY
We included 6 patients belonging to 5 unrelated families from Tunisia. We focused on their alopecia pattern and we performed a clinical and dermoscopic study. In 4 patients, after obtaining informed consent, we performed a molecular investigation. Besides, this study was conducted according to the declaration of Helsinki and to the ethical standards of the authors Institutional Review Board. DNA was extracted from peripheral blood using phenol chloroform standard procedures and we performed a hotspot mutation screening of TGM1 exons 5 and 6 using standard molecular biology techniques.

RESULTS
The six patients had severe ichthyosis complicated by severe alopecia presenting as fronto-temporal hairline recession in three patients, fronto-temporo-parieto-occipital hairline recession in three patients, multiple patches of cicatrical alopecia in five patients and cicatrical alopecia of the occipital region in two patients. Dermoscopic findings were mainly pili torti, peripilar casts, fractured hair and irregular lamellar whitish and brown thick scales. Two of our patients had a founder nonsens mutation p.W263X and two patients had a common splicing site mutation L.877-2A>G.

CONCLUSION
Little data is available in the literature regarding hair abnormalities in non-syndromic forms of lamellar ichthyosis. Alopecia is severe in patients with severe lamellar ichthyosis. Main hair loss patterns in our study are fronto-temporal hairline recession, fronto-temporo-parieto-occipital hairline recession, and patches of cicatrical alopecia. Traupe et al. in 1983 called this particular alopecia, alopecia cicatrycosa. More studies are required to shed more light on this particular alopecia which could severely impair the quality of life of these patients.

Frontal fibrosing alopecia: Experience of the University Hospital of Rabat
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Karima Senouci, Mariame Mziane

INTRODUCTION
Frontal Fibrosing alopecia (FFA) is a particular form of lichen planopilaris. It is a lymphocytic primary cicatrical alopecia, located on the frontal and temporal areas associated or not with an eyebrow alopecia and facial papules. The diagnosis is based on clinical presentation, trichoscopy and histology. The pathogenesis are unknown, it involves autoimmune and hormonal mechanism, genetic susceptibility and environmental factors. The treatment remains non-consensual, it mainly uses topical steroids and oral antiludrogenic drugs, cyclic seem to have an anti-inflammatory effect in the FFA.

METHODOLOGY
Objectives: The objective of our study is to determine epidemiological, dermoscopic, histological, therapeutic and evolutionary characteristics of the FFA in Moroccan population.

Methodology: This is a prospective descriptive study, involving 25 patients with confirmed FFA and followed up at the department of dermatology in Ibn Sina University Hospital of Rabat/ Morocco, over a period of 4 years from May 2015 to May 2019. Various epidemiological, clinical, paraclinical, therapeutic and progressive parameters were recorded.

RESULTS
All cases were women. Median age was 55 years, 47.6% in menopause,52.4% in pre-menopause. Metabolic syndrome noted in 23.8%, autoimmune diseases in 36%, mycosis fungoides in 9.5%, similar familial cases in 20% useful sun creams on the face noted in all cases.47.6% of cases had lichen pigmenogen, 9.5% lichen planapiliairs and 4.8% Graham-Little-Lassueur syndrome. Topical steroids with topical minoxidil were prescribed in all patients 52% of cases received doxycycline, 9.5% received retinoids and topical calcineurin inhibitor in 1 case. Evolution was favourable in 87.5% with 6 months of median follow-up.

CONCLUSION
FFA could be a multifactorial pathology, the results of our study support the hypothesis of Aldoori et al. suggesting an association between AIP and the use of moisturizing skin care products and sunscreens on the face. Indeed, FFA would be a lichenoid reaction to titanium dioxide nanoparticles present in the hair follicle. Our patients evolved well under cyclines which may suggest the reclassification of this molecule in the treatment of this pathology especially for the African population. Further prospective studies are needed to confirm the various hypothesis mentioned above.

Intra-operative dermoscopy in assessment of Melanonychia and as a guide for Biopsy: A Descriptive study
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INTRODUCTION
Melanonychia can be a manifestation of benign or malignant pathology and often poses a diagnostic challenge on clinical examination. Even with distinguishing dermoscopic features (nail plate), it can be quite difficult to determine the nature of pigmentation since complete assessment of nail bed/matrix is still not possible. Intraoperative dermoscopy (IOD) can serve as a useful tool to appreciate the pattern of pigmented changes in nail bed/matrix. The aim was to study intraoperative dermoscopic features of nail bed/matrix melanonychia and correlate these changes with histopathology.

METHODOLOGY
30 consecutive patients with melanonychia were recruited. Inclusion criteria were: melanonychia of sudden onset, progressive nature, irregular width/color/symmetry, Hutchinson sign, solitary nail involvement or associated dystrophy. Pre-operative dermoscopy with non-contact polarizing video-dermatoscope was performed and recorded. During biopsy, after removal of the nail plate, intraoperative dermoscopy was performed over nail-matrix and bed. Images were recorded and analysed. Dermoscopic changes were correlated with histopathology along with immune-histochemical markers(HMB-45, S-100).

RESULTS
Out of 30 patients, 19 were females and 11 males. On histopathology, 3 patients showed features of melanoma of the nail unit, 13 had benign melanocytic proliferation, 8 had nail lichen planus and 6 had fungal melanonychia. IOD revealed fine, parallel and regular lines of pigmentation localized to proximal nail bed and matrix in all patients with benign melanonychia while dark thick bands with irregular borders, dots, globules, streaks and structureless areas in the three patients with melanoma. Fungal melanonychia revealed an unremarkable nail bed and matrix on IOD in all six patients.

CONCLUSION
Intraoperative dermoscopy shows peculiar and distinguishing features for benign, fungal and malignant melanonychia and can serve as an auxiliary tool in differentiating between the same. In addition, it can also aid in delineating the most suitable site for biopsy when features are not clearly visible through naked eye. It also has an important role in grossly assessing the extent of involvement in case of malignancy.
Transition from pemphigus vulgaris to pemphigus foliaceus: Case series from a tertiary referral center

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Rıfkiye Küçükoğlu

INTRODUCTION

Pemphigus vulgaris (PV) and pemphigus foliaceus (PF) are distinct subtypes of pemphigus with different clinical features, histopathology, and target antigens. Transition between the subtypes of pemphigus has been reported as rare occurrences in the past 25 years. To the best of our knowledge, only 24 cases switching from PF to PV were described in the literature till date. We aim to describe the clinical and immunoserological features of twelve patients switching from PV to PF.

METHODOLOGY

Medical files of patients diagnosed with pemphigus in our clinic between 1987 and 2019 were retrospectively analyzed. From a total of 503 patients diagnosed with pemphigus, 419 patients belonged to PV subtype. Among PV patients, twelve cases exhibited clinical and immunoserological shift from pemphigus vulgaris to pemphigus foliaceus. Demographic, clinical, and laboratory characteristics of these patients are described.

RESULTS

6 male and 6 female patients (ages 19-62) were included in the study. 11 patients were diagnosed with mucocutaneous PV and one with cutaneous PV. During follow-up, all patients clinically switched from PV to PF after a duration of 4 months to 13 years. At the time of diagnosis, 9 patients had positive anti-desmoglein 1 (Dsg1) and anti-desmoglein 3 (Dsg3) levels, 1 patient had positive Dsg1 but Dsg3 couldn’t be tested and ELISA testing for Dsg was not possible for 2 patients due to unavailability at the time. All patients had positive Dsg1 and negative Dsg3 levels after clinical transition occurred.

CONCLUSION

Our case series of 12 patients is the largest series reported to date. All patients had positive Dsg1 and negative Dsg3 levels. Complete improvement occurred 3 months after the association of colchicine 1.0 mg/day to acitretin. As the clinical and histopathological features of IgA pemphigus may resemble cutaneous psoriasis, Sneddon-Wilkinson disease, impetigo, and pemphigus foliaceus, definitive diagnosis mostly relies on IF studies. The concomitant occurrence of psoriasis and IgA pemphigus in the same patient has been seldom reported. Some authors advocate that both belong to the same spectrum of neutrophilic dermatoses.

IgA Pemphigus Manifested As Acrodermatitis Continua Of Hallowepe: A Case Report

Juliana Oliveira Gordilho, University of Sao Paulo Medical School
Claudia Santi, Valeria Azzi, Celina Maruta, Denise Miyamoto

INTRODUCTION

IgA pemphigus is a rare autoimmune blistering disease characterized by acantholysis and tissue-bound and circulating IgA antibodies targeting components in the epidermis. A 41-year-old female with a 17-year history of refractory IgA pemphigus was under remission with acitretin 30mg/day when perungual pustules, erythema and edema and nail plate loss suddenly developed on the 4th toe. Erythematous scaling plaques with pustules were also observed on the palms and soles. The initial clinical hypothesis was acrodermatitis continua of Hallopeau.

METHODOLOGY

A new biopsy revealed acantholysis and intercellular intraepidermal IgA fluorescence without evidence of infection confirming the diagnosis of IgA pemphigus.

RESULTS

Complete improvement occurred 3 months after the association of colchicine 1.0 mg/day to acitretin. As the clinical and histopathological features of IgA pemphigus may resemble cutaneous psoriasis, Sneddon-Wilkinson disease, impetigo, and pemphigus foliaceus, definitive diagnosis mostly relies on IF studies. The concomitant occurrence of psoriasis and IgA pemphigus in the same patient has been seldom reported. Some authors advocate that both belong to the same spectrum of neutrophilic dermatoses.

CONCLUSION

Patients with long-standing cutaneous psoriasis with negative IF studies may later develop detectable serum IgA autoantibodies against cell surface antigens. Our patient had the diagnosis of IgA pemphigus since the beginning of the cutaneous disease with cDNA transfection test revealing positivity to desmocollin 1. To the best of our knowledge, this is the first report of IgA pemphigus manifested as acrodermatitis continua of Hallopeau.
Leprosy Reactions in northeast Mexico: Epidemiology and Risk Factors for Chronic Erythema Nodosum Leprosum

Adrian Bernardo Cuellar Barboza, University Hospital “Dr. Jose Eleuterio Gonzalez” Universidad Autónoma de Nuevo León

INTRODUCTION
Leprosy reactions (LR) are acute inflammatory episodes that manifest as skin lesions, neuritis, and systemic symptoms in patients with leprosy infection. LR are classified into two types: reversal reaction (RR) and erythema nodosum leprosum (ENL). Prevalence rates of LR are highly variable and geographic differences complicate accurate estimates. Epidemiological data in countries from Latin America is scarce. ENL plays a significant role in the long-term disability associated with leprosy. Our objective was to describe epidemiology and risk factors for LR in a population from northeast Mexico.

METHODOLOGY
A descriptive, retrospective and cross-sectional study was performed using clinical records of patients with leprosy attending the University Hospital “Dr. Jose Eleuterio Gonzalez” in Monterrey, Mexico (134 mi from the US border) from 1980 to 2019. Demographic, laboratory, clinical and treatment data was collected. Incomplete files and patients lost to follow-up were excluded. Chronic ENL (CENL) was defined as ENL lasting 24 weeks or more, during which a patient has required treatment continuously. A multivariate analysis was performed to identify independent risk factors related to a chronic ENL.

RESULTS
Of the 469 leprosy cases reviewed, 73 (15.56%) had a LR. The male:female ratio of 4:3. Age ranged from 14 to 80 years-old with a mean of 45 ± 15. A total of 65 (89%) were classified as lepromatous leprosy and 8 (11%) as borderline leprosy. The type of LR were ENL in 59 (80.8%) cases, Lucio’s phenomenon in 8 (11%) and RR in 6 (8.2%). Of ENL cases, 53 (72.6%) were classified as CENL. High bacterial index was independently related to the presence of chronic ENL (p<0.023). The treatment regimens most associated with remission of ENL were those that included thalidomide in 30 (41.1%) cases.

CONCLUSION
In this study more than two-thirds of ENL cases developed a chronic condition. This highlights the need for standardized follow-up visits to detect early signs of reactions. We found that high bacterial index correlates positively with the rates of CENL, further studies are needed to clarify the importance of performing systematical bacilloscopies for prognostic purposes. Treatment with thalidomide was superior above all, however it is severely restricted in many countries. Strengthening knowledge on LR may improve the prevention of permanent nerve damage and the resulting disabilities.

Experimental evaluation of a vaccine against Nocardia brasiliensis in a BALB/c murine actinomycetoma model

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INTRODUCTION
In Mexico, the main cause of mycetoma is Nocardia brasiliensis. Subcultures have previously been used to decrease the virulence of human pathogens, and previous reports have demonstrated that after carrying out 200 subcultures of N. brasiliensis, a decrease in virulence was observed, however, its effect on an established lesion is not known. The primary goal of this research was to evaluate the effect of N. brasiliensis attenuated strains on the development of lesions in an established mycetoma infection in BALB/c murine model.

METHODOLOGY
In this experimental evaluation, using as a vaccine a N. brasiliensis attenuated strain, we observed a decrease in the size of the lesion over time in BALB/c mice inoculated with the P400 strain. More studies are needed to calculate the appropriate dose to inject or the possible use of adjuvants to modify the natural history of this disease.

RESULTS
Two hundred female 8- to 12-week-old BALB/c mice were injected with N. brasiliensis suspension in the right footpads to establish a mycetoma lesion. To examine whether infection with subcultured N. brasiliensis produced an effect on an established lesion, we selected 60 female BALB/c mice with a 2+ lesion and divided them into 3 groups. Two groups were then inoculated at 0, 2 and 4 weeks in the dorsum with N. brasiliensis subcultured 200 (P200) and 400 times (P400). The other group served as a control. In all cases, the development of the lesion was scored and measured every week for 12 weeks.
Prevalence of Mucosal and Cutaneous Manifestations among HIV/AIDS patients ages 18-60 years old seen in a tertiary hospital in the Philippines

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INTRODUCTION
Around 90% of people living with HIV have skin changes during the course of illness and are usually the first sign of infection. Mucocutaneous findings can also be correlated with CD4 counts to determine disease severity. With increasing incidences and a resource-limited setting like the Philippines, dermatologic lesions can help assess HIV disease severity and prognosis. Objectives: To determine mucocutaneous disease findings of HIV/AIDS patients seen in a tertiary hospital, describe the skin findings based on patient’s latest CD4 counts; and to determine patients’ demographic profile.

METHODOLOGY
This is a Prospective Cross sectional study done on a tertiary hospital in Makati city, Philippines from January 2017 to September 2018. Interview was conducted in a private site with each session comprising of a thorough history taking followed by a physical and dermatologic examination. Assessment of the skin lesions was done by the Principal Investigator with the Research adviser. A standardized history and physical examination form was filled up and latest CD4 counts were obtained. Diagnosis was based mostly on clinical criteria however diagnostic procedures were done if deemed necessary.

RESULTS
A total of 93 patients were enrolled. Majority were males (98%), with a mean age of 32 +/- 7.08, employed (64%), obtained a bachelor’s degree (72%) and on HAART (87.1%). A large part of the group (45%) has severe immunosuppression (CD4 <200/mm3). A total of 126 dermatoses were seen and increase in no. of dermatoses were seen on patients with CD4 counts <200/mm3. Non-infective dermatoses (52%) such as seborrheic dermatitis (P=0.616), xerosis (P=0.257), pruritic papular eruptions (P=0.045) were the most common manifestations followed by fungal infections (22%) and drug related dermatoses (13%).

CONCLUSION
A wide range of dermatologic findings among HIV patients can be seen which could serve as cutaneous markers and help determine the degree of immunosuppression. However with the introduction of HAART, this has altered disease progression of the patients thereby reflecting the changing spectrum of the dermatologic diseases seen among HIV/AIDS patients. With increasing incidences in the Philippines, the presence of these distinct dermatoses should warrant a strong suspicion for any underlying immunosuppression which could play a vital role in the overall disease management of the patients.
Sézary syndrome with central nervous system (CNS) involvement
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INTRODUCTION
Sézary’s syndrome (SS) with central nervous system involvement is a rare condition. We report the case of a 67-year-old male, who was consulted in 2015 in emergency for disseminated erythematous papular lesions associated with submandibular adenopathies. Biopsies were performed, with results compatible with SS. The patient received 5 sessions of chemotherapy and responded excellently, with resolution of the lymphadenopathy and the skin lesions. In 2018, the patient was admitted to the neurological department due to paraparesis with the clinical suspicion of an infiltration of SS into the CNS.

METHODOLOGY
Under the clinical suspicion of SS with CNS involvement vs occupant space injury in the medullary canal that is generating paraparesis. MRI is performed, severe narrowing of the medullary canal is documented, with lesions in vertebral bodies of L2-L5. In addition, lumbar puncture was performed, with cerebrospinal fluid documenting a 23% concentration of atypical lymphocytes phenotypically compatible with Sézary cells (CD2 + / CD3 + / CD4 + / CD8 + / CD26 + / CD7 + / CD4 + / CD8 + / CD56 - ). The diagnosis of SS with CNS involvement is confirmed. Intrathecal chemotherapy is initiated immediately.

RESULTS
The patient received 4 doses of intrathecal chemotherapy; however, this was ceased due to the patient presenting blood-cerebrospinal fluid secondary to thrombocytopenia (20,000 units / ul, despite multiple transfusions). After hospital discharge in December 2018, the patient was referred to the palliative radiotherapy, palliative physiotherapy and palliative medicine unit. Patient finally dies in February 2019 due to bronchopneumonia at the end of life.

CONCLUSION
Sézary’s syndrome (SS) is a non-Hodgkin lymphoma characterized by the triad of diffuse erythroderma, generalized lymphadenopathy, and malignant T lymphocytes with c-evil nucleolus called Sézary cells. Central nervous system (CNS) involvement is a rare form of the condition, which has been seen in the final stages of the disease. It has a 5-year survival rate of 24%, and a common cause of death are consequences of infectious complications. Central nervous system involvement is rare complication and currently there is no established management protocol.
Juvenile Xanthogranuloma - A Case Report
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INTRODUCTION
Introduction: Juvenile xanthogranuloma is the most common non-Langerhans cell histiocytosis. It occurs predominantly in the pediatric age and presents as single to multiple lesions, without or rarely with extracutaneous involvement. We describe the case of a child with clinical and histopathological signs of the disease.

METHODOLOGY
Case presentation: A two year-old female from Pleven, Bulgaria is admitted to the hospital for diagnostic clarification. The patient was a product of a full-term pregnancy with no pathological skin changes at birth. Skin lesions started appearing at the age of one. Besides this, the health history is unremarkable. Physical examination showed disseminated skin lesions over the face, the torso and the limbs. The pathological changes are yellowish-orange plaques over the skin level, varying in size (0.5-4 cm in diameter), with rugged surface, pronounced infiltrate and subjective itching.

RESULTS
There were no findings suggesting involvement of other organs and systems from the instrumental and the laboratory examinations. Histopathology showed presence of foamy histocytes and single giant cells Touton type in the papillary derma, scarce chronic inflammatory perivascular infiltrate and single toluidine positive mast cells perivascularly, compatible to Juvenile xanthogranuloma.

CONCLUSION
Conclusion: Juvenile xanthogranuloma can vary in its clinical presentations and our case is classified as giant juvenile xanthogranuloma (no presence of lesions > 2 cm), with only 51 cases described in the English literature so far. Juvenile xanthogranuloma is usually a self-limiting disease with spontaneous involutio. Herein we have not undertaken treatment to remove the lesions but an observational strategy.

The Efficacy And Safety Of 75% Garlic (Allium Sativum) Lipid Extract Versus Curettage In The Treatment Of Molluscum Contagiosum: A Randomized Controlled Trial
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INTRODUCTION
Molluscum contagiosum is a viral skin infection caused by the Poxviridae that frequently affects children and immunocompromised individuals. It presents after close exposure with infected persons or contaminated materials. Children develop lesions most commonly on the face, torso and extremities that are usually asymptomatic but pain, pruritus, erythema and bacterial superinfection have been reported. The disease courses and duration of molluscum lesions are unpredictable. Currently, there is no Food and Drug Administration (FDA)-approved treatment or a recognized standard of care for molluscum.

METHODOLOGY
Randomized controlled trial of 25 patients, aged 3-15 years old, with molluscum contagiosum were treated with 75% garlic lipid extract or curettage. The garlic lipid extract was applied by the patient twice daily for 4 consecutive weeks or until erythema and erosions developed. Curettage was performed on the patient assigned to the curettage group with topical application of lidocaine one hour before the procedure. Patients were followed up on days 7, 14, 21, 28 and 56. Clinical remission (complete clearance) or treatment failure were assessed after 8 weeks (day 56) from start of treatment.

RESULTS
The efficacy of treatment was assessed by clinical remission defined as complete clinical clearance of lesions at week 8. The garlic group, 130/166 (78.31%) lesions achieved clinical remission whereas 147/191 (76.86%) lesions showed clinical remission in the curettage group. There was a significant difference between the two treatments in attaining complete clinical clearance after 8 weeks in the intention-to-treat analysis (P = 0.0451) and per-protocol analysis (P=0.0296), favoring the efficacy of curettage over garlic lipid extract.

CONCLUSION
This study shows that 75% garlic lipid extract has efficacy in the treatment of molluscum contagiosum and that it can be a potentially safe and cost-effective alternative topical treatment for molluscum contagiosum especially for children who cannot tolerate the pain of curettage.

Assessments of Lipid and Hemogram profiles in Psoriasis Patients With in Biologic Therapy
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INTRODUCTION
Patients with psoriasis are at increased risk of metabolic disease. Lipid changes are related to inflammation have been described in psoriasis. In recent years, hematological parameters have been studied in different systemic diseases as markers for inflammation. The aim of this study was to assess changes in hemogran (neutrophil to lymphocyte ratio(NLR), platelet to lymphocyte ratio(PLR) and Lipid Profile (Total cholesterol, triglycerides, low-density lipoprotein, high-density lipoprotein, and atherogenic index in psoriatic patients under treatment of biologics therapy quarterly.

METHODOLOGY
This study is a retrospective analysis of hemogram parameter(n:153) and lipid profile(n:124) in psoriasis patients with in use of TNF-β-antagonists (adalimumab, etanercept, nfliximab),interleukin (IL)12/23-antagonist ustekinumab and monoclonal anti-IL-17A antibody secukinumab. Patients with use of additional systemic treatment for psoriasis, use of antidiabetic and antiplatelet drug, familial hyperlipidemia and secondary hyperlipidemia, anemia, thrombocytopenia/thrombocytosis were excluded. Parameters at the baseline, at the fourth and seventh months of the therapy were taken into account.

RESULTS
According to general linear model and friedman’s analysis, lymphocytes significantly increased after the treatment at Etanercept, Adalimumab. Platelets and plateletcrit significantly decreased after the treatment with Etanercept,Ustekinumab and Secukinumab. Lipid profiles and atherogenic index did not show statistically significant differences between drug groups and follow-up values. In Psoriasis patients, NLR and PLR ratio have a significant negative correlations with PASI.

CONCLUSION
Although some changes occur in haematological parameters during biologic therapy, all of these changes remain within the normal range. Evaluating the spot values at any time during treatment may cause misinterpretations. Although hyperlipidemia is an important comorbidity in psoriasis, we did not observe a significant change in lipid profiles in contrast to previous studies with biologic therapy. Our data shows that NLR and PLR ratio to be a simple, inexpensive and easily assessable marker of systemic inflammation in patients with psoriasis.
SCHOLARSHIP RECIPIENTS