WORLD CONGRESS FUND

Poster Abstract Book

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2019 Strauss & Katz World Congress Fund Scholarship Recipients

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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 40 attendance scholarships for the 2019 Annual Meeting of the American Academy of Dermatology in Washington, DC from February 28-March 5, 2019.

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:

- Complimentary Annual Meeting registration
- One complimentary half-day course registration
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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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AGING/GERIATRICS

Efficacy of Lozenge Containing Glutathione as a Skin-Lightening Agent: An Open-Label, Single Arm Trial

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INTRODUCTION

Various lightening agents are more widely introduced to respond to the public increasing interest in skin lightening. Currently, whole body skin whitening is more usually preferred, so that systemic agents have also been widely popular. There are some serious adverse events of the intravenous form. Oral glutathione may be enzymatically degraded in the intestine. A sublingual glutathion was absorbed directly into the systemic circulation and has no serious side effect as intravenous form. Our research was conducted to assess the efficacy and safety of this lozenge containing glutathione.

METHODOLOGY

This open-label, single arm trial enrolled thirty healthy women working at University Medical Center Ho Chi Minh City. They received a lozenge containing 500 mg glutathione daily for 8 weeks. A mexametter (Courage-Khazaka Electronic, Koln, Germany) to measure the melanin index on the sun-exposed area (lateral face) and sun-protected area (upper and inner arm) of each subject at baseline and every 2 weeks during 8 weeks. Participants described any change in skin color according to a score at the end of study. Adverse effects occurring at any time in the course of the study were recorded.

RESULTS

Thirty volunteers, 38.53 ± 8.23 years and skin type III-IV, were enrolled. All (93%) exposed sunlight less than 30 minutes per day. The mean melanin index on the sun-exposed area (26.28 ± 4.66) was higher than the sun-protected area (17.72 ± 3.58) at baseline ($p < 0,01$). There was a significant decrease in melanin index from 26.28 ± 4.66 at baseline to 25.65 ± 4.88, 25.47 ± 4.40, 23.73 ± 4.93 and 22.88 ± 4.04 bimonthly on sun-exposed areas ($p<0,00$). On sun-protected areas, the melanin index decreased slightly without statistical difference. There were no systemic adverse events.

CONCLUSION

Our finding demonstrated that the glutathione of 500mg taken sublingually daily was effective and safe in lightening the skin. Especially, this therapy was more efficacious on the skin exposed to environmental factors. Hence, it is recommended that sublingual form of glutathione may be a useful and safety formula for skin lightening.

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS

Paraneoplastic Scleromyxedema and Non-Hodgkin Lymphoma – A Rare Presentation

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INTRODUCTION

Scleromyxedema is a rare, chronic primary cutaneous mucinosis with unknown pathogenesis. It is also known as generalized and sclerodermoid lichen myxedematosus or Arndt-Gottron disease and is characterized by a generalized papular and sclerodermoid cutaneous eruption that usually occurs in association with monoclonal gammopathy. Only a few cases associated with neoplasms have been reported, with only two other cases of scleromyxedema associated with non-Hodgkin lymphoma, the last one reported in 1989. We describe a case of relapsed diffuse large B-cell lymphoma and scleromyxedema.

METHODOLOGY

A 48 year old man presented to Oncology with a three week history of a generalized, pruritic skin eruption. He was successfully treated a year before for diffuse large B-cell lymphoma with 6 cycles of chemotherapy (Cyclophosphamide, Hydroxydaunorubicin, Oncovin and Prednisone). He was HIV negative, no co-morbidities and denied use of any medication prior to the eruption. He was referred to Dermatology for investigation of the skin lesions. Physical examination revealed a widespread monomorphic papular and sclerodermoid eruption involving the face and body with generalized lymphadenopathy.

RESULTS

Work up done included skin punch biopsy (scleromyxedema), thyroid function tests (normal), anti-nuclear antibody (negative), serum protein electrophoresis (small peak measuring 1g/L in mid-gamma region typed as monoclonal IgG lambda on immunofixation), urine Bence Jones proteins (negative), CT scan (extensive neck, thoracic and abdominal adenopathy). Histology and immunohistochemistry of the lymph nodes revealed relapsed diffuse large B-cell lymphoma. Skin clear after 3 cycles of chemotherapy (Rituximab, Dexamethasone, Cisplatin and Cytarabine). PET-CT scan showed complete metabolic response.

CONCLUSION

Scleromyxedema tends to have a chronic, progressive course with rare spontaneous remission. In our patient the relapse of the lymphoma accompanied by scleromyxedema, and a parallel course of both conditions suggests a paraneoplastic association. Paraneoplastic eruptions might have a better prognosis after surgery or chemotherapy. Investigatigations for internal malignancies when a diagnosis of scleromyxedema is made could lead to earlier detection and better prognosis. There is need for further research to establish whether scleromyxedema and non-Hodgkin lymphoma have a causal relationship.

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS

Sister Mary Joseph's Nodule Unveiling an Ovarian High-Grade Serous Carcinoma

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INTRODUCTION
Sister Mary Joseph's nodule is an uncommon metastatic malignancy of the umbilicus, which usually signals advanced, metastatic disease and is accompanied by low survival rates. It is a rare occurrence but may represent the first sign of an abdominal cancer, most commonly an adenocarcinoma from a gastrointestinal or gynecologic primary malignancy. Here, we present a case of SMJN as an ovarian cancer metastasis.

METHODOLOGY
A 82 years old obsese woman presented to our dermatology department for the assessment of a bleeding and oozing umbilical mass that has rapidly been enlarging in the last two months. Physical examination showed a 2 cm firm, nontender, protrusive umbilical nodule. The patient also complaint about menorrhagia during the last two weeks.

RESULTS
Blood tests revealed anemia and a high level of HE4 marker. The ROMA score classified our patient as being at high risk for malignant disease. Abdominal ultrasound detected a right ovarian mass and a right parauterine teratoma. Histological and immunohistochemical examination of the umbilical biopsy established the diagnosis of cutaneous metastasis from an ovarian high grade serous carcinoma. MRI confirmed the diagnosis and detected a lymph node metastasis in the right external iliac group. The patient underwent hysterectomy and bilateral salpingo-oophorectomy. She refused chemotherapy.

CONCLUSION
Umbilical masses in adults are uncommon, rarely seen in day-to-day practice so physicians must exercise caution while dealing with umbilical lesions. As in our patient's case, SMJN can be an important diagnostic and prognostic factor in the assessment of gynecologic oncology patients.

Cutaneous Leishmaniasis in a 7-Year-Old Male Treated with Fluconazole: First Case Report from Resource Poor Hilly Region of Nepal

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INTRODUCTION
Cutaneous leishmaniasis is rare in Nepal although visceral leishmaniasis is common in Terai region. There are recent reports on increasing cases of cutaneous leshmaniasis, mostly in migrant workers. We report a case of cutaneous leishmaniasis in a native 7-year old immuno-competent male child from hilly region of Nepal where the vector sandfly is not available.

METHODOLOGY
A 7-year-old child brought to the OPD with erythematous plaque with yellowish crust over the left side of forehead. Based on the clinical suspicion diagnosis of granulomatous disease was made and sent for histopathological examination. Report showed multiple epitheloid granuloma along with scattered multinuleate giant cells and dense chronic inflammation along with the numerous LD bodies. With this diagnosis of cutaneous leishmaniasis was made and child was started on syrup Fluconazole 7.5mg per kg body weight. There was complete resolution of lesion after four weeks of treatment.

RESULTS
After complete history taking, clinical examination and histopathological examination the diagnosis of cutaneous leishmaniasis was made. Because of lack of availability of sodium stibogluconate and Miltefosine in the country, the child was started on syrup fluconazole at 7.5mg/kg per day. There was complete resolution of lesion after four weeks of treatment.

CONCLUSION
In every non-healing lesion such as non-healing ulcer in any age group we should suspect one of the possibility of cutaneous leishmaniasis. In analysing this case and also on reviewing the previous literatures there is no geographical boundry to cutaneous leishmaniasis and it is important aspect of this condition. In the scenario of third world country like Nepal we can use Fluconazole as an alternative treatment if the first line treatments are not available.

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS

Facial Wet Shaving in Men: Related Skin Problems, Risk Factors and Protection

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INTRODUCTION

Shaving is a method mostly selected by men which is a daily routine and cost variably inexpensive. It has been reported that facial hair shaving is the most common cosmetic practice worldwide and becomes an important psychological factor during puberty. Irritation, razor burn, razor nick and pseudofolliculitis barbae (PFB) are frequently mentioned to be shaving related skin problems. However, there was no study reported the factors causing each problem. The aim of this study was to identify risk or protective factors associated with shaving related skin problems in wet shavers.

METHODOLOGY

A cross-sectional analytic study of 263 healthy men aged older than 18 who have facial hair shaved with razor blades was performed. Collected data from volunteers included personal information, shaving details, skin problems on shaved area were analyzed. Subgroup analysis of each problem (irritation and dryness, razor burn, razor nick or cut, and PFB) was performed to identify the individual associated factors. This study was approved by the Siriraj Institutional Review Board (SIRB).

RESULTS

The most common problem was irritation and dryness (65.4%), followed by razor burn, nicks and PFB. Pre-shave skin preparation, using shaving-specific products were protective factors for overall problems. Skin preparation before shaving was a protective factor for irritation and dryness. Low-price razors, disuse of after-shave moisturizers, and shaving in wrong directions were risk factors of razor burn. Shaving-specific products use was a protective factor for razor nick. Razor nick problem were more commonly found in low-experience shavers. Age less than 30 was a risk factor of PFB.

CONCLUSION

Pre-shave skin preparation and shaving-specific products use were protective factors of skin problems in wet shavers. However, different skin problems in shavers were influenced by different factors. Therefore, this study suggests that not all shaving related skin problems can be prevented or treated by unique shaving technique. The associated factors of each skin problem found in this study are very helpful for patient counselling and for advising wet shavers.

Chronic Macrocheilia: A Clinico-Pathological Report of 51 Patients

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INTRODUCTION

Chronic macrocheilia (CM) is a multietiological entity which is often a diagnostic and therapeutic challenge. The data on this subject are scarce, limited to granulomatous cheilitis. The purpose of the study was to outline the epidemiological, histological and etiological spectrum of CM in Tunisia.

METHODOLOGY

We performed a detailed clinico-pathological analysis of all patients diagnosed with CM in the Department of Dermatology, Charles Nicolle Hospital in Tunis during the last 17.6 years (from January 2000 to August 2018). CM was defined as persistent enlargement of one or both lips for at least 60 days. Data were obtained from medical records of the patients. Photographs of the patients were analyzed by two independent dermatologists. Both descriptive and analytical analysis was performed.

RESULTS

Of the 51 patients, 20 had cutaneous leishmaniasis, 14 had sarcoidosis, 9 had granulomatous cheilitis of Miescher, 4 had Melkersson Rosenthal syndrome, one had lepromatous leprosy, one had systemic amylosis and 2 were diagnosed with nonspecific CM. Ulcerations were significantly associated with leishmaniasis ($p<0.05$). Histological study showed a granulomatous infiltrate in 83% of cases. Medical treatment (local 28% and systemic 68%) was based on the etiology. Surgery was performed in 2 cases. An improvement of macrocheilia was noted in 75.8% of patients. Recurrences were noted in 3 cases.

CONCLUSION

This study, the largest to date enrolling 51 patients, broadens our understanding of CM causes. Mucosal leishmaniasis, a rare and emerging clinical form of leishmaniasis, was the most common etiology in our series and should be suspected especially in case of ulceration. Interestingly, inflammatory conditions were the second most frequent causes of CM in this series, but represent the most prevalent etiologies in developed countries. Therefore, a high index of suspicion for locally prevalent etiologies is important to establish an adapted diagnostic algorithm in different parts of the world.

SCHOLARSHIP RECIPIENTS

CLINICAL DERMATOLOGY & OTHER CUTANEOUS DISORDERS

Severe Cutaneous Adverse Reactions (SCAR): Whether or Not to Use Systemic Corticosteroids? A Retrospective Study of 173 Patients

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INTRODUCTION

Severe cutaneous adverse reactions (SCAR) to drugs are a crucial public health issue and the use of systemic corticosteroids in SCAR has been controversial. To analyze clinical features, causative drugs, treatment, outcomes and prognostic factors of SCAR in the case-series of 173 patients, and add more information to the debate of using systemic corticosteroids in SCAR management.

METHODOLOGY

A retrospective study of 173 SCAR patients diagnosed with drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome/ toxic epidermal necrolysis (SJS/TEN) or acute generalized exanthematous pustulosis (AGEP) at a tertiary care institution in China between January 2014 and December 2017 was conducted.

RESULTS

Of 173 patients, allopurinol, carbamazepine and antibiotics are the most frequently implicated drugs for DRESS (40%), SJS/TEN (26%) and AGEP (40%) respectively. Moreover, there is a strong correlation between early corticosteroids use and the progression (P=0.000) and severity (P=0.001) of skin lesions. However, there is no association between early corticosteroids use and the mortality of SCAR [Odds Ratio: 1.01, 95% Confidence Interval: (0.95,1.08)]. In addition, lymphadenopathy, eosinophilia and interval from onset to corticosteroids treatment were correlated with SCAR prognosis.

CONCLUSION

Prompt short-course systemic corticosteroids use is associated with early-stage skin lesions remission without influencing the disease mortality. Lymphadenopathy and eosinophilia were the independent poor prognostic factors of SCAR.

CONNECTIVE TISSUE DISEASES

An Observational, Comparative Study of Nail Fold Microvascular Changes and Retinal Microvascular Changes in Systemic Sclerosis

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INTRODUCTION

Systemic sclerosis (SSc) is an autoimmune disease characterised by vascular injury and fibrosis in skin and internal organs, including involvement of retinal vasculature. Nailfold capillaroscopy (NFC) is used for in-vivo study of microvascular architecture in these patients. The retinal microvascular changes have been sparsely studied in SSc. The present study was carried out to evaluate NFC findings in systemic sclerosis; and to compare and correlate them with retinal microvascular changes in these patients, if any.

METHODOLOGY

This observational, comparative study was done at a tertiary care centre, New Delhi, India. 45 patients with SSc (ACR-EULAR criteria-2013) were evaluated for microvascular alterations in the proximal nail fold and retina. The microvascular architectural changes visualised on NFC and fundoscopy were recorded, evaluated and compared. Continuous variables were expressed as the mean, whereas categorical variables were expressed as frequencies and their percentages. Student's t-test and Fischer's exact test were used to compare data. P value <0.05 was considered significant.

RESULTS

All 45 patients of SSc had microvascular alterations in the proximal nail fold on NFC. Thirteen patients (28.89%) were found to have retinal microvasculature alterations (arteriolar attenuation, narrowing of AV crossing). Mean disease duration and disease severity were significantly higher in patients with retinal changes. Mean capillary density was lower (3.25±1.18 capillaries/mm) among patients with retinal disease as compared to those without retinal disease (3.70±1.42 capillaries/mm). NFC changes were present in higher frequency in patients with retinal microvascular disease.

CONCLUSION

The type and frequency of NFC changes in patients with systemic sclerosis may reflect the possibility of retinal microvascular alterations which may have a long term consequence for vision in these patients.

CONNECTIVE TISSUE DISEASES

An Evaluation of Long-Term Outcomes and Recurrence Rates in Patients with Morphea

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INTRODUCTION
Morphea is a rare sclerotic skin disorder that could lead to permanent morbidity and functional impairment. Data on recurrence rates is limited but can help prompt treatment hense preventing disease disability. The aim of the study was to identify morphea recurrence rates and risk factors.

METHODOLOGY
We conducted a retrospective, descriptive and analytical study enrolling all patients diagnosed with morphea, with a minimum follow-up duration of 2 years between January 2000 and December 2017, in the Department of Dermatology, Charles Nicolle Hospital, Tunis, Tunisia. Data for all cases, were compiled electronically and analyzed using SPSS version 19. T-test and Chi-square were respectively used for comparison of continuous or parametric variables (Mann– Whitney and Fisher exact test when appropriated).

RESULTS
Ninety-six patients were enrolled (median age: 28), diagnosed with circumscribed morphea (52 patients, 54.1%), linear scleroderma (35.4%), generalized morphea (8.3%) and pansclerotic morphea (2.1%). Seventy-nine patients received local (43.8%) and/or systemic (56,2%) treatment. Recurrence after initial efficacy was noted in 16 patients (16,7%), occurring after a mean period of 15 months. Recurrences were significantly associated to earlier age (p=0.002), blaschko linear distribution (29% vs 8.4%, p=0.01) and deep tissue sclerosis (42% vs 9.25%, p=0.007). Mean follow-up period was 46 months.

CONCLUSION
This retrospective study, the largest to date with a minimum follow-up period of 2 years, broadens our understanding of morphea recurrence rates and risk factors. We identified three predictors of morphea recurrence: younger age, blaschko-linear distribution and initial deep tissue sclerosis. Disease recurrences are frequent, affecting about one fifth of our patients. Interestingly, disease recurrences can occur after years of quiescent disease. Therefore, patients should be informed about the potentially chronic and relapsing course of the disease, and the importance of long term follow-up.

DERMATITIS, ATOPIC

The Association of Serum Vitamin D Level and Severity of Atopic Dermatitis Among Diagnosed Atopic Dermatitis Patients

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INTRODUCTION
Atopic dermatitis is an emerging public health concern with increasing prevalence. Recently, several studies have explored the role of serum Vitamin D in the disease activity of atopic dermatitis. Though the results are promising, no studies have been undertaken in our local setting.The objective of this study was to determine the association of serum Vitamin D level and disease severity of atopic dermatitis.

METHODOLOGY
This is a cross-sectional study and was conducted at a dermatology outpatient Department. Serum 25-hydroxyvitamin D levels of 42 Atopic dermatitis patients were measured by immunoassay. Subjects were categorized into deficient (<25 ng/mL), insufficient (25–49.9 ng/mL), and sufficient (≥50 ng/mL) groups. Atopic dermatitis severity was evaluated by physician-diagnosed SCORing Atopic Dermatitis (SCORAD).

RESULTS
Vitamin D levels of these patients varied from 52.4% deficient, 45.2% insufficient and 2.4% sufficient. The mean serum Vitamin D level was 19.8 ± 5.3 ng/ml. There was a significant strong negative linear relationship between vitamin D levels and severity of atopic dermatitis based on SCORAD index in continuous form (r=-0.660, p<0.0001). There was also a significant association between categories of vitamin D levels and severity of atopic dermatitis based on SCORAD index in ordinal form (p=0.001).

CONCLUSION
Serum vitamin D level was associated with atopic dermatitis in the Filipino population. Vitamin D levels showed an inverse correlation with atopic dermatitis severity. Randomized placebo-controlled clinical trials are necessary to address the benefits of vitamin D treatment on atopic dermatitis outcomes.

SCHOLARSHIP RECIPIENTS

DERMATOPHARMACOLOGY/ COSMECEUTICALS

Efficacy of Cimetidine in Reducing Dapsone Induced Haematological Adverse Effects Among Chronic (> 3 months) Dapsone Users: A Clinical Trial

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INTRODUCTION
Dapsone is a synthetic sulfone with antimicrobial and anti-inflammatory effects. Haematological side effects of dapsone such as haemolytic anaemia, methaemoglobinaemia and agranulocytosis are dose related. These effects are caused by N hydroxylation of dapsone, mediated by hepatic cytochrome 450 leading to formation of hydroxylamine dapsone, a potent oxidative metabolite. Coadministration of cytochrome 450 inhibitors has led to significant reduction of dapsone induced methaemoglobinaemia. However, its efficacy in improving haemolysis has been poorly studied. Our study aimed to address this.

METHODOLOGY
A multicenter clinical trial where eligible and consenting participants with leprosy were randomized into study and control arms using envelop method. Cimetidine was added for first 4 weeks with multi drug therapy (MDT) for the test participants (200mg twice daily for children and 400mg twice daily for adults). Haemolysis as assessed by full blood count, blood picture and reticulocyte count was monitored at regular intervals (pre-treatment, week 2, 4, 8, and 12). A drop of haemoglobin 2g/dl or above was considered significant. Assessment of methaemoglobin level was done at two weeks of MDT.

RESULTS
Analysis was done in 52 participants (36 male, 16 female). The percentages of significant haemolysis for the test and control arms were 42% and 77% respectively. There was a statistically significant reduction of haemolysis among test participants in week 8 (P=0.091, 90%CI=0.018-1.291) and week 12 (P=0.001, 99%CI=0.32-2.323) compared to controls. The mean methaemoglobin levels in the test and control arms were 3.201% (SD: 1.825) and 4.642% (SD: 2.509) respectively. Test group had a 31% reduction of methaemoglobin level compared to control group (P= 0.022, 95% CI =2.66 -0.216).

CONCLUSION
A short course of cimetidine is safe and efficacious to combine with dapsone to minimize haemolysis and methaemoglobinaemia among chronic dapsone users with no added adverse effects attributable to cimetidine.

EPIDEMIOLOGY & HEALTH SERVICES ADMINISTRATION

Epidemiology of Leprosy in Bogotá Colombia from 2010 to 2017

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INTRODUCTION
Hansen disease is a chronic infection caused by Mycobacterium leprae whose clinical manifestations mainly affects skin and peripheral nerves often with delayed diagnosis and irreversible sequels. In Colombia the reported prevalence was 0.2 per 10,000 population, this rate has been unchanged since 2012. Bogotá, Colombia is a region with a high burden of the disease according to OMS Leprosy Elimination Monitoring tool. The aim of this study was to describe the epidemiologic trends, calculate incidence rate and evaluate epidemiological profile of leprosy cases in Bogotá, Colombia from 2010 to 2017.

METHODOLOGY
We performed an observational descriptive cross-sectional study analyzing leprosy database obtained from Secretary of Health of Bogotá. According to the Ridley Jopley (RJ) classification, we characterized the population in relation to age, gender, type of leprosy, symptoms, laboratory and histopathology classification. Patients with incomplete clinical record or information duplicity were excluded. The analysis was performed using percentages, means and incidence rates. All data were registered in Microsoft software database and analyzed with STATA 14. Patient's identity was protected.

RESULTS
254 leprosy cases enter in the study, 86% were new, 16% were relapses. 52% belong to Bogotá, the remaining were from outside. The mean age of presentation was 44 years. 97% were ≥18 years. The highest incidence in the 30-49 years group. There were more male than female cases. 60% of the cases were classified as multibacillary. 38% Lepromatous leprosy, 27% borderline leprosy, 19% tuberculoid leprosy and 6% indeterminate. Two cases developed a pure neural leprosy. Bacteriological index were greater than 0 in 54%. The incidence rate ranged from 0.007 to 0.005 per 100000hab. Incidence rate progressively declined.

CONCLUSION
Globally, substantial progress has been made in reducing morbidity from leprosy. However, despite the efforts of Colombian health institutions new cases are reported every year. Identify and characterize new cases may improve disease detection in developing countries. Understanding socio-demographic characteristics of the cases is needed to decrease the burden of the disease.

GENODERMATOSES

PTEN Hamartoma of Soft Tissue in a South African Family with Cowden Syndrome

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INTRODUCTION

PTEN hamartoma tumour syndrome (PHTS) encompasses a spectrum of disorders, most notably Cowden syndrome, which is a rare autosomal dominant condition with a high risk for development of benign and malignant neoplasms. It occurs as a result of germline mutations in the tumour suppressor gene, PTEN. A recently described histopathological entity termed PTEN hamartoma of soft tissue (PHOST) was noted in patients with PHTS. We describe a family diagnosed with Cowden syndrome who was also found to have this distinctive lesion on histopathology, which is not part of diagnostic criteria as yet.

METHODOLOGY

A 39-year-old female presented to the surgical clinic with a 1 -year history of an enlarging, painful breast mass which was diagnosed as metaplastic breast carcinoma. Associated with this she was also noted to have cutaneous lesions which included oral papillomatosis, acral keratoses, facial trichilemmomas and multiple soft tissue masses which on excisional biopsy was conformed to be PHOST. Two of her children were also diagnosed with Cowden syndrome (CS) and subsequently were found to have tumours in keeping with a diagnosis of PHOST.

RESULTS

Punch and excision biopsies were done on multiple lesions that were present in the mother and the children. Lesions were most commonly located on the extremities. Histopathology confirmed the presence of PHOST in all three of the family members diagnosed with CS - described as unencapsulated masses with a prominent vascular component, scattered nerves and a glandular component with surrounding fibroadipose tissue. These lesions were asymptomatic in most areas and due to their benign nature will be monitored. The children will also be followed up as per guidelines for future cancer screening.

CONCLUSION

The importance of CS needs to be highlighted due to the significantly increased risk of associated malignancies which most commonly includes breast, thyroid and endometrial carcinoma. The diagnostic criteria for Cowden syndrome has been revised and continues to adapt due to increasing clinical and investigative research. The presence of PHOST should warrant further investigation in a patient and lifelong follow up. Further research should be done to ascertain the possibility of including PHOST in the diagnostic criteria of CS and PHTS as an entity.

HAIR & NAIL DISORDERS

Nail Presentation of Psoriasis in Nigerians

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INTRODUCTION

Psoriasis is an inflammatory skin disorder that commonly affects the nails as well. Studies on psoriasis in our environment are very few and data on nail abnormalities in our environment are lacking. The present study was carried out to (1) evaluate the frequency of nail involvement in patients with psoriasis (2) to document the nail changes in psoriasis, and finally (3) to identify any existing association between some clinical parameters and nail involvement.

METHODOLOGY

The study was a cross sectional study of patients diagnosed with psoriasis at the dermatology clinic of University College Hospital, Ibadan, Nigeria between January 2016 and October 2017. Consecutive patients were recruited after obtaining an informed consent. Diagnosis of psoriasis was solely clinical but histopathologic confirmation was obtained in majority of the patients. Sixty two patients were recruited into the study. Each patient had baseline examination with special attention paid to the nail changes.

RESULTS

Nail changes were present in fifty-two (52) patients (83.9%) with psoriasis. The most common nail abnormalities observed were pitting followed by onycholysis and then nail discolouration. Nail involvement was seen statistically more in patients with more cutaneous involvement. The mean duration of psoriasis prior to presentation was 48.4 ± 80.4 months (range 0.5 – 432months).

CONCLUSION

Involvement of the nails in psoriasis in our environment is quite common and at times maybe the initial manifestation. Pitting, onycholysis and discoloration with a brownish to yellowish brown hue are the commonest nail abnormalities in patients with psoriasis in this environment. Nail abnormalities are found more commonly in people with more severe cutaneous disease.

HAIR & NAIL DISORDERS

Combined Topical 5% Minoxidil and Potent Topical Corticosteroid versus Intralesional Corticosteroid in the Treatment of Alopecia Areata – A Clinical, Dermoscopic and Laboratory Study

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INTRODUCTION

Alopecia areata (AA) presents with circumscribed patches of non-scarring hair loss. It inflicts a significant psychological and social burden. Many treatment options are used for the treatment of AA. Randomized controlled trials comparing intralesional and topical therapy and comparing combinations are few. The aim of this work was to evaluate the efficacy of combined topical 5% minoxidil & potent topical corticosteroid therapy compared to intralesional triamcinolone injection in the treatment of AA on clinical, dermoscopic and laboratory basis.

METHODOLOGY

Forty patients with AA were enrolled and randomized into Group A (intralesional group), who received intralesional triamcinolone acetonide 5 mg/ml monthly, and Group B (topical therapy group), who received Minoxidil 5% topical solution applied twice daily and topical clobetasol propionate 0.05% cream applied once daily every night. Both treatment regimens were used for 3 months. All patients were assessed before and after treatment using clinical score (SALT score), dermoscopy, in addition to, quantitative measurement of IL-23 and TGF-ß1 using Enzyme Linked Immunosorbent Assay (ELISA).

RESULTS

A significant decrease (improvement) in SALT score, dermoscopic scale, and quantitative measurement of IL-23 occurred following therapy in both intralesional group and topical therapy group. TGF-ß1 showed up-regulation in both groups after therapy, which was significant only within the topical therapy group, indicating improvement. There was no significant difference between both groups; as regards mean and percentage change in SALT score, dermoscopic scale, IL-23 level and TGF-ß1 level. Side effects were mild and tolerable with no significant difference between both groups.

CONCLUSION

Topical 5% minoxidil combined with Class 1 superpotent topical corticosteroid is equally effective to intralesional triamcinolone for the treatment of AA. Both regimens achieved down-regulation of IL-23, which is a main driver of Th17 cells. Both groups also showed up-regulation of TGFß-1 after therapy, which is a key cytokine for the induction of regulatory T cells (Tregs). This may provide evidence for the restoration of the imbalance between Th17/Tregs in AA following both treatment regimens, together with the recovery of the hair follicle immune privilege.

IMMUNODERMATOLOGY & BLISTERING DISORDERS

Pemphigus Vulgaris: A 12-year Retrospective Cohort Study of the Clinical Manifestations, Treatment and Evolution

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INTRODUCTION

Pemphigus vulgaris (PV) is an infrequent and severe blistering autoimmune disease, characterized by skin and mucous membranes involvement. Treatment consist of systemic corticosteroids (SC) in combination with adjuvant immunosuppressive drugs (AID), which aim is to increase the therapeutic efficacy and minimize the adverse effects caused by the chronic use of steroids.

METHODOLOGY

A retrospective cohort study was carried out at Hospital Italiano de Buenos Aires, between September 2005 to August 2017. We included patients with PV confirmed by histopathology and direct immunofluorescence, and a follow-up period of at least 6 months. The aim of the study was to describe the epidemiological and clinical features of PV patients and to analyze treatments, complications, relapses, remission rates, refractoriness and mortality. Data was obtained from clinical records. We used Mann Whitney and Fisher's exact test and considered $p< 0.05$ as statistically significant.

RESULTS

Of 32 patients, 59,4% were women. The onset of PV was in mucous membranes in 62,5% (n=20). The initial dose of SC was 0,5-1,5 mg/kg/day in 75% (n=24). 93,8% (n=30) used AID and azathioprine was the most prescribed (n=22). Those who had a disease onset before the age of 40, had generalized skin involvement (p=0,003), required more treatments (p=0,05) and were more refractory to them (p=0,02). 96,3% (n=30) had complications related to PV or due to the treatments performed. 81,3% (n=26) experienced relapses, 46,9% (n=15) achieved remission on/off therapy and the mortality was 6,3% (n=2).

CONCLUSION

This study concluded that the onset of the disease before 40 years of age, could be considered a poor prognosis factor, because these patients have a more widespread disease, require more treatments and are refractory to them. Further research is required to confirm these findings.

INFECTION - BACTERIAL & PARASITIC

Diagnostic Challenges of Granulomatous Skin Infection: Four Unusual Cases

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INTRODUCTION

Granulomatous disorders are frequently due to a wide variety of infections. These diseases share similar histologic features and have identifiable and distinct etiologic agents.

METHODOLOGY

Purpose: to share original and atypical cases of granulomatous infection.
Data: clinical examination showed different types of cutaneous lesions.
Case 1: erythematous infiltrative plaque, quadrangular covering 60% of the abdomen. The surface was covered by places with crusts and scales.
Case 2: erythematous plaque 5X3 cm in diameter, surface covered with numerous vegetations on the nose.
Case 3: farmer present several erythematous papules and nodules on the dorsal surface of the hands.
Case 4: 35 year old male consult for multiples disseminated lesions: ulcers, papules nodules pustules, acneiform lesions.

RESULTS

The skin biopsy showed infiltrate granuloma. The diagnosis was confirmed by pathogen identification on the basis of paraclinic data.
Case 1: Skin smears also revealed the diagnosis of cutaneous leishmaniasis and the patient was treated with systemic meglumine antimoniat.
Case 2: The lesions showed marked improvement in response to antituberculous treatment.
Case 3: The diagnosis of Mycobacterium avium complex was made on the basis of paraclinic data.
Case 4: labortory findings confirm diagnosis of Cryptococcosis neoformans.

CONCLUSION

Granulomatous inflammatory reactions may be caused by various pathogens, some of which are characterized by a typical clinical picture. A definitive diagnosis is only possible by pathogen identification.

INFECTION - BACTERIAL & PARASITIC

Mucocutaneous Leishmaniasis Mimicking Malignant Neoplasm

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INTRODUCTION

Cutaneous leishmaniasis is a parasitic infection caused by different species of the obligate intracellular protozoa of the genus Leishmania, transmitted through the bite of an infected female sandfly. It occurs in a variety of clinical forms depending on the responsible subspecies and host related factor. In addition to the classical clinical presentation, several unusual and atypical clinical features of the disease are being reported these days that cause diagnostic challenges and treatment delay.

METHODOLOGY

Here, I describe a 14 year old male patient with an unusual clinical presentation of mucocutaneous leishmaniasis, resembling malignant neoplasm. He presented with a 3 year history of asymptomatic papules and an infiltrative plaque over the chin and cheeks, which slowly formed punched out ulcer with a fibrinous base and necrotic border, extending to the lower lip with associated edema of the entire lower half of the face and oral mucosa. The clinical differential diagnosis included, among other entities, Burkitt's lymphoma, rhabdomyosarcoma and midline lethal granuloma.

RESULTS

An incisional biopsy was done with the presumptive clinical diagnosis of malignant neoplasm. Histopathological result showed a diffuse dermal inflammatory infiltrate composed of macrophages, lymphocytes, eosinophils and neutrophils. In most of macrophages amastigotes were seen. The diagnosis of mucocutaneous leishmaniasis mimicking malignant neoplasm was confirmed and patient was treated with amphotericin B liposomal formulation at a dose of 3mg/kg/day intravenous, clinical recovery was almost complete, only scarred tissue was observed in the place of the large disfiguring ulcerated lesion.

CONCLUSION

In conclusion, this case report extend the clinical spectrum of mucocutaneous leishmaniasis and alerts to the existence of atypical cutaneous leishmaniasis that can mimic many dermatological neoplastic conditions. The trend of leishmaniasis in the world seems to be increasing due to higher rate of travel abroad, which increased number of sporadic cases of cutaneous leishmaniasis in non-endemic areas. Therefore, Dermatologist's should be familiar with the atypical clinical presentations of cutaneous leishmaniasis in order to avoid inappropriate diagnosis and management.

INFECTION - BACTERIAL & PARASITIC

"A Villain Unmasked" Leprosy, Pulmonary Tuberculosis and HIV Co-Infection: A Case Report

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INTRODUCTION

Leprosy, pulmonary tuberculosis (PTB) and HIV infection plague patients not only with physical and psychological burden but also significant social stigma and discrimination. Recent reports have recorded an alarming increase in the incidence of HIV infection in the Philippines. Leprosy is recognized to be far from elimination while tuberculosis is accounted as the leading cause of mortality among people with HIV. The unmasking of leprosy in this case report can be better understood in view of immune reconstitution rather than immune suppression.

METHODOLOGY

This is a case report of borderline lepromatous leprosy in mild type 1 reaction presenting as immune reconstitution inflammatory syndrome (IRIS) in an HIV patient who also had PTB. While studies have elucidated that TB can complicate HIV by increasing HIV replication, interaction between leprosy and HIV may be recognized in IRIS as unmasking of subclinical leprosy due to recovery of CD4 lymphocytes after highly active antiretroviral therapy (HAART).

RESULTS

Patients with co-infection of leprosy and HIV respond well to Multi-Drug Therapy without the need for prolonged course of treatment with appropriate management of reactions. The management of this patient's condition exceeds beyond the treatment of infections and restoration of immune functions. The profound impact of incurring not one but three stigmatizing diseases may cause pronounced affliction on the patient more than the effect of the diseases themselves.

CONCLUSION

This report highlights critical approach to IRIS in the context of the rising HIV epidemic and endemicity of tuberculosis and leprosy not only in the Philippines but other areas globally. Apart from being mindful of the possibility of co-infections, physicians in countries highly endemic to leprosy and TB should also be cognizant of the IRIS phenomenon. In this particular case, initiation of HAART was linked to immune system recovery which in turn, unmasked the manifestations of leprosy which would otherwise have been dormant.

INFECTION - BACTERIAL & PARASITIC

Leukocytoclastic Vasculitis Presenting in Association with Rickettsia SPP: A Case Report

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INTRODUCTION

Rickettsial infection is a curable disease that can resemble benign viral infections, however without a high clinical suspicion and without an adequate approach it can be fatal. An 18 year-old veterinarian student is presented to the emergency department with acute symptoms of myalgias, arthralgias, history of self-limited fever and acute rash located in lower and upper limbs characterized by palpable purpura. Under clinical suspicion, positive molecular blood test for rickettsia spp. were obtained. He completed a successful IV therapy course with tigecycline due to doxyxicline intolerance

METHODOLOGY

Under clinical suspicion, molecular panel blood test for tropical diseases including rickettsia spp. was taken. Other infectious causes were ruled out, autoimmune disease test taken due to the clinical presentation came back negative as well. Patient completed treatment with tigecycline for 10 days under infectology department recommendations due to gastric intolerance to doxycycline. serologies were taken to rule out rickettsia rickettsii, however, negative titers were obtained.

RESULTS

Patient completed a 10 day course of iv tigecycline with good clinical evolution, progressive reduction of rash and symptoms, in addition to biomarkers decrease with antibiotic therapy. Negative serology titers were obtained for rickettsia rickettsii, having a positive molecular blood test could correspond to serologies being taken in the acute state of the disease or because the causative agent is a different rickettsia. The residual vasculitic lesions were subsequently addressed by the dermatology department initiating therapy with methotrexate with excellent evolution.

CONCLUSION

Rickettsiosis is an infectious disease caused by gram-negative, pleomorphic, obligate intracellular coccobacilli. Rickettsia is divided into groups that produce spotted fevers and other groups of typhus fevers. These bacteria are spread thanks to the arthropods that act as vectors and use mammals as a reservoir of infection. Fortunately, it was possible to arrive at a diagnosis given the clinical suspicion and the epidemiological link of exposure since the patient is a veterinary student with extensive experience in the field work with domestic animals and farmyard.

INFECTION - FUNGAL

A Case Report Of Chromoblastomycosis: Isolation of Most Common Fungus Causing Chromoblastomycosis, Fonsecaea Pedrosi for the First Time in Nepal

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INTRODUCTION

Chromoblastomycosis is a chronic subcutaneous mycosis, caused by several dematiaceous fungi, the most common being Fonsecaea pedrosoi. We report a case of chromoblastomycosis in a 49-year old, farmer from Terai region of Nepal who presented with rough, hyperkeratotic, verrucous, pruritic plaques over the medial and anterior aspect of right lower limb. Histopathological examination and fungal culture were done and species Fonsecaea pedrosoi was isolated. This case highlights the isolation of most common fungus causing chromoblastomycosis, Fonsacaea pedrosoi, for the first time in Nepal.

METHODOLOGY

After taking the detailed history and examining the lesions clinically, a suspicion of deep fungal infection or bacterial infection, mainly tuberculosis verrucosa cutis, was made. Biopsy was done and specimens were sent for histopathological examination and fungal culture. Also KOH mount was done.

RESULTS

The biopsy showed acanthotic epidermis with pseudoepitheliomatous hyperplasia and parakeratosis and there were multiple granulomas with central neutrophilic microabcess and multinucleated giant cells along with a few pigmented fungal spores in the dermis. Also the most common fungus causing the Chromoblastomycosis, Fonsecaea pedrosoi was isolated from the specimen sent for fungal culture and the characteristic Sclerotic bodies were seen on KOH mount. Thus, the diagnosis of chromoblastomycosis was made and oral Itraconazole was started. There was marked improvement in lesions after 4 months.

CONCLUSION

This case highlights the isolation of species, Fonsecaea pedrosoi from a lesion of chromoblastomycosis for the first time in Nepal. Also this case highlights the marked improvement with the use of Itraconazole in Chromoblastomycosis and also encourages the further research and isolation of other species causing chromoblastomycosis.

INFECTION - FUNGAL

Clinical Characteristics of Mycetoma in Northeastern Mexico

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INTRODUCTION

Mycetoma is a chronic, granulomatous infection of the skin and subcutaneous tissue characterized by nodules, abscesses, scars, fistulae, with drainage of a seropurulent exudate. More than 56 microorganisms are recognized to cause mycetoma including fungi (eumycetoma) and aerobic branching actinomycetes (actinomycetoma). The highest incidence occurs in Sudan, India, Mexico and Venezuela. The World Health Organization recently classified mycetoma as a neglected tropical disease. Disease epidemiology and treatment information is scarce.

METHODOLOGY

The objective of the present report is to describe the clinical and therapeutic characteristics of patients diagnosed with mycetoma from 2009 to 2017 in the University Hospital "Dr. Jose E. Gonzalez" in northeast Mexico. A descriptive, prospective, and observational study was designed. Patients diagnosed with mycetoma by direct grain examination, culture, or histopathology were included in the analyses. Shapiro-Wilk test was employed to evaluate normality. Variables with normal distribution are described with mean and standard deviation.

RESULTS

Thirty-five patients were identified. Mean age was 47.8 (±15.6) years; 27 (77.1%) were men and 8 (22.9%) women. A total of 13 (37%) subjects referred a previous traumatic injury in affected sites. Topography included inferior extremities 20 (57.1%), followed by superior extremity 4 (11.6%), and dorsum 5 (14.3%). Culture was positive for Nocardia brasiliensis in 8 (22.9%), Actinomadura madurae in 4 (2.95%), A. pelletieri in 1 (2.9%), and Acremonium spp. 1 (2.9%) cases. Most actinomycetoma cases were treated with trimethoprim /sulfamethoxazole as monotherapy or in combination with amikacin.

CONCLUSION

In our center from 2009-2017 the most frequent etiological agent of mycetoma cases was N. brasiliensis followed by Actinomadura spp. Most subjects were male farmers with lower extremities involvement. Early diagnosis and treatment is necessary to avoid long lasting disability and improve outcomes. Additional disease recognition and information regarding epidemiology and treatment are necessary to bridge the knowledge gaps of this neglected tropical disease.

Mycetoma: A Case Report of a Neglected Tropical Disease

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INTRODUCTION

Mycetoma, also called Madura foot, is a chronic, granulomatous infection of the skin and subcutaneous tissue commonly affecting the foot. It was first described in 1842 by John Gills in Madras, India. Global burden is unknown, however it is endemic in the tropics and subtropics where it is caused by bacterial actinomycetes or true fungi (eumycetoma). The disease is characterized by a clinical triad of chronic induration, draining sinus tracts and discharge of microbial granules.

METHODOLOGY

We report the case of a 35 year old man presenting with a 6 year history of progressive swelling of the left foot. It had initially started as a small swelling on the dorsum, before gradually involving the whole foot. There was no prior history of trauma, however he occasionally walked barefoot. On physical examination, the left foot was edematous and tender with multiple ulcerated infiltrated nodules. Sinuses draining foul smelling purulent discharge containing black grains on the dorsum and plantar surfaces of the foot were also seen. No other abnormalities were found on examination.

RESULTS

Skin biopsy histology showed neutrophilic abscesses containing grains made up of circumscribed masses of hyphae. Grocott and PAS stains demonstrated the presence of fungal hyphae. Wound swab cultured pseudomonas aeruginosa sensitive to levofloxacin. X-ray of the feet showed juxta-articular osteoporosis of the metatarsophalangeal joints of the left foot. The right foot was normal. Complete blood count, electrolytes and liver function tests were within normal limits. A diagnosis of eumycetoma with superimposed bacterial infection was confirmed.

CONCLUSION

The skin lesion has shown gradual improvement with treatment which consists of: oral itraconazole 400 mg/day, daily normal saline irrigation and mupirocin ointment for open lesions. He was also placed on oral levofloxacin 500 mg/day for 14 days. He is also being reviewed by the orthopedic surgeons due to the X-ray findings. Mycetoma is an uncommon, chronic debilitating disease which is often neglected in its early stages. It is important for dermatologists to be aware of this condition because accurate early diagnosis and treatment are the pivots for achieving a good outcome in patients.

INFECTION - VIRAL

Impact of Virus Hepatitis B on the Development of Herpes Zoster Generalized Form and Herpes Ophtalmicus. Clinical Case of 2 Children. Literature Review

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INTRODUCTION

One of the most common herpes viruses is varicella-zoster virus (VZV), which causes two most common viral diseases: chickenpox during primary infection and Herpes Zoster (HZ) during reactivation of latent infection. The literature describes that the incidence of HZ in HIV-infected, oncological patients and children with leukemia increases several dozen times. We present two severe forms of generalized and Zoster Ophthalmicus in 2 boys with Viral Hepatitis B.

METHODOLOGY

9 and 7-year-old boys came to our Department complained of severe pain at the eruption site, inability walking on his own and inability to open left eye. Lesion is on skin of his right hand, buttocks, foot and sole with high body temperature. After 3 days multiple blisters appeared and spread over the skin of the whole body only on the right side and in 7 year-old with ptosis of the left eye and tearing. Vesicles are on erythematous-inflammatory base with serous fluid. No drugs are taken. Both have taken to NAID drugs with no improvement.

RESULTS

During the examination of both boys ESR, leukocytes and blood counts were normal. There was no HIV infection and HCV, but we revealed Hepatitis B virus in the blood test by ELISA and PCR- RT. Both patients were prescribed valaciclovir according to the guidelines, after which the patients' condition improved in 3-4 days after starting of treatment. Pain reduction in 1 patient reduced on day 3, ptosis stopped on day.

CONCLUSION

Thus, the main problem in the development of HZ is not only the affected in the elderly complicated Postherpetic Neuralgia, but also in children from developing countries, where they do not have a clear and strict vaccination program against viral hepatitis B, which affects the onset of HZ in severe forms and children sufferings.

Post Herpetic Neuralgia in an Elderly Person

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INTRODUCTION

Post-herpetic neuralgia is a major morbidity and is characterized by constant, severe, throbbing or burning pains that can persist for months or years, especially in the elderly. In the elderly and undernourished, the local rash often becomes necrosis, and the healing, which can take several weeks, can be followed by severe scarring.

METHODOLOGY

A 90-year-old woman consulted for persistent right hemiface pain in the periorbital area and has been evolving since then. The interrogation learned that during the first two weeks of evolution, the pains were accompanied by clustered vesicles and crusts with an erythematous base on the right side of the forehead and nose. The dermatological examination revealed a hypo-pigmented dermato-mimetic scar (V1) on the patient's right forehead.

RESULTS

The dermatological history reveals post-herpetic neuralgia. Ophthalmological examination revealed no ocular involvement. For pain management, we prescribed amitriptyline at a dose of 75 mg daily for 10 days. For the prevention of ocular involvement, acyclovir and topical mydriatics were administered. The patient was reviewed 7 days later, and the evolution was very favorable because all these complaints had completely disappeared. We advised him to continue the treatment. After 10 days of treatment, the dose of amitriptyline was reduced to 25 mg daily for a period of 4 months.

CONCLUSION

It is a post-herpetic neuralgia. A tricyclic antidepressant such as amitriptyline or Nortriptyline or doxepin or Clomipramine is useful for hyperesthesia and constant incandescent pain. For best results, administration should be early with 25 mg daily for 3 to 6 months. Due to the delay in this management, a dose of 75 mg daily of Amitriptyline was recommended. It should be noted that these active antidepressants may be more effective if antiviral therapy is administered during the acute onset of herpes zoster. For throbbing pain, carbamazepine is valuable.

INTERNAL MEDICINE DERMATOLOGY

Clinical Characteristics and Epidemiology of Cutaneous Sarcoidosis: A Cross-Sectional Study

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INTRODUCTION
Cutaneous sarcoidosis is a rare disease and its epidemiology is not well-characterized, as only referral-based studies are available. Our goal is to describe its clinical characteristics and to estimate its prevalence.

METHODOLOGY
A retrospective analysis was conducted based on clinical manifestations, systemic examinations and treatment of biopsy-proved patients with sarcoidosis with cutaneous lesions in Hospital Italiano de Buenos Aires, (HIBA), from January 2004 to December 2014. Period prevalence was estimated over the total patients affiliated to HIBA's health system (closed population). From 56 patients with sarcoidosis, we focused on those 27 with cutaneous sarcoidosis (CS). Patients were divided into two groups according to whether extracutaneous systems were involved.

RESULTS
Median age at diagnosis was 52 years (47-62) and 22 (81%) were women. CS group included 10 patients (37%), and systemic sarcoidosis (SS) group, 17 patients (63%). Median follow up was 87 months (35-107). Eight patients (31%) presented lesions in 2 or more locations, most frequent: upper and lower limbs and face. Seven patients (26%) had lesions with 2 or more morphologies, most frequent: subcutaneous nodules and plaques. Systemic involvement mainly affected the lung, 16 patients (59%) and lymph nodes, 15 patients (56%). CS's raw prevalence was 1,33 (CI 95% 0,82-2,17) per /10.000 persons.

CONCLUSION
To our knowledge, this is the first study that estimates prevalence of cutaneous sarcoidosis. We have identified that 37% of patients with cutaneous sarcoidosis did not develop systemic disease in the long term. Therefore, we have evidence to believe in the existence of isolated cutaneous sarcoidosis, though this is still discussed in current literature.

Lucio´s Phenomenon in Pregnancy, A Diagnostic Challenge

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INTRODUCTION
The Lucio´s phenomenon is an unusual variant of lepromatous reaction type 2, characterized by severe necrotic geometric-shaped cutaneous lesions. Precipitating factors include infections, drugs, vaccines and pregnancy. Even though there are some cases reported in South America, mainly in Brazil, it is still rare and few cases of pregnancy and Lucio´s phenomenon had been reported.

METHODOLOGY
A 33-year-old patient, 24 weeks pregnant, was admitted due to constitutional symptoms and, 24 hours after her admission, painful purplish-necrotic ulcers appeared, sharply delineated. Ulcers initially were localized in legs and have progressively been extended to buttocks, arms, ears and nasal septum. Histopahologic findings of a skin biopsy revealed vasculitis and thrombotic vasculopathy of small and medium sized arteries. Direct inmunofluorescense showed granular deposition of C3. Laboratory exams showed anemia and all the rest of the biological exam was normal.

RESULTS
Two months after her admission, she developed erythematous and tender nodules in her extremities with positive inguinal adenopathies. A secondary biopsy was performed and it was consistent with lepromatous leprosy with recurrent type 2 reaction. Baciloscopy of the lymph at various sites revealed acid-fast bacilli with the formation of globi. The treatment program the patient is following includes a multidrug therapy with rifampicin, clofazimine and dapsone.The gestation developed at week 35 and the newborn was of appropriate weight for gestational age.

CONCLUSION
Pregnancy is associated with a high incidence of first diagnosis of leprosy or exacerbation of the disease in patients with an established diagnosis. This occurs because between the last trimester of pregnancy and 3 months after birth, immunosuppression in pregnancy reaches the highest point. Lucio´s phenomenon manifestations are not easily recognized or might mimic other diseases. It is important to reach an early diagnosis and institute prompt treatment to help in reducing morbidity and mortality.

INTERNAL MEDICINE DERMATOLOGY

Pyoderma Gangrenosum Associated to Monoclonal Gammopathy of Undetermined Significance: To Treat or Not to Treat the MGUS to Stop the Recurrences?

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Naoufal Hjira

INTRODUCTION

Pyoderma gangrenosum PG is a rare ulcerative skin condition, classified as a neutrophilic dermatosis. It can be associated with a number of systemic diseases; most commonly inflammatory bowel disease, rheumatoid arthritis and hematologic malignancies. Association to a monoclonal gammopathy of undetermined significance MGUS is rare, and conditions the outcome of the PG. The aim of this work was to compare the different treatment strategies adopted by several authors, and to evaluate the outcome of the condition, upon a case report and a literature review.

METHODOLOGY

Cases of MGUS-related PG reported in the literature were identified through a PubMed search. All the cases with available data concerning evolution and treatment were included and compared. We also included a case of a 62-year-old man, who presented to our departement with an extensive ulceration of the abdominal wall following a surgery. Histologic and biologic investigations allowed the diagnosis of MGUS, IgA-À, complicated with PG. The lesions showed rapid improvement on oral prednisolone with relapses over a period of 3 years.

RESULTS

The median age was 57.8 years old. All the patients were males. An IgA population was seen in 7 of the 9 cases, IgA-À in 5 cases. Only the 2 cases with Ig populations other than IgA improved without recurrence after treatment of the PG. All the patients with MGUS-IgA showed recurrences. As there is no treatment specific to the MGUS, active medications on multiple myeloma MM were proposed by some authors. The latter attitude conduced to a definite healing of all the reported patients, but second or third line treatments were necessary in some cases. Only one patient progressed into a MM.

CONCLUSION

PG can be secondary to the MGUS, and no durable remission can be expected as long as the latter condition persists, unless an Ig population other than IgA is present. That represents a real dilemma for clinicians at time of decision to treat the MGUS or not. A successful treatment of the MGUS always conduced to the resolution of the PG, but aggressive treatments were needed to achieve this objective. In view of the rarity of the condition, a conclusion cannot be taken, and the decision must be made on a case by case basis.

INTERNAL MEDICINE DERMATOLOGY

Pyoderma Gangrenosum: Clinical Presentation, Treatment and Associations in 20 Patients

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INTRODUCTION

Pyoderma gangrenosum (PG) is a rare neutrphilic dermatosis. Its diagnosis is mostly based on clinical and evolutive criteria; since histologic findings are generally non specific. often associated with a systemic underlying disorder such as inflammatory bowel disease, polyarthritis, and gammopathy amongst others. The aim of our study was to describe the demographic data, clinical aspect, treatment, evolution and associated conditions in patients with pyoderma gangrenosum seen in our department in a 12 year period.

METHODOLOGY

We realized a retrospective study based on patient files of pyoderma gangrenosum cases admitted in our department between 2006 and 2017. Patients included in the study responded to the current diagnostic criteria for PG, namely: an evocative clinical appearance, a compatible histology, the elimination of other causes of cutaneous ulcers and a good response to steroid treatment. Then we notted epidemiological data, clinical variants, histological findings, comorbidities, treatment regimens and their results.

RESULTS

20 cases were included in the study, 13 men and 7 women (sex ratio 1,8:1). The mean age of onset was 42 years.The lesions were on the lower limbs in 77,8% of cases. Histological finding were consistent with the diagnosis in 76.4%. Treatment was based on corticosteroids. Dapsone, Thalidomide and Colchicine were used cases with contraindication to steroïds. Associated systemic diseases were observed in 13 patients: arthritis (25%), viral hepatitis (20%), inflammatory bowel disease (2 cases), diabetes (3 cases), myeloproliferative disorder (1 case). Two patients had a history of tuberculosis.

CONCLUSION

The results of our study reflect a particular epidemiological context when compared to other series. However, they confirm the rarity of this pathology as well as the frequency of associated diseases, hence the need for a comprehensive clinical and paraclinical review and regular monitoring of these patients to detect associated pathologies that can engage vital and functional prognosis. The treatment of pyoderma is still uncodified and usually depends on the experience of each center.

LYMPHOMA, CUTANEOUS/ MYCOSIS FUNGOIDES

Eruptive Telangiectasia as a Presenting Manifestation of Intravascular NK-cell Lymphoma: a Rare Case Report and Review of the Literature

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INTRODUCTION

Intravascular NK-cell lymphoma (IVNKL) is a very rare neoplasm. Although intravascular B-cell lymphoma is recognized as a common variant of mature B-cell neoplasm, IVNKL has not even been categorized by the World Health Organization (WHO) classification. To date, a few cases of IVNKL have been reported. The most common presentation is erythematous patches and plaques on trunk and extremities. Only a single case presented with blanching erythematous patches that resemble telangiectasia. We report a next case of IVNKL presenting with telangiectasia and also review of the published cases.

METHODOLOGY

This case of IVNKL presented with eruptive telangiectasia, papules and plaques on the upper trunk and extremities accompanied with progressive weight loss. Skin histopathology showed atypical mononuclear cell infiltrations within lumina of blood vessels. Immunohistochemical study revealed NK cell phenotype with PCR and DNA sequencing for EBV were positive. Thorough investigations were done and showed no internal organ involvement. Treatment was started with prednisolone with no improvement. Unfortunately, the patient passed away 2 months after the diagnosis because of tumor lysis syndrome.

RESULTS

From the literature, most of the cases were Asian populations. More than haft of the cases had associated symptoms which were fever, weight loss, fatique and malaise, and chills. Central nervous system and bone marrow involvement were the most common organs involvements. The presence of atypical mononuclear cells within lumina of blood vessels in dermis and subcutaneous tissues are typical histopathologic features.The tumor cells usually reveal CD56+, cytotoxic marker+, CD3+, CD4-, CD5-, CD8-,CD20- and CD30-. EBV were detected in most of the cases. The mainstay of the treatment is CHOP regimen.

CONCLUSION

Telangiectasia is one of various clinical manifestation of IVNKL. Abrupt onset of telangiestasia, indurated papules, plaques and nodules accompany with systemic symptoms may use as a clue for the suspicious of IVL. The skin biopsy and immunohistochemical study is necessary for early diagnosis, and prompt treatment. Most of the death cases in the literature had initially presented with either systemic symptoms or internal organ involvement. Our case is the first IVNKL that initially showed high LDH and died from tumor lysis syndrome which may be precipitated by prednidolone.

MELANOMA & PIGMENTED LESIONS

Spindle Cell Melanoma Arising on a Burn Scar

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INTRODUCTION

The development of squamous cell carcinoma on burn scars is a well-known complication, but the development of other tumors, especially melanoma, is rare. There are different melanoma subtypes arisen on a burn scar reported in the literature: spitzoid amelanotic melanoma, lentigo malignant melanoma, desmoplastic-neurotrophic melanoma, nodular melanoma. We present a quite rare case of spindle cell melanoma arisen on a burn scar tissue.

METHODOLOGY

A 53-year-old male patient was admitted to outpatient clinic with a black raised lesion and intermittent hemorrhage on the left temporal region. Dermatoscopic examinations were performed, skin and lymph nodes biopsies are taken and PET scan is obtained.

RESULTS

In dermatoscopic examination, there was an area with elevetad black papular lesion with hemorragic crust in the middle section, blue-gray structureless areas with eccentric distribution and white lines. Histopathological examination of the incisional biopsy from the nodular center was reported as spindle cell melanoma (Breslow at least 2.4 mm, Clark stage IV, 16 mitosis/mm2). Total excision and sentinel lymph node biopsy was performed. Pathologic involvement in any part of the body was not detected in the PET-CT.

CONCLUSION

It is emphasized that the prognosis of melanomas developing on burn scar is worse than that of normal developing melanomas and early diagnosis and treatment is important. Seeing this patient we concluded that long-term clinical and dermatoscopic follow-up of patients with burn scarring should not only based on the development of Marjolin ulcer-squamous cell carcinoma; also evaluation of these patients from other skin malignancies, especially melanoma, have a great importance for better prognosis.

Lips Pigmentation in a Lifeguard Population

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INTRODUCTION

The mucosa observation must be part of the dermatological exam. As the rest of the skin, the lips are susceptible to solar damage and development of pigmentation, resulting in benign or even in malign lesions. The mucosa pigmented lesions can result of the melanocytic cells proliferation or from the melanin hyper production. It was noticed during a lifeguard dermatological inspection that a high percentage of patients presented hyperpigmentation in the lower lips, independently of Fitzpatrick skin type. This subject was considered to be important due to the lack of literature information.

METHODOLOGY

Transversal study of 31 male patients during three weeks in July, 2018. A standard questionnaire with variables such as age, time of work, Fiztpatrick photo-type, frequency of sunscreen use and personal and familiar skin cancer history was applied. The patients were examined for lips diffuse pigmentation and was considered positive those with brown diffuse coloration in the lower lips or in the vermilion. Lips photographies were taken for documentation. The result were obtained by the division of the positive patients with the brown diffuse pigmentation by the total amount of the sample.

RESULTS

87% of the lifeguards presented brown lips diffuse hyperpigmentation, independent of the Fitzpatrick skin type. 75% of the lifeguards classified as Fitzpatrick I or II and 91% with Fitzpatrick III or IV showed the hyperpigmentation on the lower lips. The range of solar exposure as a lifeguard was between 3 to 20 years. 90% of those with ten years or more of solar exposure had the hyperpigmentation of the lips, whereas in those with less than 10 years, 77% had it. Even in those with only 3 years as a lifeguard, in 71% of them was possible to observe brown hyperpigmentation.

CONCLUSION

It was noticed that the solar exposure can cause a hyperpigmentation in the lips, not necessarily meaning a malign pattern. Differently of the melanoma and non-melanoma skin cancer, the phototype did not implicated in changes on the hyperpigmentation pattern of the lower lips. The solar exposure is responsible for alterations in the skin pigmentation and an important risk factor on the development of skin cancers. The lip's observation during the dermatological exam is necessary due the fact of this abnormalities can occur in the mucosa as well.

NON-MELANOMA SKIN CANCER

Sparsity of Dendritic Cells and Cytotoxic T-cells in Tumor Microenvironment May Lead to Recurrence in Basal Cell Carcinoma

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INTRODUCTION

Basal cell carcinoma (BCC) is the most common tumor type worldwide. Anti-tumor immune response is important in suppressing cancer progression and recurrence. The tumor microenvironment and the effect of antitumor immune response on prognosis has been poorly studied in BCC. In this study, we aimed to investigate the effect of the peritumoral immune infiltrate on the tumor recurrence in BCC. For this purpose, we compared the peritumoral immune cell composition of recurrent and non-recurrent primary tumors, as well as primary and recurrent tumors of patients who showed recurrence.

METHODOLOGY

30 BCC patients without recurrence for five years (primary group) and 29 BCC patients with recurrence on the same anatomic site as the primary tumor (recurrent group) were included. Sociodemographic, clinical and histopathological characteristics were recorded and compared between groups. Tumor samples from the primary group and primary&recurrent tumor samples from the recurrent group were stained immunohistochemically with primary antibodies against CD4, CD8, CD25, FOXP3, CD68, CD163 and CD1a. The compositions of the immune infiltrates were semi-quantitatively evaluated and compared.

RESULTS

Immune infiltrates were rich in CD4 and poor in CD8 expression in all tumor groups. Treg cells (CD25+ FOXP3+) were sparser than CD4+ T-cells in all tumor groups ($p=0.001$). CD168 (M2 macrophage) expression was higher than CD68 (M1 macrophage) expression ($p=0.001$). In primary tumors of the recurrent group, CD8 expression was significantly lower than that of CD4 ($p=0.004$), unlike non-recurrent primary tumors. CD1a (dendritic cell) expression was lower in the primary tumors of the recurrent group compared to the non-recurrent primary tumors ($p=0.001$).

CONCLUSION

Our results suggest the presence of an immunosuppressive tumor microenvironment in BCC, with predominance of pro-tumoral M2 macrophages and depletion of CD8+ cytotoxic T-cells. Scarcity of dendritic cells in primary tumors of recurrent group suggests that lack of proper antigen presentation may lead to further suppression of anti-tumor immunity and cause a tendency for BCC recurrence. This is the first study in the literature that evaluates and compares tumor microenvironments of primary and recurrent BCC lesions and investigates the role of anti-tumor immunity on BCC recurrence.

PEDIATRIC DERMATOLOGY

Acrodermatitis Enteropathica: A Case Report

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INTRODUCTION

Acrodermatitis enteropathica is a rare autosomal recessive disorder, characterized by scaly plaques and erosions in the periorificial and acral regions, alopecia and diarrhea. It is caused by mutations in the gene that encodes a membrane protein that binds zinc. We report a case of a 10-month-old girl admitted for severe skin eruption consisted in large crusted erosions and scaly erythematous plaques with satellite pustular lesions.

METHODOLOGY

We report a case of a 10-month-old girl admitted for severe skin eruption consisted in large crusted erosions and scaly erythematous plaques with satellite pustular lesions, located predominantly in the inguinal, perianal and perioral regions, hands, knees, face and scalp with alopecia universalis, onychorrhexis of 20 nails and growth retardation. Due to the numerous bacterial skin infections she had been hospitalized many times leading to a delayed establishment of the diagnosis.

RESULTS

Laboratory tests showed severe hypocromic microcytic anemia, hypoproteinemia with hypoalbuminemia and low plasma zinc concentration. A simple potassium hydroxide preparation (KOH) confirmed the diagnosis of candida associated to skin lesions of acrodermatitis enterophatica. Skin biopsy showed changes suggested of acrodermatitis enterophatica. Following the beginning of treatment with zinc sulphate, all clinical skin manifestations gradually disappeared including improvement of hair and nails. We considered important to report this uncommon condition that could be misdiagnosed.

CONCLUSION

We present a case report of this rare condition. Currently there are some reports in the literature. We were able to perform the diagnosis based on the clinical and histological features. It is important to learn how to identify this patients in order to give them a proper assessment.

PHOTOBIOLOGY, PHOTOTHERAPY & PHOTOSENSITIVITY DISEASES

Granuloma Faciale: Dermoscopic Findings and Treatment with Excimer Laser. A Case Report

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INTRODUCTION

Granuloma faciale (GF) is a chronic cutaneous vasculitis, with unknown etiology, primarily affecting middle age males. It presents in sun exposed areas, as erythematous, indurated papules or plaques, often in the face, but extrafacial cases had been described. The pathogenesis remains unclear, but it is thought to be an immunological response mediated by interferon gamma and CD4 T helpers. Dermoscopically, GF is described as a whitish-gray or pink structureless area, with whitish streaks and telangiectasias, with prominent folicullar openings.

METHODOLOGY

A 49 years old female referred a 2 month history of a 1cm indurated, erythematous, elevated papule in the nose. Dermoscopically, it appeared as a pink structureless area, with whitish streaks, multiple telangiectasias and enlarged follicular openings. Histopathology confirmed diagnosis of Granuloma Faciale. Treatment combined topical tacrolimus 0.1% with excimer laser. At the 2 month reevaluation, she showed a reduction of approximately 70% of the lesion. At the 6 month follow up, patient showed complete resolution of the lesion, with no residual scar.

RESULTS

Granuloma facial is a benign chronic condition that presents periods of remission and exacerbation. Lupus, rosacea and granulomatous diseases need to be included in the differential diagnosis. Scientific literature is composed primarily by case reports, and there is no consensus about its treatment. Several options included topical and intralesional corticosteroids, tacrolimus, and surgery. Excimer laser is a 308nm ultraviolet b radiation system that due to its apoptotic and suppressive effect on T cells, can achieve good results on inflammatory diseases in short time.

CONCLUSION

Dermoscopy should be consider as a diagnostic tool to differentiate GF from other inflammatory diseases, due to its characteristic dermoscopic patterns. Treatment is a challenge due to its chronicity and resistance to therapy. Excimer laser combined with topical tacrolimus is an excellent option for achieving a faster resolution of the lesion, with good follow up outcomes. Our patient experienced no recurrence 6 months after therapy without symptoms and residual scar or pigmentation.

PHOTOBIOLOGY, PHOTOTHERAPY & PHOTOSENSITIVITY DISEASES

Cutis Rhomboidalis Faciei: An Early Sign of Solar Elastosis

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INTRODUCTION

Actinic elastosis is a degenerative change in the dermis caused due to chronic exposure to electromagnetic radiation. The various presentations of solar elastosis reported till now include cutis rhomboidalis nuchae, Favre-Rachouchot syndrome, dermatoheliosis, popular elastosis and sometimes actinic granuloma. Here we report a new finding of solar elastosis, Cutis Rhomboidalis Faciei (CRF) in which there is yellowish discoloration, thickening of skin and wrinkling in an irregular rhomboidal pattern over the malar area.

METHODOLOGY

We observed a new finding in a series of seven patients coming to the Dermatology OPD. These patients had thickened yellowish skin with wrinkling in a rhomboidal pattern over the malar area. We suggest that this can be named as cutis rhomboidalis faciei.

RESULTS

CRF was present even before the development of the other findings of solar elastosis such as cutis rhomboidalis nuchae in a few patients. All the patients had history of chronic sun exposure and were in the age group of 60-70 years. The histopathology was similar to that of cutis rhomboidalis nuchae and elastotic material deposition was seen in the dermis. In all the patients having cutis rhomboidalis faciei observed by the authors, there were no skin neoplasms in the affected areas.

CONCLUSION

Cutis rhomboidalis faciei can be considered to be an early sign of solar elastosis and should be looked for in patients with chronic sunexposure. Other solar elastotic changes may be prevented if proper photo protection is taken at this stage. Moreover, there seems to be a protective role of cutis rhomboidalis faciei in the prevention of malignancies.

PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

First Latin American Assessment of Non-Alcoholic Fatty Liver Disease in Patients with Psoriasis

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INTRODUCTION

Non-alcoholic fatty liver disease (NAFLD) is the most common chronic liver disease in the world, and it is considered the hepatic manifestation of metabolic syndrome (MS). The association between NAFLD and psoriasis is well documented in the world population, but so far data from the Latin American population are unknown. The objective of this study was to assess the prevalence of NAFLD and the metabolic profile of patients with psoriasis.

METHODOLOGY

Cross-sectional study through medical record review from a tertiary care service.

RESULTS

180 patients were included; the prevalence of NAFLD was 52.2% and that of MS was 42.2%. All components of MS were significantly associated with NAFLD, regardless of PASI. There was an independent association between NAFLD and diabetes, low levels of HDL and elevated waist circumference. Most patients (85%) were on systemic treatment at the time of the study, and among all 180 patients studied, 82.2% had used methotrexate at some time. In this sample, there was no relevant correlation between current and previous therapies and the presence of radiologically documented hepatic steatosis.

CONCLUSION

In accordance to international data, psoriatic patients presented high prevalence of NAFLD and MS, and the components of the syndrome were significantly associated with the occurrence of NAFLD. All patients with psoriasis should be screened for hepatic steatosis with abdominal ultrasonography and evaluation of liver enzymes at the moment of diagnosis. It is important that dermatologists see the link between metabolic, hepatic and cutaneous comorbidities because understanding them allows for a better global assessment of patients and optimizes the choice of available therapeutic arsenal.

PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

Association of Waist Circumference with Severity of Psoriasis – A Cross Sectional Study

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INTRODUCTION
Psoriasis is a chronic inflammatory dermatosis with co-morbidities of significant importance. Obesity and metabolic syndrome are determined by BMI and Waist circumference and remain major risk factors in Psoriatic patients. However, metabolic syndrome is subject to variability in terms of causality as it is influenced by genetics, lifestyle and other systemic diseases. Remission of psoriasis requires concomitant conditions to be addressed timely to prevent any unwanted sequels.

METHODOLOGY
We did a prospective study on 60 psoriasis patients at the Dermatology clinics of Aga Khan University Hospital, Karachi, Pakistan. All outpatients coming with the diagnosis of Psoriasis and willing to consent for the study were included. A detailed questionnaire was filled out including demographics, duration, and types of psoriasis, PASI score and treatment. We took basic anthropometric measurements along with Waist circumference. All findings were statistically analyzed using SPSS v 19.0.

RESULTS
A total of 60 patients were enrolled. They comprised of 35 females and 25 males with ages from 8-64 years and a mean of 36. Waist circumference (WC) was found significantly increased in older patients n: 27(73%) than in younger patients n: 10(27%). Similarly, increased WC was seen with higher PASI score n: 6(100%) than in the patients with lower PASI score n: 31(57.4%). The relations were statistically significant by using Chi Square Test (P value < 0.05). When PASI was stratified with respect to WC and BMI by using independent t test, the relation was significant (P value <0.05).

CONCLUSION
Waist circumference was found to be an important risk factor for severity of Psoriasis in our study population. Thus, we recommend dermatologists to address metabolic complications particularly when treating recalcitrant disease.

Effect of IL-17 in the Synthesis of MMP-9 and TIMP-1 by Monocytes of Patients with Psoriasis

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INTRODUCTION
Population studies have found that psoriasis is an independent risk factor for coronary artery disease. Acute coronary events result from rupture of atherosclerotic plaque mainly due to an imbalance between metalloproteinases (MMPs) and their inhibitors (TIMPs). Stimulated monocytes participate through their capability to synthesize MMPs, particularly MMP-9. In psoriasis, high levels of systemic IL-17 have been demonstrated. The aim of this study was to evaluate the effect of IL-17 on the production of MMP-9 and TIMP-1 in cultured monocytes from psoriatic patients and healthy subjects.

METHODOLOGY
Peripheral blood samples were obtained from 37 patients with psoriasis and 39 healthy controls. Individuals with coronary artery disease, history of stroke, autoimmune disorders, receiving biological agents or systemic immunosuppressive therapy, and those with concurrent infection, recent trauma or surgery, pregnancy or neoplasm were excluded. Monocytes were isolated by magnetic separation. Cultured monocytes were stimulated with 50ng/mL of IL-17. Serum and supernatants concentrations of MMP-9 and TIMP-1 were measured by enzyme-linked immunoassays.

RESULTS
Serum levels of MMP-9 were higher and TIMP-1 levels were lower in patients with psoriasis compared with controls (2606.3 vs 2070.8pg/mL, p<.001) (1249.5 vs 1793.2pg/mL, p<.0001). A 2.5 fold increased ratio of MMP-9/TIMP-1 in patients was observed. Similar results were found in basal monocytes from patients. Patients' monocytes stimulated with IL-17 increased MMP-9 concentrations compared to their baseline levels (2259.8 vs 1929.0pg/mL, p<0.05, respectively), while TIMP-1 levels were not modified after stimulation. This findings were not observed in stimulated monocytes of the control group.

CONCLUSION
A higher MMP-9/TIMP-1 ratio was found in sera and in non-stimulated monocytes of psoriatic patients compared to controls. This study shows that monocytes of patients with psoriasis, after stimulation with IL-17, increase significantly their production of MMP-9, while monocytes of controls do not. Subsequently, an increment of circulating IL-17 causes a higher imbalance of MMP-9/TIMP1 ratio, which has been associated with caronary atherosclerotic plaque instability. This findings could contribute to explain in part the mechanisms involved in the link between psoriasis and myocardial infarction.

PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

Comparing the Efficacy and Safety Profile of Oral Versus Subcutaneous Route of Methotrexate Administration in Moderate to Severe Psoriasis: A Randomized Controlled Trial

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INTRODUCTION

Subcutaneous route of methotrexate is associated with higher and a predictable linear bioavailability as compared to unpredictable and non-linear bioavailability of oral methotrexate. Recent studies have reported subcutaneous methotrexate to be a safe and effective modality in psoriasis, although no previous study has compared oral and subcutaneous route of methotrexate administration in psoriasis. In this study, we aimed to compare the efficacy and safety profile of oral versus subcutaneous route of administration of methotrexate in patients with moderate to severe psoriasis.

METHODOLOGY

In this single blinded randomized controlled trial (RCT), 50 adult patients with moderate to severe psoriasis and suitable for methotrexate administration were randomized into two groups of 25 patients each. Patients in group 1 received methotrexate by oral route at a dose of 0.3 mg/kg/week (maximum 25 mg/week) for a period of 12 weeks or till achievement of PASI 90 (90% reduction in psoriasis area severity score) whichever was earlier. Patients in group 2 received the same dose of subcutaneously administered methotrexate following the same protocol as for group 1 patients.

RESULTS

Although the number of patients achieving PASI 90 at or before 12 weeks of treatment was slightly higher in group 2 [20 (80 %) patients] as compared to group 1[17 (68 %) patients], the difference was not statistically significant (p-value= 0.52). However, the time to achieve PASI 90 was significantly (p=0.007) lesser in group 2 (8.85 ± 1.87 weeks) as compared to group 1 (10.56 ± 1.73 weeks). No significant difference was found between the two groups with respect to adverse effects.

CONCLUSION

Subcutaneous route of methotrexate results in significantly faster achievement of PASI 90 as compared to oral methotrexate in patients with moderate to severe psoriasis with a similar safety profile.

PSORIASIS & OTHER PAPULOSQUAMOUS DISORDERS

Psoriasis Patients Point of View: What Are We Missing When Managing Them?

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INTRODUCTION

Psoriasis is an immune inflammatory chronic disease that affects the quality of life and is associated with many comorbidities. To evaluate the severity and efficiency of the treatment, Psoriasis Area and Severity Index (PASI) score is used. The value may vary, e.g. PASI 75 represents the percentage (or number) of patients achieving a minimum 75% decrease in their PASI score within 12 weeks from baseline. Aim of this study is to gain a better perspective on the Psoriasis patient's point of view when seeking a physician's help, therefore, to try minimize the gaps that exist when managing them.

METHODOLOGY

This ongoing study is based on a custom 14 questions questionnaire. So far, 20 patients are gathered. All answers are confidential and anonymous. An informed consent was signed prior to any taken actions. To achieve meaningful results, we asked patients to be honest and to present the situation in a real way. The most important question of the questionnaire was "Which of the three options represents the PASI score you would like to achieve? 50/75/90?". In addition we provided the patients with three pictures showing a different PASI score, so they can choose the proper answer much easier.

RESULTS

80% of the patients chose PASI 90, 15% chose PASI 75 and only 5% chose PASI 50. In addition to this, the gender distribution showed us that 100% of the female patients chose PASI 90, proving how important appearance is for them, and how much of a weight it is for them to have a disease that is in the limelight. On the other hand, the male patients were divided into three groups. 69% said that the efficiency of the therapy is very good, choosing PASI 90. Only 23% of male patients consider PASI 75 satisfying and the last 8% represents PASI 50.

CONCLUSION

Psoriasis is a chronic inflammatory disease, of still unknown cause, associated with many comorbidities such as depression, diabetes, cardiovascular disease and psoriatic arthritis. It is intensively studied at the cellular and molecular level. Today we have a variety of treatment options. What is considered a good response treatment sometimes differs from the perception of a patient vs. a physician, therefore we must always keep a balance between aiming high (and maybe risking to over-treat some patients) and meeting the patient's expectations.

Expression of MicroRNAs 20b, 155 and 210 and their Relation to Interleukin-17 in the Pathogenesis of Psoriasis

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INTRODUCTION

Interleukin-17 (IL-17) is a key regulator in psoriasis pathogenesis, however, the epigenetic mechanisms that can affect IL-17 in psoriatic patients are still a matter of research. miRNA gene regulation is an important epigenetic mechanism that modulate gene expression post-transcriptionally. On reviewing the literature, we found that miRNA-155, miRNA-210 and miRNA-20b can affect IL-17 through regulating T-Helper 17 differentiation and function. Accordingly, our study aimed at assessing the expression of miRNA-155, miRNA-210 and miRNA-20b and correlating them with IL- 17 levels.

METHODOLOGY

20 patients with psoriasis and 20 normal subjects were enrolled. Clinical examination and Psoriasis Area and Severity Index (PASI) were performed. Skin biopsies (lesional and non-lesional) and serum samples were obtained from all patients, in addition to one skin biopsy and serum sample from each of the control subjects. The expression of miRNA-155, miRNA-210 and miRNA-20b were assessed using RT-PCR, whereas IL-17 levels were measured using quantitative ELISA technique.

RESULTS

miRNA-155 expression was significantly higher in lesional skin compared to controls ($p= 0.001$). miRNA-210 expression was significantly higher in lesional skin ($p= 0.010$) and sera of patients ($p= 0.001$) in comparison to controls. A statistically significant positive correlation was found between serum miRNA-210 and serum IL-17 ($p= 0.010$, $r= 0.562$), and lesional miRNA-210 expression positively correlated with extent of disease ($p= 0.027$, $r= 0.495$) and PASI score ($p= 0.006$, $r= 0.596$). Lesional and non-lesional expression of miRNA-20b were significantly higher than controls ($p< 0.001$) ($p= 0.018$).

CONCLUSION

This study highlights the contribution of miRNA-155, miRNA-210 and miRNA-20b in the development of psoriasis plaques as evidenced by elevated expression of these miRNAs in lesional skin in comparison to non-lesional skin and to controls. The high serum expression of miRNA-210, which correlated with serum IL-17 indicate that such circulating miRNA can serve as a potential marker for diagnosis, prognosis and treatment of psoriasis. These results could also pave the way for the development of a potential therapy for psoriasis by targeting these miRNAs.

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