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Global initiatives in dermatology and education

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Background: Coronavirus disease 2019 (COVID-19) resulted in a global pandemic that has adversely affected the economy, healthcare, and education around the world. The resulting travel restrictions, physical distancing policies, and limited social interactions have led to an inevitable change in the medical education system. The use of technology platforms to teach, connect, and collaborate is crucial to maintain education standards and research projects. We present an international exchange program with a videoconferencing series that allows residency programs to sustain international educational partnerships during COVID-19 and thereafter.

Description: A series of 60-minute videoconferencing lectures were held for residents at both Henry Ford Hospital (HFH) in Detroit, Michigan and Universidad El Bosque in Bogotá, Colombia to participate in simultaneously. Sessions were hosted by faculty members from HFH on subjects including but not limited to: oncodermatology, comparative dermoscopy, and cutaneous T-cell lymphoma. Learning objectives were developed for each videoconference and participants answered a series of questions to assess (a) their knowledge and (b) lecture content. Results of the surveys serve as the core of our evaluation.

Goals: Teach residents about new approaches to diagnosis and treatment, improve social and intercultural competencies, and increase interest in global health and caring for the underserved.

Conclusion: The videoconferencing series component of this mutually beneficial international exchange partnership is of utmost importance given the circumstances of COVID-19. In addition to continuing education and collaboration, videoconferencing allows the interactive format of in-person lectures to be maintained while adhering to distancing guidelines.

Commercial Disclosure: None identified.

28677

Perineural sclerosis in invasive squamous cell carcinoma

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Squamous cell carcinoma (SCC) is the second most common cutaneous malignancy, known to have several histologic subtypes with varying clinical presentations and behaviors. Sclerosing SCC is a rare subtype with increased risk of recurrence and metastasis. We describe an unusual variant of sclerosing SCC with perineural sclerosis to the extent of near obliteration of the cutaneous nerves. The patient presented for evaluation of multiple firm, indurated dermal papules coalescing into a 3.5 × 2.3 cm flesh-colored plaque of the left preauricular cheek associated with numbness and tingling of the ear lobule. A punch biopsy was performed, and histopathology revealed a dermal neoplasm composed of atypical spindled cells surrounding central hyaline and radial sclerosis. The cells were positive for p63, and an S100 immunohistochemical stain demonstrated faint positivity centrally within areas of sclerosis, consistent with obliterated cutaneous nerves. The patient underwent Mohs micrographic surgery for definitive treatment of the lesion and optimal margin control. He required five stages and was found to have perineural invasion of nerves >0.1 mm in diameter in tissue from each of the four stages taken prior to clearance of the tumor, with a postoperative defect measuring 5.7 × 4 cm. It is important to recognize that perineural sclerosis can be a prominent feature of invasive SCC and, when present with relatively few atypical cells, it has the potential for misinterpretation on histopathology as a benign sclerosing neoplasm. Increased awareness of this aggressive feature, coupled with careful clinical correlation, can prevent misdiagnosis and future morbidity.

Commercial Disclosure: None identified.

28675

A case of systemic amyloidosis diagnosed by dermatologic consult

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A 49-year-old male with PMH of hypertension and diabetes was admitted to the neurology ICU following thrombolytic therapy for left MCA occlusive thrombus. Dermatology was consulted for desquamation of the lower lip, lateral tongue, and bruising of the eyelid and cheeks. Patient originally presented to outside hospital with bilateral lower extremity swelling and shortness of breath. BNP and troponins were elevated, and ACS protocol was initiated. He had stroke-like symptoms while at the outside facility and CT showed MCA occlusive thrombus. He was transferred to our facility due to concern for stroke symptoms, where he had prompt thrombectomy with IR as well as right and left internal carotid artery intra-arterial TPA. After the procedure, bruising of the eyelids was noted. This was thought to be secondary to trauma from taping eyelids shut during the procedure. The next day, tongue swelling as well as lip swelling and desquamation were noted, so dermatology was consulted. On examination, bilateral periorbital hemorrhage was noted as well as hemorrhagic stomatitis and macroglossia. Differential at this time included systemic amyloidosis due to concern for the classic pinch purpura and skin fragility seen in systemic amyloidosis as well as macroglossia. Tongue and lip biopsies were performed. Echo was completed to work up heart failure and findings were suggestive of amyloidosis. Biopsy of the tongue and lip had amorphous pink, cracked material suggestive of amyloidosis. Congo Red stain was performed on lip biopsy and was markedly positive for amyloid deposits. Free light chains were markedly elevated.

Commercial Disclosure: None identified.

28684

Vitiligo following ablative laser for melasma

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Vitiligo is a pigment disorder of the skin, characterized by areas of depigmentation. Different factors could affect the induction and progression of vitiligo such as emotional shock, stress, sunburn, and trauma. The Koebner phenomenon is the appearance of new lesions on previously unaffected skin secondary to trauma. I present a 35 year-old man who developed areas of depigmentation on the cheeks, bilaterally, with asymmetry, after the use of ablative laser for melasma, followed by application of depigmenting agents. Based on clinical aspects and Wood's lamp examination, diagnosis as vitiligo was made. He was treated with 308-nm monochromatic excimer lamp (MEL) in association with 0.1 topical tacrolimus ointment. Dermatologists should be aware of this possible adverse effect of ablative laser (koebner phenomenon) associated to depigmenting agents for melasma as well as be prepared to start early treatment.

Commercial Disclosure: None identified.