The impact of the SARS-CoV-2 pandemic on phototherapy utilization

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Umbilical cutaneous noneczematous diseases: A clinical and histopathologic study
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Background: The umbilicus is a special and prominent scar on the abdomen, which obliterates the portal through which the omphalomesenteric duct connected the primitive gut to the yolk sac. Umbilical skin lesions are rare but diverse, rarely diagnosed by biopsy.

Objectives: The study aimed to analyze the clinical and histopathologic features of umbilical skin lesions.

Methods: We performed a retrospective analysis of patients who visited our institution for umbilical lesions from January 2008 to December 2019. Age, sex, clinical features, etiologies, and histopathological features were obtained from patients’ medical records and photographs.

Results: There were 41 cases of histologically confirmed umbilical diseases. Among them, 31 patients were female (75.6%). The lesions included hypertrophic scars (11/41), epidermal cysts (7/41), verruca (6/41), seborrheic keratosis (5/41), nevus (4/41), steatocystoma (2/41), and one each case of endometriosis, hidrocystoma, neurofibroma, soft fibroma, foreign body granuloma, tick bite and heterotopic gastric mucosa.

Conclusion: The most common umbilical skin lesions were hypertrophic scars followed by increased number of laparoscopic surgeries. Compared with other previously reported studies, fewer umbilical biopsies have been done in relation with diagnosis of metastatic cancer in our study, which may be due to decreased incidence of advanced gastric cancer and the early detection of cancer through endoscopy and CT scan these days.

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Differential diagnosis of scalp folliculitis and acne vulgaris affecting the scalp using polarized light dermatoscopy
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Introduction: Acne vulgaris may rarely affect the scalp. Differential diagnosis between scalp folliculitis and acne vulgaris affecting the scalp is important because of the different management strategies of the two conditions. Polarized light dermatoscopic examination, in addition to clinical examination and patient history may be used to identify subtle changes, such as the presence of comedos typical for acne and which are not a feature of scalp folliculitis.

Material and method: We analyzed clinical and polarized light dermatoscopic images of 8 adult male patients, who presented with inflammatory lesions of the scalp over a period of nine months (January 2020-September 2020).

Results: All patients had erythematous papules affecting different regions of the scalp. Six had acne vulgaris affecting the face, all of which presented with open comedones in different areas of the scalp, upon dermatoscopic examination; five had acne lesions on the trunk, two, had hidradenitis suppurativa affecting the axillae, groin and buttock regions; one had acne keloidialis nuchae. Two patients presented with folliculitis, neither showed comedos on polarized light dermatoscopic examination and one had acne vulgaris with lesions affecting the face.

Conclusion: Although diagnosis in acne vulgaris is usually clinical and straightforward, especially when the lesions are located on the face or trunk, in patients presenting with inflammatory lesions of the scalp, polarized light dermatoscopy may improve clinical diagnosis by identifying typical acne lesions.

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Frequency of procedural and medical treatments for actinic keratosis
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Actinic keratosis (AK) is a common dermatologic diagnosis with the potential of malignant transformation. Treatment options include destructive therapies, such as cryotherapy, and topical medications, such as 5-fluorouracil (5-FU), imiquimod, and ingenol mebutate. Historically, destructive procedures have remained the standard of care. There have been limited updates on AK management practices; we determined the frequency of procedural and medical treatments of AK. We assessed visits from the 2009 to 2016 National Ambulatory Medical Care Survey to quantify the use of cryotherapy, topical 5-fluorouracil, imiquimod, ingenol and topical aminolevulonic acid (as a proxy for photodynamic therapy). There were an estimated 11.5 (10.6, 12.4) million visits with a primary diagnosis of AK. One or more of the studied treatments were identified at 47.1% (42.5, 51.6) of visits. Of visits with some kind of AK treatment, cryotherapy was used in 90.6% (81.5, 99.7) of visits, while 5-fluorouracil, imiquimod, and ingenol were prescribed at 4.06% (2.20, 5.92), 5.00% (1.65, 8.36) and 0.16% (0.03, 0.33) of all visits (respectively). Photodynamic therapy was used at 0.90% (0.25, 1.55) of all visits with treatment. Despite the expansion of treatment options, cryotherapy remains the standard of care. Future development of therapies with improved tolerability and patient compliance as well as alternate payment models have the potential to change the standard of practice.

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The impact of the SARS-CoV-2 pandemic on phototherapy utilization
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Phototherapy is a mainstay of treatment for several dermatologic conditions. Patients often require multiple treatments per week for several weeks to months to achieve treatment efficacy. The SARS-CoV-2 global pandemic caused many dermatology clinics to close completely or significantly reduce patient volumes, which may have limited patient access to this beneficial treatment. This retrospective study examines the pandemic’s impact on phototherapy treatment rates and reimbursement at one major tertiary care center and five locations of a private dermatology clinic in Southeast Michigan. Phototherapy CPT reimbursement data from March 1-June 30, 2020 was compared with the same timeframe in 2019. Units of phototherapy performed decreased by an average of 84%, and there was an average decrease of 43% in the number of unique patients receiving treatments. Reimbursement for phototherapy decreased by an average of 85%. The drastic decline in phototherapy reimbursement is a reflection of the pandemic’s financial impact and likely correlates to a larger scale of revenue loss in dermatology practices. Adequate phototherapy treatment was also likely delayed for many patients. As the pandemic continues, implementation of home phototherapy treatments may be necessary for patients to receive proper treatment and to minimize the impact of loss of revenue due to limited in-office phototherapy. Precautions will need to be taken to guarantee the safety of patients and the care team for patients to receive optimal in-office phototherapy treatment. The pandemic’s impact on medical dermatology finances could potentially destabilize access to patients who need this safe and effective treatment.

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