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35180

“Could I be allergic to my new hidradenitis suppurativa Medication?” Characterization of a cutaneous delayed-type drug hypersensitivity reaction to secukinumab



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Patient history and physical: A 32-year-old Asian-American female presented with widespread, pruritic, red papules involving the ears, trunk, and extremities for approximately 6 weeks' duration. The lesions first developed several days after her second secukinumab injection, which was originally initiated for recalcitrant stage III hidradenitis suppurativa. Physical examination revealed numerous erythematous, scaly papules on the bilateral ears, upper chest, inframammary folds, bilateral upper extremities, and abdomen (including umbilicus). Large, well-demarcated, moist-appearing plaques were observed to involve the bilateral axillary folds symmetrically. Her vital signs were stable, and she denied recent facial swelling or urticaria.

Pathology: A punch biopsy obtained from the right flank revealed psoriasiform epidermal hyperplasia with spongiosis, lymphocyte exocytosis, and serous crusting with ample neutrophils in the stratum corneum. A dense superficial perivascular and interstitial infiltrate of lymphocytes with numerous eosinophils was also observed. Periodic acid-Schiff stain was negative for fungal elements.

Laboratory data: Bacterial swab revealed mixed skin flora.

Diagnosis: A diagnosis of a cutaneous delayed-type drug hypersensitivity reaction to secukinumab was made. SDRIFE was also considered, however, our patient did not exhibit gluteal, perineal, or inguinal involvement.

Clinical course and treatment: Secukinumab was discontinued, and because the mean half-life ranges from 22 to 31 days, an 8-week prednisone taper was initiated with resolution of the rash. Following completion of the original taper, the patient experienced a mild recurrence of the original rash, which fully resolved without recurrence after an additional 4 weeks of prednisone. Ustekinumab was subsequently initiated for control of underlying hidradenitis suppurativa.

Commercial Disclosure: None identified.

34554

“Nothing really seemed to touch it that wasn't a steroid”: An analysis of social media posts regarding the efficacy of topical corticosteroid use in atopic dermatitis



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The objective of this study is to characterize the sentiment and engagement of online posts regarding the efficacy of TCS use for atopic dermatitis. 2047 posts and comments which referenced TCS use were extracted from publicly accessible Facebook (FB) and Reddit eczema groups; 412 referenced TCS efficacy. These posts were assigned a sentiment of positive, negative, or neutral; posts were also assigned an engagement score calculated by adding likes, upvotes, and replies. Neutral sentiment (n = 270, 65.5%) was more common than negative (n = 50; 12.1%) or positive (n = 92; 22.3%) sentiment. Sentiments were assigned a value of -1 (negative), 0 (neutral), and 1 (positive). Mean sentiment score (MSS) was significantly ($P < .05$) higher in FB (0.40, 95% CI [.17-.63]) compared with Reddit (0.06, [.01-.12]). Mean engagement score (MES) was significantly ($P < .05$) higher in Reddit (8.97, [6.45-11.49]) compared with FB (0.93, [.42-1.45]). Although concerns from patients regarding the safety of TCS use have been well-documented, social media analysis of posts and comments shows a neutral or slightly positive attitude towards their efficacy. Reddit as a social media platform is rapidly gaining recognition in social science and medical research; the relatively higher engagement and lower sentiment compared with FB found among Reddit posts suggests that evidence-based online education efforts from dermatologic providers on this particular social media platform may be useful to increase patient knowledge and confidence in their therapies.

Commercial Disclosure: None.

32316

Five-year cancer-specific survival for melanoma in LEP: An analysis of the SEER database



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Limited English Proficient (LEP) patients have been shown to have barriers to health care access. LEP is concentrated amongst Asian and Hispanic White populations. There is little known about cancer specific health outcomes for LEP melanoma patients. We hypothesized that there would be a statistically greater 5-year Cancer Specific Survival (CSS) in low LEP counties compared with high LEP counties. We performed a retrospective cross-sectional study on Asian and Hispanic White melanoma patients from the Surveillance, Epidemiology, and End Results database (SEER, 2018, 18 Reg.). 5-year CSS was compared between low LEP (0-12% LEP population) vs high LEP counties ($\geq 12\%$ LEP population) using a Kaplan-Meier analysis. A Cox proportional hazards regression was performed to investigate the effects of age of diagnosis, and county LEP status on 5-year CSS. A total of 8490 adult Asian and Hispanic White melanoma patients were identified, of whom 660 were in high LEP counties (7.8%). Mean age of diagnosis in high LEP counties (60.3 ± 17.7 yo) was later than in low LEP counties (58.1 ± 16.9 yo, $P = .002$). 5-year melanoma CSS was marginally lower among patients in high LEP counties ($P < .15$). County LEP status did not confer a significant hazard ($P = .334$). 5-year melanoma CSS decreased with age of diagnosis (HR 1.01 per year, 95% CI [1.01-1.02]). Our results indicate that once diagnosed LEP does not affect a patient's 5 year Cancer specific survival indicating the importance of melanoma screen in high LEP counties for early detection of melanoma. A limitation to this study is that it uses county level LEP data.

Commercial Disclosure: None identified.

35182

A 10% urea moisturizer improves the signs and symptoms of foot xerosis in diabetic patients



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Foot xerosis is a common condition among type 2 diabetics and improper management can lead to painful cracks and fissures and possibly neuropathic ulcers and infections. Regular use of moisturizers is recommended to help manage and prevent xerosis from developing. Urea is a natural moisturizing factor due to its highly hygroscopic nature and a keratolytic, making it an ideal moisturizer ingredient. The efficacy and safety of a moisturizing lotion containing 10% urea (CSL) was assessed in 20 subjects with type 2 diabetes. Subjects with moderate dry feet, including fissuring, applied CSL daily to 1 randomly selected foot for 28 days. The other foot served as an untreated, internalized control. Clinical assessments included dryness, fissures, and calluses; instrumental assessments included hydration, transepidermal water loss (TEWL), skin pH, and roughness. After 28 days, 90% of the treated feet had normal or mildly dry skin compared with 25% of the untreated feet ($P < .05$). The number of fissures, calluses, skin hydration, and skin roughness also significantly improved on the treated feet compared with baseline ($P < .05$); no improvement was observed on the untreated foot. However, there was no significant differences between TEWL and pH between the feet. No related adverse events were reported. Overall, CSL was effective in improving xerotic feet in diabetic patients.

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