and to the judgement of others, it is important to listen to the voice of the people suffering from skin conditions such as psoriasis.

The aim of this analysis was primarily to explore the most bothering symptoms and challenges that psoriasis patients face in daily life. Furthermore, this study aimed to present the development of a new program which could support patients in living better with psoriasis. Thus, a questionnaire was developed by LEO Pharma Switzerland in collaboration with the president of the Swiss Patient Organization (SSPV/SPVG). The anonymous survey was supervised and conducted by GfK Switzerland between March 31st and July 3rd 2012. 250 patients in total completed the survey.

Visible aspects of psoriasis appear to be the main reason for stigmatisation in patients, showing significant impact on daily life activities as for instance the choice of clothes. Patients under medical treatment declared maintaining quality of life, alleviation of symptoms and preventing relapse as overall reasons for undergoing medical treatment. The relationship between patients and their doctors is based on trust, nevertheless there seems to be room for improvement particularly in taking into consideration patients' lifestyle when prescribing specific therapies. Doctors were seen as essential and primary partners in providing information and discussing treatment options, but the internet is used as a source for supplementary information by many patients.

Thus, a web based platform providing patients with reliable information on disease, various treatment options, and advice how to cope in daily life could answer unmet needs. Quality Care™, a service free of charge where patients will find such an additive support tailored to their personal needs, is currently being developed and will be available in Switzerland in early autumn 2014. The platform might help to further substantiate care provided by doctors, improve adherence and clinical results through consolidated knowledge and enhanced management of expectations.

P50

Internal exposure to metal allergens causing systemically induced contact dermatitis

Kathrin Scherer Hofmeier¹, Susanne Haltmeier¹, Fredy Schmidli², Markus Jungo², Andreas J. Bircher¹

- 1 Allergy Unit, Dermatology Clinic, University Hospital, Basel
- 2 Department of Dental Medicine, Institute of Materials Science, Technology and Propaedeutics, University Clinic for Dental Medicine, Basel

Introduction: Contact sensitizations to metals such as nickel, cobalt, chromium and palladium are common. Rarely, internal exposure may cause systemically induced contact dermatitis. We report on three patients in whom the most probable internal source of metal exposure has been identified.

Patients and methods: Three patients (two females aged 57 and 67, one male aged 66) were investigated with patch tests and one of them with lymphocyte stimulation tests (LST)

Patient 1 (male, 60 years): about 30 years of work-

ing as an electrician he developed bilateral hand eczema with massive exacerbations and spreading to the forearms. Patch tests revealed sensitization to cobalt and propolis, without current relevance. However, the patient had several dental crowns for more than 20 years without any oral symptoms. One of the crowns showed a high percentage of cobalt (60%) and considerable corrosion. Upon removal of all crowns the hand dermatitis cleared completely. Patient 2 (female, 67 years): No history of contact allergy or drug hypersensitivity. Because of a subtotal stenosis of the proximal arteria iliaca communis a stent was implanted (55.8% nickel - titanium balance). One day later she developed pruritus and a disseminated macular exanthema of the trunk and the extremities. This faded over time but she had recurrences in monthly intervals. Blood chromium and nickel levels were normal, cobalt was slightly elevated. Patch tests demonstrated sensitization to nickel and cobalt. LST with nickel and cobalt showed a strong stimulation with both metals.

Patient 3 (female, 57 years): She had occasionally suffered from dermatitis of the lips upon use of lip balms. She then received a right total knee replacement (cobalt-chromium-molybdenum alloy). After implantation chronic cheilitis developed, resistant to topical treatment with corticosteroids and calcineurin antagonists. Patch tests revealed sensitization to cobalt, nickel and chromium as well as to balsam of Peru and Tolu. Blood levels were slightly elevated for cobalt. There were no local symptoms at the knee total prosthesis. cobalt was slightly elevated. Patch tests demonstrated sensitization to nickel and cobalt. LST with nickel and cobalt was negative.

Conclusion: In all three patients sensitization to cobalt and / or nickel was demonstrated. External sources were excluded. In two patients, slightly elevated blood levels of cobalt were detected. In one, removal of dental crowns resulted in a complete clearance of the dermatitis. In the other two, so far no specific measures could be undertaken. Dermatitis and cheilitis respectively are so-far controlled with the repeated use of topical corticosteroids and / or calcineurin antagonists.

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Treatment of lower extremity telangiectasias in women by sclerotherapy versus nd:yag laser: a prospective comparative randomized open label trial

U. Buettiker¹, B. Parlar¹, C. Blazek¹, S. Cazzaniga², L. Na-ldi³, HW. Kloetgen¹, L. Borradori¹

- 1 Department of Dermatology, University Hospital Bern (Inselspital), University of Bern
- 2 Centro Studi GISED, Fondazione per la Ricerca Ospedale Maggiore, Bergamo, Italy
- 3 Department of Dermatology , Azienda Ospedaliera Papa Giovanni XXIII, Bergamo, Italy

Background: Telangiectasias of the lower extremities are very common. There are no blinded randomized controlled clinical trials comparing laser modalities with the gold standard sclerotherapy, while the few available studies encompass small patients cohorts.

Objective: This prospective randomized open label trial compares the efficacy of sclerotherapy with polidocanol versus long-pulsed Nd:YAG laser in the treatment of leg telangiectasias.

Patients and Methods: Fifty-six female patients with primary leg telangiectasias and reticular veins (C1A or SEpAS1PN) were included in the study. One leg was randomly assigned to get treatment with the multiple synchronized long-pulsed Nd:YAG laser, while the other received foam sclerotherapy with polidocanol 0.5%. The patients were treated in two sessions at intervals of 6 weeks. The patients were evaluated by the handling physician after 6 weeks and 6 months. Two investigators assessed blindly at the end of the study the photographs for clearing of the vessels using a six-point scale from 1 (no change) to 6 (100% cleared). Patients reported about pain sensation and outcome satisfaction.

Results: According to the handling dermatologist, at the last follow-up, there was an improvement of 30 - 40% with a median of 3 (IQR 2) and a good improvement of 50 - 70% with a median of 4 (IQR 2) after laser treatment and sclerotherapy, respectively. In contrast, according to the blinded investigators, there was a median of 5 (IQR 1) with a very good improvement of > 70% after both therapies. Improvement was achieved more quickly by sclerotherapy, although at the last follow up visit there was no difference in clearance between the two groups as assessed by the blinded experts (p-value 0.84). The degree of patient's satisfaction was very good and similar with both therapeutic approaches. There was a significant difference (p-value 0.003) regarding pain perception between the types of therapy. Laser was felt more painful than sclerotherapy.

Conclusion: Telangiectasias of the lower extremities can be successfully treated with both synchronized long-pulsed Nd:YAG Laser and sclerotherapy. The 1064-nm long-pulsed Nd:YAG laser is associated with more pain at the current technical stage and is suitabe especially in case of needle phobia, allergy to sclerosants and in presence of small veins with telangiectatic matting, while sclerotherapy can also treat the feeder veins. Hence, both approaches should be probably used best in combination

P52

Brimonidine - Novel treatment option for rosacea directly targeting facial erythema

J. Czernielewski, C. Conrad Departement of dermatology, CHUV, Lausanne

Rosacea is a common chronic inflammatory disorder of the central facial skin known to have a major psychosocial impact on a patient's life. Besides central facial erythema, papules, pustules, and rhinophyma which are visibly evident, patients also suffer from flushing, burning sensations, and painful stinging. The characteristic facial erythema, which intensifies during flares and persists afterwards to varying degrees, occurs secondary to vasodilatation and fixed vascular changes that develop over time. As current therapies target mainly inflammatory processes in rosacea, they show efficacy on papules and pustules but don't lead to remission of persistent facial redness. Brimonidine (Mirvaso), which will be marketed in Switzerland next year, is an alpha-2 adrenergic receptor agonist thereby targeting directly the facial erythema in rosacea.

Here we report several cases of rosacea treated with brimonidine 0.33% gel for persistent erythema in our outpatient clinic. Upon application of brimonidine patients were followed for 3 hours and photographs were taken regularly. Patients showed rapid improvement of diffuse facial redness within 15-30min and the peak effect lasted for several hours. One patient reported rebound-like burning sensation after several days of treatment but therapy was well tolerated in general. Thus, Brimonidine will provide dermatologists with a new therapeutic option for rosacea that directly targets facial erythema. In the future, it might enable patients to perform continuous therapies of papulopustular rosacea with classical anti-inflammatory agents accompanied by treatments "as needed" of visibly disturbing, persistent facial redness.

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Five Rotation flaps for retroauricular helix repair of the ear

R. Della Torre¹, M. Stieger¹, A.M. Skaria²

1 Institute of dermatology, University Hospital of Bern,

2 Centre de Dermatochirurgie, Vevey

Background: Tumors of the retroauricular part of the helix of the ear are not so rare and post Mohs micrographic surgery defects can sometimes result in extensive defects.

Objective: To show different possibilities of reconstruction of the retroauricular part of the ear by rotation flaps.

Methods: Presentation by photographs and figures different variations of rotation flaps, which allow a rapid repair of retroauricular defects perfectly, adapted to the convex shape of the ear.

Results: 24 cases of rotation flap reconstructions of retroauricular defects showed excellent final result. None of the flaps suffered from necrosis or ischemia. Conclusion: The rotation flap is by his form perfectly adapted to the physiognomy of the retroauricular helix and convex surface of the ear. This flap shows clear advantages compared to other reconstructions. We think that most defects on the retroauricular helix can be reconstructed by one of four varieties of rotation flap combinations.

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Brentuximab vedotin as a treatment for CD30+ Mycosis Fungoides and Sézary syndrome: a case series of four patients

T. Mehra¹, K. Ilkenberg², R. Benz³, G. Nair⁴, U. Schanz⁴, E. Haralambieva², R. Dummer⁵, L. French⁵, E. Guenova⁵, A. Cozzio5

- 1 Medical Directorate, University Hospital, Zürich
- 2 Department of Pathology, University Hospital, Zürich
- 3 Department of Hematology, Kantonsspital Münsterlingen, Münsterlingen