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Alexis B. Lyons

David M. Ozog

Henry W. Lim

Kate V. Viola

Lamont R. Jones

See next page for additional authors

Authors

Alexis B. Lyons, David M. Ozog, Henry W. Lim, Kate V. Viola, Lamont R. Jones, and Amy Tang

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The dermatology education series: A digital approach to improving patient engagement

Cassandra Yeboah, BS, MBS, Philadelphia College of Osteopathic Medicne; Alaina James, MD, PhD, University of Pittsburgh Department of Dermatology

Dermatology is unique in that not only are there a shortage of dermatologists in the United States but patient access care to is largely disproportionate. As a response to the chasm of access that exists, many patients have relied on the Internet to obtain information on how to address their concerns, and this often comes at the cost of non-evidence based remedies being promoted. The inception of the 2020 COVID-19 pandemic has led many physicians to restrategize their approach to patient care. Fortunately, utilization of a virtual model has been integral to this process. The purpose of this study was twofold: increase patient confidence in addressing dermatologic concerns by providing targeted education on specific dermatologic topics and define a framework that can be implemented by dermatologists looking to use social media to increase patient education and access to dermatologic care. 3 separate education sessions (webinars) were held where the topics of hair, eczema, and acne were discussed, respectively. Each session was roughly 1 hour in length. Attendees were given pre- and postwebinar surveys to assess existing patient attitude toward their knowledge of dermatologic topics and their comfort in consulting a dermatologist with their concerns. Across the 3-day series, the total number of registrants was 30. 12 registrants for the hair webinar with an overall attendance rate of 33%; 12 registrants for the eczema webinar with an overall attendance rate of 33%; 6 registrants for the acne webinar with an overall attendance rate of 50%.

Commercial Disclosure: None identified.

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The distribution of nevi and melanoma in Caucasian and SOC individuals

Ryan Ladd, MD, Department of Dermatology, Mayo Clinic Arizona; Jamison Harvey, MD, Department of Dermatology, Mayo Clinic Arizona; Jake Besch-Stokes, BS, Mayo Clinic Alix School of Medicine; Puneet Bhullar, BS, Department of Dermatology, Mayo Clinic Arizona; Blake Boudreaux, MD, Department of Dermatology, Mayo Clinic Arizona; Pranav Puri, BS, Mayo Clinic Alix School of Medicine; Kevin Severson, MD, Department of Dermatology, Mayo Clinic Arizona; Matthew Buras, MS, Division of Biostatistics, Department of Health Science Research, Mayo Clinic, Scottsdale, AZ; Collin Costello, MD, Department of Dermatology, Mayo Clinic Arizona; Helen Cumsky, MD, Department of Dermatology, Mayo Clinic Arizona; Aaron Mangold, MD, Department of Dermatology, Mayo Clinic Arizona

There is a paucity of literature comparing the bodily distribution of melanocytic nevi vs. melanoma and racial differences in melanoma distribution. We conducted a cross-sectional study of 211 patients who presented for voluntary skin examination from 3/2017-8/2018. Demographic data were obtained before the examination. Nevi were verified by dermoscopy and mapped by location. Data were compared with 2000-2017 melanoma data reported by the Surveillance, Epidemiology, and End Results (SEER) program. Patients self-identified as Hispanic (64.9%), Caucasian (19.2%), American Indian or Alaskan Native (7.2%), Asian (1.9%), and other (1.4%). The greatest differences in distribution of nevi and melanoma were observed at the lower limb/hip (17.3% of melanomas vs. 6.6% of nevi; $P < .0001$), upper limb and shoulder (26% of melanomas vs. 34.1% of nevi), foot (0.8% of melanomas vs. 2.8% of nevi), and hand (0.2% of melanomas vs. 2.6% of nevi). Caucasians had higher incidence (per 100,000) of melanomas of the face/neck (4,400; 95% CI 3,700-5,100; $P < .0001$), trunk (9,200; 95% CI 8,500-9,800), and upper extremity (6,800; 95 % CI 6,100-7,500) vs. skin of color (SOC) patients. SOC patients had higher incidence of melanomas of the lower extremity (11,000; 95 % CI 10,000-11,000), acral locations (6,800; 95% CI 5,600-8,000), and feet (5,900; 95% CI 5,100-6,500). Distribution of nevi differed significantly from melanoma by body region. Caucasians had higher incidence of upper-body melanomas while SOC patients had higher incidence of lower-body and acral melanomas. These differences suggest divergent evolutionary pathways of nevi and melanoma in various body regions and across different races.

Commercial Disclosure: None identified.

31064

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Alexis B. Lyons, MD, Henry Ford Hospital; David M. Ozog, MD, Henry Ford Hospital; Henry W. Lim, MD, Henry Ford Hospital; Kate Viola, MD, Henry Ford Hospital Amy Tang, PhD, Henry Ford Hospital; Lamont R. Jones, MD, MBA, Henry Ford Hospital

Background: No keloid-specific outcome measures exist.

Objective: To develop and validate the Detroit Keloid Scale (DKS), a standardized method of keloid assessment to better compare treatments.

Methods: Forty-seven physicians were polled to develop the DKS. The scale was validated in 52 patients with keloids against the Vancouver Scar Scale (VSS), Patient and Observer Scar Assessment Scale (POSAS), and Dermatology Life Quality Index (DLQI) by 3 physicians.

Results: The interrater reliability was "substantial" for observer component of the DKS and only "moderate" for the VSS and observer POSAS (ICC were 0.80, 0.60, and 0.47, respectively). Pearson's correlation indicated a "moderate" association between the observer component of DKS with observer component of POSAS ($\rho = 0.56$, $P < .001$) and a "substantial" relationship between the observer component of DKS and VSS ($\rho = 0.63$, $P < .001$). Pearson's correlation indicated a "moderate" association between the patient portion of DKS and patient portion of POSAS and the patient portion of the DKS and DLQI (0.61 and 0.60, respectively, $P < .05$). The DKS total score consistently showed "substantial" relationship with POSAS total score ($\rho = 0.65$, $P < .001$).

Limitations: Single center study, no intrarater reliability analysis.

Conclusions: The substantial interrater reliability of the DKS will allow for improved standardization in future keloid research.

Commercial Disclosure: None identified.

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The effectiveness of oral alitretinoin on mycosis fungoides palmaris et plantaris

Seol Hwa Seong, MD, Department of Dermatology, Kosin University College of Medicine; Sun Mun Jeong, Department of Dermatology, Kosin University College of Medicine; Jang Hwan Jung, Department of Dermatology, Kosin University College of Medicine; Do Ik Kwon, Department of Dermatology, Kosin University College of Medicine; Joon Hee Kim, Department of Dermatology, Kosin University College of Medicine; Min Soo Jang, Department of Dermatology, Kosin University College of Medicine; Jong Bin Park, Department of Dermatology, Kosin University College of Medicine

Background: Mycosis fungoides palmaris et plantaris (MFPP) is a variant of mycosis fungoides (MF) that presents primarily on the palms and soles, which is often refractory to conventional therapy. Alitretinoin is an endogenous panagonist binding to retinoid receptors and promoting the anti-proliferative, immune-modulating, and pro-apoptotic effects. From this perspective, oral alitretinoin may be effective to MFPP as in the MF, however, there is no previous case study. We present a retrospective review of MFPP treated with oral alitretinoin.

Objective: To investigate the efficacy and safety of oral alitretinoin in MFPP.

Methods: This study was conducted on 10 patients histopathologically diagnosed as MFPP. The patients were treated with oral alitretinoin (30 mg/day). The therapeutic efficacy was assessed according to Physician's Global Assessment (PGA) and modified total lesion symptom score (mTLSS) at baseline and after 12 weeks.

Results: The proportion of clinical response defined as PGA of clear or almost clear was 70% (7/10). The mean mTLSS was significantly decreased from 10.5 (baseline) to 3.2 (after 12 weeks), representing a 69.5% of reduction. Half of the patients experienced side effects such as headache (20%), elevated serum triglyceride (20%), and dry mouth (10%), however, there were no serious events leading to withdrawal.

Conclusion: Oral alitretinoin can be a well-tolerated and effective alternative treatment for MFPP.

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