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35046

Home phototherapy: Improving access to dermatologic care

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Introduction: Phototherapy is an effective, economic dermatologic treatment with few side effects. Home phototherapy has the potential to overcome barriers that patients face in accessing care (e.g., frequent clinic visits, travel, co-pays, etc.). This study evaluated the feasibility and acceptability of a home phototherapy program at the University of Rochester.

Methods: A retrospective review of electronic medical records and a telephone survey were conducted of all adult patients (≥ 18 years) prescribed home phototherapy for a dermatologic condition (2019-2021). Data collected from chart review included demographics and disease course. Telephone surveys consisted of 12 questions regarding device use, Perceived Global Impression of Severity (PGIS), Skindex-mini, satisfaction with care, and treatment preference. Institutional review board approval was obtained.

Results: Of 63 eligible subjects, 43 (68%) participated in the survey ($n = 23$ psoriasis, $n = 11$ atopic dermatitis, $n = 9$ with other diseases). The average disease severity on PGIS at the time of survey was 2.72 (mild). Most subjects surveyed (88.4%) felt their disease had improved since initiating home phototherapy. All subjects preferred home therapy to in-office phototherapy due to the convenience (74.4%), distance they lived from clinic (27.9%), reduced cost (23.3%), work and household obligations (20.9%), privacy (14.0%), and COVID-19 related concerns (14.0%). Notably, 18.6% experienced side effects, most commonly erythema.

Discussion: Home phototherapy is safe and effective, particularly for patients who have difficulty obtaining in-office care. It also presents a promising alternative to in-person care during the COVID-19 pandemic. Insurance carriers can save significant funds by instituting such programs and avoiding more costly systemic therapies.

Commercial Disclosure: None identified.



33306

Identification of risk factors associated with benzoate/benzoic acid reactivity in patch tested patients

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Background: Benzoates and benzoic acid, which are a component of Balsam of Peru, are found in a growing number of cosmetic, personal products and used as preservatives in food products. With its increased use in consumer products, a growing number of patients have shown reactivity to this allergen. In this study we aim to better identify patient characteristics associated with allergic contact dermatitis reactions to benzoates.

Methods: An IRB-approved REDCap registry of patients from University of California, Davis, Contact Dermatitis Clinic who underwent patch testing was reviewed for characteristics of age, sex, ethnicity, history of atopic dermatitis, final diagnosis, and culprit allergens. Statistical analysis was performed with STATA.

Results: From 2019-2021 35 (7.3%) of 480 patients tested positive for benzoic acid or benzoates in patch testing. Those who were benzoic acid/benzoate positive were more likely to be older (62 versus 51 years old, $P = .0005$, 2-sided t-test) and more likely to be diagnosed with systemic contact dermatitis ($P = .002$, Fisher exact test). There were no significant differences in sex, atopic dermatitis, race, ethnicity, Fitzpatrick skin type, and baseline severity and quality of life measures (Fisher exact test). Although not all benzoic acid/benzoate positive patients reacted to Balsam of Peru, there was a significant association between the 2 allergens ($P < .0001$, Fisher exact test).

Conclusion: Benzoic acid/benzoates is an allergen of growing importance and testing should be considered in older adults with dermatitis and those with symptoms of systemic contact dermatitis.

Commercial Disclosure: None identified.



32793

How can we teach clerkship medical students the multidisciplinary aspects of dermatology? A medical education initiative

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Background: Canadian medical schools offer minimal clinical dermatology training for clerkship students. The limited available educational resources for them usually focus on primary skin conditions, therefore it is challenging for students to understand the multidisciplinary nature of dermatology in a clinical setting. The study objective was to develop case-based educational resources to help bridge this gap and assess their effectiveness.

Methods: Ten online interactive dermatology case-based modules involving 15 different disciplines were created. Medical students from 2 schools were surveyed regarding perceptions of their dermatology curriculum. After the modules, they completed 5-point Likert scale ratings on improvement of dermatology knowledge, understanding of multidisciplinary care, and narrative feedback.

Results: Among 77 surveyed students, only 15.2% agreed their pre-clerkship dermatology education was sufficient and 7.6% felt comfortable seeing patients with skin conditions in a clinical setting. Among 43 students who completed the modules, 95.3% of students agreed the modules fit their learning style (4.16 ± 0.75 on Likert scale) with positive narrative feedback. 90.7% agreed or strongly agreed the modules enhanced their dermatology knowledge (4.26 ± 0.62). 79.1% of students agreed the modules helped with understanding the multidisciplinary nature of the cases (3.98 ± 0.83). Student responses agreeing that dermatology involves multidisciplinary care increased 7-fold from 10.1% to 76.7% post-module.

Conclusion: There is a strong need for dermatology educational resources specifically for clerkship students. Case-based modules can be an accessible tool to enhance dermatology knowledge and understanding of multidisciplinary dermatology. The study provided insight into ways dermatology education can be provided for clerks when clinical resources are limited.

Commercial Disclosure: None identified.



35224

Identifying a correlation between preceding trauma and development of dermatofibrosarcoma protuberans: A review of the literature

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Background: Dermatofibrosarcoma protuberans (DFSP) is a malignant fibrohistiocytic neoplasm that is slow-growing, has low metastatic potential, and is locally infiltrative with a predisposition for recurrence. The development of DFSP can occur spontaneously, but anecdotal evidence suggests a correlation between preceding injury and tumor onset.

Methods: A comprehensive literature search was performed using PubMed, Embase, and web of science for articles with unambiguous reporting of DFSP with a history of physical trauma. Of 139 identified articles, 23 (17%) met criteria and were analyzed.

Results: In total, 52 patients were reported as having had some form of physical trauma prior to DFSP development, and of these, sex was reported for half (40% men; 60% women). The mean (standard deviation) age at time of diagnosis was 42 (14) years, and lesions ranged from 1 to 20 cm. Involved locations included the trunk (62%), lower extremities (19%), upper extremities (12%), and head/neck (8%). The median (range) time between injury and self-reported lesion was 10 (1-19) years, while the median (range) time between injury and DFSP diagnosis was 10 (2-41) years. Types of injuries reported included tattoos (most common), vaccinations/injections, burns, surgeries, radiation, insect bites, and various levels of minor to blunt force.

Discussion: A subset of DFSP cases arise in the setting of prior cutaneous trauma, which may play a role in their pathogenesis. Recognition of this possibility is important to avoid misdiagnosis (i.e., hypertrophic scar or keloid) or delay in diagnosis.

Commercial Disclosure: None identified.

