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33778

The impact and implications of COVID-19 on using scalp cooling therapy for prevention of chemotherapy-induced alopecia

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Background: Scalp cooling therapy (SCT) is currently the most effective method to reduce chemotherapy-induced alopecia. Manual SCT requires a “capper” to change the caps throughout the infusion day whereas machine SCT only requires a 1-time cap fitting prior to infusion, usually performed by the health care staff. Coronavirus disease 2019 (COVID-19) brought restrictions on permitted infusion center visitors, which we hypothesized would include “cappers,” creating an additional barrier to SCT use.

Methods: A scripted call was placed during May 2021 by a study author to infusion centers of Commission on Cancer (CoC) accredited hospitals in Michigan, New York City (NYC) and major cities in Texas in order to investigate how COVID-19 impacted SCT at their institution. The University of Michigan’s Institutional Review Board (IRB) deemed this study exempt from IRB approval.

Results: Forty-one infusion centers were successfully contacted (40/62, 64.5%). Of the 33 that allow SCT, 41% (14) did not allow “cappers” under COVID-19 restrictions. Of the 13 institutions offering machine SCT, 92% (12/13) allowed patients to continue using the machines during the pandemic as it does not require an outside “capper.”

Conclusion: Our study demonstrates the negative impact of COVID-19 on manual SCT use. As COVID-19 is likely here for the foreseeable future, it is critical to find ways to safely use SCT during these times. Hence, hospital adoption of SCT machines is even more critical given the pandemic, particularly for those of lower socioeconomic status and without strong social support.

Commercial Disclosure: None identified.



32795

The neonatal “blueberry muffin rash” – Act fast and get tissue

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A 6-day-old, full-term female, with no prenatal complications and an unremarkable delivery, presented with 2 purplish, brown, asymptomatic bumps since birth. She was otherwise well, breast feeding, and gaining weight appropriately. On examination, there were two 1-cm, well-demarcated, firm, violaceous nodules on her abdomen and right forearm, with dermoscopy showing homogenous brown discoloration. No lymphadenopathy, hepatosplenomegaly, alopecia, or other rash was noted. Punch biopsy revealed an unremarkable epidermis. Within the dermis and extending to the subcutaneous fat, there was a dense infiltrate of monomorphic spindle to epithelioid cells with open chromatin, folded nuclei, pinpoint nucleoli, pale gray cytoplasm, and occasional mitotic figures. There was no evidence of Touton giant cells or eosinophils. Immunohistochemistry demonstrated positivity for Factor XIIIa, CD68, CD163, CD4, CD14, CD33, while CD1a, S100, Melan-A, CD117, and CD34 were negative. Based on these findings, the diagnosis of neonatal juvenile xanthogranuloma (JXG) was made. The infant will be monitored for development of more JXGs or other concerning symptoms. An ophthalmologic examination and laboratory/radiologic studies may be considered in the future to evaluate for systemic involvement, depending on her clinical course. Neonatal JXG accounts for 15-20% of all JXGs. The differential for violaceous nodules in a newborn is wide, including neonatal infection and malignancy, and biopsy is important for diagnosis. The histopathology and clinical appearance of neonatal JXG can be challenging and may not demonstrate the classic histopathologic or examination findings of mature lesions.

Commercial Disclosure: None identified.



32255

The improvement of the ratio of benign to malignant suspect melanocytic biopsies over 14 years in a single academic center

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Background: We previously reported the ratio of melanoma to nevus biopsy findings at our institution and the factors leading to biopsy. In this study, we aimed to determine if that ratio has changed since 2005 with more provider dermoscopy experience and if the factors leading to biopsy have changed.

Methods: We conducted a retrospective review of Mayo Clinic Arizona patients seen in 2005 and 2019 who had biopsies of melanocytic lesions. Patient demographics and clinical information, pathologic diagnosis, and indication for removal were obtained.

Results: 1546 biopsies in 2005 and 1523 biopsies in 2019 were identified. The nevus to melanoma ratio in 2005 was 9.28:1, and 3.98:1 in 2019 (p 60 had a nevus to melanoma ratio of 2.65:1 versus 6.85:1 in 2005 ($P < .0001$). Physician-directed biopsies yielded higher percentage of atypical nevi than patient-directed biopsies (26.3% vs 18.4%, $P < .0001$), but did not show a higher proportion of melanomas (20.2% vs 19.1%, $P = .659$).

Conclusions: Our benign to malignant ratio improved significantly over the past 14 years. Since 2005, there were more invasive melanomas diagnoses. Additionally, there was a significant increase dermoscopy usage by documentation.

Commercial Disclosure: None identified.



35154

The role of common environmental triggers in hidradenitis suppurativa patients

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Background: Hidradenitis suppurativa (HS) is a chronic skin disease that has known associations with various environmental factors. Smoking, obesity, diet, mechanical stress, and sweating are triggers that have been studied to better understand the role of lifestyle modifications in disease management.

Objective: To measure the association of patient reported triggers of HS with time since diagnosis, BMI, social/family support, disease severity, and body surface area involvement.

Methods: The study recruited a total of 153 patients, and 67 patients completed the self-reported patient questionnaire. Environmental triggers that were studied included mechanical stress, tight clothing, food types, washing products, heat, tobacco use, and emotional stress.

Results: 26% and 20% of patients with a social support system consisting <5 family members or friends said sugary foods and bakery products, respectively, worsened their HS when compared with 3.6% and 3.6% of patients with ≥ 5 family members or friends ($P = .01$, $P = .04$). Higher Hurley stage is associated with heat, emotional stress, and weight gain worsening HS. Increasing number of painful nodules seems to be associated mechanical stress, tight-fitted clothing, and emotional stress worsening HS.

Limitations: The self-reported Hurley score lacks provider-reported data. The sample size was limited by the number of patient completed questionnaires.

Conclusions: HS is a complex disease that is influenced by numerous lifestyle factors. The association of various social and environmental triggers in HS patients may point to the important role that lifestyle modifications can have in HS management and overall patient quality of life.

Commercial Disclosure: None identified.

