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Correlation of the peripheral blood CD4/CD8 ratio with the disease stage and overall survival in mycosis fungoides

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Patient-Targeted Research | ABSTRACTS

Topological surface mapping with computer vision to measure cutaneous tissue deformation from digital images

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The study design of two trials of dupilumab in patients with prurigo nodularis inadequately controlled with topical therapies: LIBERTY PN PRIME and PRIME 2

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340 Atopic dermatitis is not associated with maternal alcohol use or alcohol use during adolescence

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Multiple environmental risk factors contribute towards atop dermatitis (AD) prevalence and persistence. Maternal alcohol consumption during pregnancy may have pro-inflammatory effects leading to AD in their offspring. Moreover, AD is associated with chronic sleep disturbance, psychosocial distress, stigma, social isolation, anxiety and depression, which might lead to increased alcohol consumption in children and adolescents. We sought to understand the association between 1. maternal alcohol consumption during pregnancy and childhood AD; 2. AD and alcohol use in adolescents. We used data from the fragile families and child wellbeing study, a longitudinal US birth cohort study of 48968 urban children. Maternal alcohol use during pregnancy was not associated with the development of AD in offspring at ages 5 (logistic regression; adjusted OR [95% CI]: 1.01 [0.72-1.41], P=0.95) or 9 (0.92 [0.66-1.25], P=0.70). There was a cross-sectional association between maternal alcohol use in the past year and AD at ages 5 (1.30 [1.06-1.60], P=0.04) and 9 (1.50 [1.23-1.82], P=0.0007). There were no associations between paternal alcohol use in the past year and AD at ages 5 (0.80 [0.63-1.02], P=0.12) or 9 (0.79 [0.62-1.00], P=0.12). At age 15 years, AD was not associated with increased alcohol use (1.64 [0.83-3.23], P=0.22). In conclusion, there was no association between the alcohol use during pregnancy and development of childhood AD. Childhood AD was not associated with increased maternal alcohol consumption in childhood.

342 Calcipotriene 0.005%/betamethasone dipropionate 0.064% foam as a treatment for nail psoriasis: A case series

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Combination topical corticosteroids and vitamin D analog treatments for nail psoriasis are widely used in cream and ointment vehicles, but patients may prefer a foam vehicle due to its ease of application and favorable cosmetic appearance. Calcipotriene 0.005%/betamethasone dipropionate 0.064% foam (Cal/BD) is an FDA approved therapy for plaque psoriasis, but may also be an effective treatment for nail psoriasis to treat with Cal/BD in a case series of three patients in a single-center, secondary care clinic. Patients applied Cal/BD 1-2 times daily to affected nails for at least 4 months. All 3 patients (1 male and 2 female patients; mean age, 49.7 years [range, 42-65 years]) responded positively to treatment with Cal/BD. Remarkable reduction of nail plate surface abnormalities and a decrease in inflammation of the nail folds were assessed with clinical evaluation, dermoscopy, and documented with serial photographs. The treatment was well tolerated and no adverse effects were noted for any of the patients. While further research on the efficacy and safety of Cal/BD as a treatment for nail psoriasis is needed, this case series suggests its potential as a combination topical vitamin D analogue and high potency steroid in a foam vehicle.

343 Increased risk of hospital acquired sacral pressure injuries in COVID-19 patients

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Background: We aimed to compare risk of hospital-acquired sacral pressure injuries (HASPI) in COVID19+ and COVID19- patients. Method: Single-institution, multi-hospital, retrospective review of all hospitalizations from March 1st, 2020 to September 1st, 2020. Patients with new onset HASPI stage II or III were included in our cohort. Patients with a chronic history of sacral ulcerations or patients with ulceration present on admission were excluded. Patient demographics, baseline ulceration risk (based on Braden risk assessment), HASPI characteristics, laboratory parameters, and ulcer-associated morbidity were collected. Results: During our study period, 36 of 59,208 COVID19- and 13 of 3,488 COVID19+ hospitalized patients developed a HASPI. COVID19+ patients had a 5.5x higher relative risk of developing a HASPI compared to COVID19- patients (6% vs. 0.2%, p=0.0001). Of patients that developed a HASPI: median age, gender distribution, baseline ulceration risk, nursing skin care hours, and time from admission to HASPI were similar between COVID19+ and COVID19- patients. Patients with COVID19+ had larger median ulcer size 85 cm2 (7.5 ± 1.4) vs 7.5 ± 1.7 cm2, p=0.04) and more severe (46.2% Stage IV/Instagrade vs. 44.6%, p=0.03) HASPs compared to COVID19- patients. All COVID19+ patients with HASPI had elevated D-dimer concentrations, with a median peak D-dimer of 6,755 ng/mL that occurred on average 3.5 days before ulcer formation. HASPI led to severe morbidity in 6 of 11 COVID19+ patients who survived initial hospitalization , including need for debridement or surgery (n=5) and ulcer infection/sepsis (n=5). Conclusions: Hospitalized COVID19+ patients are at increased risk for developing large and severe HASPI. The etiology of increased HASPI risk is unclear, but may due to poor tissue perfusion secondary to microvascular occlusion, decreased staffing, and inability to appropriately position hemodynamically unstable patients.