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Improved it and antifungal agent was initiated. Nodules were not tumors but lesions from ectyma. Treatment with cefalexin and pustules in the beard were not folliculotropism but Majocchi's granuloma and diagnosis of ectyma and Majocchi's granuloma mimicking a worsening of SS. Papules rating folliculitis, with dermal inflammation with fungus structures. The skin culture and performed biopsy for histology and skin cultures. Histology showed a suppurative and alentuzumab, but before it, he presented papules, pustules, and nodules in the beard and on the back. We made hypothesis of progression of the lymphoma, with interferon alpha (interrupted by no evidence). Dermatologists should be attentive for neoplasms and benign skin diseases. An example of that is a case of a 50-year-old male, who has SS stage IVA since September 2020, and was treated with Interferon alfa (interrupted by no evidence). Results: Analysis identified early initiation of laser therapy before 5 years old as a significant factor in reducing the number of treatments necessary to achieve aesthetic improvement (P < .01). 18 patients (21.4%) initiating treatment before the age of 5 required an average of 2, 4, and 7 treatment sessions to achieve >25%, 50%, and 75% clearing of pigmented lesions. The 66 patients (78.6%) initiating treatment after 5 years old required an average of 3, 7, and 11 sessions to achieve comparable clearance. Additionally, risk of postinflammatory hyperpigmentation was significantly lower in patients starting treatment before 5 years old (P < .01). Risk of hypopigmentation increased in patients beginning treatment after 20, receiving more treatment sessions, and with Fitzpatrick skin type (FST) V (P < .01). Recurrences were not observed in patients achieving >95% clearance. Conclusions: Initiation of laser treatment for nevus of Ota before 5 years old improves therapeutic outcome and lowers risk of adverse events and recurrence.

Commercial Disclosure: None identified.

Ectyma and Majocchi's granuloma mimicking a worsening of Sezary syndrome

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Patients with cutaneous T cell lymphoma (CTCL) should be followed for any transformation of their clinical presentation, especially the ones with Sezary syndrome (SS), an erythroderma with infiltration of aberrant T lymphocytes in the skin and at least 1000 circulating Sezary cells/mm in blood count. The CTCL are known as inators of infectious or inflammatory skin diseases. New skin lesions may indicate a transformation, or a progression of the lymphoma and biopsies should be done to elucidate it. However, common pathologies could really be the diagnosis, so dermatologists should be attentive for neoplasms and benign skin diseases. An example of that is a case of a 50-year-old male, who has stage IVA since September 2020, and was treated with interferon alpha (interrupted by no availability) and total skin irradiation (interrupted by toxicity). We indicated alentuzumab, but before it, he presented papules, pustules, and nodules in the beard and on the back. We made hypothesis of progression of the lymphoma, with folliculocystic in the beard and tumors on the back, ectyma and botryomycosis and performed biopsy for histology and skin cultures. Histology showed a suppurating folliculitis, with dermal inflammation with fungus structures. The skin culture showed Staphylococcus aureus, yet no fungus culture is available. Thus, we had the diagnosis of ectyma and Majocchi's granuloma mimicking a worsening of SS. Papules and pustules in the beard were not folliculocystic but Majocchi's granuloma and nodules were not tumors but lesions from ectyma. Treatment with cefalexin improved it and antifungal agent was initiated.

Commercial Disclosure: None identified.

Educational interventions may improve sun protection and skin cancer awareness in outdoor occupational workers

Ana Preda-Naumescu, BS, University of Alabama at Birmingham School of Medicine; Sydney Weir, BS, University of Alabama at Birmingham School of Medicine; Josiah W. Sowell, BS, University of Alabama at Birmingham School of Medicine

Introduction: Skin cancer is a preventable, yet leading, cause of cancer in the United States. Outdoor workers experience more UV exposure and report lower rates of sunscreen use. As such, they are at increased risk of developing skin cancer without intervention. Sun protection education, a means of preventative intervention, is associated with increased use of sun protective measures in several populations.

Methods: A cross-sectional survey study was performed with 168 outdoor workers. Using a 10-question survey participants rated their level of agreement with statements on photoprotection and skin cancer before and after a brief educational presentation. Questions evaluated awareness of the risks of UV exposure, understanding of proper sun-protection use, and comfort level identifying suspicious nevi and seeking dermatology care.

Results: A total of 168 sets of surveys were collected. Prospective analysis revealed an average pre-presentation question score of 3.01 and post-presentation score of 3.73, indicating a higher level of agreement with statements on skin safety following educational intervention. Two-sample paired t-test was performed and yielded statistically significant results (P < .05) across all questions.

Conclusion: Outdoor occupational workers reported a better understanding of the risks of UV exposure and a greater willingness to engage in sun-protective practices following brief educational intervention. These interventions should continue to be explored as they represent a cost-effective means of improving outcomes and reducing mortality in at-risk populations.

Commercial Disclosure: None identified.

Early treatment initiation improves outcomes in nevus of Ota: A 10-year retrospective study

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Background: Neus of Ota is a psychologically burdensome facial pigmentation disorder common in Asian populations. While laser therapy is currently first-line treatment, guidelines for when to initiate treatment do not exist.

Objective: To determine an optimal age-stratified timeline for initiating laser therapy in treating nevus of Ota and maximizing treatment efficacy, safety, and reducing risk of recurrence.

Methods: A 10-year retrospective chart review of 84 patients presenting to a tertiary care clinic with nevus of Ota. Initiation of treatment ranged from 4 months to 50 years.

Results: Analysis identified early initiation of laser therapy before 5 years old as a significant factor in reducing the number of treatments necessary to achieve aesthetic improvement (P < .01). 18 patients (21.4%) initiating treatment before the age of 5 required an average of 2, 4, and 7 treatment sessions to achieve >25%, 50%, and 75% clearing of pigmented lesions. The 66 patients (78.6%) initiating treatment after 5 years old required an average of 3, 7, and 11 sessions to achieve comparable clearance. Additionally, risk of postinflammatory hyperpigmentation was significantly lower in patients starting treatment before 5 years old (P < .01). Risk of hypopigmentation increased in patients beginning treatment after 20, receiving more treatment sessions, and with Fitzpatrick skin type (FST) V (P < .01). Recurrences were not observed in patients achieving >95% clearance. Conclusions: Initiation of laser treatment for nevus of Ota before 5 years old improves therapeutic outcome and lowers risk of adverse events and recurrence.

Commercial Disclosure: None identified.

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Commercial Disclosure: None identified.

Effect of COVID-19 on head and neck NMSC at OU Dermatology

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In April of 2020, the NCCN and the ACMS recommended to postpone surgical treatment of all but the most aggressive cases of NMSC. We sought to determine the effect of the delays in treatment due to the COVID-19 restrictions on head and neck NMSC at OU Dermatology. In July 2019, our patients had a mean delay of 60 days from time of biopsy to time of surgery, mean preoperative size of 2.56 cm², mean postoperative defect of 4.78 cm², mean Mohs stages of 1.4, mean linear closure length of 3.7 cm, mean flap size of 19.2 cm², and mean graft size of 9.9 cm². In January 2020, the mean delay was 55 days, mean preoperative size of 1.47 cm², mean postoperative defect of 4.19 cm², mean Mohs stages of 1.7, mean linear closure length of 4.0 cm, mean flap size of 9.9 cm², and mean graft size of 5.0 cm². In July 2020, the mean delay was 40 days, mean preoperative size of 2.00 cm², mean postoperative defect of 6.66 cm², mean Mohs stages of 1.7, mean linear closure length of 4.1 cm², mean flap size of 13.8 cm², and mean graft size of 2.8 cm². A 2-tailed t-test with P = .05 did not show any significant difference in the delays of treatment, tumor size, defect size, Mohs stages, nor repair size of NMSC at OU Dermatology between July 2019 and January of 2020, January 2020 and July of 2020, nor between July 2019 and July 2020.

Commercial Disclosure: None identified.

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