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33568 Evaluating the mildness of glycinate-based cleanser through in vitro methodologies and computational modeling
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Facial cleansing is an important step of a skin care routine to remove unwanted dirt and excess oil. While a cleanser may effectively remove dirt, depending on the surfactant system, it may not necessarily be gentle on the skin. The mildness of a glycinate-based cleanser was determined by assessing the integrity of the skin barrier through changes in the lipid organization and using dye penetration. Fourier transform infrared spectroscopy was used to evaluate lipid organization in the stratum corneum (SC) and showed that glycinate-based cleanser increased the height and area at wavelengths corresponding to lipid hydrocarbon chains, indicating significant lipid deposition in the SC compared with sodium lauryl ether sulfate (SLES). However, dye penetration results showed that the glycinate-based cleanser had significantly lower dye penetration compared with SLES and soap, indicating preserved barrier. Although lipid deposition was observed in the SC, the glycinate-based cleanser maintained the integrity of the skin barrier. To elucidate the origin of the mildness, the key ingredients in the formulation were evaluated by Dissipative Particle Dynamics (DPD) simulations and Small Angle X-Ray Scattering. Results showed that larger mixed surfactant vesicles that were formed in the polymer matrix were relatively immobile in comparison to the fast-moving small glycinate micelles without polymers. This reduced surfactant mobility provides a controlled release effect on the cleansing surfactants such that the concentration of surfactant contact with the skin barrier is sufficiently low during the washing step. The polymers thereby play a key role in imparting mildness of the glycinate-based cleanser.

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32934 Evaluation of a pilot clinical forensic dermatology curriculum at UCSF Department of Dermatology
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Background: Of the 82 million displaced individuals worldwide, 4 million are asylum seekers. Physician participation in the forensic medical evaluation process increases the accuracy of torture and abuse diagnoses. Yet dermatologists are not commonly involved with asylum seekers. Physician participation in the forensic medical evaluation process increases the accuracy of torture and abuse diagnoses. To begin to address this gap, we designed and implemented a pilot clinical forensic dermatology curriculum at the University of California, San Francisco School of Medicine.

Methods: Informed by literature review and consultations with content experts, we identified core subject matter for dermatologists to participate in asylum medicine. To begin to address this gap, we designed and implemented a pilot clinical forensic dermatology curriculum at the University of California, San Francisco School of Medicine.

Discussion: Our pilot curriculum improved learners' attitudes regarding physician participation in asylum medicine and confidence in describing skin findings as signs of torture or abuse. Future work should evaluate this curriculum with a larger group of learners across different institutions.

Commercial Disclosure: None identified.

32688 Evaluation of demographics for patients on immunomodulatory therapy during the COVID-19 pandemic
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Introduction: The current COVID-19 pandemic has raised the concern of exacerbating racial disparities. Objective: Identify the demographics of our patient population during our COVID-19 pandemic wellness checks.

Methods: We conducted telephone wellness checks for dermatologic patients on immunomodulatory treatments during the COVID-19 pandemic peak in Boston (March 15, 2020-June 15, 2020) to assess for symptoms and hospitalizations. Ethnicity, sex, socioeconomic disadvantage (derived from Neighborhood Area Deprivation Index), and COVID-19 prevalence during wellness check were identified based on chart review and wellness check documentation. A 2-proportion Z-test was performed to calculate significance.

Results: Of the 284 patients in our cohort, 233 (60.7%) identified as White and 151 (39.8%) as minority [Black (n = 61, 15.8%), Latinx (n = 53, 8.6%), Asian (n = 52, 13.5%), American Indian (n = 1, 0.3%), and multirace (n = 12)]. We successfully reached significantly more white patients (n = 197, 84.5%) than minority patients (n = 110, 72.8%) for the wellness checks. Female patients on immunomodulatory medications made up 49.8% of the white patient cohort and 58.3% of the minority patient cohort. Minority patients were more likely to be living in high socioeconomic disadvantaged areas (8.1%, n = 12) than white patients (1.7%, n = 4) (P = 0.01) and more likely to live in areas with high COVID-19 prevalence (69.2%, n = 101) than white patients (34.1%, n = 74) (P < 0.01).

Discussion: Minority patients were more likely to be living in areas with higher COVID-19 prevalence and high socioeconomically disadvantaged areas. A higher percentage of white patients than minority patients were reached during the wellness checks. These results reflect the previously known attendance rates at our institution's in-person clinics.

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