Dermatology Update #12

April 2022

Welcome to the latest copy of the Dermatology Update. The aim of this publication is to bring together a range of recently published research and guidance that will help you make evidence-based decisions.

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NICE Guidance – updated in the past 6 months

3C Patch for treating diabetic foot ulcers
Medical technologies guidance [MTG66]
Published: 07 March 2022
https://www.nice.org.uk/guidance/mtg66

Upadacitinib for treating active psoriatic arthritis after inadequate response to DMARDs
Technology appraisal guidance [TA768]
Published: 02 February 2022
https://www.nice.org.uk/guidance/ta768

Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma
Technology appraisal guidance [TA766]
Published: 02 February 2022
https://www.nice.org.uk/guidance/ta766

Suspected cancer: recognition and referral
NICE guideline [NG12]
Published: 23 June 2015 Last updated: 15 December 2021
https://www.nice.org.uk/guidance/ng12

Prontosan for treating acute and chronic wounds
Medical technologies guidance [MTG67]
Published: 08 March 2022
https://www.nice.org.uk/guidance/mtg67

Papers from databases: Medline, Cinhal and Embase. November 2021 – April 2022 (most recent first)

1. **Treating the skin with biologics in patients with psoriasis decreases the incidence of psoriatic arthritis**

   Item Type: Journal Article

   Authors: Acosta Felquer, Maria Laura;LoGiudice, Luciano;Galimberti, Maria Laura;Rosa, Javier;Mazzuoccolo, Luis and Soriano, Enrique R.

   Publication Date: 2022

   Journal: Annals of the Rheumatic Diseases 81(1), pp. 74-79

   Abstract: Objectives: To compare the incidence of psoriatic arthritis (PsA) in patients with psoriasis (PsO) according to different treatments for their skin: topics/no treatment, conventional disease-modifying antirheumatic drugs (DMARDs) (cDMARDs) or biological DMARDs (bDMARDs).Methods: Patients with PsO without PsA followed at a university hospital were included in this retrospective cohort study. Patients were classified according to their treatment in topics (topics, phototherapy or no treatment), cDMARDs (methotrexate and cyclosporine) and bDMARDs (tumour necrosis factor inhibitors (TNFi), interleukin 17

inhibitors (IL-17i) and IL-12-23i ((interleukin (IL) 12/IL-23 inhibitor))) groups. Incident cases of PsA were attributed to one treatment if developed during the administration of that treatment. A Cox proportional hazards model was used to evaluate the adjusted risk of PsA development by treatment group.Results: 1719 patients with PsO contributed a total of 14 721 patient/years (py). 1387 (81%) patients were in the topics, 229 (13%) in cDMARDs and 103 (6%) in the bDMARDs group. During follow-up, 239 patients (14%) developed PsA (231 under topics, six under cDMARDs and two under bDMARDs). Global incidence was 1.6 per 100 py. The risk of developing PsA in patients with PsO treated with bDMARDs was significantly lower (incidence rate ratio (IRR)=0.26; 95% CI 0.03 to 0.94; p=0.0111), compared with topics, but not compared with cDMARDs (IRR=0.35; 95% CI 0.035 to 1.96; p=0.1007). Adjusted Cox proportional hazards regression analysis showed that male sex, nail involvement and higher body max index were associated with increased risk of developing PsA, while biologics use was protective (HR: 0.19; 95% CI 0.05 to 0.81).Conclusion: Treatment with biologics in patients with PsO reduced the risk of PsA development.

DOI: 10.1136/annrheumdis-2021-220865

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154629826&custid=ns023446

2. **Delayed allergic skin reactions to vaccines.**

Item Type: Journal Article

Authors: Aquino, M. R.;Bingemann, T. A.;Nanda, A. and Maples, K. M.

Publication Date: 2022

Journal: Allergy and Asthma Proceedings 43(1), pp. 20-29

Abstract: Background: Recent advances in vaccination against the severe acute respiratory syndrome coronavirus 2 pandemic have brought allergists and dermatologists to the forefront because both immediate and delayed hypersensitivity reactions have been reported. Objective(s): This literature review focused on delayed reactions to vaccines, including possible causative agents and practical information on how to diagnose, evaluate with patch testing, and manage subsequent dose administration. Method(s): Currently published reviews and case reports in PubMed, along with data on vaccines from the Centers for Disease Control and Prevention web site. Relevant case reports and reviews that focused on delayed reactions to vaccines were selected. Result(s): Most delayed hypersensitivity reactions to vaccines include cutaneous manifestations, which vary from local persistent pruritic nodules to systemic rashes. The onset is usually within a few days but can be delayed by weeks. Multiple excipients have been identified that have been implicated in delayed vaccine reactions, including thimerosal, formaldehyde, aluminum, antibiotics, and gelatin. Treatment with antihistamines, topical corticosteroids, or systemic corticosteroids alleviates symptoms in most patients. Such reactions are generally not contraindications to future vaccination. However, for more-severe reactions, patch testing for causative agents can be used to aid in diagnosis and approach further vaccination. Conclusion(s): Delayed-type hypersensitivity reactions to vaccines are not uncommon. If needed, patch testing can be used to confirm agents, including antibiotics, formaldehyde, thimerosal, and aluminum. In most cases, delayed cutaneous reactions are not contraindications to further vaccine administration.Copyright © 2022, OceanSide Publications, Inc., U.S.A.

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3. **Global Guidelines in Dermatology Mapping Project (GUIDEMAP) - a systematic review of atopic dermatitis clinical practice guidelines: are they clear, unbiased, trustworthy and evidence based (CUTE)?.**

Item Type: Journal Article

Authors: Arents, B. W. M.;Zuuren, E. J. V.;Vermeulen, S.;Schoones, J. W. and Fedorowicz, Z.

Publication Date: 2022

Journal: The British Journal of Dermatology (pagination), pp. ate of Pubaton: 04 Jan 2022

Abstract: BACKGROUND: Clinical practice guidelines (CPGs) are essential in delivering optimum health care, such as for atopic dermatitis (AD), a highly prevalent skin disease. Although many CPGs are available for AD, their quality has not been critically appraised. OBJECTIVE(S): To identify CPGs on AD worldwide and assess with validated instruments if those CPGs are clear, unbiased, trustworthy and evidence based (CUTE). METHOD(S): We searched MEDLINE, Embase, PubMed, Web of Science, Cochrane Library, Emcare, Epistemonikos, PsycINFO and Academic Search Premier for CPGs on AD published between 1 April 2016 and 1 April 2021. Additionally we hand searched prespecified guideline resources. Screening, data extraction and quality assessment of eligible guidelines were independently carried out by two authors. Instruments used for quality assessment were the Appraisal of Guidelines for Research and Evaluation (AGREE) II Reporting Checklist, the U.S. Institute of Medicine's (IOM) criteria of trustworthiness and Lenzer's Red Flags. RESULT(S): Forty CPGs were included, mostly from countries with a high socio-demographic index. The reported quality varied enormously. Three CPGs scored 'Excellent' on all AGREEII-domains: Columbia, the Netherlands and United Kingdom (UK; antimicrobials). Three CPGs scored 'Poor' on all domains: Poland (phototherapy), Romania and Serbia. We found no association between AGREEII-scores and a country's gross domestic product. One CPG fully met all nine IOM criteria (Malaysia) and two fully met eight (European dupilumab and UK antimicrobials). Three CPGs had no red flags: Malaysia, South Korea and UK antimicrobials. 'Applicability' and 'Rigour of development' were the lowest scoring AGREEII domains; 'Lack of external review', 'Updating procedures' and 'Rating strength of recommendations' met the least IOM criteria; and most red flags were for 'Limited or no involvement of methodological expertise' and 'No external review'. Management of conflict of interests (COI) appeared challenging. When constructs of the instruments overlapped, they showed high concordance, strengthening our conclusions. CONCLUSION(S): Overall, many CPGs are not clear, unbiased, trustworthy or evidence based (CUTE) enough and lack applicability. Therefore improvement is warranted, for which using the AGREEII instrument is recommended. Some improvements can be easily accomplished through robust reporting. Others, such as transparency, applicability, evidence foundation and managing COI, might require more effort.

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4. **Hemorrhagic dot score as a follow up marker in psoriasis on treatment: A prospective observational study.**

Item Type: Journal Article

Authors: Arora, Sandeep;Paul, Debatraya;Banerjee, Shantanu;Kumar, Richa;Ranjan, Eeshaan and Dabas, Rajeshwari

Publication Date: Feb 14 ,2022

Journal: Dermatologic Therapy e15379
Abstract: CONTEXT: Psoriasis assessment tools in use presently lack reproducibility and are cumbersome to use. An easily reproducible, objective tool with ability to maintain visual records for follow up is hence desirable. We conducted a study with the aim to assess dermoscopic changes in psoriasis while on treatment by recording the number of hemorrhagic dots (Hemorrhagic Dot Score-HDS) in a representative plaque and comparing it to the PASI score. SETTINGS AND DESIGN: A longitudinal prospective study was conducted between October 2018 to March 2020 in a dermatology centre of a tertiary hospital on cases of chronic plaque psoriasis on treatment over 6 months, assessed at baseline and thereafter monthly for 6 months. METHODS: Hundred consenting patients of chronic plaque psoriasis were assessed, clinically, PASI and dermoscopically. HDS and other dermoscopic features were noted at every visit. STATISTICAL ANALYSIS USED: ANOVA and F test of testing of equality of Variance; effect size in terms of Cohen were used to report the strength of an apparent relationship. RESULTS AND INTERPRETATION: Percentage improvement in the mean PASI scores and HDS and percentage improvement of mean was found significant in each month on follow up. Systemic therapy as compared to topical therapy showed higher effect size of 6.1 and 1.7, respectively. CONCLUSION: Hemorrhagic dot score can be used as an objective, definite assessment tool correlating with clinical severity of psoriasis with more accuracy which shows changes early following institution of therapy. Copyright © 2022 Wiley Periodicals LLC.

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5. **Association between Short-term Exposure to Environmental Air Pollution and Psoriasis Flare.**

Item Type: Journal Article

Authors: Bellinato, F.;Adami, G.;Vaienti, S.;Benini, C.;Gatti, D.;Idolazzi, L.;Fassio, A.;Rossini, M.;Girolomoni, G. and Gisondi, P.

Publication Date: 2022

Journal: JAMA Dermatology (pagination), pp. ate of Pubaton: 2022

Abstract: Importance: Psoriasis is a chronic inflammatory disease with a relapsing-remitting course. Selected environmental factors such as infections, stressful life events, or drugs may trigger disease flares. Whether air pollution could trigger psoriasis flares is still unknown. Objective(s): To investigate whether short-term exposure to environmental air pollution is associated with psoriasis flares. Design, Setting, and Participant(s): This observational study with both case-crossover and cross-sectional design retrospectively analyzed longitudinal data from September 2013 to January 2020 from patients with chronic plaque psoriasis consecutively attending the outpatient dermatologic clinic of the University Hospital of Verona. For the case-crossover analysis, patients were included who had at least 1 disease flare, defined as Psoriasis Area and Severity Index (PASI) increase of 5 or greater between 2 consecutive assessments in a time frame of 3 to 4 months. For the cross-sectional analysis, patients were included who received any systemic treatment for 6 or more months, with grade 2 or higher consecutive PASI assessment. Main Outcomes and Measures: We compared the mean and cumulative (area under the curve) concentrations of several air pollutants (carbon monoxide, nitrogen dioxide, other nitrogen oxides, benzene, coarse particulate matter [PM; 2.5-10.0 mum in diameter, PM10] and fine PM [Main Outcomes and Measures: We compared the mean and cumulative (area under the curve) concentrations of several air pollutants (carbon monoxide, nitrogen dioxide, other nitrogen oxides, benzene, coarse particulate matter [PM; 2.5-10.0 mum in diameter, PM10] and fine PM [Result(s): A

total of 957 patients with plaque psoriasis with 4398 follow-up visits were included in the study. Patients had a mean (SD) age of 61 (15) years and 602 (62.9%) were men. More than 15000 measurements of air pollutant concentration from the official, open-source bulletin of the Italian Institute for Environmental Protection and Research (ISPRA) were retrieved. Among the overall cohort, 369 (38.6%) patients with psoriasis flare were included in the case-crossover study. We found that concentrations of all pollutants were significantly higher in the 60 days before psoriasis flare (median PASI at the flare 12; IQR, 9-18) compared with the control visit (median PASI 1; IQR, 1-3, P Result(s): A total of 957 patients with plaque psoriasis with 4398 follow-up visits were included in the study. Patients had a mean (SD) age of 61 (15) years and 602 (62.9%) were men. More than 15000 measurements of air pollutant concentration from the official, open-source bulletin of the Italian Institute for Environmental Protection and Research (ISPRA) were retrieved. Among the overall cohort, 369 (38.6%) patients with psoriasis flare were included in the case-crossover study. We found that concentrations of all pollutants were significantly higher in the 60 days before psoriasis flare (median PASI at the flare 12; IQR, 9-18) compared with the control visit (median PASI 1; IQR, 1-3, P 3and mean PM2.5 over 15 mug/m3in the 60 days before assessment were associated with a higher risk of PASI 5 or greater point worsening (adjusted odds ratio [aOR], 1.55; 95% CI, 1.21-1.99; and aOR, 1.25; 95% CI, 1.0-1.57, respectively). Sensitivity analyses that stratified for trimester of evaluation, with various lag of exposure and adjusting for type of treatment, yielded similar results. Conclusions and Relevance: The findings of this case-crossover and cross-sectional study suggest that air pollution may be a trigger factor for psoriasis flare.

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6. **Assessing and Improving Psychological Well-Being in Psoriasis: Considerations for the Clinician.**

Item Type: Journal Article

Authors: Blackstone, B.;Patel, R. and Bewley, A.

Publication Date: 2022

Journal: Psoriasis: Targets and Therapy 12, pp. 25-33

Abstract: Psoriasis is a common chronic, systemic inflammatory disease, affecting approximately 2% of the population worldwide. Psoriasis is associated with profound psychosocial comorbidity with a burden that extends well beyond the physical signs and symptoms. Psychosocial comorbidities strongly associated with psoriasis include anxiety and depression, suicidal ideation, and substance misuse. There is a substantial unmet need for access to psychological support for people with skin disease in the UK. Recent reports found that while up to 98% of patients felt that their skin disease had affected their emotional or psychological well-being, only 18% sought help. This care gap is largely due to a lack of awareness about the limited available services alongside poor recognition, diagnosis, and triaging. Addressing psychosocial support needs starts with early identification, which can be complex and challenging. Once patients who need further support are identified, outcomes can be improved through prompt and effective treatment of inflammation, cognitive behavioural therapy, meditation and mindfulness-based therapy (including motivational interviewing), and to some extent psychotropic medication. Finally, resources for mental health support are notoriously limited, with dire consequences for patients. It is imperative that a proportion of the new funding promised for mental health services is bookmarked for dermatology patients and adequate provision of multidisciplinary

psychodermatology teams to best serve the needs of this population. Ultimately, psoriasis is a complex condition with multifactorial psychological and biological drivers. Psoriasis is associated with high levels of distress, which is often under-recognized. Fully addressing this condition requires a holistic approach to the physical and psychosocial aspects to maximise adherence, efficacy, and optimise patient quality of life.

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7. **When not to judge a book by its cover: Unexpected journey of a hockey player with a rash**

Item Type: Conference Proceeding

Authors: Chambers, M., Carey, S. and Silvis, M.

Publication Date: 2022

Publication Details: Clinical Journal of Sport Medicine. Conference: Annual Meeting American Medical Society for Sports Medicine, AMSSM 2022. Colorado Springs, CO United States. 32(2) (pp e203); Lippincott Williams and Wilkins,

Abstract: History: 28-year-old professional male ice hockey player presented to the training room for an oral steroid refill request, initially prescribed for a rash on his legs that appeared 6 months prior. Initially evaluated at an urgent care and prescribed oral prednisone, leading to improvement of his symptoms. Diagnosed with dermatitis. He sustained a recurrence of the rash one month later. Evaluation by dermatology led to a skin biopsy of his right shin. Athlete was unaware of the results. Upon presentation to the team physician for the prednisone refill, he was experiencing his third flare with itchiness, rash on his ankles and thighs and new joint pain of his wrists, ankles and knees. He also noted scrotal pain and intermittent abdominal discomfort and monthly diarrhea. Due to his constellation of symptoms, further workup was initiated. Physical Exam: Abdominal: Normoactive bowel sounds, no tenderness to palpation MSK: No joint synovitis of the DIP, PIP, or MCP joints. Full range of motion noted in shoulders, elbows, wrists, hand, hips, knees, ankles and feet with 5/5 strength. Cardiovascular: 2+ dorsalis pedis and radial pulses bilaterally with no edema. Skin: Pink papules and petechiae noted on the lower legs, feet and bilateral upper arms. GU: No testicular masses or inguinal lymphadenopathy. Bilateral testicular tenderness to palpation. Differential Diagnosis: 161. IgA Vasculitis 162. Polyarteritis Nodosa 163. Cryoglobulinemic Vasculitis 164. Inflammatory Bowel Disease 165. Other: Infection, malignancy (acute leukemia) Test Results: CBC showed leukocytosis (13.11), elevated ESR (28), elevated RF (32), low vitamin D (16), elevated Saccharomyces cerevisiae antibody (53) and a urinalysis with large hemoglobin and protein. CMP, lupus anticoagulant, beta-2 glycoprotein/cardiolipin/ANCA/MPO/PR3 antibody, immunoglobulin profile, immunoglobulin A, HIV, hepatitis B&C, CRP and urine protein/creatinine ratio normal; R. Thigh Biopsy with Immunofluorescence: Leukocytoclastic -IgA Vasculitis; Renal Artery Ultrasound: Normal Final Diagnosis: Leukocytoclastic Vasculitis in the setting of IgA Vasculitis Discussion: IgA Vasculitis is an immune complex-mediated, small vessel vasculitis caused by IgA immune deposits in the GI system, joints, skin and kidneys. This athlete's triad of nonthrombocytopenic palpable purpura, joint pain and GI upset are indicative of a prolonged flare. This typically follows a remitting-relapsing course, with flares triggered commonly by infections. GI symptoms were the best predictor of his relapses and steroid-resistant course. IgA Vasculitis can be a chronic condition for adults and may be overwhelming, particularly for an athlete as they deal with pain, fatigue, medication side effects and care coordination with multiple disciplines. Outcome(s): Initially treated with prednisone and colchicine. Development of recurrent abdominal pain and bloody stools led to discontinuation of colchicine. Mycophenolate mofetil twice daily was initiated and prednisone discontinued after a one-month

taper. Amlodipine was given for hypertension. Because relapses can occur, patient has had regular laboratory surveillance including BMP and urinalysis. Follow-Up: He completed the season with no limitations once stabilized on Mycophenolate mofetil and joint, testicular and abdominal pain resolved. Surveillance and coordination of care between sports medicine, dermatology and rheumatology was continued. The athlete retired this past off-season secondary to personal decision-making, not due to IgA Vasculitis.

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8. **No title**

Item Type: Journal Article

Authors: Cordingley, Lis;Nelson, Pauline A.;Davies, Linda;Ashcroft, Darren;Bundy, Christine;Chew-Graham, Carolyn;Chisholm, Anna;Elvidge, Jamie;Hamilton, Matthew;Hilton, Rachel;Kane, Karen;Keyworth, Christopher;Littlewood, Alison;Lovell, Karina;Lunt, Mark;McAteer, Helen;Ntais, Dionysios;Parisi, Rosa;Pearce, Christina;Rutter, Martin, et al

Publication Date: 2022

Journal: NIHR Journals Library
Abstract: BACKGROUND: Psoriasis is a common, lifelong inflammatory skin disease, the severity of which can range from limited disease involving a small body surface area to extensive skin involvement. It is associated with high levels of physical and psychosocial disability and a range of comorbidities, including cardiovascular disease, and it is currently incurable. OBJECTIVES: To (1) confirm which patients with psoriasis are at highest risk of developing additional long-term conditions and identify service use and costs to patient, (2) apply knowledge about risk of comorbid disease to the development of targeted screening services to reduce risk of further disease, (3) learn how patients with psoriasis cope with their condition and about their views of service provision, (4) identify the barriers to provision of best care for patients with psoriasis and (5) develop patient self-management resources and staff training packages to improve the lives of people with psoriasis. DESIGN: Mixed methods including two systematic reviews, one population cohort study, one primary care screening study, one discrete choice study, four qualitative studies and three mixed-methodology studies. SETTING: Primary care, secondary care and online surveys. PARTICIPANTS: People with psoriasis and health-care professionals who manage patients with psoriasis. RESULTS: Prevalence rates for psoriasis vary by geographical location. Incidence in the UK was estimated to be between 1.30% and 2.60%. Knowledge about the cost-effectiveness of therapies is limited because high-quality clinical comparisons of interventions have not been done or involve short-term follow-up. After adjusting for known cardiovascular risk factors, psoriasis (including severe forms) was not found to be an independent risk factor for major cardiovascular events; however, co-occurrence of inflammatory arthritis was a risk factor. Traditional risk factors were high in patients with psoriasis. Large numbers of patients with suboptimal management of known risk factors were found by screening patients in primary care. Risk information was seldom discussed with patients as part of screening consultations, meaning that a traditional screening approach may not be effective in reducing comorbidities associated with psoriasis. Gaps in training of health-care practitioners to manage psoriasis effectively were identified, including knowledge about risk factors for comorbidities and methods of facilitating behavioural change. Theory-based, high-design-quality patient materials broadened patient understanding of psoriasis and self-management. A 1-day training course based on motivational interviewing principles was effective in increasing practitioner knowledge and changing consultation styles. The primary economic analysis indicated a high level of uncertainty. Sensitivity analysis indicated some situations when the interventions may be cost-effective. The interventions need to be assessed for long-term (cost-)effectiveness. LIMITATIONS: The duration of patient follow-up in the study of cardiovascular disease was relatively short; as a result, future studies with

longer follow-up are recommended. CONCLUSIONS: Recognition of the nature of the psoriasis and its impact, knowledge of best practice and guideline use are all limited in those most likely to provide care for the majority of patients. Patients and practitioners are likely to benefit from the provision of appropriate support and/or training that broadens understanding of psoriasis as a complex condition and incorporates support for appropriate health behaviour change. Both interventions were feasible and acceptable to patients and practitioners. Cost-effectiveness remains to be explored. FUTURE WORK: Patient support materials have been created for patients and NHS providers. A 1-day training programme with training materials for dermatologists, specialist nurses and primary care practitioners has been designed. Spin-off research projects include a national study of responses to psoriasis therapy and a global study of the prevalence and incidence of psoriasis. A new clinical service is being developed locally based on the key findings of the Identification and Management of Psoriasis Associated ComorbidiTy (IMPACT) programme. FUNDING: This project was funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research programme and will be published in full in Programme Grants for Applied Research; Vol. 10, No. 3. See the NIHR Journals Library website for further project information.

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9. **Long-term management of moderate-to-severe adult atopic dermatitis: a consensus by the Italian Society of Dermatology and Venereology (SIDeMaST), the Association of Italian Territorial and Hospital Allergists and Immunologists (AAIITO), the Italian Association of Hospital Dermatologists (ADOI), the Italian Society of Allergological, Environmental and Occupational Dermatology (SIDAPA), and the Italian Society of Allergy, Asthma and Clinical Immunology (SIAAIC).**

Item Type: Journal Article

Authors: Costanzo, Antonio;Amerio, Paolo;Asero, Riccardo;Chiricozzi, Andrea;Corazza, Monica;Cristaudo, Antonio;Cusano, Francesco;Ferrucci, Silvia M.;Nettis, Eustachio;Patrizi, Annalisa;Patruno, Cataldo;Peris, Ketty;Picozza, Mario;Stingeni, Luca;Girolomoni, Giampiero and Italian AD Study Group

Publication Date: Feb ,2022

Journal: Italian Journal of Dermatology and Venereology 157(1), pp. 1-12

Abstract: Atopic dermatitis (AD) is a common chronic-relapsing inflammatory skin disease, burdened by various comorbidities. AD most commonly occurs in children but may persist or present in adulthood becoming a lifelong condition. Therefore, AD requires an effective long-term treatment improving disease signs and symptoms but also of patients' quality of life (QoL). However continuous long-term use of most traditional AD immunosuppressive treatments is not recommended for safety reasons or insufficient efficacy data. Despite the available guidelines, there is still need for knowledge of AD long-term treatment, taking into account new

disease measures and recent treatment options. Five Italian scientific societies implemented a joint consensus procedure to define the most appropriate clinical practice for the long-term management of adult moderate-severe AD. Through a modified Delphi procedure, consensus was reached by overall 51 Italian dermatologists and allergists (The Italian AD Study Group) experienced in the management of adult AD on 14 statements covering three AD areas of interest, namely diagnosis, definition of disease severity and clinimetrics, and a treat-to-target approach. This paper reports and discusses the agreed statements, which define disease and patient impact measures, therapeutic approach, and a treatment decision algorithm to support clinicians in the long-term management of adult patients with moderate-to-severe AD in their daily clinical practice.

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10. **Combination of carboxytherapy with narrowband-ultraviolet B in the treatment of recalcitrant areas of vitiligo: A randomized clinical trial.**

Item Type: Journal Article

Authors: Farajzadeh, Saeedeh;Yazdanpanah, Fateme;Khalili, Maryam;Mohammadi, Saman;Iranmanesh, Behzad and Aflatoonian, Mahin

Publication Date: 2022

Journal: Dermatologic Therapy 35(2), pp. e15229

Abstract: Carboxytherapy has been used in the treatment of autoimmune skin diseases such as psoriasis and morphea. Carboxytherapy has antioxidant effects, and leads to better tissue oxygenation, and release of growth factors. In this article, we decided to evaluate efficacy of combined carboxytherapy and narrowband-ultraviolet B (NB-UVB) compared to NB-UVB alone in the treatment of vitiligo. This is a prospective, split-body double-blind comparative study performed in patients with generalized stable vitiligo in acral areas and extremities referred to dermatology clinic of Afzalipour hospital in Kerman University of Medical Sciences. NB-UVB was performed three times a week in non-consecutive days for 4 months. In each patient, one lesion was randomly treated with carboxytherapy (weekly sessions for total of 16 sessions). Efficacy of treatment was evaluated by percentage of repigmentation of the lesions. Chi-square test and analysis of variance test (ANOVA) were used to compare efficacy of treatment based on demographic features of the patients and clinical features of the lesions, respectively. Twenty-eight patients with mean age of 32.35 +/- 7.37 years old completed the study. At the end of the treatment, 37% of the patients in combination therapy group demonstrated more than 75% improvement compared to 0% in the monotherapy group (p = 0.001). There was no significant difference between either demographic features of the patients (age, sex, and skin phototypes) or duration of disease with efficacy of the treatment in both groups. Combination of carboxytherapy with NB-UVB leads to higher percentage of repigmentation and patients' satisfaction compared to monotherapy with NB-UVB. Copyright © 2021 Wiley Periodicals LLC.

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11. **Pattern of Papulosquamous Disorders in Children: A Clinico-Epidemiological Study.**

Item Type: Journal Article

Authors: Gandhi, Jagriti;Agrawal, Surbhi;Gupta, Shreya;Verma, Kapila and Mohite, Anil

Publication Date: Jan ,2022

Journal: Cureus 14(1), pp. e21194

Abstract: Introduction Skin disorders are a major health problem in the pediatric age group and are associated with significant morbidity. Papulosquamous disorders, forming a major part of the skin diseases in children, present in a variety of clinical pattern. This study is conducted in order to study the hospital-based prevalence of papulosquamous disorders in the pediatric age group (2-14 years) and to determine the morphology and clinical patterns with respect to their age and sex distribution. Methodology An analytical cross-sectional study was conducted from December 1, 2019, to May 30, 2021, in the outpatient department of the Department of Dermatology, Venereology, and Leprology, JK Hospital and LN Medical College, Bhopal, India. Ninety-five consecutive patients belonging to the age group of 2-14 years, attending the Dermatology OPD and also referred cases from the Pediatrics Department were enrolled in the study. A detailed history of illness, regarding age, duration, onset, symptoms, recurrence, family history of the disease, pre-existing medical conditions, and drug intake history was taken. Information regarding the history of fever, sore throat, and vaccination was noted. Clinical and dermatological examination including hair, nail, and mucosal examination was done for all the cases. Necessary investigations were ordered for relevant cases and the data was recorded in a form specially designed for the study. Results In the present study, papulosquamous disorders constituted 2.9% of all pediatric (2-14 years) dermatosis. Of the various papulosquamous disorders found, psoriasis was the most common disease that was found (in 31.6%) followed by Gianotti-Crosti syndrome (18.9%), and lichen planus (18.9%). Males outnumbered females with a ratio of 1.48:1. The incidence of papulosquamous disorders was highest in 11-14 years of age in the present study. Conclusion Papulosquamous disorders account for a large number of the overall dermatoses, belonging to both the adult and pediatric populations. Due to significant changes in clinical presentation, geographical and environmental influences, treatment, and prognosis; the papulosquamous group of disorders in children require a varying approach than adult dermatoses. More studies are required in this field to appropriately diagnose and manage pediatric papulosquamous disorders in order to reduce the disease burden and as a key to better patient care.

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12. **Biosimilar versus originator etanercept: a real-life clinical study.**

Item Type: Journal Article

Authors: Giordano, Domenico;Capalbo, Alessandro;Gagliostro, Nazareno;Fedele, Giusy;Balampanos, Charalampos G.;Persechino, Flavia;Bushati, Vilma;Ulisse, Salvatore;Persechino, Severino and Pellacani, Giovanni

Publication Date: 2022

Journal: Italian Journal of Dermatology and Venereology
Abstract: BACKGROUND: Over the last few years, novel therapeutic approaches based on the use of monoclonal antibodies against cytokines, or their cognate receptors, involved in psoriasis progression have shown remarkable results, being capable to reduce disease progression and increase patient's quality of life. Among these is etanercept (Enbrel R, Pfizer, Sandwich, UK) and its biosimilar compound SB4 (Benepali R, Samsung Bioepis, Delft, The Netherlands), both approved for the treatment of moderate to severe psoriasis. Aim of the present study was to evaluate in a less controlled environment, such as real-life, the actual bioequivalence between the etanercept (ETN) and the SB4 in term of safety, efficacy and patient's quality of life. METHODS: For this purpose, we analyzed a case study consisting of 65 patients affected by plaque psoriasis, with or without psoriatic arthritis at our dermatological outpatient center of Sant'Andrea Hospital in Rome, all of them under treatment with either ETN or the biosimilar SB4 drug for at least 3 months. The indicators used to evaluate the effectiveness of the therapies were the Psoriasis Area and Severity Index, the Visual Analogue Scale (VAS) for itch, the VAS for pain, and the Dermatology Life Quality Index. RESULTS: The results showed no significant differences among the two drugs in all the analyzed parameters confirming the equivalence between the ETN and its biosimilar SB4. CONCLUSIONS: Overall, we can confirm the overlapping clinical efficacy between ETN and its biosimilar SB4 drug and that even in an uncontrolled environment such as real-life, the biosimilar drugs are an excellent opportunity to reduce health costs allowing to expand the audience of patients who can benefit from these innovative treatments.

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13. **Bibliometric Trends in Nail Psoriasis Research Publications.**

Item Type: Journal Article

Authors: Gregoriou, S.;Tsiogka, A. and Rigopoulos, D.

Publication Date: 2022

Journal: Skin Appendage Disorders 8(2), pp. 122-128

Abstract: Introduction: Bibliometric analysis provides an objective assessment of current research patterns and highlights the impact of selected publications in any given scientific discipline. Method(s): We sought to provide information about dynamic research trends in nail psoriasis by analyzing the 50 most cited articles on this topic, which were identified utilizing the Scopus citation database. Result(s): The median number of citations was 79 (range, 60-337) per article. Publication dates ranged from 1969 to 2020, while the majority of articles (46%) were published between 2000 and 2009. The top 50 highly cited articles were published in 19 different journals, with a median impact factor of 5.248 (range, 1.022-16.102). The British Journal of Dermatology published the greatest number of highly cited articles (n = 9). Most publications were original articles, and most cited research

topics included medical treatment and correlation of nail psoriasis with psoriatic arthritis. Most publications originated from the USA and UK, while Phoebe Rich and Dennis McGonagle were the two most contributing authors. Conclusion(s): This analysis provides information about emerging bibliometric trends and may guide future research in the field of nail psoriasis. Copyright © 2021

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14. **Crusted scabies in children in France: a series of 20 cases**

Item Type: Journal Article

Authors: Grodner, Camille;Miquel, Juliette;Hadj-Rabia, Sma;Mallet, Stéphanie;Boralevi, Franck;Mazereeuw-Hautier, Juliette;Benzebouchi, Nacer;Dhers, Marie;Goujon, Elisa;Bensaïd, Philippe and Mahé, Emmanuel

Publication Date: 2022

Journal: European Journal of Pediatrics 181(3), pp. 1167-1174

Abstract: To evaluate the risk factors for crusted scabies in children in France. The retrospective multicenter study, conducted in France, of children (aged < 18 years) with profuse and/or crusted scabies confirmed by dermoscopy and/or microscopy. Data were obtained using a standardized questionnaire. We included 20 children. The mean age was 4.5 years, and 70% of the patients were girls. Their medical history revealed a neurological pathology (agenesis of the corpus callosum; n = 1, 5.0%), prematurity (n = 1, 5.0%), Down syndrome (n = 1, 5.0%), atopic dermatitis (n = 2, 10%), and asthma (n = 2, 10.0%). Fifteen (75.0%) children were treated with steroids before being diagnosed with scabies: 12 (60.0%) with topical steroids, one (5.0%) with a systemic steroid, and two (10.0%) with inhaled steroids. One child (5.0%) lived in a precarious environment. The mean duration of pruritus was 3.4 months, and that of the skin lesions was 3.1 months. The most commonly affected areas for crusted scabies were the palms/hands (66.7%) and the armpits (33.3%). Thirteen children (65.0%) were hospitalized, 14 (70.0%) were treated with ivermectin and all received topical treatments; 85.7% were cured within an average of 38 days, but one child had a relapse 3 months later in the form of common scabies. Conclusion: The main risk factor for developing crusted scabies in France was the misdiagnosis and the use of corticosteroids, especially topical forms typically used in "healthy" children. Management of the children was effective and similar to that used in adults. What is Known: • Crusted scabies is an extremely contagious disease which is rarely reported in infancy, especially in healthy children. • The main risk factors include immunosuppression, physical debilitation, and intellectual disability. What is New: • The main risk factor of severe scabies in this study was delayed diagnosis associated with the use of topical or systemic corticosteroids. • The treatment was successful in 85.7% of cases, and 65% of children needed to be hospitalized.

DOI: 10.1007/s00431-021-04251-4

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155625510&custid=ns023446

15. **Dermatological Conditions Inducing Acute and Chronic Pain.**

Item Type: Journal Article

Authors: Hayoun-Vigouroux, Mathilde and Misery, Laurent

Publication Date: 2022

Journal: Acta Dermato-Venereologica
Abstract: Pain is a common condition in dermatology. The aim of this review is to analyse the characteristics of pain in dermatology. Some skin diseases are conventionally known to cause pain; e.g. ulcers, pyoderma gangrenosum and herpes zoster. Common dermatoses, such as psoriasis or atopic dermatitis, can also cause significant pain. Some conditions are characterized by neuropathic pain and/or pruritus, without visible primary lesions: e.g. the neurocutaneous diseases, including small fibre neuropathies. Patients often fear pain in skin surgery; however, surgical procedures are rather well tolerated and any pain is mainly due to administration of local anaesthetic. Some therapies may also be uncomfortable for the patient, such as photo-dynamic therapy or aesthetic procedures. Thus, pain in dermatology is common, and its aetiology and charac-teristics are very varied. Knowledge of the different situations that cause pain will enable dermatologists to propose suitable analgesic solutions.

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16. **How do dermatologists' personal models inform a patient-centred approach to management: a qualitative study using the example of prescribing a new treatment (Apremilast).**

Item Type: Journal Article

Authors: Hewitt, R. M.;Bundy, C.;Newi, A. L.;Chachos, E.;Sommer, R.;Kleyn, C. E.;Augustin, M.;Griffiths, C. E. M. and Blome, C.

Publication Date: 2022

Journal: The British Journal of Dermatology (pagination), pp. ate of Pubaton: 22 Jan 2022

Abstract: BACKGROUND: The quality of dermatology consultations is partly determined by how clinicians approach patient care. The term 'Personal Models' describes the explanatory frameworks of thoughts, feelings and experiences that drive behaviour. One study found that clinicians' personal models, specifically their beliefs about autonomy and patient self-management, influenced the degree to which clinicians engage patients in shared decision-making during consultations. Further research is needed to further explore how clinicians' personal models inform and affect the quality of patient care. AIMS & OBJECTIVES: To explore how clinicians' personal models inform shared decision-making and consultation style in managing people living with psoriasis in the context of a new treatment, Apremilast. METHOD(S): A Framework Analysis of qualitative semi-structured telephone interviews with 13 dermatologists from the UK and Germany who participated in a novel medicine trial for psoriasis called APPRECIATE. RESULT(S): Two themes were derived from the data. Theme one, personal working models of patient care, comprised of two sub-themes: (1.1) patient-centeredness: a continuum; and (1.2) stereotypes and assumptions. Theme two, impact of personal working models on patient care, included three sub-themes: (2.1) shared decision-making: a continuum; (2.2) consultation skills; and (2.3) impact of concerns about Apremilast on prescribing behaviour. CONCLUSION(S): Although many dermatologists endorsed a patient-centred approach, not all reported working in this way. Clinicians' personal models, their beliefs, stereotypes, personal perceptions, and assumptions about patients, are likely to affect their prescribing behaviour and shared decision-making. Additional specialised training and education could increase patient-centeredness and whole person management.

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17. **New Treatment Shines Light on Generalized Pustular Psoriasis: Patients with this rare and severe skin disorder may soon have a new therapeutic option**

Item Type: Journal Article

Authors: HOBBINS, KATIE

Publication Date: 2022

Journal: Dermatology Times 43(3), pp. 33-36

Abstract: The article describes the experience of a patient with generalized pustular psoriasis (GPP), a rare and serious skin disorder distinct from psoriasis and characterized by recurrent acute flares. Topics discussed include factors that may trigger or exacerbate the disorder, patient profile characteristics, and dermatology offices that partner with infusion centers to administer intravenous (IV) treatments.

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155775725&custid=ns023446

18. **Exploring convolutional neural networks with transfer learning for diagnosing Lyme disease from skin lesion images.**

Item Type: Journal Article

Authors: Hossain, S. I.;de Goer de Herve, J.;Hassan, M. S.;Martineau, D.;Petrosyan, E.;Corbin, V.;Beytout, J.;Lebert, I.;Durand, J.;Carravieri, I.;BrunJacob, A.;FreyKlett, P.;Baux, E.;Cazorla, C.;Eldin, C.;Hansmann, Y.;PatratDelon, S.;Prazuck, T.;Raffetin, A.;Tattevin, P., et al

Publication Date: 2022

Journal: Computer Methods and Programs in Biomedicine 215(pagination), pp. Arte Number: 106624. ate of Pubaton: Marh 2022

Abstract: Background and objective: Lyme disease which is one of the most common infectious vector-borne diseases manifests itself in most cases with erythema migrans (EM) skin lesions. Recent studies show that convolutional neural networks (CNNs) perform well to identify skin lesions from images. Lightweight CNN based pre-scanner applications for resource-constrained mobile devices can help users with early diagnosis of Lyme disease and prevent the transition to a severe late form thanks to appropriate antibiotic therapy. Also, resource-intensive CNN based robust computer applications can assist non-expert practitioners with an accurate diagnosis. The main objective of this study is to extensively analyze the effectiveness of CNNs for diagnosing Lyme disease from images and to find out the best CNN architectures considering resource constraints. Method(s): First, we created an EM dataset with the help of expert dermatologists from Clermont-Ferrand University Hospital Center of France. Second, we benchmarked this dataset for twenty-three CNN

architectures customized from VGG, ResNet, DenseNet, MobileNet, Xception, NASNet, and EfficientNet architectures in terms of predictive performance, computational complexity, and statistical significance. Third, to improve the performance of the CNNs, we used custom transfer learning from ImageNet pre-trained models as well as pre-trained the CNNs with the skin lesion dataset HAM10000. Fourth, for model explainability, we utilized Gradient-weighted Class Activation Mapping to visualize the regions of input that are significant to the CNNs for making predictions. Fifth, we provided guidelines for model selection based on predictive performance and computational complexity. Result(s): Customized ResNet50 architecture gave the best classification accuracy of 84.42% +/-1.36, AUC of 0.9189+/-0.0115, precision of 83.1%+/-2.49, sensitivity of 87.93%+/-1.47, and specificity of 80.65%+/-3.59. A lightweight model customized from EfficientNetB0 also performed well with an accuracy of 83.13%+/-1.2, AUC of 0.9094+/-0.0129, precision of 82.83%+/-1.75, sensitivity of 85.21% +/-3.91, and specificity of 80.89%+/-2.95. All the trained models are publicly available at https://dappem.limos.fr/download.html, which can be used by others for transfer learning and building pre-scanners for Lyme disease. Conclusion(s): Our study confirmed the effectiveness of even some lightweight CNNs for building Lyme disease pre-scanner mobile applications to assist people with an initial self-assessment and referring them to expert dermatologist for further diagnosis.

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19. **POSC138 The Burden Due to Moderate-to-Severe Paediatric Atopic Dermatitis Treated with Systemic Immunosuppressants on the Healthcare System in England**

Item Type: Conference Proceeding

Authors: Hudson, R., Surendranathan, T., Rabe, A. and Conlon, S.

Publication Date: 2022

Publication Details: Value in Health. Conference: ISPOR Europe 2021. Virtual, Online. 25(1 Supplement) (pp S114); Elsevier Ltd,

Abstract: Objectives: Children and adolescents with moderate-to-severe atopic dermatitis (AD) which cannot be managed despite optimal use of topical therapies often require intervention with systemic immunosuppressants (IMs), almost all of which are used off-label in the UK. These patients must be closely monitored due to the adverse effect profile of these broad-spectrum therapies. The objective of this study is to quantify the healthcare burden associated with clinical interactions and monitoring of children with moderate-to-severe AD receiving IM therapies. Method(s): A retrospective cohort study was undertaken using linked Clinical Practice Research Datalink (CPRD) and Hospital Episode Statistics (HES) databases in England. Patients included were aged 6 to 17 years and identified in CPRD between April 2014 and January 2019, with diagnosis codes for AD and treatment with IMs (ciclosporin, methotrexate, azathioprine, mycophenolate). Result(s): 599 patients were identified: 51.9% were male with a mean age of 12.08 years and mean follow-up time of 4.65 years. 240 (40%) had CPRD data linked to secondary care HES data. Of these 240, a total of 5,860 dermatologist appointments were recorded corresponding to a mean of 24.42 per person (standard deviation [SD]: 34.79) during the observation period or 5.13 per patient-year (SD: 6.75). Overall, 594 patients (99.2%) were recorded with 26,683 general practitioner appointments, a mean of 44.92 per person (SD: 44.14) equivalent to 10.14 per patient-year (SD: 7.21). 510 patients (85.1%) were recorded with 82,052 tests, a mean of 160.9 per patient (SD:

262.2). The most common blood tests were liver function (n=5,911), renal function (n=5,271) and platelet count (n=2,981). Conclusion(s): Paediatric patients with moderate-to-severe AD impose a large burden on primary and secondary healthcare services in England. The close monitoring required with IM therapies adds to the already high healthcare burden due to moderate-to-severe AD, which is often difficult-to-treat in this cohort.Copyright © 2021

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20. **Severe blistering eruptions induced by immune checkpoint inhibitors: a multicentre international study of 32 cases.**

Item Type: Journal Article

Authors: IngenHouszOro, S.;Milpied, B.;Badrignans, M.;Carrera, C.;Elshot, Y. S.;Bensaid, B.;Segura, S.;Apalla, Z.;Markova, A.;StaumontSalle, D.;MartiMarti, I.;Giavedoni, P.;Chua, S. L.;Darrigade, A. S.;Dezoteux, F.;Starace, M.;Torre, A. C.;Riganti, J.;de Prost, N.;LebrunVignes, B., et al

Publication Date: 2022

Journal: Melanoma Research (pagination), pp. ate of Pubaton: 29 Mar 2022

Abstract: Among dermatologic adverse events induced by immune checkpoint inhibitors (ICI), bullous life-threatening reactions are rare. To better define the clinical and histological features, treatment, and prognosis of ICI-related severe blistering cutaneous eruptions. This retrospective case series was conducted between 2014/05/15 and 2021/04/15 by the dermatology departments of four international registries involved in drug reactions. Inclusion criteria were age >=18 years old, skin eruption with blisters with detachment covering >=1% body surface area and at least one mucous membrane involved, available pictures, and ICI as suspect drug. Autoimmune bullous disorders were excluded. Each participant medical team gave his own diagnosis conclusion: epidermal necrolysis (EN), severe lichenoid dermatosis (LD), or unclassified dermatosis (UD). After a standardized review of pictures, cases were reclassified by four experts in EN or LD/UD. Skin biopsies were blindly reviewed. Thirty-two patients were included. Median time to onset was 52 days (3-420 days). Cases were originally diagnosed as EN in 21 cases and LD/UD in 11 cases. After review by experts, 10/21 EN were reclassified as LD/UD. The following manifestations were more frequent or severe in EN: fever, purpuric macules, blisters, ocular involvement, and maximal detachment. Most patients were treated with topical with or without systemic corticosteroids. Eight patients (25%) died in the acute phase. The culprit ICI was not resumed in 92% of cases. In three patients, another ICI was given with a good tolerance. Histology did not reveal significant differences between groups. Severe blistering cutaneous drug reactions induced by ICI are often overdiagnosed as EN. Consensus for management is pending.

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Vignes+B.%3BBauvin+O.%3BWalsh+S.%3BOrtonne+N.%3BFrench+L.E.%3BSibaud+V.%3C%2Fauthor%3E%3CAN%3E637683836%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E

21. **Depression, Anxiety, and Suicidal Ideation in Patients with Atopic Eczema in a Prospective Study in Leipzig, Germany.**

Item Type: Journal Article

Authors: Kage, Paula;Poblotzki, Laura;Zeynalova, Samira;Zarnowski, Julia;Simon, Jan-Christoph and Treudler, Regina

Publication Date: 2022

Journal: International Archives of Allergy & Immunology 183(4), pp. 409-414

Abstract: BACKGROUND: Atopic eczema (AE) is known to be associated with depression and anxiety. We aimed at investigating the occurrence of selected psychological comorbidities in patients with AE under treatment in our university dermatological department. METHODS: Monocentric prospective examination of adult AE patients using PO-SCORAD (Patient-Oriented Severity Scoring of AD), EASI (Eczema Area and Severity Index), POEM (Patient-Oriented Eczema Measure), DLQI (Dermatologic Life Quality Index), LSNS-6 (Lubben Social Network Scale 6), CES-D (Center for Epidemiologic Studies Depression Scale), HADS-D and -A (Hospital Anxiety and Depression Scale), and GAD-7 (Generalized Anxiety Disorder Scale-7) was carried out. We looked for correlations between AE severity and psychosocial comorbidities. Data were compared with age- and sex-matched controls from nonatopic subjects. STATISTICS: Mann-Whitney U test and Spearman's rank correlation were used. RESULTS: Eighty-four patients (44 women, median age 35.0 years, range: 19.4-92.8 years) were included. PO-SCORAD was 40.4 [23.4-55.4] (median [interquartile range]), EASI 9.3 [3.4-18.9], POEM 16 [8-24], and DLQI 10 [4-18]. Compared with 161 from the healthy LIFE-Adult cohort controls, our patients with AE had significantly higher scores for HADS, GAD-7, and CES-D (p

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22. **Traditionally Used Natural Products in Preventing Ionizing Radiation-Induced**

Item Type: Journal Article

Authors: Kalekhan, Faizan;Kudva, Avinash K.;Raghu, Shamprasad V.;Rao, Suresh;Hegde, Sanath K.;Simon, Paul and Baliga, Manjeshwar S.

Publication Date: 2022

Journal: Current Medicinal Chemistry - Anti-Cancer Agents 22(1), pp. 64-82

Abstract: In the treatment of cancer, the use of ionizing radiation is an important modality. However, on the downside, radiation, when used for curative purposes, causes acute dermatitis or radiodermatitis at the site of radiation in most individuals. From a clinical viewpoint, severe dermatitis causes a burning and itching sensation is very painful and severely affects the quality of life of the individual undergoing treatment. In worse situations, acute radiation dermatitis can cause gaps or breaks in the planned treatment and this can adversely

affect the treatment objective and outcome. BACKGROUND: In various traditional and folk systems of medicine, plants and plant products have been used since time immemorial for treating various skin ailments. Further, many cosmeceutical creams formulated based on knowledge from ethnomedicinal use are marketed and used to treat various ailments. In the current review, an attempt is made at summarizing the beneficial effects of some plants and plant products in mitigating acute radiation dermatitis in humans undergoing curative radiotherapy. Additionally, emphasis is also placed on the mechanisms responsible for the beneficial effects. OBJECTIVE: The objective of this review is to summarize the clinical observations on the prevention of radiodermatitis by plant products. In this review, the protective effects of Adlay (Coix lachryma-jobi L.) bran extract, Aloe vera, Calendula officinalis, Cucumis sativus, green tea constituent the epigallocatechin-3-gallate, honey, Achillea millefolium, Matricaria chamomilla, olive oil, and some polyherbal creams are addressed by also focusing on the mechanism of action for the beneficial effects. METHODS: Two authors' data mined for information in Google Scholar, PubMed, Embase, and the Cochrane Library for publications in the field from 1901 up to July 2020. The focus was on acute radiation dermatitis, ionizing radiation, curative radiotherapy, human cancer. The articles were collected and analyzed. RESULTS: For the first time, this review addresses the usefulness of natural products like adlay bran, Aloe vera, Calendula officinalis, Cucumis sativus, green tea constituent the epigallocatechin-3-gallate, honey, Achillea millefolium, Matricaria chamomilla, olive oil, and some experimentally constituted and commercially available polyherbal creams as skincare agents against the deleterious effects of ionizing radiation on the skin. The protective effects are possibly due to the free radical scavenging, antioxidant, anti-inflammatory, wound healing and skin protective effects. CONCLUSION: The authors suggest that these plants have been used since antiquity as medicinal agents and require in-depth investigation with both clinical and preclinical validated models of study. The results of these studies will be extremely useful to cancer patients requiring curative radiotherapy, the dermatology fraternity, agro-based and pharmaceutical sectors at large. Copyright© Bentham Science Publishers; For any queries, please email at epub@benthamscience.net.

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23. **When is synchronous telehealth acceptable for pediatric dermatology?.**

Item Type: Journal Article

Authors: Kohn, L. L.;Pickett, K.;Day, J. A.;TorresZegarra, C.;Plost, G.;Gurnee, E.;Prok, L.;Olson, C. A.;Manson, S. M. and Bruckner, A. L.

Publication Date: 2022

Journal: Pediatric Dermatology (pagination), pp. ate of Pubaton: 2022

Abstract: Background/Objectives: We evaluated the acceptance of synchronous (live video) telehealth for pediatric dermatology. Method(s): This was a prospective, single-center study of patient and dermatologist surveys paired at the encounter level for telehealth encounters with Children's Hospital Colorado Pediatric Dermatology Clinic between 21 April 2020 and 22 May 2020. Result(s): Dermatologists were most receptive to a telehealth encounter for isotretinoin monitoring (96.6%) and non-isotretinoin acne (89.5%). In contrast, 71.8% and 58.8% of patients surveyed were open to telehealth for isotretinoin encounters and non-isotretinoin acne encounters, respectively. There was no significant correlation between patient and dermatologist satisfaction regarding a telehealth encounter (r = 0.09, CI [-0.09, 0.26], p =.34) or between patient and dermatologist preference for telehealth encounter (r = 0.07, CI [-0.11, 0.25] p =.46). Dermatologists reported needing a photo

to aid their physical examination in 38/363 (10.7%) of encounters and preferred in-person examinations when an encounter would have benefitted from laboratories, procedures, dermatoscopic examination, examination by palpation, and accurate weights in infants. Conclusion(s): Synchronous, live-video telehealth is an effective method of healthcare delivery in certain situations for pediatric dermatology, but it does not replace in-person encounters. Families and dermatologists have different perceptions about its acceptance.Copyright © 2022 Wiley Periodicals LLC.

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24. **Effectiveness and Tolerability of Natural Herbal Formulations in the Prevention of Radiation-Induced Skin Toxicity in Patients Undergoing Radiotherapy.**

Item Type: Journal Article

Authors: Koukourakis, Georgios;Pissakas, Georgios;Ganos, Christos G.;Sivolapenko, Gregory and Kardamakis, Dimitrios

Publication Date: Mar ,2022

Journal: International Journal of Lower Extremity Wounds 21(1), pp. 75-86

Abstract: The aim of this study is to investigate the preventive role of 3 herbal formulation products on reducing the incidence of radiation-induced dermatitis in patients undergoing radiotherapy for either breast or head and neck cancer. A total of 59 patients participated in the study. The novel herbal products, a combination of beeswax, olive oil, Calendula and Hypericum oils and Aloe gel, were daily and regularly being used by the patients during radiotherapy and 2 weeks after treatment end. Acute skin toxicity was scored weekly during radiotherapy and after treatment for a further 4-week follow-up period. Demographic data were analyzed by descriptive statistics. Statistical analyses of the study objectives were based on an intent-to-treat principle. Most of the patients presented with grade I (RTOG/EORTC) toxicity in the first weeks of radiotherapy, progressed to grade II but reverted to grade I toxicity up until the study end. A total of 94.9% of the patients had Dermatology Life Quality Index up to 1, and 66.1% remained in this scale. The application of the novel natural product combinations proved to be statistically significantly effective in reducing the intensity of radiation dermatitis, positively affecting the quality of life of the patients.

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25. **Depression and Suicidality in Patients With Psoriasis and the Role of Psoriatic Arthritis: A Cross-sectional Study in a Tertiary Setting.**

Item Type: Journal Article

Authors: Lada, Georgia;Chinoy, Hector;Heal, Calvin;Warren, Richard B.;Talbot, Peter S. and Kleyn, C. Elise

Publication Date: 2022

Journal: Journal of the Academy of Consultation-Liaison Psychiatry
Abstract: BACKGROUND: Depression is overrepresented in psoriasis. However, it is not clear whether the presence of psoriatic arthritis (PsA) independently increases patients' depressive burden. Furthermore, current evidence regarding suicidality risk of psoriasis populations is conflicting, and the role of PsA in suicidality outcomes of psoriasis is unknown. OBJECTIVES: (i) To test whether PsA is associated with depression and lifetime suicidal ideation among patients with psoriasis; (ii) to capture different suicidal phenomena in these patients; and (iii) to investigate whether suicidality and depressive symptom severity are associated with clinical markers of psoriasis severity and chronicity. METHODS: A cross-sectional survey of tertiary patients (n = 219, aged 18-65 years) with dermatologist-confirmed chronic plaque psoriasis, of whom 84 had rheumatologist-confirmed PsA, was undertaken. The Hospital Anxiety and Depression Scale and Sheehan-Suicidality Tracking Scale were used to assess depression and lifetime suicidality, respectively. RESULTS: PsA presence was associated with depression in patients with psoriasis, independent of other physical comorbidities (adjusted odds ratio 2.92, 95% confidence interval 1.53-5.68). Furthermore, patients with PsA experienced significantly higher levels of anhedonia and anxiety, after controlling for psychiatric history. Of all participants, 48.8% reported lifetime suicidal ideation with or without intent, 21.3% reported suicidal planning, and 9.4% reported suicide attempts. Lifetime suicidality prevalence did not differ between patients with and without PsA. Depressive symptom severity and lifetime suicidality scores were not associated with objective measures of psoriasis severity or treatment group. CONCLUSIONS: These data suggest that joint involvement in psoriasis is associated with higher depressive burden. There is a need for routine depression screening among patients with psoriasis, particularly when PsA is present. Anhedonia appears to be a particularly relevant symptom in the depression phenotype of this population. We did not find a statistically significant association between PsA and suicidality. Nevertheless, suicidality rates in tertiary patients with psoriasis appear to be higher than those in the general population. Suicidality monitoring is recommended to help in reducing future psychiatric morbidity and mortality in patients with psoriasis.

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26. **A prospective study of adverse reactions of ALA-PDT for acne vulgaris.**

Item Type: Journal Article

Authors: Lei, S.;Zhang, L.;Zhang, Y.;Yan, G.;Zhang, H.;Liu, X.;Yang, J.;Wang, P.;Zhang, G.;Zhou, Z. and Xiuli, W.

Publication Date: 2022

Journal: Photodiagnosis and Photodynamic Therapy 38(pagination), pp. Arte Number: 102752. ate of Pubaton: June 2022

Abstract: Background: Acne vulgaris is a chronic inflammatory skin disease around pilosebaceous unit. 5-Aminolaevulinic acid photodynamic therapy (ALA-PDT) is an effective therapy for severe acne vulgaris. However, the lack of detailed information of adverse reactions limits the promotion of ALA-PDT in clinic.

Objective(s): To systemically investigate the adverse reactions relating to ALA-PDT for acne vulgaris. Method(s): A prospective study was performed at the Shanghai Skin Disease Hospital. Result(s): In the prospective study, 35 patients with acne vulgaris completed the trial. The adverse reactions were first divided into acute-phase adverse reactions, including erythema (94.3%), post-treatment pain (91.4%), burning skin (91.4%), dry skin (91.4%), itching (85.7%), pustule (82.9%), edema (20%) and blister (11.4%), or recovery-phase adverse reactions, which included crust (65.6%), exudation (48.6%) and hyperpigmentation (42.7%). Younger patients were more likely to have pustules (PResult(s): In the prospective study, 35 patients with acne vulgaris completed the trial. The adverse reactions were first divided into acute-phase adverse reactions, including erythema (94.3%), post-treatment pain (91.4%), burning skin (91.4%), dry skin (91.4%), itching (85.7%), pustule (82.9%), edema (20%) and blister (11.4%), or recovery-phase adverse reactions, which included crust (65.6%), exudation (48.6%) and hyperpigmentation (42.7%). Younger patients were more likely to have pustules (PResult(s): In the prospective study, 35 patients with acne vulgaris completed the trial. The adverse reactions were first divided into acute-phase adverse reactions, including erythema (94.3%), post-treatment pain (91.4%), burning skin (91.4%), dry skin (91.4%), itching (85.7%), pustule (82.9%), edema (20%) and blister (11.4%), or recovery-phase adverse reactions, which included crust (65.6%), exudation (48.6%) and hyperpigmentation (42.7%). Younger patients were more likely to have pustules (PConclusion(s): In the present study, we recorded the relative incidence of various adverse reactions following ALA-PDT for acne vulgaris. The severity of adverse reactions tended to decrease with increased patient age, except for itching and hyperpigmentation. Light-to-moderate adverse reactions might be the inflammatory reactions of ALA-PDT, predicting a good efficacy. A form for evaluation of adverse reactions based on the present study could assist dermatologists in predicting and managing adverse reactions for greater efficacy and higher patient satisfaction.Copyright © 2022

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27. **Multidisciplinary management of chronic atopic dermatitis in children and adolescents: a prospective pilot study.**

Item Type: Journal Article

Authors: Leong, Kylie;Ong, Thomas W. Y.;Foong, Yee-Wah;Wong, Yen-Peng;Lim, Winnie;Liew, Hui-Min and Koh, Mark J. A.

Publication Date: Mar ,2022

Journal: Journal of Dermatological Treatment 33(2), pp. 822-828

Abstract: BACKGROUND: Atopic dermatitis (AD) is a chronic, pruritic disorder affecting 10-20% of children and is associated with psychological issues and impaired quality of life (QoL). The role of psychosocial support in the treatment of AD is increasingly important. We studied the impact of a multidisciplinary clinic (MDC) in the management of AD in a tertiary children's hospital in Singapore. METHODS: We performed a prospective pilot interventional study on 34 pediatric patients with AD and concomitant psychosocial impairment. Patients were recruited into an MDC, comprising a dermatologist, clinical psychologist and medical social worker. AD severity was scored using Scoring Atopic Dermatitis (SCORAD), while QoL was assessed using the Children's Dermatology Life Quality Index Questionnaire (CDLQI) and Family Dermatology Life Quality Index Questionnaire (FDLQI). Biopsychosocial assessments and interventions were also performed. Eighty-three percent of patients received cognitive behavioral therapy, while 40% received social work intervention. RESULTS: There was an overall improvement in mean SCORAD, CDLQI, and FDLQI scores across MDC visits. A correlation between AD severity

and QoL was established. A patient satisfaction survey showed improvement in severity, understanding, and control of the disease. CONCLUSION: Our study suggests the effectiveness of a multidisciplinary approach in managing pediatric AD patients with psychosocial co-morbidities.

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28. **Study on the Correlation between Morphology and Distribution of Common Psoriasis Lesions.**

Item Type: Journal Article

Authors: Li, Q. and Jiang, Y.

Publication Date: 2022

Journal: Computational and Mathematical Methods in Medicine 2022, pp. 6963630

Abstract: Objective: Through the analysis of the morphological distribution of psoriasis lesions, we can study the relationship between psoriasis lesions and age, gender, and course of disease and dialectically look at the location of lesion morphology and the impact of course of disease on it, so as to provide more basis for the treatment of psoriasis. Method(s): Through a questionnaire survey of 512 patients in the dermatology clinic of a well-known traditional Chinese medicine hospital in Jiangsu Province, their symptoms met the diagnostic criteria of psoriasis in Chinese clinical dermatology. The current situation of psoriasis was analyzed by literature analysis, and the collected data were analyzed by general mean analysis, analysis of variance, and descriptive analysis. Result(s): There were some differences in the proportion of male to female in 512 patients. It is possible to conclude that male incidence rate is higher than that of women. It can be deduced from bad habits such as heavy drinking and smoking in male life. Bad habits can reduce male immunity and cause disease. The distribution of skin lesions in different parts shows that the skin is more affected by the outside world, which leads to the repeated attack of psoriasis. The incidence of chest, scalp, and upper arm is also relatively high. There have been similar demonstrations in relevant medical data, which may be related to the vascular density in them. Some substances that induce psoriasis in the dense blood vessels are easy to accumulate here, leading to the pathogenic bacteria to induce the onset of psoriasis. Conclusion(s): By studying the distribution of psoriasis lesions and the correlation between lesions, gender, and disease course, we can improve the dialectical treatment of psoriasis, which has reference significance, and provide a new thinking direction for the treatment system theory of psoriasis.Copyright © 2022 Qiang Li and Yuanwen Jiang.

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29. **Clinical aspects and therapeutic approach of drug-induced adverse skin reactions in a quaternary hospital: a retrospective study with 219 cases.**

Item Type: Journal Article

Authors: Martins, J. C.;Seque, C. A. and Porro, A. M.

Publication Date: 2022

Journal: Anais Brasileiros De Dermatologia (pagination), pp. ate of Pubaton: 2022

Abstract: Background: Adverse drug reactions are frequent, with cutaneous manifestations being the most common. In the hospital environment, the incidence of cutaneous drug reactions varies from 2% to 3%. Objective(s): To analyze the profile of cutaneous drug reactions, relating clinical forms, suspected medications, histopathological alterations, systemic repercussions, treatment and course. Method(s): Clinical, retrospective and observational study of patients seen by the Dermatology Interconsultation team from January 2013 to December 2016. Result(s): The frequency of cutaneous drug reactions among the evaluated patients was 13.6%, with 219 cases diagnosed. In 65.7%, the reaction was considered mild, of which the most common was exanthema, while in 34.2%, the reaction was considered severe, with DRESS being the main form of reaction(18.2%). Antibiotics (36.5%) and anticonvulsants (10%) were the most involved drugs. In addition to drug discontinuation, systemic corticosteroids were prescribed in 47% of cases and intravenous immunoglobulin (IVIg) in 4.5%. Of the mild forms, in 62%, expectant management and/or exclusive use of symptomatic treatment was used. Study limitations: Retrospective study, with limitations inherent to this type of investigation; lack of some information in medical records; long evaluation period, with a possible change in external validity. Conclusion(s): The most frequently identified clinical form was exanthema, and antibiotics and anticonvulsants were the most frequently involved drug classes. About one-third of the patients had severe cutaneous drug reactions, with DRESS being the main one. Cutaneous drug reactions are frequent in clinical practice, and the dermatologist should be called in as soon as possible to assist in the diagnosis and management of these cases.Copyright © 2022

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30. **Evaluation of a Case Series of Patients With Generalized Pustular Psoriasis in the United States**

Item Type: Journal Article

Authors: Noe, Megan H.;Wan, Marilyn T.;Mostaghimi, Arash;Gelfand, Joel M.;Agnihothri, Ritesh;Armstrong, April W.;Bhutani, Tina;Bridges, Alina;Brownstone, Nicholas;Butt, Melissa;Duffin, Kristina P. Callis;Carr, Christian;Creadore, Andrew;DeNiro, Katherine L.;Desai, Sheena;Dominguez, Arturo R.;Duffy, Emily K.;Fairley, Janet A.;Femia, Alisa and Gudjonsson, Johann E.

Publication Date: 2022

Journal: JAMA Dermatology 158(1), pp. 73-78

Abstract: Importance: Generalized pustular psoriasis (GPP) is a chronic, orphan disease with limited epidemiological data.Objective: To describe the clinical characteristics, treatments, longitudinal disease course, and disease-specific health care utilization among patients with GPP across the United States.Design, Setting, and Participants: A retrospective longitudinal case series involving 95 adults who met the European Rare and Severe Psoriasis Expert Network consensus definition for GPP and were treated at 20 US academic dermatology practices between January 1, 2007, and December 31, 2018.Main Outcomes and Measures: The primary outcome is to describe the patient characteristics, associated medical comorbidities, treatment patterns complications, and GPP-specific health care utilization.Results: Sixty-seven of 95 patients (70.5%) were women

(mean age, 50.3 years SD, 16.1 years]). In the initial encounter, 35 patients (36.8%) were hospitalized and 64 (67.4%) were treated with systemic therapies. In total, more than 20 different systemic therapies were tried. During the follow-up period, 19 patients (35.8%) reported hospitalizations at a median rate of 0.5 hospitalizations per year (IQR, 0.4-1.6). Women had a decreased risk of an emergency department or hospital encounter (odds ratio, 0.19; 95% CI, 0.04-0.83).Conclusions and Relevance: Generalized pustular psoriasis is a rare, chronic disease without standard treatment and is associated with continued health care utilization over time.

DOI: 10.1001/jamadermatol.2021.4640

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154834712&custid=ns023446

31. **Technologies for Type 1 Diabetes and Contact Dermatitis: Therapeutic Tools and Clinical Outcomes in a Cohort of Pediatric Patients.**

Item Type: Journal Article

Authors: Passanisi, S.;Salzano, G.;Galletta, F.;Aramnejad, S.;Caminiti, L.;Pajno, G. B. and Lombardo, F.

Publication Date: 2022

Journal: Frontiers in Endocrinology 13(pagination), pp. Arte Number: 846137. ate of Pubaton: 15 Mar 2022

Abstract: The increasing use of technological devices for the management of diabetes is related to the prolonged exposure of patients' skin to chemical and mechanical agents and, consequently, to the increased risk of developing dermatological complications. Among these, contact dermatitis is the most insidious skin disorder. Despite the magnitude of the issue, no universally accepted recommendations on the management of this common complication are currently available. Our observational study aimed to describe all the solutions adopted by patients and their caregivers to treat and prevent the appearance of contact dermatitis and to describe the clinical impact of this cutaneous complication. Twenty-one pediatric patients (mean age 12.1 +/- 3.7 years) with type 1 diabetes were recruited in the study. The most common treatment used to treat acute skin lesions was the application of topical corticosteroids, sometimes associated with topical antibiotics (9.5%). In order to prevent the further appearance of dermatitis, the most frequently adopted measure was the use of hydrocolloid and/or silicone-based adhesives, followed by the application of protective barrier films. One patient reported benefit from the off-label use of fluticasone propionate nasal spray. However, only 52.4% of the study participants achieved a definitive resolution of the skin issue, and 38.1% of patients were forced to discontinue insulin pump therapy and/or continuous glucose monitoring. No differences were observed in glycated hemoglobin values between the period before and after the onset of contact dermatitis. Our study confirms the severity of this dermatological complication that may hinder the spread of new technologies for the management of diabetes. Finally, our findings highlight the importance of establishing close collaboration both with pediatric allergy specialists to prescribe the most suitable treatment and with manufacturing companies to ensure that adhesives of technological devices are free of harmful well-known sensitizers.

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32. **Advances in spray products for skin regeneration**

Item Type: Journal Article

Authors: Pleguezuelos-Beltran, Paula;Galvez-Martin, Patricia;Nieto-Garcia, Daniel;Marchal, Juan Antonio and Lopez-Ruiz, Elena

Publication Date: Oct ,2022

Journal: Bioactive Materials 16, pp. 187-203

Abstract: To date, skin wounds are still an issue for healthcare professionals. Although numerous approaches have been developed over the years for skin regeneration, recent advances in regenerative medicine offer very promising strategies for the fabrication of artificial skin substitutes, including 3D bioprinting, electrospinning or spraying, among others. In particular, skin sprays are an innovative technique still under clinical evaluation that show great potential for the delivery of cells and hydrogels to treat acute and chronic wounds. Skin sprays present significant advantages compared to conventional treatments for wound healing, such as the facility of application, the possibility to treat large wound areas, or the homogeneous distribution of the sprayed material. In this article, we review the latest advances in this technology, giving a detailed description of investigational and currently commercially available acellular and cellular skin spray products, used for a variety of diseases and applying different experimental materials. Moreover, as skin sprays products are subjected to different classifications, we also explain the regulatory pathways for their commercialization and include the main clinical trials for different skin diseases and their treatment conditions. Finally, we argue and suggest possible future trends for the biotechnology of skin sprays for a better use in clinical dermatology. Copyright © 2022 The Authors.

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33. **Photobiomodulation therapy for the prevention of acute radiation dermatitis in breast cancer patients undergoing hypofractioned whole-breast irradiation (LABRA trial).**

Item Type: Journal Article

Authors: Robijns, J.;Lodewijckx, J.;Puts, S.;Vanmechelen, S.;Van Bever, L.;Claes, S.;Pannekoeke, L.;Timmermans, A.;Noe, L.;Govers, M.;Van de Werf, E.;Maes, A.;Bulens, P. and Mebis, J.

Publication Date: 2022

Journal: Lasers in Surgery and Medicine 54(3), pp. 374-383

Abstract: Objectives: To evaluate the efficacy of photobiomodulation therapy in breast cancer patients post-lumpectomy undergoing hypofractionated whole-breast irradiation (HF-WBI) for the prevention and management of acute radiodermatitis (ARD). Material(s) and Method(s): A randomized, multicentric clinical trial (LABRA trial, NCT03924011) was set up at the Limburg Oncology Center, including the Jessa Hospital (Hasselt, BE) and Ziekenhuis Oost-Limburg (Genk, BE). A total of 71 breast cancer patients planned to undergo HF-WBI were randomized to one of the two study arms: the control group (n = 32) or the PBM group (n = 39). The PBM group received the standard institutional skincare combined with PBM (2x/week) during the complete radiotherapy (RT) course. Patients in the control group received the standard skincare combined with placebo

treatment (2x/week). Patients' skin reactions were evaluated weekly during the RT treatment by using the modified version of the Radiation Therapy Oncology Group (RTOG) criteria. Result(s): At week 3 of RT, one patient presented a grade 2 and one patient a grade 3 skin reaction in the control group, while in the PBM group, all patients still presented grade 1 ARD. At the final RT session 28% of the patients presenting grade 2-3 ARD, while in the PBM group 10% presented grade 2 and no grade 3 ARD. PBM reduced the incidence of severe ARD by 18%. However, the difference was not significant (p = 0.053). Conclusion(s): Based on the LABRA trial results, PBM seems not able to reduce the incidence of severe ARD in breast cancer patients undergoing HF-WBI. Research in a larger patient population is recommended.Copyright © 2021 Wiley Periodicals LLC

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34. **Prevalence and factors associated with sleep disturbance in adult patients with psoriasis.**

Item Type: Journal Article

Authors: Sahin, E.;Hawro, M.;Weller, K.;Sabat, R.;Philipp, S.;Kokolakis, G.;Christou, D.;Metz, M.;Maurer, M. and Hawro, T.

Publication Date: 2022

Journal: Journal of the European Academy of Dermatology and Venereology (pagination), pp. ate of Pubaton: 2022

Abstract: Background: Sleep, which is crucial for restoring of physiological functions and health, is reportedly impaired in psoriasis. The role of different potential sleep confounding factors, including detailed pruritus characteristics, and the complex interplay between psychological variables (anxiety and depression), pruritus and sleep disturbance in psoriasis remain insufficiently investigated. Objective(s): To investigate sleep characteristics and to identify clinical, demographic and psychological factors associated with sleep disturbance in psoriasis. Method(s): This cross-sectional study included 334 psoriasis patients (response rate 86%) and 126 control subjects (response rate 82%). Measures included sleep quality [Pittsburgh Sleep Quality Index (PSQI)], psoriasis severity, pruritus characteristics, including average pruritus intensity [visual analogue scale (VAS)], severity of comorbidities, anxiety and depression (Hospital Anxiety and Depression Scale - HADS) and quality of life (Dermatology Life Quality Index - DLQI, and Short Form 12 - SF12). Result(s): Fifty-nine per cent of patients and 34% of control subjects (P 5). Patients slept 1 h less than control subjects (median 6 vs. 7 h, P 5). Patients slept 1 h less than control subjects (median 6 vs. 7 h, P 5). Patients slept 1 h less than control subjects (median 6 vs. 7 h, P 5). Patients slept 1 h less than control subjects (median 6 vs. 7 h, P Conclusion(s): Sleep disturbance in patients with psoriasis is highly prevalent. Patients with psoriasis should be assessed for sleep impairment, pruritus, anxiety and depression. Reduction in pruritus should be considered as an important therapeutic goal, along with therapies aimed at reducing anxiety and depression.Copyright © 2022 The Authors. Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.

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ents+with+psoriasis&aulast=Sahin&pid=%3Cauthor%3ESahin+E.%3BHawro+M.%3BWeller+K.%3BSabat+R.%3BPhilipp+S.%3BKokolakis+G.%3BChristou+D.%3BMetz+M.%3BMaurer+M.%3BHawro+T.%3C%2Fauthor%3E%3CAN%3E2015255204%3C%2FAN%3E%3CDT%3EArticle%3C%2FDT%3E

35. **Adverse reactions of ALA-PDT for the treatment of cutaneous diseases: A retrospective study.**

Item Type: Journal Article

Authors: Shi, L.;Zhang, L.;Zhang, Y.;Yan, G.;Zhang, H.;Yang, J.;Wang, P.;Zhang, G.;Zhou, Z. and Wang, X.

Publication Date: 2022

Journal: Photodiagnosis and Photodynamic Therapy 38(pagination), pp. Arte Number: 102783. ate of Pubaton: June 2022

Abstract: Background: 5-Aminolaevulinic acid photodynamic therapy (ALA-PDT) is an effective therapy for cutaneous diseases, such as precancers, superficial non melanoma skin cancers and certain inflammatory or viral conditions. However, the absence of a complete picture of adverse reactions limits the promotion of ALA-PDT. Objective(s): To systemically investigate the detailed evidence of adverse reactions relating to ALA-PDT for skin diseases. Method(s): A retrospective study performed at the Shanghai Skin Disease Hospital. Result(s): In the retrospective study, 439 patients were included. Incidences of adverse reactions, including in-treatment pain (98.8%), erythema (92.4%), edema (35.0%), exudation (23.0%), hyperpigmentation (27.3%) were clarified. Edema was more common in female patients (PResult(s): In the retrospective study, 439 patients were included. Incidences of adverse reactions, including in-treatment pain (98.8%), erythema (92.4%), edema (35.0%), exudation (23.0%), hyperpigmentation (27.3%) were clarified. Edema was more common in female patients (PResult(s): In the retrospective study, 439 patients were included. Incidences of adverse reactions, including in-treatment pain (98.8%), erythema (92.4%), edema (35.0%), exudation (23.0%), hyperpigmentation (27.3%) were clarified. Edema was more common in female patients (PResult(s): In the retrospective study, 439 patients were included. Incidences of adverse reactions, including in-treatment pain (98.8%), erythema (92.4%), edema (35.0%), exudation (23.0%), hyperpigmentation (27.3%) were clarified. Edema was more common in female patients (PConclusion(s): The results outline detailed information about the adverse reactions, including systemic reactions following ALA-PDT, assisting dermatologists in predicting and managing adverse reactions for greater efficacy and higher patient satisfaction.Copyright © 2022

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36. **Efficacy of bath-psoralen and ultraviolet A therapy for mycosis fungoides - retrospective analysis of 62 cases.**

Item Type: Journal Article

Authors: Shintani, Yoichi;Nishida, Emi;Furuhashi, Takuya;Muramatsu, Shinnosuke;Kubo, Ryoji;Nakamura, Motoki;Watanabe, Shoichi;Masuda, Hideyuki;Ikumi, Kyoko;Matsumoto, Kazuhiko;Yamazaki, Sayuri and Morita, Akimichi

Publication Date: Feb ,2022

Journal: Journal of Dermatology 49(2), pp. 239-245

Abstract: Photochemotherapy with psoralen and ultraviolet A (PUVA) is widely used for refractory skin diseases. Bathwater delivery of 8-methoxypsoralen (8-MOPS) with subsequent UVA irradiation (bath-PUVA) or oral administration of 8-MOPS with UVA is used to treat mycosis fungoides. We retrospectively analyzed 62 patients with mycosis fungoides (8 stage IA, 30 stage IB, 5 stage IIB, 18 stage IIIA, and 1 stage IVA2) treated with bath-PUVA at the Dermatology Clinic of Nagoya City University Hospital from November 2004 to December 2013. A complete response was achieved in 37 (59.7%) patients, a partial response was achieved in 16 (25.8%), and stable disease was achieved in 6 (9.7%). Progressive disease was observed in 3 (4.8%) patients. Almost all patients in stage IA/IB achieved a complete response. Of the 5 stage IIB patients, 2 achieved a partial response, 1 achieved stable disease, and 2 had progressive disease. The serum concentrations of soluble interleukin-2 receptor and lactate dehydrogenase decreased significantly following treatment with bath-PUVA (p

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37. **Therapeutic drug monitoring in dermatology: the way towards dose optimization of secukinumab in chronic plaque psoriasis.**

Item Type: Journal Article

Authors: Soenen, R.;Wang, Z.;Grine, L.;Dreesen, E.;Schots, L.;Brouwers, E.;Declerck, P.;Thomas, D. and Lambert, J.

Publication Date: 2022

Journal: Clinical and Experimental Dermatology (pagination), pp. ate of Pubaton: 04 Mar 2022

Abstract: BACKGROUND: Despite the favorable efficacy profile of secukinumab, clinicians encounter varying clinical responses amongst patients potentially associated with under- and overexposure. As biologics are expensive, rational use is crucial and evident. Therapeutic drug monitoring could guide clinicians in their decision-making regarding treatment modifications. OBJECTIVE(S): In this multicentric, prospective study, we aimed to develop and validate a secukinumab immunoassay and searched for the therapeutic window in psoriasis patients. METHOD(S): Secukinumab concentrations in sera from 78 patients with psoriasis at multiple timepoints at trough during maintenance phase were determined. At each hospital visit, the disease severity was assessed through the Psoriasis Area and Severity Index (PASI). RESULT(S): The combination of MA-SEC66A2 as capture antibody and MA-SEC67A9, conjugated to horseradish peroxidase (HRP), as detecting antibody, resulted in an in-house secukinumab immunoassay. After quantification, 121 serum samples were included for exposure-response analysis. Based on a linear mixed-effects model, secukinumab trough concentrations decreased with increasing body mass index (BMI). Based on receiver operating characteristic (ROC) analysis, a minimal effective secukinumab threshold of 39.1 mg/L in steady state could be deduced and was associated with a 92.7% probability of having an optimal clinical response (PASI=90%). CONCLUSION(S): Monitoring and targeting a secukinumab trough concentration of 39.1 mg/L may be a viable treatment option in suboptimal responders. In patients with higher BMI, weight-based dosing may be needed in order to prevent underexposure.

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38. **Unmet Educational Needs and Clinical Practice Gaps in the Management of Generalized Pustular Psoriasis: Global Perspectives from the Front Line.**

Item Type: Journal Article

Authors: Strober, B.;Leman, J.;Mockenhaupt, M.;Nakano de Melo, J.;Nassar, A.;Prajapati, V. H.;Romanelli, P.;Seneschal, J.;Tsianakas, A.;Wei, L. Y.;Yasuda, M.;Yu, N.;Hernandez Daly, A. C. and Okubo, Y.

Publication Date: 2022

Journal: Dermatology and Therapy 12(2), pp. 381-393

Abstract: Introduction: Generalized pustular psoriasis (GPP) is a rare, potentially life-threatening, neutrophilic, autoinflammatory skin disease characterised by recurrent flares of generalised sterile pustules and associated systemic features. Inconsistent diagnostic criteria and a lack of approved therapies pose serious challenges to GPP management. Our objectives were to discuss the challenges encountered in the care of patients with GPP and identify healthcare provider (HCP) educational needs and clinical practice gaps in GPP management. Method(s): On 24 July 2020, 13 dermatologists from 10 countries (Brazil, Canada, China, Egypt, France, Germany, Japan, Malaysia, the UK and the USA) attended a workshop to share experiences in managing patients with GPP. Educational needs and clinical practice gaps grouped according to healthcare system level were discussed and ranked using interactive polling. Result(s): Lack of experience of GPP among HCPs was identified as an important individual HCP-level clinical practice gap. Limited understanding of the presentation and pathogenesis of GPP among non-specialists means misdiagnosis is common, delaying referral and treatment. In countries where patients may present to general practitioners or emergency department HCPs, GPP is often mistaken for an infection. Among dermatologists who can accurately diagnose GPP, limited knowledge of treatments may necessitate referral to a colleague with more experience in GPP. At the organisational level, important needs identified were educating emergency department HCPs to recognise GPP as an autoinflammatory disease and improving communication, cooperation and definitions of roles within multidisciplinary teams supporting patients with GPP. At the regulatory level, robust clinical trial data, clear and consistent treatment guidelines and approved therapies were identified as high priorities. Conclusion(s): The educational imperative most consistently identified across the participating countries is for HCPs to understand that GPP can be life-threatening if appropriate treatment initiation is delayed, and to recognise when to refer patients to a colleague with more experience of GPP management.Copyright © 2021, The Author(s).

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39. **Patient-reported outcomes from the JADE COMPARE randomized phase 3 study of abrocitinib in adults with moderate-to-severe atopic dermatitis.**

Item Type: Journal Article

Authors: Thyssen, J. P.;Yosipovitch, G.;Paul, C.;Kwatra, S. G.;Chu, C. Y.;DiBonaventura, M.;Feeney, C.;Zhang, F.;Myers, D.;Rojo, R. and Valdez, H.

Publication Date: 2022

Journal: Journal of the European Academy of Dermatology and Venereology 36(3), pp. 434-443

Abstract: Background: In JADE COMPARE, abrocitinib improved severity of atopic dermatitis (AD) and demonstrated rapid itch relief. Objective(s): We examined clinically meaningful improvements in selected patient-reported outcomes (PROs). Method(s): JADE COMPARE was a multicentre, phase 3 randomized, double-blind, placebo-controlled trial. Adults with moderate-to-severe AD were randomized 2:2:2:1 to receive 16 weeks of oral abrocitinib 200 or 100 mg once daily, dupilumab 300 mg subcutaneous injection every 2 weeks, or placebo, with background topical therapy. PROs included Dermatology Life Quality Index (DLQI), Patient-Oriented Eczema Measure (POEM), Night Time Itch Scale (NTIS), Pruritus and Symptoms Assessment for Atopic Dermatitis, Patient Global Assessment, SCORing Atopic Dermatitis, and Hospital Anxiety and Depression Scale. Result(s): At week 16, the proportion of patients achieving POEM scores Result(s): At week 16, the proportion of patients achieving POEM scores =4-point improvement from baseline in NTIS severity was 64.3% and 52.4% for 200 and 100 mg abrocitinib, 54.0% for dupilumab, and 34.4% for placebo (vs. abrocitinib, P =4-point improvement from baseline in DLQI was 85.0% and 74.4% for 200 and 100 mg abrocitinib, 83.4% for dupilumab, and 59.7% for placebo (vs. abrocitinib, P =4-point improvement from baseline in DLQI was 85.0% and 74.4% for 200 and 100 mg abrocitinib, 83.4% for dupilumab, and 59.7% for placebo (vs. abrocitinib, P Conclusion(s): Significant improvements in PROs were demonstrated with both abrocitinib doses vs. placebo, and abrocitinib 200 mg provided numerically greater effects compared with dupilumab in patients with moderate-to-severe AD.Copyright © 2021 Pfizer Inc. Journal of the European Academy of Dermatology and Venereology published by John Wiley & Sons Ltd on behalf of European Academy of Dermatology and Venereology.

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40. **Anti-IL23 for nail psoriasis in real life: results of efficacy and safety during a 52-week period.**

Item Type: Journal Article

Authors: Trovato, Emanuele;Cortonesi, Giulio;Orsini, Corinne;Capalbo, Eugenio;Cinotti, Elisa;Rubegni, Pietro and Cartocci, Alessandra

Publication Date: Apr 11 ,2022

Journal: Dermatologic Therapy e15506

Abstract: Nail psoriasis (NP) is often considered disfiguring for patients with a relevant impact on quality of life (QoL). It is also difficult to treat for dermatologists who are often frustrated by the scarcity of effective therapeutic alternatives in this particular location. Topical therapies are often used as first-line treatment for mild NP, but efficacy is modest. Conventional disease-modifying antirheumatic drugs (cDMARDs) (e.g.,

cyclosporine, methotrexate, acitretin, and dimethyl fumarate) are generally avoided in NP without general cutaneous involvement. Biologics represent, to date, a concrete possibility for the management of these patients. The data from the cinical trials are encouraging, although there are still few data in real-life. Here we report a study conducted at Siena University Hospital on 20 patients with nail psoriasis on both hands and feet treated with anti-IL23 for 52 weeks. No differences were evaluated from baseline to week 4 of anti IL-23 treatment. NAPSI greatly improved at week 24 with almost 60% of patients reaching NAPSI75 and 40% NAPSI50. At week 52, almost 75% of patients reached NAPSI90. No adverse effects were reported in the patients in the study. The clinical response observed in these patients suggests that treatments that target interleukin-23 may be an effective option for NP, especially when refractory to conventional therapies. This article is protected by copyright. All rights reserved. Copyright This article is protected by copyright. All rights reserved.

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41. **International eDelphi Study to Reach Consensus on the Methotrexate Dosing Regimen in Patients With Psoriasis.**

Item Type: Journal Article

Authors: van Huizen, A. M.;Menting, S. P.;Gyulai, R.;Iversen, L.;van der Kraaij, G. E.;MiddelkampHup, M. A.;Warren, R. B.;Spuls, P. I.;Schejtman, A. A.;Egeberg, A.;Firooz, A.;Kumar, A. S.;Oakley, A.;Foulkes, A.;Ramos, A. M. C.;Fougerousse, A. C.;Carija, A.;AkmanKarakas, A.;Horvath, B.;Fabos, B., et al

Publication Date: 2022

Journal: JAMA Dermatology (pagination), pp. ate of Pubaton: 30 Mar 2022

Abstract: Importance: A clear dosing regimen for methotrexate in psoriasis is lacking, and this might lead to a suboptimal treatment. Because methotrexate is affordable and globally available, a uniform dosing regimen could potentially optimize the treatment of patients with psoriasis worldwide. Objective(s): To reach international consensus among psoriasis experts on a uniform dosing regimen for treatment with methotrexate in adult and pediatric patients with psoriasis and identify potential future research topics. Design, Setting, and Participant(s): Between September 2020 and March 2021, a survey study with a modified eDelphi procedure that was developed and distributed by the Amsterdam University Medical Center and completed by 180 participants worldwide (55 [30.6%] resided in non-Western countries) was conducted in 3 rounds. The proposals on which no consensus was reached were discussed in a conference meeting (June 2021). Participants voted on 21 proposals with a 9-point scale (1-3 disagree, 4-6 neither agree nor disagree, 7-9 agree) and were recruited through the Skin Inflammation and Psoriasis International Network and European Academy of Dermatology and Venereology in June 2020. Apart from being a dermatologist/dermatology resident, there were no specific criteria for participation in the survey. The participants worked mainly at a university hospital (97 [53.9%]) and were experienced in treating patients with psoriasis with methotrexate (163 [91.6%] had more than 10 years of experience). Main Outcomes and Measures: In a survey with eDelphi procedure, we tried to reach consensus on 21 proposals. Consensus was defined as less than 15% voting disagree (1-3). For the consensus meeting, consensus was defined as less than 30% voting disagree. Result(s): Of 251 participants, 180 (71.7%) completed all 3 survey rounds, and 58 participants (23.1%) joined the conference meeting. Consensus was achieved on 11 proposals in round 1, 3 proposals in round 2, and 2 proposals in round 3. In the consensus meeting, consensus was achieved on 4 proposals. More research is needed, especially for the proposals on folic

acid and the dosing of methotrexate for treating subpopulations such as children and vulnerable patients. Conclusions and Relevance: In this eDelphi consensus study, consensus was reached on 20 of 21 proposals involving methotrexate dosing in patients with psoriasis. This consensus may potentially be used to harmonize the treatment with methotrexate in patients with psoriasis.

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42. **Severe Bilateral Hyperkeratosis of the Nipples and Areolae: A Case Report and Literature Review.**

Item Type: Journal Article

Authors: Wei, J.;Li, Q.;Wu, H.;Yin, X. and Ren, G.

Publication Date: 2022

Journal: Frontiers in Medicine 9(pagination), pp. Arte Number: 781693. ate of Pubaton: 23 Feb 2022

Abstract: Background: Hyperkeratosis of the nipple and areola (HNA) is a rare skin disease with unknown etiology. Some patients are misdiagnosed or never diagnosed, especially during the early stage of this disease. In addition, the mechanism involved in the development of HNA is still unknown, and genomic alterations have not been reported anywhere. Case Information: A 26-year-old female suffered gradual bilateral areola thickening and enlargement, with accompanying intense itching, and was diagnosed with HNA at the First Affiliated Hospital of Chongqing Medical University. No obvious abnormalities were found in laboratory test examinations such as hormone testing for estrogen, progesterone, or prolactin. Typical papillomatous skin with orthokeratotic hyperkeratosis and numerous infiltrating lymphocytes was detected through a histopathological examination. The results from RNA-sequencing showed that the molecular expression between HNA and a normal nipple and areola (NNA) was obviously different. No significant difference was found in the bilateral lesions. In addition, immune-related cell signaling pathways were overactivated in HNA compared to the control HNA. Conclusion(s): The typical symptoms, clinical features, and histopathological alterations presented in this case lead to a profound understanding of HNA, which can avoid the misdiagnosis and missed diagnosis of this disease at an early stage. The dysfunction of the local immune system, which was demonstrated by pathological examination and genomic analysis, suggests that anti-autoimmune therapy, such as steroid medication, may be an effective treatment for HNA at an early stage.Copyright © 2022 Wei, Li, Wu, Yin and Ren.

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43. **Off-label studies on ruxolitinib in dermatology: a review**

Item Type: Journal Article

Authors: Wu, Jessica and Smogorzewski, Jan

Publication Date: Mar ,2022

Journal: Journal of Dermatological Treatment 33(2), pp. 606-612

Abstract: Ruxolitinib is a Janus kinase (JAK) inhibitor that is FDA-approved for the treatment of myelofibrosis, polycythemia vera, and acute graft-versus-host disease. Its use in treating various dermatologic diseases has been a topic of growing interest due to its favorable safety profile and targeted inhibition of several cytokines that perpetuate inflammatory skin conditions. The PubMed/MEDLINE and ClinicalTrials.gov databases were searched for literature on off-label uses of ruxolitinib in dermatology and ongoing trials studying its safety and efficacy. There is randomized controlled trial (RCT) evidence for the successful use of ruxolitinib in treating alopecia, atopic dermatitis, and psoriasis, with ongoing RCTs for its use in vitiligo. Smaller studies have confirmed the success of ruxolitinib in treating conditions such as dermatomyositis and hypereosinophilic syndrome, among others. No serious adverse effects were reported with the use of ruxolitinib in dermatology, but further research is needed to determine its efficacy, delivery route, and optimal dosing for treating dermatologic conditions.

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44. **What is the appropriate skin cleaning method for nasopharyngeal cancer radiotherapy patients? A randomized controlled trial**

Item Type: Journal Article

Authors: Zhang, Qingfen;Wang, Ying;Yang, Shuang;Wu, Qian and Qiang, Wanmin

Publication Date: 2022

Journal: Supportive Care in Cancer 30(5), pp. 3875-3883

Abstract: Purpose: To determine the effect of various cleaning methods for skin with acute radiation dermatitis (RD) in patients treated for nasopharyngeal carcinoma (NPC).Methods: A total of 168 NPC inpatients were randomized, while 152 patients completed the whole trial and the data were analyzed. Patients were randomly divided into the non-washing group (Group 1), washing with water alone group (Group 2), and washing with water and soap group (Group 3). All three groups received intensity-modulated radiation therapy (IMRT) with other treatments. Follow-up from recruitment or the initial radiotherapy dose to 1 month after the final radiotherapy dose. CONSORT checklist was applied as the reporting guidelines for this study. The study evaluated a range of endpoints, including incidence, timing, severity of acute RD, and quality of life (QOL).Results: There were no allergic reactions or aggravating in both washing groups during the whole treatment. The incidence of acute RD was 100% in all three groups, while the incidence of severe RD (grades 2-3) differed among groups (Group 1 vs. Group 2 vs. Group 3: 51% vs. 23.5% vs. 18%; P = 0.001), washing moderately reduced severity compared with patients without washing. Washing also delayed the onset time of acute RD; the incidence of acute RD was significantly lower than non-washing during the first 20 fractions (P < 0.001). What is more, washing reduced the incidence of moist desquamation (25.5% vs. 5.9% vs. 6%; P = 0.003) and helped relieve itching (6.49 ± 2.09 vs. 4.90 ± 1.90 vs. 4.00 ± 1.58; P < 0.001). There were no significant differences among groups with respect to pain or burning sensation. Washing improved QOL on physical (64.37 ± 4.08 vs. 67.41 ± 4.05 vs. 71.30 ± 4.87; P < 0.001), emotional (61.47 ± 4.75 vs. 65.75 ± 3.46 vs. 70.80 ± 3.27; P < 0.001), and social functional dimensions (62.64 ± 3.57 vs. 64.87 ± 3.88 vs. 68.04 ± 4.89; P < 0.001) at the end of radiotherapy, and the outcome was similar at 1 month after radiotherapy (P < 0.05). Washing with water and soap was the most effective way to reduce itching and improving QOL among the three groups (P < 0.05).Conclusion: Washing irradiated skin reduces the occurrence and severity of acute radiation dermatitis.Clinical Trial Information: ChiCTR2000038231, date of registration 09.18.2020.

DOI: 10.1007/s00520-022-06835-8

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155913119&custid=ns023446

45. **Microbiologic characterisation of bacterial infections in children with atopic dermatitis.**

Item Type: Journal Article

Authors: Zwane, Nkosinathi O.;Masuka, Josiah T.;Chateau, Antoinette V. and Mosam, Anisa

Publication Date: 2022

Journal: Southern African Journal of Infectious Diseases 37(1), pp. 368

Abstract: Background: Patients with atopic dermatitis (AD), the commonest chronic inflammatory skin disease are often colonised and infected by Staphylococcus aureus. In this study, we aimed to determine the type and antibacterial sensitivities of the bacteria infecting eczematous lesions in children with AD and to recommend

first-line antibiotic therapy. Methods: A prospective study was conducted from June 2020 to June 2021 in children with AD presenting with a cutaneous infection at the King Edward hospital VIII outpatient dermatology clinic. Swabs were collected for microbial culture, confirming infections and assessing antibiotic sensitivity for infected sites. Results: Ninety six children were recruited during the study period with a mean age of 4.3 +/- 3.4 years. The commonest cause of bacterial infection was Staphylococcus aureus seen in 74 (77.1%) cases, followed by Staphylococcus aureus and Group A beta-haemolytic streptococcus (GAS) co-infection in 22 (22.9%) cases. The majority of these infections were observed on the lower limbs in 50 (52.08%) cases and in moderate 37 (38.5%) cases and severe eczema cases of 38 (39.6%) in AD. There was no gender predilection. Staphylococcus aureus was sensitive to amoxicillin-clavulanic acid in 57 (77.0%) cases, cloxacillin in 53 (71.6%) cases and clindamycin in 24 (32.4%) cases, whereas GAS was mostly sensitive to ampicillin in 10 (45.5%) cases. No swabs retained a resistant strain. Conclusion: Staphylococcus aureus is the commonest bacterial cause of cutaneous infection in children with AD in our setting. Amoxicillin-clavulanic acid and cloxacillin remain the most sensitive therapeutic options for this infection, however, a larger study is required to explore resistance strains, if any, in our setting.

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46. **Eczema herpeticum subsequent to septic shock in early pregnancy: a first case report**

Item Type: Journal Article

Authors: Furuya, Kiichiro;Takemoto, Yuki;Kurahashi, Hiroki;Hayashida, Harue;Fujiwara, Sho;Yamashita, Saya;Chang, Yangsil;Tsubouchi, Hiroaki;Shikado, Kayoko and Ogita, Kazuhide

Publication Date: 2021

Journal: BMC Infectious Diseases 21(1), pp. 1-4

Abstract: Background: Eczema herpeticum (EH) is a severe skin complication caused by human simplex virus (HSV) infection concomitant with immune dysfunction and dermatological conditions, mainly atopic dermatitis. We present the first case of EH subsequent to sepsis-related immunological suppression in pregnancy.Case Presentation: Septic shock developed in a 30-year-old primiparous woman at 14 weeks of pregnancy during admission for hyperemesis gravidarum. Although her life-threatening status due to sepsis improved by prompt treatment, on day 3 of treatment in the intensive care unit, blisters suddenly erupted on her face and neck and spread over her body. EH was diagnosed according to HSV type-1 antigen positivity and a past medical history of EH and atopic dermatitis. Antiviral agents were administered immediately, with positive results. Her general condition improved quickly, without central nervous system defects. This is the first report of EH following septic shock in early pregnancy. At present, we speculate that EH develops as a complication due to immunological changes in the late phase of sepsis because sepsis is mainly characterized by both an inflammatory state in the acute phase and an immunosuppressive state in the late phase. Pregnancy can also contribute to its pathogenesis, as it causes an immunosuppressive state. Mortality due to EH is relatively high; in this case, a history of EH and atopic dermatitis contributed to the initiation of prompt medical interventions for the former, with improvement in the patient's severe condition. The combination of immunological changes in sepsis and pregnancy can cause HSV reactivation, resulting in EH recurrence.Conclusions: In conclusion, if dermatological symptoms develop in a pregnant woman with a history of EH and/or atopic dermatitis treated for sepsis, EH should be suspected based not only on clinical features but also on immunological changes along with sepsis, and prompt medical interventions should be initiated.

DOI: 10.1186/s12879-021-06924-9

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=154120009&custid=ns023446

47. **Incontinence and Incontinence-Associated Dermatitis in Acute Care: A Retrospective Analysis of Total Cost of Care and Patient Outcomes From the Premier Healthcare Database**

Item Type: Journal Article

Authors: Kayser, Susan A.;Koloms, Kimberly;Murray, Angela;Khawar, Waqaar and Gray, Mikel

Publication Date: Nov ,2021

Journal: Journal of Wound, Ostomy & Continence Nursing 48(6), pp. 545-552

Abstract: PURPOSE: To evaluate the prevalence of incontinence and treatment of incontinence-associated dermatitis (IAD) and associations with outcomes including total cost of care, length of stay (LOS), 30-day readmission, sacral area pressure injuries present on admission and hospital acquired pressure injuries, and progression of all sacral area pressure injuries to a higher stage. DESIGN: Retrospective analysis. SUBJECTS AND SETTINGS: Data were retrieved from the Premier Healthcare Database and comprised more than 15 million unique adult patient admissions from 937 hospitals. Patients were 18 years or older and admitted to a participating hospital between January 1, 2016, and December 31, 2019. METHODS: Given the absence of an IAD International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code, we categorized patients treated for IAD by selecting patients with a documented incontinence ICD-10-CM code and a documented charge for dermatology products used to treat IAD. The t test and χ2 tests determined whether incontinence and treatment for IAD were associated with outcomes. RESULTS: Incontinence prevalence was 1.5% for the entire sample; prevalence rate for IAD among incontinent patients was 0.7%. As compared to continent patients, incontinent patients had longer LOS (6.4 days versus 4.4 days), were 1.4 times more likely to be readmitted, 4.7 times more likely to have a sacral pressure injury upon admission pressure injury, 5.1 times more likely to have a sacral hospital-acquired pressure injury, and 5.8 times more likely to have a sacral pressure injury progress to a severe stage. As compared to incontinent patients without IAD treatment, those with IAD treatment had longer LOS (9.7 days versus 6.4 days), were 1.3 times more likely to be readmitted, and were 2.0 times more likely to have a sacral hospital-acquired pressure injury. Total index hospital costs were 1.2 times higher for incontinent patients and 1.3 times higher for patients with IAD treatment. CONCLUSIONS: Incontinence and IAD prevalence are substantially lower than past research due to underreporting of incontinence. The lack of an ICD-10-CM code for IAD further exacerbates the underreporting of IAD. Despite low prevalence numbers, our results show higher health care costs and worse outcomes for incontinent patients and patients with IAD treatment.

DOI: 10.1097/WON.0000000000000818

URL: https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=153574097&custid=ns023446

48. **Machine Learning-Based Deep Phenotyping of Atopic Dermatitis: Severity-Associated Factors in Adolescent and Adult Patients**

Item Type: Journal Article

Authors: Maintz, Laura;Welchowski, Thomas;Herrmann, Nadine;Brauer, Juliette;Kläschen, Anna Sophie;Fimmers, Rolf;Schmid, Matthias;Bieber, Thomas;Schmid-Grendelmeier, Peter;Traidl-Hoffmann, Claudia;Akdis, Cezmi;Lauener, Roger;Brüggen, Marie-Charlotte;Rhyner, Claudio;Bersuch, Eugen;Renner,

Ellen;Reiger, Matthias;Dreher, Anita;Hammel, Gertrud and Luschkova, Daria

Publication Date: 2021

Journal: JAMA Dermatology 157(12), pp. 1414-1424

Abstract: Importance: Atopic dermatitis (AD) is the most common chronic inflammatory skin disease and is driven by a complex pathophysiology underlying highly heterogeneous phenotypes. Current advances in precision medicine emphasize the need for stratification.Objective: To perform deep phenotyping and identification of severity-associated factors in adolescent and adult patients with AD.Design, Setting, and Participants: Cross-sectional data from the baseline visit of a prospective longitudinal study investigating the phenotype among inpatients and outpatients with AD from the Department of Dermatology and Allergy of the University Hospital Bonn enrolled between November 2016 and February 2020.Main Outcomes and Measures: Patients were stratified by severity groups using the Eczema Area and Severity Index (EASI). The associations of 130 factors with AD severity were analyzed applying a machine learning-gradient boosting approach with cross-validation-based tuning as well as multinomial logistic regression.Results: A total of 367 patients (157 male 42.8%]; mean SD] age, 39 17] years; 94% adults) were analyzed. Among the participants, 177 (48.2%) had mild disease (EASI ≤7), 120 (32.7%) had moderate disease (EASI >7 and ≤ 21), and 70 (19.1%) had severe disease (EASI >21). Atopic stigmata (cheilitis: odds ratio OR], 8.10; 95% CI, 3.35-10.59; white dermographism: OR, 4.42; 95% CI, 1.68-11.64; Hertoghe sign: OR, 2.75; 95% CI, 1.27-5.93; nipple eczema: OR, 4.97; 95% CI, 1.56-15.78) was associated with increased probability of severe AD, while female sex was associated with reduced probability (OR, 0.30; 95% CI, 0.13-0.66). The probability of severe AD was associated with total serum immunoglobulin E levels greater than 1708 IU/mL and eosinophil values greater than 6.8%. Patients aged 12 to 21 years or older than 52 years had an elevated probability of severe AD; patients aged 22 to 51 years had an elevated probability of mild AD. Age at AD onset older than 12 years was associated with increased probability of severe AD up to a peak at 30 years; age at onset older than 33 years was associated with moderate to severe AD; and childhood onset was associated with mild AD (peak, 7 years). Lifestyle factors associated with severe AD were physical activity less than once per week and (former) smoking. Alopecia areata was associated with moderate (OR, 5.23; 95% CI, 1.53-17.88) and severe (OR, 4.67; 95% CI, 1.01-21.56) AD. Predictive performance of machine learning-gradient boosting vs multinomial logistic regression differed only slightly (mean multiclass area under the curve value: 0.71 95% CI, 0.69-0.72] vs 0.68 0.66-0.70], respectively).Conclusions and Relevance: The associations found in this cross-sectional study among patients with AD might contribute to a deeper disease understanding, closer monitoring of predisposed patients, and personalized prevention and therapy.

DOI: 10.1001/jamadermatol.2021.3668