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ABSTRACT BOOK

SPIN
SKIN INFLAMMATION & PSORIASIS INTERNATIONAL NETWORK

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E-POSTERS

P001

DOWN SYNDROME, ALOPECIA AREATA AND HYPOTHYROIDISM: WHAT IS THE LINK?

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Background :

Alopecia areata (AA) is an acquired non-scarring alopecia of autoimmune origin. It affects all ages and all ethnic groups. This pathology is a frequent reason for consultation in pediatric dermatology. Other associations have been reported such as Down's Syndrome (DS).

Objectives :

To determinate a link between AA, DS and dysthyroidism..

Methods :

We report two cases of DS children with AA or hypothyroidism.

Results :

Observation 1: A 5-year-old girl with a history of Down's syndrome, congenital ventricular septal defect and hypothyroidism, was referred to our department with alopecic patch on the occipital region of the scalp rising above the ears. Examination of the other hairy areas of the body showed sparse and short eyelashes. Examination of the nails was normal. Trichoscopic examination showed black dots. The diagnosis of alopecia areata was made and the patient was treated by topical steroids.
Observation 2: A 9-year-old girl with a history of Down's syndrome, with parental consanguinity, presented to our consultation for an alopecic patch on the occipital region of the scalp rising above the ears, two sharply demarcated alopecic patches on the frontal region with eyebrow involvement. Our diagnosis of alopecia areata was confirmed by trichoscopy showing black dots, broken hair and down. The patient was treated by topical steroids.

Discussion :

Prevalence of AA in DS patients is estimated at 8.8%. It is also well-recognized that autoimmune disease occurs more often in patients with DS, including hypothyroidism. This is due to widespread immune dysregulation including interferon-gamma hyperactivity and trisomy of the AIRE (autoimmune regulator) gene located on chromosome 21. Both of these mechanisms are important in the pathogenesis of AA. Studies have linked the collapse of hair follicle immune privilege with dysregulation of T helper type 1 (TH1) cells. The AIRE gene, which regulates self-recognition and T-cell function, has been implicated in AA immune dysregulation. Recent screening guidelines for thyroid function in children with AA highlight the importance of evaluating thyroid function in individuals with DS and AA. However, the number of studies that evaluated the link between these two conditions is small, and some studies failed to show a significantly high prevalence of AA in DS patients. Other studies have suggested that this association may be more coincidental. Recent screening guidelines for thyroid function in children with AA highlight the importance of evaluating thyroid function in individuals with DS and AA.

Disclosure of Interest: None declared

Keywords: hypothyroidism ; Down's syndrome ; alopecia areata

P002

THE MEANING OF IL17A/F IN ATOPIC DERMATITIS

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Background :
Although the pathogenesis od AD is still not well understood, it is thought to be a result from complex interplay of several factors. One of them is immune dysfunction, which are dominated by immune type 2 response. The immune polarization can differ according to age, ethnicity or disease duration, where cytokine IL17 becomes more important.

Objectives :
This study aims at investigating the serum levels of IL-17A/F and IL-17A, IL17-F, IL-13, IL-4, association of rs2275913 IL17A and rs763780 IL17F gene polymorphisms in pediatric AD patients and control subjects.

Methods :
We assessed 30 children with AD and 30 healthy patients at age 2-12 years old. EASI, IGA and SCORAD scales was used to analyze the severity of skin lesions in AD patients. Genotyping was performed using PCR and serum concentration of IL-17A/F, IL-17-A, IL17-F, IL-13 and IL-4 interleukins were determined by ELISA

Results :
The revised median assessment scoring in disease severity showed that studied AD population had moderate course of disease. The obtained results indicated elevated plasma levels IL17A/F and IL17-13 in AD patients with no statistically significance of IL17-A, IL17-F and IL-4 compared to controls. AD duration was positively correlated with IL-13 levels and negatively with IL 17A/F ($p<0,05$). Moreover, there was no significant difference between case and control groups in frequency of genotypes and alleles at rs2275913 IL17A and rs763780 IL17F polymorphisms ($p > 0.05$).

Discussion :
This study demonstrates increased levels of IL-17A/F in atopic patients, positively correlated with severity of disease and the early phase of the disease. These results highlight a functional role of this cytokine in the pathogenesis of AD in pediatric patient.

Disclosure of Interest: Grant / Research support : This investigation was supported by grant 502-03/5-064-01/502-54-180 and 507/1-152-01/507-10-072 from Medical University of Lodz

Keywords: polymorphism ; IL17A/F

P003

COMPARESION OF NASAL AND CUTANEOUS STAPHYLOCOCCUS AUREUS COLONIZATION RATE, IN ATOPIC DERMATITIS PATIENTS AND NON-ATOPIC DERMATITIS INDIVIDUALS

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Background :
Atopic dermatitis (AD) is a common chronic inflammatory skin disorder that induces several symptoms including pruritus, dryness, and secondary cutaneous infections. It is one of the most prevalent and studied skin diseases, however still poorly understood, and its pathophysiology remains obscure. Even though other skin diseases (such as psoriasis) share the same pathologic factor - skin barrier defect - with atopic dermatitis, patients diagnosed with those diseases don't suffer infectious exacerbations as atopic patients do.

Objectives :
To compare staphylococcus aureus colonization rates and densities between atopic dermatitis patients and normal people, and to relate the colonization to the severity and duration of disease.

Methods :
This analytical observational study included 200 patients (99 diagnosed with atopic dermatitis and 101 control subjects without atopic dermatitis) nasal and skin swabs (lesional and non-lesional) were collected from patients, while nasal and only normal skin swabs were collected from controls. Positive swabs were assessed to determine the density of colonization.

Results :
57.6% of the patients had nasal colonization, 56.5% had lesional colonization and 30.3% had normal skin colonization. Colonization rates and densities were higher in the patients group. We detected a correlation between density of colonization and severity of eczema, and no correlation between density of colonization and duration of the disease.

Discussion :
The high rates and densities of staphylococcus aureus colonization in lesional skin of atopic dermatitis patients points out the role of these organisms in the pathophysiology of the disease, puts antibiotics on the treatment list of atopic dermatitis and explains infectious features in AD exacerbations.

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Disclosure of Interest: None declared

Keywords: Atopic dermatitis – Colonization – Staphylococcus aureus

P004

Generalized Pustular Psoriasis associated with Autoimmune Hepatitis/Primary Biliary Cholangitis Overlap Syndrome in a child

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Background :

Generalized pustular psoriasis (GPP) is a rare form of psoriasis that is occasionally associated with autoimmune liver diseases such as autoimmune hepatitis (AIH) or primary biliary cholangitis (PBC). Overlap syndrome is a condition in which patients have features of both AIH and PBC.

Objectives :

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Methods :

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Results :

An 11-year boy, originated from the southern Tunisia, with a 2-year history of generalized pustular psoriasis treated with acitretin, was presented in his routine GPP follow up with abdominal pain and weight loss. Physical examination revealed hepatomegaly.Laboratory test results showed elevated liver enzymes (AST/ALT/GGT), hypergammaglobulinemia, anti-nuclear antibody titer 1:320 with speckled pattern and negative anti-mitochondrial antibody.The investigation of the mutation c.80T>C (p.L27P) in exon 3 of IL36RN gene was negative. BILI-IRM revealed absence of visualization of the intra-hepatic bile ducts with a moniliform aspect of the left bile duct. A liver biopsy specimen showed mild interface hepatitis with portal inflammation and interlobular focal necrosis. Biliary fibrosis, neoplastic lesion, were not observed.Based on our investigations, we diagnosed him to have PBC-AIH overlap syndrome. Therefore, prednisone was started using an initial dose of 60 mg/day with ursodeoxycholic acid (600 mg/day) and Azathioprin 62.5 mg/day. The treatment reduced the serum aminotransferase and IgG levels immediately. Thus, prednisone was gradually tapered.

Discussion :

.The etiopathogenesis of both, AIH and PBC involve enhanced activities of T helper cell type 1 (Th1) and Th17, and impaired activity of regulatory T cells (Tregs), which is commonly seen in psoriasis patients, Psoriasis might thus share a common pathogenesis with AIH and/ or PBC. However, GPP is a distinct subtype of psoriasis, it is considered as an autoinflammatory pustular neutrophilic disease, the uncontrolled expression and activation of IL-36 cytokines have a major role, they lead to self-perpetuating inflammatory cascades. To date, IL36RN mutations appear to be the main determinant of GPP. The absence of this mutation in our case and the association with childhood overlap syndrome invite us to look for implication of other mutations.The management of this rare association is challenging since that the treatment of overlap syndrome, the corticotherapy, can induce the flare-up of GPP.

Disclosure of Interest: None declared

Keywords: Autoimmune Hepatitis/Primary Biliary Cholangitis ; overlap syndrome ; Generalized pustular psoriasis

P005

CO-LOCALIZATION OF ALOPECIA AREATA AND LICHEN PLANUS – A REPORT OF FIVE CASES

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Background :
At the annual conference of Indian Association of Dermatologists Venereologists and Leprologists, 2004 there was a case report of alopecia areata (AA) and lichen planus (LP) occurring at the same site. This is the report of similar cases.

Objectives :
A 13-year-old female presented with a solitary patch of AA. The patient was initiated on topical steroid ointment. Two weeks later she reported for review. She now showed a solitary violaceous itchy papule over the patch of AA. The possibility of perinevoid alopecia or an early halo nevus was borne in mind and a biopsy was done.

Methods :
Biopsy was performed.

Results :
The histopathological study showed classical features of LP. Similar presentations were present in four other patients.

Discussion :
A possible explanation for co-localization of AA and LP may be as follows. The autoimmune nature of alopecia areata may alter antigen-expression and lead to lichen planus. This also explains the response of both conditions to nonsteroidal topical immuno-modulators like tacroloimus

Disclosure of Interest: None declared

Keywords: Alopecia, Lichen planus, co-localization

P006

SPONTANEOUS REPIGMENTATION IN VITILIGO UNIVERSALIS FOLLOWING PHOTOSENSITIVITY

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Background :

Vitiligo is a common acquired cutaneous depigmentation disorder with an unpredictable course. Vitiligo universalis (VU) is a complete or nearly complete depigmentation of the entire body surface. Spontaneous repigmentation was defined as pigmentation occurring in existing vitiligo lesions while the patient was not taking any topical or systemic medication or phototherapy for at least 3 months.

Objectives :

We herein report three cases of repigmentation in patients with VU after photosensitivity.

Methods :

Our retrospective study collected cases of spontaneous repigmentation of VU in the dermatology department of Hedi Chaker Hospital over a 1-year period (2021).

Results :

Three women aged of 58 (P1), 59 (P2) and 62 (P3) years old diagnosed with VU since many years with stable course for a long period (average: 10 years), presented in our department with erythema of the face and the dorsum of hands. The clinical presentation and immunological assessment allowed the diagnosis of photosensitivity: after strong sun exposure for P1, drug phototoxicity (non-steroidal anti-inflammatory drugs) for P2 and lupus erythematosus for P3. One to 6 months after photosensitivity, they presented with newly developed multiple, hyperpigmented macules and patches on the face and the dorsum of hands. They had not received any systemic or topic treatment of vitiligo for more than 10 years. The color of repigmentation matched well with normal skin color. The total area of spontaneous repigmentation varied from 0.5 % to 2%.

Discussion :

The main mechanism leading to non-segmental vitiligo involves an immune-mediated destruction of melanocytes. Spontaneous repigmentation is unpredictable and occurs in less than 15%-25% of patients. Most studies report that only hair follicles can act as a reservoir of melanocytes. However, a recent study by Tobin et al provides evidence that melanocytes are not absent in lesional skin of long duration vitiligo and can recover their functionality under appropriate stimulus. Some cases of repigmentation induced by immunosuppressive drugs (corticosteroids, chemotherapy) are reported. The others factors suggested to stimulate melanocyte activity and repigmentation are strong sun exposure, allergic contact dermatitis, and HIV infection. Spontaneous repigmentation occurred predominantly on photoexposed areas because of higher density of melanocytes and ultraviolet stimulation of melanocytes activity. Ultraviolet induces apoptosis of cytotoxic T-lymphocytes and stimulates activation and migration of melanocytes. However, other unrecognized factors may also play a role. Association of lupus and vitiligo has repeatedly been described in the literature. Cutaneous photosensitivity describes a pathological reaction of skin to light. Our cases report the possible reappearance of melanocyte activity in a patient of VU of such a long duration after an excessive reaction to ultraviolet. This heterogeneous aspect after repigmentation is undesirable in VU and can have a significant psychological impact on patients.

Disclosure of Interest: None declared

Keywords: photosensitivity ; repigmentation ; vitiligo

P007

Psoriasis in elderly patients in Algeria

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Background :
Age of the patients may have an impact on the disease. There is little information about psoriasis in elderly patients in Algeria.

Objectives :
To examine the clinical characteristics of psoriasis, prevalence of comorbidities in psoriasis patients older than 60 years and to compare them with younger adult psoriatic patients.

Methods :
Patients older than 18 years with psoriasis attended at the dermatology department of the University Hospital Center of Bab El Oued (Algiers, Algeria)were included. Demographic data, clinical characteristics and psoriasis treatment, history of comorbidities were registered.

Results :
A total of 257 patients were included (109 males and 128 females) with ages ranging from 18 to 91 years, of whom 79 were older than 60 years. Patients older than 60 years have statistically significant higher prevalence of hypertension, diabetes mellitus and raised blood glucose levels. However, no association between age and high blood cholesterol and triglyceride levels was found. There was a fewer current smokers and more former smokers in the group of elderly psoriatic patients. Alcohol consumption was twice as high in older psoriatics compared to younger psoriatics.

Discussion :
33.3% patients over the age of 60 were included. This rate is significantly higher than what has been reported in the literature (18.9% to 1.84%). A high rate of elderly psoriatic patients were illiterate and have a low level of education. This can be the cause of poor adherence to treatments, with a risk of drug interactions and relapses as reported by other authors. Familial psoriasis was significantly more common in our young patients (50%) compared to elderly patients (34.2%), p = 0.02, what has also been reported by Phan et al. who showed that familial psoriasis was less common in the elderly. Plaque psoriasis is the most frequent clinical form in the elderly, which was also the case in our study. No difference was found between the two groups (young and old) regarding other clinical forms, whereas in another study guttata and fold psoriasis were significantly more common in the elderly (6.4% and 7.9% respectively). Hypertension and diabetes were significantly more common in our elderly psoriatic patients, which was also reported by other authors.

Disclosure of Interest: None declared

Keywords: comorbidity ; Elderly ; PSORIASIS

P008

Vitiligo in an African Cameroonian patients : a study of 214 cases

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Background :

Vitiligo is an autoimmune skin disease characterized by a loss of epidermal melanocytes resulting in achromic macules. The worldwide prevalence of this disease ranges from 0.5 to 2%. There are few reports of vitiligo from sub-Saharan Africa and even fewer from Cameroon.

Objectives :

Define the clinical and epidemiological profile of vitiligo in Cameroonian patients

Methods :

we carried out a retrospective study in 4 hospitals in the cities of Yaoundé and Douala over a period of 5 years from January 2016 to January 2021. The sociodemographic data and the clinical presentation of vitiligo were the information extracted.

Results :

we collected 214 cases including 135 women (63%) and 79 men (38%), a sex ratio of 0.58. The average age was 25.4 years and the most represented age group was the [15-50[years at 54.7%. Pediatric vitiligo stood at 29.5%. Pupils and students were the most represented at 43%. Vulgaris vitiligo was the most represented clinical form (n=142), followed by vitiligo of the face (n=29), limbs (n=24) and genitals (n=16).

Discussion :

The female sex was the most represented, our data are similar to those found by Ogunbor et al in Nigeria in 2021. The average age of 25.4 years of our population was close to that of Degboé et al in 2017 in Benin (25 .9 years) but quite different from the 38.4 year old found by Ogunbor in Nigeria. The clinical form of vitiligo vulgaris was the most represented followed by that of the face, our data can be superimposed on those of Ogunbor and Degboé respectively in Nigeria and Benin

Disclosure of Interest: None declared

Keywords: vitiligo, generalised, face

P009

LIPID PROFILE OF ADULTS WITH PSORIASIS COMPARED TO ADULTS WITHOUT PSORIASIS AT HIGH CARDIOVASCULAR RISK – IS THERE A LIPID PARADOX?

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Background :

Lipid profile is a predictor of cardiovascular (CV) risk. However, in rheumatoid arthritis, chronic inflammatory patients have high mortality or subclinical CV disease but may present a lipid profile healthier than expected for this high mortality. This was described as the lipid paradox. Psoriasis (PSO) is a chronic inflammatory disease with vascular and metabolic repercussions, but the presence of a lipid paradox is unclear.

Objectives :

We aimed to compare lipid profile of participants from Brazilian Longitudinal Study of Adult Health (ELSA-Brasil) according to PSO and CV risk.

Methods :

This cross-sectional analysis included 9,337 participants (50.9±8.7 years, 54.6% women), without coronary disease or use of medicines for dyslipidemia. Total Cholesterol (TC), LDL-Cholesterol (LDL-C), HDL-Cholesterol (HDL-C), and Triglycerides(TG) were measured from fasting blood samples. Ultrasound-measured carotid intima-media thickness (cIMT) above 75th percentile was the surrogate marker for high CV risk. PSO were identified by self-reported medical diagnosis. Covariates were sex, age, ethnicity, educational level, smoking, alcohol consumption, body mass index, diabetes, and hypertension. Median and interquartile range (IQR) values were compared by Mann-Whitney U test, while Non-parametric (Quade's) Rank Ancova analyzed whether differences were significant even considering covariates.

Results :

A total of 304 (3.3%) participants with mild cases of PSO and 2716 with high CV risk (29.1%) were identified. CIMT of PSO participants (.575 [IQR: .151]) was lower than those at high CV risk (.720 [IQR .125], p<.001) but higher than those at low CV risk (.535 [IQR .100], p=.001). High CV risk participants showed higher TC (207.8 [IQR 49] vs 195.2 [IQR 50], p<.001), higher LDL-C (126.3 [IQR 43] vs 116.2 [IQR 43], p<.001), higher TG (118.8 [IQR 82] vs 96.9 [IQR 67], p<.001), and lower HDL-C (50.2 [IQR 16] vs 52.9 [IQR 17], p<.001) than low CV risk participants, even after adjustment for covariates. PSO participants showed lower TC (199.6 [IQR 50.0], p=.008) and LDL-C (119.2 [IQR 41], p=.001) than those at high CV risk, but these differences lost significance in adjusted analysis.

Discussion :

We did not observe the lipid paradox among this sample with mild cases of PSO, as has been reported in other inflammatory diseases in literature. The differences in lipid profile among PSO and high CV risk participants were mitigated after adjustment for covariates, being compatible with a low-grade subclinical CV disease. Lipid profile in mild cases of PSO needs to be considered in the context of sociodemographic, lifestyle, and comorbidities condition besides of only disease onset. However, prospective investigation with long-term data analysis is required to confirm this hipothesis, considering paired characteristics of sample and different levels of PSO severity.

Disclosure of Interest: None declared

Keywords: Lipid paradox ; Lipid profile ; Cardiovascular risk

P010

SOCIODEMOGRAPHIC DATA ABOUT PSORIASIS IN CHILE: RESULTS OF AN ONLINE SURVEY OF 3192 PATIENTS

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Background :

Psoriasis is associated with different comorbidities, and affects people's quality of life.In Latin America the knowledge about epidemiology is lack, and there is only one study estimating the incidence of psoriasis in Chile.(1) In Chile, there's no economic coverage for biologic therapies for psoriasis, with the exception of psoriatic arthritis (PsA) that failed to respond to systemic therapies, so the access to these treatments is limited due to the high costs. That often doesn't allow a proper treatment, carrying with it a high burden of disease, associated with disabilities and work absenteeism.

Objectives :

To obtain sociodemographic data from patients with psoriasis and information about the access to treatments.

Methods :

A descriptive cross-sectional study. The information was obtained from an online survey published on a web page. The survey was carried-out anonymously and completed by patients that entered the website. Ethical approval for this study was obtained.

Results :

3192 patients completed the survey. 92% of patients were Chilean, 69% of them female and 31% male. Two thirds are treated in the public health system, and one third has private health insurance. The 42% answered they have at least 1 relative with psoriasis, and the 18% didn't know. Psoriasis vulgar and scalp psoriasis were the most common types. The 65% of patients reported comorbidities: Obesity (26%), hypertension (20%), depression (16%), insulin resistance (15%), dyslipidaemia (12%), diabetes (8%), hypothyroidism (3%), acute myocardial infarction (2%), stroke (2%). Asked about PsA, 14% reported as having the disease, while the 56% of patients answered they don't know if they have it. Only 50 out of 3192 patients said they are on biologics (secukinumab>golimumab>etanercept>adalimumab>infliximab> guselkumab>risankizumab) and the majority of them have PsA ($p<0.001$). The 30% answered they are not using any treatment, while the majority are using topicals, the 9% are on methotrexate, 11 patients on cyclosporine and 1 on acitretin. The 20% of patients responded they have stopped working due to the disease; the majority has PsA ($p<0.001$).

Discussion :

The results suggest that the access to biologics is limited, and probably there are many patients insufficiently treated. Limitations of the study include all factors associated with any patient survey. It is important to improve the knowledge on epidemiology of psoriasis in order to better distribute financial resources and thus provide appropriate treatments to reduce disability and morbimortality. It is also important to educate patients to make them participate and adhere to the treatment.

References :

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Disclosure of Interest: Other : advisor and/or received speaking fees and/or participated in clinical trials sponsored by AbbVie, Janssen-Cilag, Novartis, Pfizer, Boheringer

Keywords: biologics, sociodemographic data, access to treatments

P011

RISK OF SUICIDALITY IN KOREAN PATIENTS WITH PSORIASIS: A NATIONWIDE POPULATION-BASED COHORT STUDY

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Background :
Psoriasis is known to increase the risk of systemic diseases such as cardiovascular diseases, and also has a profound effect on the quality of life of patients. There have been reports of an increase in the incidence of various psychiatric diseases in patients with psoriasis, but the link between psoriasis and suicidality is not yet clear.

Objectives :
Our aim is to analyze psoriasis as an independent risk factor for suicidality (suicidal ideation, suicide attempt, and completed suicide).

Methods :
A nationwide, population-based, retrospective, cohort study was conducted using the claim data from the National Health Insurance Service (NHIS) from 2005 to 2018.

Results :
This study included 39,298 patients with psoriatic arthritis and 326,521 patients with psoriasis alone, a total of 365,819 patients. In patients with psoriasis, the risk of suicidality was significantly increased compared to the age- and gender- matched control group. (adjusted hazard ratio[aHR] 1.13; 95% confidence interval[CI], 1.10-1.17). In addition, patients with psoriatic arthritis (aHR 1.36; 95% CI 1.29-1.42) showed higher risk of suicidality than patients with psoriasis alone (aHR 1.10; 95% CI, 1.06-1.13) and control group. No correlation between the risk of suicidality and the severity of the disease was identified (mild group: aHR 1.14; 95% CI, 1.11-17, moderate to severe group: aHR 1.10; 95% CI, 1.04-1.17).

Discussion :
Our study suggests that psoriasis and suicidality have a significant correlation. In a clinical setting, clinicians should evaluate the risk of suicidality of psoriatic patients and provide appropriate psychological management.

Disclosure of Interest: None declared

Keywords: Psoriasis ; Psoriatic Arthritis ; Suicide

P012

MALIGNANCY RISK WITH PSORIASIS AND ITS TREATMENT MODALITIES: A POPULATION-BASED KOREAN STUDY

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Background :
Psoriasis is an inflammatory skin disease, with well-known pathophysiology involving T-helper (Th) 1 and Th 17 cells. Conventional therapies such as phototherapy and systemic treatments, as well as newly emerging targeted biologic therapies are effective treatment options. Innate immune dysregulation of psoriasis itself, and immunomodulatory effect of treatments used in psoriasis pose a theoretical concern about development of malignancies.

Objectives :
Our aim is to evaluate the malignancy risk other than nonmelanoma skin cancer (NMSC) in patients with psoriasis, and according to the treatment modalities.

Methods :
This Korean nationwide study utilized the claim data of National Health Insurance Service (NHIS), from January 2005 to December 2018.

Results :
A total of 255,471 patients with psoriasis, and the same number of age- and sex-matched non-psoriasis population were included. Adjusted hazard ratio (aHR) for malignancy other than NMSC was 1.10 [95% confidence interval (CI) 1.08-1.12] in psoriasis. Subgroup analysis for treatment modalities showed aHR of 1.13 [95% CI 1.00-1.27] for phototherapy group, 1.05 [95% CI 0.97-1.13] for non-biologic systemic treatment group, and 1.24 [95% CI 0.84-1.83] biologic treatment group. Among non-biologic systemic treatment group, cyclosporin significantly elevated the risk of malignancy other than NMSC (aHR 1.20, [95% CI 1.04-1.39]).

Discussion :
The risk of malignancy other than NMSC were significantly higher in patients with psoriasis. Among the various treatments, cyclosporine significantly increased the risk. Dermatologists should be aware of these potential risks when treating the patients with psoriasis.

Disclosure of Interest: None declared

Keywords: Malignancy ; Psoriasis ; Treatment

P013

PREVALENCE AND CLINICAL CHARACTERISTICS OF ATOPIC DERMATITIS: A POPULATION - BASED PILOT STUDY OF ADULTS IN KAUNAS, LITHUANIA

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Background :
According to the World Health Organization (WHO), around 230 million people worldwide are affected by atopic dermatitis. The prevalence of atopic dermatitis has been rising at concerning rates for the past decade [1], affecting more and more people's physical and mental health [2]. We performed the first population-based pilot study in Lithuania in order to determine the prevalence and clinical features of atopic dermatitis in a northern living, Caucasian population.

Objectives :
To determine the prevalence of clinical characteristics in adult patients with atopic dermatitis (AD).

Methods :
A cross-sectional study was performed between February 2020 and March 2020 in Kaunas, Lithuania. The study was conducted on 247 adults of Caucasian origin aged 25–64 years. Subjects were randomly selected from the Lithuanian Population Register. The subjects were invited by a letter, 60 individuals from each decade (a random cluster sample n=839). The overall response rate was 29.4 %. The diagnosis of AD was confirmed by the Hanifin Raika criteria and evaluated by trained dermatologists. Height and weight for body mass index (BMI) were measured. The vitamin D (25-hydroxyvitamin D) level in serum was assessed, excluding those who have been taking vitamin D supplements or systemic corticosteroids and have had ultraviolet radiation exposure during the last four weeks.

Results :
247 subjects with a mean ± SD age of 51.5 ± 10.9 years were enrolled in the study. AD was discovered in 4/247 (1.6%, 95% CI 0.6–4.0) participants with a mean age of 30.5 ± 4.3 years. Of them, 75% (3/4) of patients had the AD onset before 18 years old, suggesting that an early-onset AD is common. Among all participants (n = 247), the mean BMI was 28.1 ± 4.9 and 25.38 ± 6.18 in patients with AD, respectively. The Vitamin D concentration in serum was assessed in 117 subjects. A normal vitamin D level was found in 9 participants, a sufficient level in 43, and vitamin D deficiency in 65 subjects.

Discussion :
This study represents the first population-based pilot study in the Baltics to determine the prevalence of AD. For a better understanding of the demographic, clinical characteristics, and prevalence of AD, studies should be conducted with a higher number of participants.

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Disclosure of Interest: None declared

Keywords: vitamin D ; prevalence ; atopic dermatitis

P014

A RETROSPECTIVE STUDY ON ALOPECIA AREATA IN 120 TUNISIAN PATIENTS: EPIDEMIO-CLINICAL ASPECTS AND TREATMENT CHOICES

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Background :
Alopecia areata (AA) is a common autoimmune etiology of nonscarring alopecia. It is associated with atopy and other autoimmune disorders.

Objectives :
This epidemiologic study aimed to describe the demographic, clinical characteristics, and treatment of alopecia areata in Tunisian patients.

Methods :
We enrolled a retrospective study from January 2018 to September 2021 in the dermatology department of Habib Thameur Hospital of Tunis, Tunisia. The demographic data, the pattern of alopecia, age of onset, associations and treatment of AA were evaluated.

Results :
The study included a total of 120 patients with AA. The male-to-female ratio was 1,18. The mean age was 24,39 years. The majority of patients (80%) had alopecia of less than 6-month duration and 12,5 % had previous episodes of AA. There was a family history of AA in 8 %, personal history of atopy in 10%, thyroid disorders in 8% and Down syndrome in 3 % of patients. The other associations were vitiligo, psoriasis, ulcerative colitis, G6PD deficiency, and type one diabetes in one patient each. Significant stressful events were reported in 68 % of patients.

The most common presentation was patchy AA (78%) followed by alopecia totalis (12,5 %), alopecia universalis (7,5%), and alopecia ophiasis (2%). Nail involvement was reported in 2,5% of patients. Severe AA was reported in 26 % of patients and it was significantly associated with a longer disease duration (p=0,009).

Different treatments were proposed for patients depending on the severity and the extension of AA, the most frequent treatments were: topical steroids (55%), intralesional steroids (17,5 %), methotrexate associated with systemic steroids (14 %),and 308nm excimer lamp (5,8 %). Minoxidil was associated with other treatments in 30 % of cases.

Follow-up at 3 months was available in 33 % of cases, 22 % of patients presented a response to treatment that corresponds to complete or partial hair regrowth. We found no difference in the response rate between patients under local or systemic treatment. Treatment failure was noticed in 11 % of patients, it was significantly associated with longer disease duration (p=0.047). Spontaneous hair growth was noticed in 3 patients.

Discussion :
In our study, AA was slightly more frequent in male patients. The majority of patients had patchy alopecia associated with a short disease duration. Stress seems to be the most frequent triggering factor. Topical and intralesional steroids were the main therapeutic options. In addition, we reported herein a high rate of lost follow up patients, if we consider these patients as responders to treatment the overall response rate would be high. In general, AA in our study was associated with a good prognosis. However, cases of severe alopecia and treatment failure were significantly associated with a long disease duration. Hence, the importance of an early diagnosis and management in AA.

Disclosure of Interest: None declared

Keywords: alopecia areata ; alopecia

P015

EPIDEMIOLOGY AND CLINICAL FEATURES OF HIDRADENITIS SUPPURATIVA : A TUNISIAN STUDY

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Background :
Hidradenitis suppurativa (HS) is a chronic, recurring inflammatory disorder that affects friction prone areas, mainly the intertriginous areas. It is a painful, sometimes disfiguring disease that can affect the quality of life of patients. The incidence and clinical characteristics of HS in Tunisia are unknown as only one study was previously performed.

Objectives :
To assess the epidemiological and clinical features of HS in a Tunisian hospital.

Methods :
In our monocentric descriptive study, data were collected retrospectively from patients' records. All patients presenting at our dermatology department for HS, between January 2019 and December 2021, were included in the study. Records with more than two missing data were not considered.

Results :
Among 43 files, only 34 were usable. The mean age at the time of consultation was 32.7 ± 12.958 [13- 60]. The sex ratio (Male/Female) was 3.25. Five (15%) patients reported a family history of HS. Smokers accounted for 71% of patients. The average evolution time was 6 ± 8.674 years. Two areas or more were affected in 64% of cases. The most affected areas were respectively: axillae (76%), gluteal region (44%) and groin (35%). The observed lesions were respectively: inflammatory nodules (79%), non-inflammatory nodules (56%), scarring (44%), fistulas (41%) and abscesses (21%). At time of consultation, 56% of patients were at Hurley I stage. Associated conditions were noticed in 41% of patients and included overweight/obesity (12%), dissecting Cellulitis of the Scalp (6%), acne conglobata (6%), diabetes (6%), metabolic syndrome (3%) and hirsutism (3%). Amoxicillin-clavulanic acid combination was given in 74% of patients, tetracycline in 65% and systemic retinoids in 32% of them. Surgery was indicated in 38% of cases.

Discussion :
As far as we know, our study is the second national research dealing with the epidemiological and clinical aspects of HS. In both Tunisian studies, HS was more common among smoking men. The mean age of consultants as well as the mean duration of the disease were almost the same. The percentage of obese patients was higher in the previous study. In Europe, a female prevalence was reported. HS was more common among smokers. Reported family history of HS was twice higher than in our study. Obesity was reported to be very common among HS patients. In our study, most of the patients were of normal weight. In line with European researches, the most affected areas were the axillae, groin and gluteal region and the most frequent lesion was the nodules. Amoxicillin-clavulanic acid combination was the most used in the literature. Rifampicin was not given to any of our patients. This is due to Tunisia being an endemic country for tuberculosis and taking this molecule could generate Koch bacillus' resistance.

In summary, HS affects commonly young male smokers in Tunisia. More studies should be carried out with the aim of better understanding the epidemiological profile of HS in Tunisia.

Disclosure of Interest: None declared

Keywords: tunisia ; acne inversa ; hidradenitis suppurativa

P016

CLINICAL AND THERAPEUTIC FEATURES OF VITILIGO: A TUNISIAN STUDY

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Background :
Vitiligo is a common acquired depigmentary disorder that affects skin, hair and / or mucous membranes, by selective loss of melanocytes or its functioning. It is characterized by well-defined rounded white macules. The distribution and progression are unpredictable. Current vitiligo therapies take several months of treatment and often give disappointing results.

Objectives :
To determine epidemiological and clinical features as well as vitiligo treatment outcomes.

Methods :
Our retrospective monocentric descriptive study includes all vitiligo cases diagnosed in the outpatient dermatology department, including children. It was conducted from january 2019 to december 2021. The diagnosis of vitiligo was based on clinical criteria.

Results :
Ninety-five patients were enrolled. The average age was 32 [2-79 years]. The sex ratio (M/F) was 2.4. A family history of vitiligo was observed in 19 patients. Systemic comorbidities has been reported: three cases of HTA, five cases of diabetes, and three cases of dysthyroidism. The average time symptoms onset was about 28 years [23 months-60 years]. The prevalence of vitiligo subtypes were as follow: focal form(32%), common form(30%), acral form(13%) and acro facial form(12%). A segmentary form was noted in 8% exclusively female and 1% of universal form. Depigmentation hair was noticed in 6 patients. The vitiligo was diagnosed clinically. Thyroid test and blood sugar were performed in 46 patients. An hypothyroidism was noticed in two patient and an hyperglycemia in one patient. The therapeutic approach was based on topical corticosteroids (TC) and repigmenting cream in 46 patients. Topical immunomodulators (TI) and laser excimer(LE) was used straight away in eight patients, and the combination of TC and LE in 36 patients. Eleven patients received TI following classic treatment failure. Mini corticosteroid pulse were administrated to two patients with acro facial form with rapid progression. Therapeutic abstention in two cases. The mean duration of treatment for all the forms was about 12 months [5 months- 24 years] with a longer delay for the segmental and acro-facial form. A repigmentation less than 50% was noted in 18% especially in the segmental and acro-facial form, a repigmentation more than 50% was noticed in 39% treated by a combination of TC and LE. Five patients presented a steady state. The appearance of new plaques of vitiligo was observed in 16%. No spontaneous repigmentation has been noticed. All patients complained about significant negative impact on quality of life.

Discussion :
Our study is based on a fairly representative sample of the population affected by the vitiligo, in line with the literature. Most patients respond well to a short-term TC and long-term therapy combining topical and systemic treatments. Some comorbidities were observed and other studies have found them to be correlated. The vitiligo is a visible dermatological disease causing a high psychosocial burden. Further studies are needed to know how to counter the spread of the disease and allowed the repigmentation of the apparent lesions.

Disclosure of Interest: None declared

Keywords: vitiligo, corticosteroids, depigmentation

P017

TINEA CAPITIS IN ADULTS: A 21-YEAR OF CLINICAL, TRICHOSCOPIC AND MYCOLOGICAL STUDY IN TUNISIA

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Background :

Tinea capitis (TC) is an infection of the scalp hair due to dermatophytes.TC is a common fungal in children but is less frequently encountered in adults. Adult TC often poses diagnostic difficulties. We report here a series of 20 adult patients with TC.

Objectives :

We aimed to evaluate epidemiological, clinical, trichoscopic and mycological characteristics of adult TC in Tunisia from 2010 to 2021.

Methods :

This was a retrospective study including all patients over 18 years of age with TC, conducted at the dermatology department of La Rabta Hospital in Tunis, over a 21-year period (2010-2021). TC was confirmed by mycological examination in all cases.

Results :

We collected 20 patients: 17 women and 3 men. The incidence was 0 to 3 cases per year. The mean age was 61.5 years with extremes ranging from 22 to 79 years. Eleven patients lived in rural areas. A family member was affected in 4 cases. Questioning revealed contact with animals in 4 cases and immunosuppression in 5 cases: general corticosteroid therapy (2 cases) and diabetes mellitus (3 cases). All cases of TC had started in adulthood. Clinically, the lesions were erythematosquamous plaques in 10 cases, alopecic in 8 cases and crusty in 2 cases. Scalp involvement was diffuse in 40% of cases. Dermoscopy was performed in 12 patients. The trichoscopic signs found were black dots (83%), comma hairs (77%), corkscrew hairs (60%), zigzag hairs (50%) and morse code-like hairs (26%). TC was associated with hand onychomycosis in 4 cases and with tinea corporis in 5 cases. Direct examination was positive in 16 cases with endothrix parasitism in 13 cases and endoectothrix parasitism in 3 cases. The culture was positive in all cases. It isolated Trichophyton violaceum (TV) in 15 cases (75%) and Microsporum canis in 5 cases (25%). The evolution was favorable under griseofulvin (18 cases) and terbinafine (2 cases).

Discussion :

TC are relatively rare in adults. They often affect postmenopausal women, as is the case in our series. This female predominance could be explained by the fact that women are more in contact with their children by providing them with hair care. In addition, the decrease in secretion of sebum and sex hormones would favor TC during menopause. The rural origin of more than half of our patients seems to be a factor favoring adult TC. Clinically, adult TC can be confusing with a psoriasiform presentation without alopecia in accordance with 50% of the cases in our series. Thus, trichoscopy provides a valuable diagnostic aid and shows dermoscopic signs superimposed on those of TC in children. Therapeutically, griseofulvin remains the treatment of choice.

Disclosure of Interest: None declared

Keywords: trichoscopy ; adult ; tinea capitis

P018

ERYTHRODERMIC PSORIASIS: AN EPIDEMIOLOGICAL AND CLINICAL STUDY

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Background :
Erythroderma is a rare and severe dermatological manifestation of a variety of skin disorders including uncontrolled psoriasis. Erythrodermic psoriasis (EP) is the most common cause of erythroderma, since it is responsible for about 25 % of all cases. EP is a rare and life-threatening form of psoriasis. It occurs in 1 to 2.25 % of psoriatic patients.

Objectives :
A retrospective observational study was carried out in the Department of Dermatology of HHT hospital between January 2015 and December 2021.

Methods :
We included all patients hospitalized for EP**.**

Results :
Erythroderma was diagnosed in 50 patients, corresponding to an incidence of 7cases/year. The underlying etiology was EP in 10 patients (20% of cases). The patients were aged from 6 to 85 (mean age: 42,6 years), with a male/female ratio of 4/1. An identifiable trigger factor was found in 40% of cases. All included cases had generalized erythema involving over 70% of body surface area, associated with a scalp psoriasis in 6 patients, palmoplantar keratoderma in 6 patients, psoriatic nail involvement in 4 patients. A previous history of plaque psoriasis was reported in five cases. In addition, skin histopathological examination was performed in six cases to exclude other causes of erythroderma. Inflammatory anemia was found in 3% of patients, hyponatremia in 2% and kidney failure in 2%. All patients were treated with topical corticosteroid. The administration of systemic therapy was required in 6 patients (methotrexate in 3 patients and acitretin in 3 patients). The evolution was good in 70% of cases. Relapses were noted in 20% of cases. No case of deaths was recorded.

Discussion :
EP is more common in men during adulthood (mean age of onset ranging from 41 to 55 years) as in our study. Although, EP may be inaugural, it generally occurs in patients who already have psoriasis (50% of cases in our study). EP is often triggered by environmental factors including drug exposure, infections, emotional stress, withdrawal of steroid therapy... It is clinically characterized by generalized inflammatory erythema affecting over 90% of the body surface area. A personal or family history of psoriasis, nail involvement, scalp psoriasis, joint pain are suggestive of the diagnosis. Some complications due to EP have been reported, including sepsis, acute renal failure, acute respiratory distress syndrome, hydroelectrolytic abnormalities, impaired thermoregulation, thromboembolic complications and congestive heart failure. Such complications were rare in our study. EP often requires hospitalization, monitoring and management of complications. EP is more resistant to conventional treatment. Some case series reports good improvements with biologics. Therapy choice depends on the age, patient comorbidities, the accessibility of the drug, as well as the severity of the clinical situation. However, Additional controlled trials are needed to better understand the pathophysiology and to establish treatment guidelines.

Disclosure of Interest: None declared

Keywords: Erythrodermic psoriasis

P019

TRICHOSCOPIC ASPECTS IN ECTODERMAL DYSPLASIA

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Background :

Ectodermal dysplasia is a rare genetic disease characterized by the involvement of at least two tissues of ectodermal origin: dentition, nails, sweat glands and hair. Hair damage is characterized by hypotrichosis with fragile, poorly pigmented, sparse and dystrophic hair. Publications reporting trichoscopic aspects in particular concerning ectodermal dysplasia (ED) are very rare.

Objectives :

To describe trichoscopic aspects in ED.

Methods :

We report two cases of ED with trichoscopic analysis of hair abnormalities.

Results :

Observation 1: This was a four-year-old girl who presented with hair damage. The dermatological examination revealed hypotrichosis with thin, short, sparse hair of reduced caliber and weakly pigmented, of light brown color. Scalp trichoscopy showed single hair follicular units and heterogeneity of hair pigmentation with a predominance of grey hair. The hair shaft dystrophies found were pili torti, bent hair, curved hair and trichorexis nodosa. Eyebrow trichoscopy reaveld some fine and short hairs. Observation 2: A ten-year-old boy, presented to our consultation for hair damage, dental and nails anomalies. He also had delay of growth, a facial dysmorphism, hypodontia with conical teeth. Dermatological examination revealed skin xerosis, hyperkeratosis of the palms and soles and hypotrichosis with thin, short, hair of reduced caliber. Scalp trichoscopy showed single hair follicular units, multiple hypopigmented (gray) hairs, curved hair, circular hairs, focal depigmentation areas and a more marked heterogeneity of the hair shaft caliber. Eyebrow trichoscopy revealed fine and short hairs.

Discussion :

Trichoscopy reveals hair abnormalities in ED in 94% of cases. Hypotrichosis is a frequently observed anomaly resulting from the predominance of single hair follicular units. Pigmentation disorders of the hair shaft are mainly represented by the presence of grey hair. Genetic hair dystrophies (pili torti, pili canaliculi, trichorexis nodosa and trichothiodystrophy) have been reported in ED but are not specific. Hair cycle abnormalities and scarring alopecia are much rarer. In our first patient, the most frequent trichoscopic patterns were single hair follicular units and abnormalities of hair shaft pigmentation. In our second patient, heterogeneity of the hair shaft caliber was the most frequent sign. In these cases, trichoscopy allowed us to retain the diagnosis of ED in the presence of an associated dental disorder. These trichoscopy observations are not pathognomonic for ED, but they may be helpful in establishing the diagnosis in children with other ectodermal abnormalities (dental or nail abnormalities, hypohidrosis), when presence of hair abnormalities is not evident on clinical evaluation.

Disclosure of Interest: None declared

Keywords: trichoscopy ; ectodermal dysplasia

P020

CLASSIFICATION OF PAPULO-SQUAMOUS SKIN DISEASES USING IMAGE ANALYSIS

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Background :

Papulo-squamous skin diseases are variable but are very close in their clinical features. They present with the same lesions, erythematous scaly lesions. Clinical evaluation of skin lesions is based on common sense and experience of the dermatologist to differentiate features of each disease.

Objectives :

To evaluate a computer-based image analysis system as a helping tool for classification of commonly encountered diseases.

Methods :

The study included 50 selected images from each of psoriasis, lichen planus, atopic dermatitis, seborrheic dermatitis, pityrasis rosea, and pitryasis rubra pilaris with a total of 300 images. The study comprised three main processes peformed on the 300 included images: segmentation, feature extraction followed by classification.

Results :

Rough sets recorded the highest percentage of accuracy and sensitivity of segmentation for the six groups of diseases compared with the other three used techniques (topological derivative, K-means clustering, and watershed). Rule-based classifier using the concept of rough sets recorded the best percentage of classification (96.7%) for the six groups of diseases compared with the other six techniques of classification used: K-means clustering, fuzzy c-means clustering, classification and regression tree, rule-based classifier with discretization, and K-nearest neighbor technique.

Discussion :

Rough sets approach proves its superiority for both the segmentation and the classification processes of papulo-squamous skin diseases compared with the other used segmentation and classification techniques.

Disclosure of Interest: None declared

Keywords: Papulo-squamous

P021

A TRICHOSCOPIC STUDY OF 30 PATIENTS WITH ANDROGENETIC ALOPECIA

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Background :

Trichoscopy has been successfully applied in practical dermatology in recent years and it is already considered an essential tool by many practitioners. It is used for evaluation, diagnosis and follow-up of androgenetic alopecia (AGA) which is the most common type of progressive hair loss and develops in genetically predisposed individuals.

Objectives :

The diagnosis of AGA is usually based on clinical manifestations. However, there are several hair and scalp disorders that share similar clinical features with AGA, such as telogen effluvium, senile alopecia, diffuse alopecia areata or fibrosing alopecia and trichoscopy may help identify subtle differences and establish the correct diagnosis rendering older methods (trichogram and scalp biopsy) obsolete.

Methods :

A prospective study of patients who presented to our dermatological consultation for androgenetic alopecia. Trichoscopic examination was performed by manual dermatoscopy *(Dermlite DL4).*

Results :

Our prospective study evaluated 30 patients, 20 males and 10 females, aged between 30 and 75. Trichoscopy showed: Hair thickness heterogeneity characterised by the presence of thin, intermediate, and thick hairs in one field of view, explained by the coexistance of a fully miniaturized follicles that produce thin and vellus hairs with the fully intact follicles producing terminal hairs. This sign is present in all our patients with AGA (100%). Vellus hairs are hypopigmented hairs, less than 3 µm thick and less than 2-3 mm long and heir number is significantly increased (more than 40% in the frontal scalp area) in all our patients with AGA (100%). People with this condition have a proportion of 40% follicular units with only one emerging hair shaft. Yellow dots are follicular openings with keratotic material or sebum. They were observed in 60 % of our patients. Brown perifollicular pigmentation reveals the presence of lymphocytic infiltrates and was observed in 20 % of our study population. Honeycomb pigmentation results from increased sun exposure of an unprotected scalp and was observed in only 10% of patients with severe or advanced AGA. Wavy hairs are the result of incomplete hair follicle miniaturization and were observed in only 2 patients. Trichoscopy abnormalities were more pronounced in the frontal compared to the occipital area.

Discussion :

AGA is an androgen related condition also known as male/female-pattern baldness, affecting approximately 50% of men over the age of 50, and 50% of women over the age of 65. It typically affects men earlier, beginning any time after puberty and it can have a significant psychological impact, leading to anxiety and depression. Trichoscopy is a quick, non-invasive technique well accepted by patients, that allows us to recognize morphological structures in AGA that are not visible to the naked eye such as anisotrichosis, which is a very important distinguishing feature, useful in diagnosing early AGA.

Disclosure of Interest: None declared

Keywords: Trichoscopy ; Androgenetic ; Alopecia

P022

SCARRING ALOPECIA IN DISCOID LUPUS ERYTHEMATOSUS

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Background :

Discoid lupus erythematosus (DLE) is an autoimmune inflammatory disorder confined to the skin. It is a common cause of scarring alopecia. Early diagnosis and treatment are necessary to avoid irreversible and disfiguring alopecia.

Objectives :

The aim of this study was to describe the epidemiological, clinical and dermoscopic features of DLE affecting the scalp.

Methods :

Our study was performed at the *dermatology department,* including patients with DLE lesions on the scalp, from 2008 to 2021.

Results :

We collected 30 patients (13M/17F). The median age was 46 years old. Most of the patients were phototype 4. Lesions were typically presented as atrophic scarring alopecia (all of patients) with dyspigmentation (24 patients) and erythema (20 patients). Two patients presented a scarring alopecia resembling pseudopelade of Brocq. The mean duration of the disease was 5 years [1-13 years]. The median size of the lesions was 2.5 cm, mainly localized on the vertex. Trichoscopy showed yellow dots, keratotic follicular plugs, thin arborizing vessels with erythema and scaling. Seven patients had lesions on the face (cheeks, nose and ears) associated to the scalp involvement. Diagnosis was established on histopathologic features (fibrosis with follicular hyperkeratosis, vacuolar alteration of the basal layer and lymphocytic dermal infiltrate). Direct immunofluorescence study was performed in 20 patients and was positive in 90% of cases. The screening for systemic involvement and the antinuclear antibodies were negative for all our patients. Photoprotection and topical corticosteroid were prescribed in all patients. Antimalarial drugs were prescribed in 70% of patients with ocular complications detected in two patients. One patient was treated with methotrexate (10 mg once-weekly). No patient developed a systemic lupus during the follow-up period.

Discussion :

Our results appear to be in agreement with previous studies, mainly for the clinical, dermoscopic and histologic features. However, we reported higher frequency of male patients and we highlighted the crucial value of immunopathologic findings as the lupus band test was positive in 90 % of cases. We also emphasize the importance of ophthalmological monitoring in patients receiving antimalarial medications as two of our patients developed eye damage. In the literature, approximately 20% of patients with DLE will progress to systemic lupus erythematosus but in our series the DLE was isolated initially and during evolution, in all patients.

Disclosure of Interest: None declared

Keywords: Dermoscopy ; Alopecia ; Discoid lupus erythematosus

P023

ALLERGIC CONTACT DERMATITIS IN ATOPIC DERMATITIS PATIENTS: A RETROSPECTIVE STUDY

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Background :

The association between contact dermatitis and atopic dermatitis remains unclear, in Colombia we didn´t have studies about this topic

Objectives :

- To describe the positivity and relevance of patch test in patient with atopic dermatitis

- To know what allergen is the most relevant in atopic dermatitis patients

- To compare the positivity of Patch test in atopic dermatitis with non-atopic patients

Methods :

Retrospective 5 -years study (December 1st 2016 to November 30th 2021) in patients referred for patch testing to our dermatology office.

Patient with atopic dermatitis were diagnoses with Ranifen and Kafka criteria.

Patch testing was performed in patients with and without atopic dermatitis criteria, with extended European Standard Series, using Finn chamber on Scanpor tape, and readings performed on 48 and 96 hours compliant with Menne and White criteria with results considering positive if a least + was present. We reviewed and compared the results.

Results :

Results of 463 patients, non-atopic 301, atopic (AD) 162. Women in AD group 72,7% and in non-AD 80%. The median age affected on AD group was 35+-17 and non-AD 48+-17 years-old. Al least one positive reaction was seen in 71% AD patients (relevance 65%), and in 86% non-ad patients (relevance 81%).

Face and neck were the most common involvement (AD 35%, non AD 44%), in AD patients is following for generalized eczema 24%, hands 18%, arms and legs folds 8%, generalized nummular phenotype 3,7% and prurigo phenotype 2,5% In non-AD patients the face and neck dstribution is following for hands 13,6%, generalized eczema 12,3%, vulvae 8,3%, scalp 4,3%, generalized nummular phenotype 3,7% and prurigo phenotype 0%. The most common positive reaction was recorded in AD to Nickel 34,5%(relevance 25%) and in non-AD 20% (rel. 43%). In AD fragance mix 1 and2 (21 ptes, 100 relev) Balsam of peru (9 ptes, 100% relev.) Formaldehyde and Metilisothiazolinona (8 ptes, 100% relev) In non- AD positivities and relevance are similar.

Discussion :

Teo el al in their retrospective study found that substances in topical dermatologist product are the most relevant to AD patients and allergens as nickel less likely to arise it.

Hamman et al not showed signficative difference in sensibilization in AD and not AD patients

We found a high positivity of nickel in both groups but no very relevant, the most frequent and most relevant allergens were fragances related and preservatives, as inboth populations.

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Disclosure of Interest: None declared

Keywords: patch test, relevance ; contact dermatitis ; atopic dermatitis

P024

PREVENTION OF PSORIASIS PROGRESSION BY TREATING TO THE TARGET OF PASI-100: EVIDENCE FROM THE REAL-WORLD DATA

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Background :
Until recently, very little was known about the natural history of psoriasis, and even less about disease progression. The classic studies by Romanus (1945) and Farber (1984) suggest that between 13-40% of patients had disease remission at some point during the disease course. A recent study from the Karolinska Institute1 followed 721 patients for a mean of 9.6 years. Patients with plaque psoriasis were more likely to progress to severe disease (7% to 12%) and less likely to have minimal disease activity (65% vs 20%).

Objectives :
To determine the long-term control of moderate-to-severe psoriasis patients by analyzing data from the NewLab Real-World Registry and recently published clinical trials.

Methods :
This is a retrospective observational study, conducted at a single dermatology clinic in St. John's, NL, Canada. We reviewed data from the NewLab Real-World Registry from a cohort of moderate-to-severe psoriasis in Newfoundland and Labrador from 2001-2017, which included 459 patients with 913 biologic or PD4 inhibitor exposures. Additionally, a review of recently published clinical trials was conducted to ascertain the long-term control of patients with moderate-to-severe psoriasis.

Results :
Long term data from clinical trials using biologics to targeting IL-17 and IL-23 have PASI-100 outcomes in the short term that ranges from 44% for Secukinumab at 16 weeks to 60% for Ixekizumab at 24 week. Depending on the analysis, 3 and 5-year data for Risankizumab and Secukinumab ranges from 56-60%, and 41-51% respectively. Real-world data from a cohort of moderate-to-severe psoriasis in Newfoundland and Labrador from 2001-20172, which included 459 patients with 913 biologic or PD4 inhibitor exposures observed that 40% of patients remained on their first biologic, with 57% of these patients achieving and maintaining PASI-100, indicating no relapse or progression to a more severe plaque psoriasis or progression to a more severe psoriasis phenotype.

Discussion :
Data from both real-world registries and clinical trials suggests that patients with moderate-to-severe psoriasis can remain clear, i.e. PASI-100, for prolonged periods of time. Based on these data, we can conclude that many patients are likely to attain PASI-100 and hence avoid disease progression with the therapeutic options presently available to dermatologists. Real-world data on psoriasis may help determine the long-term efficacy and preventative benefits of various biologic therapies.

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Disclosure of Interest: None declared

Keywords: Prevention ; Psoriasis ; real-world data

P025

PREDILECTION SITES FOR DISEASE ACTIVITY SIGNS IN VITILIGO

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Background :

Vitiligo shows an unpredictable course including periods of disease stability alternating with disease activity, complicating its daily management. Determination of the disease activity status is of mere importance in establishing a reliable prognosis, selecting appropriate treatment and in evaluating treatment response. A systematic review provided evidence for a link between disease activity and visible clinical signs such as confetti-like depigmentations, Koebner's phenomenon and hypochromic areas/borders. Despite their value, information about the distribution on the body of these signs is still lacking.

Objectives :

This study aims to define the prevalence and detailed predilection sites on the body of confetti-like depigmentations, Koebner phenomenon and hypochromic lesions in vitiligo patients (non-segmental).

Methods :

A cross-sectional, observational research was performed at the Ghent University Hospital in vitiligo patients (non-segmental) between September 2017 and December 2021. The Vitiligo Signs of Activity Score (VSAS) was used to score the prevalence of three visible clinical signs in a standardized procedure on 15 global body areas using Wood's lamp. In a subset of the patients the predilection areas of the clinical signs were scored using 65 predefined detailed body locations.

Results :

(Preliminary results) In 52% of all the vitiligo patients (n = 427) at least 1 clinical visible sign of disease activity was detected during clinical examination. Hypochromic areas/borders were most frequently observed (33,3%), followed by confetti-like depigmentations (28,6%) and Koebner phenomenon type 2B (25,5%). Confetti-like depigmentations were predominantly observed on the dorsal site of the arms (elbows), feet (dorsal site), hands (dorsal site) and anterior side of legs (knees). Koebner's phenomenon was mostly present at hands (dorsal side), anterior site of the legs (knees, pretibial) and dorsal site of the arms (elbows). Hypochromic areas/borders were mainly observed on the anterior (armpits) and dorsal site of the arms (more diffuse and not specifically the elbows), anterior site of the legs (knees, pretibial) and the trunk (upper part of the trunk).

Discussion :

In half of the patients, clinical visible signs linked to disease activity were present while they were typically located on specific predilection sites. The predilection sites of confetti-like depigmentations and Koebner's phenomenon are similar (preference for joints), whereas hypochromic lesions have a different distribution (more diffuse). The knowledge of the distribution pattern can support a more targeted detection of the signs during clinical examination and will enable the use of a more focused serial body (UV) photography, including capturing of images in the context of vitiligo disease activity.

Disclosure of Interest: None declared

Keywords: Disease activity signs ; Vitiligo ; Confetti-like depigmentations / Hypochromic lesions / Koebner phenomenon

P026

SUDDEN ONSET DIFFUSE CUTANEOUS HYPERPIGMENTATION AS AN EARLY SIGN OF SYSTEMIC SCLEROSIS

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Background :

Scleroderma is a group of fibrosing autoimmune connective tissue disorders with variable organ involvement and cutaneous manifestations. Although skin induration is considered the main cutaneous clinical symptom of Systemic sclerosis(SSc), it can be absent in some patients making the diagnosis more challenging. Pigmentary abnormalities have been described in Systemic sclerosis. Sudden onset diffuse cutaneous hyperpigmentation without skin sclerosis as an early sign of SSc is considered to be unusual presentation.

Objectives :

Illustrate an atypical case presentation of Sudden onset diffuse cutaneous hyperpigmentation as an early sign of Systemic sclerosis

Methods :

We describe through case report a 58-year-old female patient presented with Sudden onset progressive diffuse cutaneous hyperpigmentation as an early presentation of scleroderma

Results :

We report a 58-year-old female patient presented with sudden onset progressive diffuse cutaneous hyperpigmentation. It started over her trunk, abdomen then generalized to her limbs and face within one month. It was not associated with skin induration or mucosal changes. Apart from occasional epigastric pain, systemic review was unremarkable. On physical examination, patient was found to have high blood pressure. Skin exam revealed diffuse hyperpigmentation over trunk, limbs and face, with salt and paper appearance over the back. All her basic blood work up and autoimmune connective tissue diseases blood work up were normal apart from elevated complement 3 and 4. Her urine test showed proteinuria and high albumin to creatinine ratio. Chest X-ray showed cardiomegaly and pan CT revealed esophageal thickening. Histological examination of skin biopsy showed prominent thick collagen bundles present in the dermis with collagen replacing fat around sweet glands along with mild inflammation. Patient was referred to nephrology for renal biopsy which showed focal segmental glomerulosclerosis and moderate arteriosclerosis. Skin and renal biopsies findings were going with the differential diagnosis of SSc with renal involvement. She was under follow up in rheumatology department. A year after, patient was admitted with heart failure secondary to pulmonary hypertension and sepsis and died due to cardiac arrest.

Discussion :

Generalized skin hyperpigmentation without sign of sclerosis, can be a misleading early manifestation of SSc, making the diagnosis difficult to be made, and the patient's condition may deteriorate especially with vital organ involvement. Diffuse hyperpigmentation can have a broad differential diagnosis that merits a targeted work up to narrow the differential diagnosis. Cutaneous manifestations are considered the earliest presentation of SSc, which necessitate the dermatologist important role in delivering correct diagnosis and appropriate management.

Disclosure of Interest: None declared

Keywords: cutaneous ; Systemic sclerosis ; hyperpigmentation

P027

ISOLATED NAIL PSORIASIS IN A 54-YEAR-OLD FEMALE

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Background :

Psoriasis vulgaris represents a chronic skin disease of inflammatory and immune-mediated nature which manifests with papulosquamous lesions and associates important psychic burden. Involvement of the nail unit is commonly found in patients with psoriasis vulgaris.

Objectives :

Up to 30-50% of patients with skin lesions associate nail changes, but isolated nail psoriasis is encountered in only 5-10% of patients. Both nail matrix and nail bed are involved and the main manifestations of nail psoriasis include pitting, leuconychia, onycholysis, oil drop and hyperkeratosis of the nail bed.

Herein, we present the case of a female patient with isolated nail psoriasis.

Methods :

A 54-year-old female patient presented to the Dermatology Department for nail changes in the fourth digit of the left hand. The onychopathy started to develop 3 months prior with nail plate abnormalities such as yellowish discoloration and longitudinal ridging.

The physical examination showed onycholysis, yellowish discoloration, subungual hyperkeratosis and longitudinal ridging of the nail in the fourth digit of the left hand. Moreover, the distal phalanx of the same finger manifested signs of edema and erythema. No further skin changes were found. The main differential diagnosis was onychomycosis.

Results :

Bacteriological and mycological cultures were negative. Under local anesthesia, avulsion of the nail was performed and the hystopathological examination of the nail plate and from fragments of the nail bed showed areas of parakeratosis with small collections of neutrophils between the layers of parakeratin. The diagnosis of nail psoriasis was established.

Discussion :

With isolated nail psoriasis being a less commonly encountered entity, it is of great importance to perform a complete differential diagnosis for isolated nail changes. The disorders to take into consideration are mycotic and bacterial infections, alopecia areata, trauma, lichen planus and pityriasis rubra pilaris and hence several investigations are required in order to perform a correct diagnosis and to conduct an efficient treatment.

Disclosure of Interest: None declared

Keywords: onycholysis ; nail psoriasis ; psoriasis vulgaris

P028

MELASMA IN VITILIGO PATIENTS: AN UNUSUAL ASSOCIATION

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Background :
Vitiligo and melasma are two common acquired disorders of pigmentation. However, their association is unusual.

Objectives :
We aim to describe a rare association of melasma and vitiligo as it may lead to a more severe esthetic prejudice.

Methods :
We report the cases of three female patients aged 37, 49 and
46 years old respectively, who consulted our department for depigmented patches of the face that have
been evolving for several months.

Results :
he two first patients had no medical history whereas the third patient was followed for acral vitiligo.
The clinical examination revealed multiple circumscribed and asymptomatic amelanotic patches of the face in all cases.
It affected the preauricular and the infraocular area in the first patient, the forehead and the cheeks in the second patient and the supraorbital area, the right eyebrow and the right cheek in the third patient. Based on the clinical aspect, the diagnosis of vitiligo was made. Unexpectedly, the three patients had Light brown patches with irregular borders.

Discussion :
Melasma and vitiligo are disfiguring dermatological concerns. Vitiligo is the most common depigmentary skin disorder that presents with asymptomatic chalk-white patch on the skin. Melasma, on the contrary, is an acquired hyper-pigmentary disease that appears as multiple irregular, brownish macular hypermelanosis. The pathophysiology of the two pathologies appears to be opposite. Indeed, in one condition, hyperpigmentation is present resulting from hyperactive melanocytes because of genetic, hormonal and environmental factors. In the other, there is a lack of melanin in the skin, resulting from selective destruction of melanocytes, presumably on an autoimmune basis. A small subset of vitiligo patients paradoxically also have melasma. The treatment of these patients is very challenging resulting in psychological morbidities with disfiguring and devastating effects on patient self-esteem and quality of life. Indeed, vitiligo patients often experience a worsening of melasma when undergoing phototherapy because ultraviolet light is an important trigger factor for melasma. On the other hand, the selection of a skin-lightening agent for vitiligo patients with melasma is not easy. Topical depigmenting agents widely used for treating melasma inhibits hyperpigmentation through tyrosinase inhibition, destruction of melanosome, or melanocytotoxicity. Melanocytes in vitiligo patients are more fragile due to aberrant oxidative stress removal capability. Thus, using a skin whitening agent with Melanocytotoxicity properties may result in vitiligo disease flares and progression. We report a rare association of two pigmentary disorders. Studies are needed to better understand the mechanism of this association, which will allow progress on therapeutic level.

Disclosure of Interest: None declared

Keywords: treatment ; melasma ; vitiligo

P029

DISCOID LUPUS ON VITILIGO OF THE FACE

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Background :

Vitiligo can be associated with other autoimmune conditions such as thyroiditis and diabetes mellitus. The combination of vitiligo and discoid lupus (LD) is rare.

Objectives :

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Methods :

Herein, we report the case of a patient who developed LD lesions on pre-existing vitiligo.

Results :

A 14-year-old female patient with a ten-year history of segmental vitiligo affecting the upper half of the left hemiface. A Vogt-Koyanagi-Harada disease had been ruled out. She was treated with topical tacrolimus. Three years later, she developed an erythematous squamous papular infiltrated patch with atrophy in the center, located on the left nasal wing and the internal canthus, on the opposite of the vitiligo patch. The histopathological examination of the skin biopsy of this plaque concluded to a discoid lupus. An extracutaneous involvement was ruled out.

Discussion :

The association of LD and vitiligo is rarely reported. In our patient, the LD lesions developed three years after the onset of vitiligo. Recent studies concluded that an autoimmune genetic basis could be behind this association. Indeed, a protein HSP70s (70-kDa heat shock proteins) has been recently incriminated in the genesis of both vitiligo and LD lesions. The treatment of vitiligo in the presence of LD lesions is based on local or general corticosteroids. Regular follow-up is necessary in these patients in order to detect squamous cell carcinoma on LD lesions at an early stage.

Disclosure of Interest: None declared

Keywords: discoid lupus ; vitiligo

P030

EFFICACY OF IXEKIZUMAB IN CHALLENGING BODY AREAS IN PEDIATRIC PATIENTS WITH MODERATE-TO-SEVERE PLAQUE PSORIASIS (IXORA-PEDS) IS MAINTAINED UP TO 108 WEEKS

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Background :

About 1% of children and adolescents worldwide are affected by plaque psoriasis (PsO). Specific localisations of psoriasis may be challenging to treat including the scalp, palms and soles, nails, and genital region, with evidence on therapies for these areas grossly lacking. Despite the often-small surface areas involved, these challenging to treat locations can have a significant impact on a patient's social life and quality of life (QoL).

Objectives :

We report the long-term efficacy of ixekizumab (IXE) in challenging body areas (CBAs) and improvement in Itch Numeric Rating Score (NRS) for moderate-to-severe pediatric PsO from a randomized, double-blind Phase 3 study (IXORA-PEDS [NCT03073200]) up to Week (Wk) 108.

Methods :

Full study methods for IXORA-PEDS have been published previously.1 Patients aged 6 to <18 years were randomized 2:1 to weight-based dosing of IXE every 4 weeks (wks) (IXE Q4W, n=115) or placebo (n=56). After a 12-wk placebo-controlled period all patients entered a 48-wk open-label IXEQ4W maintenance period (wks 12-60) followed by an extension period through Wk 108. This analysis focuses on treatment response (modified non-responder imputation, and observed data) in CBAs as measured by the proportions of patients achieving a Nail Psoriasis Severity Index score of 0 (NAPSI=0, in patients with baseline NAPSI >0), a Psoriasis Scalp Severity Index score of 0 (PSSI=0, in patients with baseline PSSI >0), 100% improvement from baseline in the Palmoplantar Psoriasis Area and Severity Index (PPASI 100, in those with baseline PPASI >0), clearance of genital psoriasis (in patients with baseline genital psoriasis), and mean change from baseline in Itch NRS.

Results :

The completion rate at Wk 108 was 83.7% (N=139). Prespecified secondary outcomes assessing CBAs achieved by Wk 12 were sustained through Wk 108 with 68.1% (n=19/28) of patients achieving or maintaining NAPSI=0, and 76.2% (n=63/83) achieving or maintaining PSSI=0. Ninety percent (n=9/10) of patients achieved PPASI 100, and clearance of genital PsO was reported in 87.5% (N=21/24) of IXE-treated patients at 108 weeks. Treatment with IXE also resulted in a significant mean change from baseline at Wk 108 in Itch NRS (LSM±SE: -3.21±0.6, p<0.001).

Discussion :

CBAs can be difficult to treat and challenging to patients due to increased impact on QoL. Here we show that, in IXE-treated pediatric patients, efficacy response rates were achieved and maintained through Week 108 in CBAs.

References :

1. Paller AS, Br J Dermatol. 2020;183(2):231-241.

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Employee : Drs Rodriguez-Capriles, Zhu, Somani and Garrelts are employees of Eli Lilly and Company
Speakers Bureau : Dr Pinter has participated in advisory boards for Eli Lilly and Company and LEO Pharma. Dr Cather has served as an advisor for Amgen, Abbvie, Eli Lilly and Company, Sanofi Genzyme, Bristol Myers Squibb, and Dermavant; a speaker for Amgen, Abbvie, and Eli Lilly and Company, and has performed clinical trials for Eli Lilly and Company, Sun Pharma, ChemoCentryx, Janssen, UCB, Amgen, Abbvie, Galderma, and Bristol Myers Squibb. Dr Papp has received honoraria or fees for

serving on advisory boards, for AbbVie, Amgen, Bausch Health, Baxalta, Baxter, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Eli Lilly and Company, Galderma, Janssen, Leo Pharma, Merck-Serono, Merck Sharp & Dohme, Novartis, Pfizer, Sanofi-Genzyme, Stiefel, Sun Pharma, UCB, and Valeant, as a speaker for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly and Company, Janssen, Kyowa-Hakko Kirin, Leo Pharma, Merck-Serono, Novartis, Pfizer, Sanofi-Genzyme, UCB, and Valeant.

Keywords: Challenging body areas ; Psoriasis ; Pediatric

P031

PREGNANCY OUTCOMES IN PATIENTS EXPOSED TO BARICITINIB IN RANDOMISED CLINICAL TRIALS AND DURING POST-MARKETING SURVEILLANCE

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Background :
Baricitinib (BARI) is an oral, selective JAK1/JAK2 inhibitor approved for the treatment of rheumatoid arthritis (RA) and atopic dermatitis (AD) (for AD, approved in the EU, JP, and other countries and in clinical development in the US), and in clinical development for alopecia areata (AA). Information on the safety of BARI in pregnancy is limited.

Objectives :
Summarize pregnancy outcomes following maternal or paternal exposure to BARI using data from randomized clinical trials (RCT), post-marketing (PM) studies and spontaneous reports.

Methods :
Pregnancy events were assessed from RA, AD and AA RCTs and from reports to the global Lilly pharmacovigilance system through August 13th, 2021. Pregnancies with pending outcome at data cut-off date and data from patients lost to follow-up (LTFU) were included. BARI dosing regimens were reported collectively.

Results :
91 pregnancies were identified from any source; of those, 40 followed maternal exposure to BARI in RCTs. Most cases in RCTs were reported in RA patients (n=25, total patients enrolled n=3770), followed by AA (n=8, total patients enrolled n=1244) and AD (n=7, total patients enrolled n=2562).Of the 25 maternal exposure pregnancies in RA RCTs, 10 patients (40.0%) received BARI monotherapy, while 15 (60.0%) were treated with BARI in combination with ≥1 disease-modifying anti-rheumatic drug (DMARD).Of those 25 maternal exposures, 52.0% (n=13) resulted in live births (full term n=11, preterm n=2), 28.0% (n=7) in spontaneous abortions, 8.0% (n=2) reported elective terminations and 12.0% (n=3) were LTFU.Of the 15 maternal exposures to BARI monotherapy in AA/AD RCTs, 20.0% (n=3) reported full-term live births, 13.3% (n=2) spontaneous abortions, and 40.0% (n=6) reported elective terminations.Three cases (20.0%) were LTFU and 1 case (6.7%) was pending.No congenital malformations were reported from any of the BARI RCTs.In PM studies and spontaneous reports, 37 cases of maternal exposure to BARI were identified (RA n=26, AD n=2, no indication reported, n=9). Most cases were LTFU (n=22, 59.5%) or pending outcome (n=6, 16.2%).Live births were reported for 5 cases (13.5%) (full term n=3, preterm n=1, unknown gestational age n=1).Three (8.1%) spontaneous abortions and 1 (2.7%) elective termination were reported.Two congenital malformations were reported in the PM setting (1 anencephaly and 1 hip dysplasia), both after maternal exposure to BARI in combination with ≥1 DMARD in RA patients.Across indications and sources, 14 pregnancies after paternal exposure to BARI resulted in 6 (42.9%) live births (full term n=5, preterm n=1), 2 (14.3%) spontaneous abortions, 2 (14.3%) cases pending and 4 (28.6%) cases LTFU.Congenital malformations were not reported in pregnancies after paternal exposure to BARI.

Discussion :
Insight from ongoing surveillance of pregnancy exposures during clinical trials and in the post-marketing setting remains limited. Risk assessment is challenging due to small numbers, combination therapy, and scarce information about total exposure.

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Employee : Drs Frederick Durand, Ewa Haladyj and Kristin Meyers are employees of Eli Lilly and Company. Ms. Bianca van Helden and Mr. Prashant Bhoja are employees of Eli Lilly and Company.
Speakers bureau : Dr Jacob Thyssen reports payments received from Pfizer, Leo Pharma, Abbvie, Sanofi-Genzyme, Eli Lilly and Regeneron.
Other : Dr Jacob Thyssen reports payment received for expert testimony from Pfizer and participation on a data safety monitoring or advisory board with OM85. Drs Frederick Durand, Ewa Haladyj and Kristin Meyers are stock holders at Eli Lilly and Company.

Keywords: Safety ; Pregnancy Outcomes ; Baricitinib

P032

NUTRITIONAL STATUS IN PEDIATRIC PSORIASIS PATIENTS – A RETROSPECTIVE CONTROL-GROUP STUDY

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Background :

Psoriasis represents a multifactorial, polygenic, immune-mediated chronic skin disease associated with various metabolic comorbidities. Early detection of such potential associations, including overweight status or obesity, in pediatric psoriasis patients, might mitigate their impact on the disease's course and general health status of such patients.

Objectives :

This paper's objective is to determine the nutritional status in pediatric patients with various clinical types of psoriasis, as determined during the first clinical consultation.

Methods :

Retrospective, analytic study performed on 92 pediatric patients with various clinical types and severity degrees of psoriasis and 92 age and sex-matched individuals with non-inflammatory skin conditions (various cutaneous infections – scabies, warts, dermatophytic infections, impetigo). The study was carried out from June 2019 to December 2021.

Results :

No significant difference regarding gender distribution was noticed (F:M=44:48). Mean age was 9.5 years old, with the youngest patient being one year old and the oldest being 17 years old. We identified an increased percentage of patients with elevated BMI (corresponding to overweight and obese status) in the psoriasis group (21.7%) compared to the control group (4.3%). The mean percentile value of patients with increased BMI was 96 in the psoriasis group and 92.5 in the control group. From the psoriasis group of patients with increased BMI, two associated arterial hypertension and one had also diabetes mellitus. Patients in the control group with high BMI presented other medical conditions that might be associated with their particular nutritional status – one overweight patient had atopic dermatitis, another overweight patient atopic dermatitis and vitiligo, while the two obese patients were diagnosed with polycystic ovary syndrome. All patients with increased BMI were referred to a physician nutrition specialist for further management.

Discussion :

Increased BMI represents a cardio-vascular risk factor, with obesity being part of the metabolic syndrome. Inflammatory skin conditions (more commonly psoriasis, but also vitiligo and atopic dermatitis) have proven to be strongly associated with the clinical features of metabolic syndrome, association identified mostly in the adult population. However, there is emerging evidence that pediatric patients with psoriasis have an increased risk of association with metabolic comorbidities, such as obesity, arterial hypertension, dyslipidemia or diabetes mellitus. In this study, a five-fold higher percentage of children with psoriasis that had an increased BMI were identified, in comparison to the control-group. Moreover, 10% of psoriasis pediatric patients with obesity or overweight status associated another metabolic comorbidity – such as hypertension or diabetes. This paper calls attention to the importance of screening for metabolic conditions in pediatric psoriasis cases, as the early detection and management of such findings might help with the patient's disease course and general health status.

Disclosure of Interest: None declared

Keywords: metabolic syndrome ; obesity ; pediatric psoriasis

P033

CHILDHOOD VITILIGO : A STUDY OF 205 TUNISIAN CHILDREN

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Background :
Vitiligo is the most frequent acquired, pigmentary disorder caused by a progressive loss of functional melanocytes. Clinically, it is characterized by amelanotic, well circumscribed macules and patches. It is a multifactorial disorder related to both genetic and non-genetic factors. Childhood vitiligo is rare compared to adults, but its psychosocial impactismore important.

Objectives :
The aims of this study, were to characterize the epidemic-clinical profile of vitiligo and to evaluate the different therapeutic approaches in children.

Methods :
Our study was retrospective monocentric including all cases of childhood vitiligo collected at the dermatology department of the Habib Thameur Hospital over a period of sixteen years (2006-2021)

Results :
We collected 205 children, the average age was 10,22 years, with extremes ranging from 1 to 16 years. The sex ratio F/M was 1,2. The mean duration before diagnosis was 14 months with extremes ranging from 8 days to 6 years. In 55 % of cases, lesions appeared between 1 and 8 years. Clinical forms of vitiligo were: common in 191 cases (93,17 %) with perifollicular pigmentation in 10 cases, segmental and guttate form in 5 cases each and linear in 4 cases. Vitiligo was localized in 94 cases (45,8 %) and generalized in 111 cases (54,1 %). The mean involved sites were: face (44 %), lower limbs (36,5 %), upper limbs (25,36 %), back (13,65 %) and genitals (10,7%). Leukotrichia was observed in 7,3%, koebnerization in 8,5 %, and a positive family history in 14 %. Thyroid abnormalities, occurred in three patients and type one diabetes in one patient. Topical steroids were prescribed in 73 cases (35,6 %), tacrolimus in 15 cases (7,3 %) and 308 nm-excimerlampin 10 cases (4,8 %). Combination therapy included: topical steroids and antioxidants in 34 cases (16,5%), topical steroids and tacrolimus in 23 cases (11,2%), topical steroids and meladinin in 19 cases (9,2 %), topical steroids and calciportriol in 17 cases (8,3%) and tacrolimus and 308 nm-excimer lamp in 7 cases (3,4%), other treatments such as UVB and systemic steroids were less frequently prescribed. The clinical outcome was complete remission in 8 % of cases, repigmentation in 48% of cases, stabilized disease in 21% of cases and extension of lesions in 23 % of cases.

Discussion :
In our study, childhood vitiligo was characterized by an early onset before the age of ten years, with a slight female predominance as reported in the literature. Associated systemic disorders are infrequent, however screening for thyroid disorders appears important. Although many therapeutic options exist, there is no standardized treatment for childhood vitiligo. Local treatments, in particular topical steroids alone or in association with other treatments, are the most privileged in childhood vitiligo, they are well tolerated and associated with good response.

Disclosure of Interest: None declared

Keywords: children ; vitiligo

P034

THE IMPACT OF ATOPIC DERMATITIS ON CHILDREN AND THEIR FAMILIES

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Background :
Atopic dermatitis (AD) is a disorder affecting the quality of life (QOL) of children and their families. The author conducts counseling sessions for these children and their parents on the second Saturday of every month

Objectives :
To assess the impact of AD on the QOL children and their families.

Methods :
Using questionnaire instruments described by Lewis-Jones and Finlay, 2648 children with atopic dermatitis detected at an urban children's hospital (The CHILDS Trust Hospital, Chennai, India) were assessed along with their parents. The assessment was also done on normal siblings of the affected children.

Results :
There was noticed substantial negative impact on the QOL of the affected children, their parents, and siblings. The commonest among the affected children was the physical demand of scratching, among their parents was the financial burden towards treatment, and among their siblings was the social deficit of answering queries at school.

Discussion :
This study emphasizes the need for counseling and the utmost kindness and empathy to be shown to patients and their family members.

Disclosure of Interest: None declared

Keywords: Atopic dermatitis, QoL

P035

PSORIASIS IN CHILDHOOD AND ADOLESCENCE: A RETROSPECTIVE STUDY OF 86 TUNISIAN PATIENTS

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Background :
Psoriasis is a common inflammatory cutaneous disease involving the skin, joints, and nails with unknown etiology. It is characterized by erythematous papules and plaques covered with silvery scale. There are many epidemiology studies of psoriasis in adults but limited epidemiology data on childhood and adolescent psoriasis.

Objectives :
The aim of this study was to present the epidemiological profile, clinical characteristics and treatment modalities of childhood and adolescent psoriasis in Tunisia.

Methods :
A monocentric retrospective study included children and adolescents diagnosed with psoriasis at the dermatology department, over a period of 5 years from January 2017 to December 2021, including 86 patients.

Results :
There were 45 (52.3%) girls and 41 (47.7%) boys. The median age was 9 years. Only 11 patients had a family history of psoriasis. Plaque psoriasis was the most frequent type (59.3%), followed by guttate psoriasis (16.3%) and psoriasis pustulosa (14%). Psoriatic nails were detected in 7 patients. The scalp was the most common site affected (72.1%). None of patients developed psoriatic arthritis. The affected body surface area (BSA) was more than 10% in only 28 patients. The main choice of treatment was topical treatments (emollients, corticosteroids) for all patients followed by systemic retinoids (acitretin) (19.8%) and phototherapy (UVB) (8.1%). Methotrexate was introduced in 4 patients. Three patients received association between acitretin and phototherapy Follow-up was 1 to 4 years. Complete response was occured in 42 (48.8%) patients.

Discussion :
The epidemiological profile of children and adolescent psoriasis in our study was in agreement with the findings reported by other authors. We observed an almost equal gender distribution. Similar to adults, plaque psoriasis was the most frequent type of psoriasis observed in our study. This result is in agreement with the previous reports. In ours ample, we observed higher incidence of extensive form of psoriasis. This reflects perhaps a delay in diagnosis. Topical treatments are considered first-line therapy in children with limited extent of the disease. In children and adolescents with moderate to severe forms of psoriasis, systemic treatments are indicated. Acitretin was the first-line treatment in most of cases in our study. It was effective and well tolerated in the majority of cases.

Disclosure of Interest: None declared

Keywords: children ; adolescent ; acitretin

P036

CONGENITAL LINEAR PSORIASIS: A RARE PRESENTATION

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Background :

Childhood psoriasis is relatively common. However, congenital psoriasis appears to be quite rare. The existence of linear psoriasis as a distinct entity has been debated. In fact, many authors considered that there is an invasion of linear epidermal naevi by psoriasis or presumed these cases to be linear nevi occurring in psoriatic patients.

Objectives :

The objective of our case is to report an original presentation of psoriasis.

Methods :

We report a case of a child with congenital psoriasis having the features of linear psoriasis along Blaschko's lines.

Results :

A 2 year-old boy presented to our department with itchy linear erythematous scaly plaques spread over the entire integument. There were no history of family psoriasis or seasonal change. Her mother reported having noticed at birth, an erythematous scaly linear plaque at the back of the lower right limb with thick scales covering all the surface of scalp. At 8 months of age, he developed new similar lesions on the lower left limb, the higher limbs and the trunk. He was diagnosed as having psoriasis. The lesions slowly spread along Blaschko's lines and the child developed erythematous scaly plaques on the face. At age of 2 years, he had generalized involvement. He was hospitalized on October 2021. Cutaneous examination showed numerous erythematous scaly confluent large plaques organized on linear stricks and linear bands along the lines of Blaschko, erythematous plaques covered with fine scales and hyperkeratotic linear bands along blaschko's lines of the scalp. Nails were normal. The skin biopsy was refused by the parents. Based on the clinical presentation, the child was diagnosed as having congenital linear psoriasis and was treated with acitretin 0.7 mg/kg / day and emollients with slight improvement after about 2 months.

Discussion :

This case was original in terms of the combination of two rare entities which are congenital psoriasis and linear blaschkoid psoriasis. The incidence of family history of psoriasis in children with congenital psoriasis has been debated. Our patient had a negative family history. The pathogenesis of linear psoriasis remains undetermined but some authors believe that it is a genetic mosaicism. It affects children, adolescents and young adults. Only few cases of congenital linear psoriasis were reported in the literature. The diagnosis of blaschko-linear psoriasis is based on clinical features. In our case, the presence of scaly erythematous plaques and scalp involvement associated with linear lesions guides the diagnosis. Linear psoriasis affects mostly the limbs and the left side of the body is more involved than the right. However, in our case, linear lesions of psoriasis were generalized to all the body. Blaschko-linear psoriasis poses problems of differential diagnosis with the other forms of blaschko-linear dermatoses, especially with inflammatory linear verrucous epidermal nevus (ILVEN). Linear psoriasis and ILVEN share similar histopathological findings. Linear psoriasis is more resistant to topical therapy, systemic treatments and biologics.

Disclosure of Interest: None declared

Keywords: blaschko-linear ; pediatric ; psoriasis

P037

CHILDHOOD PSORIASIS ALONG BLASCHKO'S LINES (BL)

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Background :

Introduction: Inherited and nevoid conditions are known to follow the lines of Blaschko. Inflammatory conditions such as lichen planus are also known to occur along BL

Objectives :

We report 18 cases of childhood psoriasis with lesions along BL.

Methods :

Forty-two children (2 to 16 years) with psoriasis seen during a one-year-period were studied for epidemiological and clinical aspects

Results :

Of the 22 children studied 8 of them showed lesions to occur along BL apart from classical extensor distribution. There was no age or gender prevalence noticed. An interesting observation was that on treatment these lesions over BL regressed earlier and on exacerbation they were the first to reappear.

Discussion :

It is suggested that the early disappearance and reappearance of lesions along BL may be due to the presence of pre-existing clone of mutant keratinocytes along these lines making them phenotypically evident.

Disclosure of Interest: None declared

Keywords: Childood, Psoriasis, Blaschko lines

P038

THE USEFULNESS OF TRICHOSCOPY IN PEDIATRIC ANDROGENETIC ALOPECIA

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Background :

Androgenetic alopecia (AGA) is a common cause of alopecia in adults. It is rarely reported in children. Hair dermoscopy (trichoscopy) is a rapid and non-invasive tool that is increasingly used in the diagnosis of alopecia.

Objectives :

We report the case of a child in whom trichoscopy led to the diagnosis of prepubertal AGA.

Methods :

a case report.

Results :

An 11-year-old boy with no particular personal history was brought to our department by his mother. His father had a history of AGA. Their complaint was a decrease in the boy's hair volume for a few months without any hair loss being observed. Scalp examination showed enlargement of the frontal line. There was also mild mixed acne on the face. The thyroid workup and ferritinemia were normal. Trichoscopy in the frontal area showed miniaturization of the hair, follicular units with a single hair and anisotrichosis. In the occipital area, the hair was of normal and homogeneous caliber. The diagnosis of AGA was based on clinical and trichoscopic data. The patient was put on minoxidil.

Discussion :

AGA in the pediatric population is not uncommon, but its incidence and prevalence are unknown as it is under-recognized and rarely reported. It is associated with a strong family history of AGA as in our patient. Trichoscopy is of great help in some common alopecia in children such as alopecia areata, trichotillomania or tinea. In AGA, the dermoscopic signs observed in children are those classically noted in adults: miniaturization of the hair, anisotrichosis of more than 20% of the hairs per field and the predominance of follicular units with a single hair. However, the perifollicular pigmented halo, and "honeycomb" pigmentation described in adults, are not reported in children. In our patient, the miniaturization of the hair in the frontal zone contrasting with a homogeneous caliber in the occipital zone was a major argument for AGA. The main differential diagnosis was diffuse alopecia areata. The absence of exclamation mark hair and black dots in trichoscopy ruled out this diagnosis. The anamnestic elements reported by the mother also support the diagnosis of AGA since it is characterized by thinning of the hair size with lightening of the scalp without hair loss. There is no approved treatment for AGA in children. Topical minoxidil has been used with success. Other treatment modalities are poorly studied in children.

Disclosure of Interest: None declared

Keywords: children ; trichoscopy ; androgenetic alopecia

P039

NEW-ONSET VITILIGO FOLLOWING PFIZER BIONTECH COVID-19 VACCINE

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Background :

The COVID-19 has caused a global health crisis. Mass vaccination programs provide the best opportunity for achieving active immunity and protecting populations. Several types of vaccines have been established and as time has passed, a number of adverse events have been reported.

Objectives :

We report an exceptional case of sudden onset of a diffuse vitiligo shortly after the administration of the Pfizer BioNTech COVID-19 vaccine.

Methods :

The patient presented to our department of Dermatology of Hedi Chaker in 2021 with recent lesions. A wood's lamp examination was helpful.

Results :

A 56-year-old man, with no medical history, presented with widespread depigmented bilateral macules on the face, neck, dorsum of the hands and feet. The rest of the general and physical examination did not reveal further abnormalities These lesions have appeared 15 days after his second dose of Pfizer BioNTech vaccine. The patient reported no personal or family history of vitiligo, autoimmune disease, or other pigmentary disorders. He was not taking any treatment. The clinical features consisted with the diagnosis of vitiligo and examination under wood’s lamp demonstrates an accentuated “milky -white’’ appearance of the affected lesions. An immunological assessment was requested. The patient was prescribed sequential corticosteroid therapy, oral antioxidant supplementation, and a one-month follow-up was scheduled.

Discussion :

Vitiligo is an immune-mediated inflammatory disorder ensuing the loss of epidermal melanocytes. Its pathogenesis is multifactorial and involves complex interactions between genetic risk factors, adaptative and innate immunity, and environmental triggers including drug exposure. Even though the pathogenesis of vaccine-related vitiligo has not been fully elucidated, several mechanisms could be incriminated.

In fact, mRNA vaccines are strong IFN-I inducers possibly by stimulating the plasmacytoid dendritic cells. These latter are present as part of the inflammatory infiltrate in progressive vitiligo. Given this, there is a potential link between the mRNA COVID-19 vaccine and the induction of vitiligo. In addition, as vitiligo is a T-cell-mediated autoimmune disease of the skin, vaccination could enhance T-cell activation against melanocyte differentiation antigens by molecular mimicry. It’s a process by which the nucleoprotein/spike protein of SARS-CoV-2, highly produced by mRNA vaccine, are similar to self-antigens and result in activation of autoreactive B or T cells . To our knowledge, our case is the first case of vitiligo following vaccination with Pfizer BioNTech COVID -19 vaccine, in a patient without a history of autoimmunity. The time of the onset depigmentation following the administration of the vaccine indicates at least its contribution, in a patient with no history of autoimmune diseases.

Disclosure of Interest: None declared

Keywords: PFIZER BIONTECH COVID-19 VACCINE ; covid19 ; vitiligo

P040

SKIN MANIFESTATIONS OF THE COVID-19 IN PATIENTS WITH PSORIASIS

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Background :

In 20-30% COVID-19 patients have the skin rash. The differential diagnosis of skin lesions in infected COVID-19 patients from other infectious exanthemas, from the manifestation of dermatoses, as well as from skin reactions occurring against the background of drug administration is important.

Objectives :

assess the effect of COVID-19 on the clinical course of psoriasis

Methods :

The study was attended by 70 psoriasis in-patients (100%) of the Moscow hospitals with the diagnosis of COVID-19. All patients were diagnosed with SARS- CoV -2 (by PCR method). Males were 46 (65,7%), females were 24 (34,3%) and mean age was - 51, 9 ± 11.6 years. The average duration of psoriasis in patients was 11, 6 ± 0.6 (Min. 1 year - Max. 35 years). All patients had a medium-severe and severe COVID-19. All patients were diagnosed with pneumonia. Lung damage was from 50% to 100% of lung area (diagnostic by computed tomography). Also COVID-19 had another symptoms of clinical manifestations. Hyperthermia (100%), cough (75%), shortness of breath (47%), loss of smell (64%) were recorded.

Results :

70 patients (100%) had different skin rash. Typical psoriatic rash (papules and plaques) were recorded in all patients. In 13 patients (18.5%) at the time of admission to hospital there were no skin manifestations of psoriasis. However, after 7-10 days there was a recurrence of psoriasis in all 13 patients. In the remaining 57 patients (81.5%), rash were already at admission. PASI was Min. 45 - Max.60 points (PASI 49, 4 ± 0.5). In all patients, the progression of the skin process occurred as the severity of the COVID-19 course increased.

16 patients (22.8%) have registered typical rash of COVID-19. In 11 patients (68.7%), the skin process first showed diseases in the form of erythematous-papules rash on the body - in 7 patients (43.7%) and in the form of acroangiitis - in 4 patients (25%). 2 patients (12.5%) had papules, 3 (18,7%) - *blisters*. 16 patients were subjected to diagnostic biopsy of skin rash followed by histological examination of biopsies. Histologically, patients were diagnosed with papulonecrotic skin angiitis (in 9 patients - 56.25%), pigment purpura (in 1 - 6.25%), in other cases polymorphic dermal angiitis (in 6 patients - 37.5%).

Discussion :

COVID-19 is a factor for the recurrence of psoriasis. In patients with COVID-19 in 22,8% of cases there are registered rash on the skin typicaly for vasculitis (angiitis). The morphological pattern most often corresponds to the papulonecrotic type of vasculitis (angiitis).

Disclosure of Interest: None declared

Keywords: SKIN MANIFESTATIONS ; psoriasis ; COVID-19

P041

THE IMPACT OF COVID-19 ON THE OPEN-LABEL EXTENSION OF THE BE RADIANT PHASE 3B TRIAL EVALUATING BIMEKIZUMAB IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS

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Background :

Through Week (Wk) 48 of the BE RADIANT phase 3b trial, psoriasis patients (pts) treated with bimekizumab (BKZ) showed superior rates of complete skin clearance vs secukinumab (SEC).[1] The ongoing open-label extension (OLE) is assessing long-term safety and efficacy of BKZ. COVID-19 was declared a global pandemic on 11 March 2020 and has presented challenges for clinical trial management, including barriers to in-person pt visits.[2]

Objectives :

Report COVID-19-related protocol deviations during the OLE (June 2019–March 2021) of BE RADIANT and assess the impact these had on efficacy endpoints.

Methods :

Pts received BKZ (320mg every 4 wks [Q4W] Wks0–16, then Q4W or Q8W Wks16–48) or SEC (per label) to Wk48. In the OLE (Wks48–96), all pts received BKZ 320 mg Q4W or Q8W. A protocol amendment permitted home treatment administration. COVID-19-related protocol deviations from Wks48–96 were determined as important (potentially having a meaningful impact on study conduct or key outcomes) or non-important. To assess the impact of COVID-19-related missing data, the proportion of pts achieving PASI100 at Wk96 was compared using non-responder imputation (NRI) and modified non-responder imputation (mNRI), in which pts who discontinued due to lack of efficacy were counted as non-responders and multiple imputation was used for all other missing data.

Results :

654/743 randomised pts entered the OLE. From Wks48–96, 0 pts had important COVID-19-related protocol deviations; 22.2% had ≥1 non-important deviation. In 2.0% of pts, ≥1 visit was not performed; in 7.5%, ≥1 occurred out of window; in 4.3% and 6.4%, ≥1 occurred via video call or phone, respectively. 2.4% of pts missed ≥1 treatment administration or dispensation, 0.9% had treatment home-shipped and 5.0% had ≥1 treatment home-administered. 1.4% of pts temporarily and 0.3% permanently discontinued due to COVID-19-related circumstances. Wk96 PASI100 responses were similar using mNRI and NRI.

Table. Wk96 achievement of PASI100 by double-blind/OLE treatment group

	BKZ/BKZ Q8W	BKZ/BKZ Q4W	SEC/BKZ Q8W	SEC/BKZ Q4W
	(N=238)	(N=98)	(N=122)	(N=196)
mNRI, %	74.4	68.7	80.5	74.1
NRI, %	71.4	59.2	78.7	70.4

All pts who did not achieve PASI90 at Wk48 received BKZ Q4W in the OLE.

Discussion :

COVID-19-related study disruptions were well managed using remote communication and home administration. Similarity between PASI100 results using mNRI and NRI suggests COVID-19 disruption-related missing data had a minimal impact on a key study outcome.

References :

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DdC, FS: Employees and shareholders of UCB Pharma.
LD, NNG: Employees of UCB Pharma.
PY: Speaker, investigator, consultant for AbbVie, Amgen, Eli Lilly, Janssen, Novartis, Ortho Dermatologics, Sun Pharma and UCB Pharma.
MSt: Received research funding from: Novartis; consultant for AbbVie, Amgen, Celgene, Eli Lilly, Janssen Cilag, LEO Pharma, MSD, Novartis, Pfizer, UCB pharma; speaker for AbbVie, Celgene, Janssen Cilag, LEO Pharma, MSD, Novartis, Pfizer; clinical study investigator AbbVie, Amgen, Celgene, Galderma, GSK, Janssen Cilag, LEO Pharma, Novartis, Pfizer, Regeneron and Sanofi.
JC: Advisor for AbbVie, Amgen, Bristol Myers Squibb, Eli Lilly and Sanofi Genzyme; Speaker: AbbVie, Amgen and Eli Lilly; clinical trials performed for: AbbVie, Amgen, Bristol Myers Squibb, Celgene, ChemoCentryx, Eli Lilly, Galderma, Janssen, LEO Pharma, Menlo Therapeutics, Sun Pharma and UCB Pharma.
MSe: Received honoraria as an investigator, or received grants and has been an advisor/consultant for: AbbVie, Affibody, Almirall, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Dermira, Dr. August Wolff, Dr. Reddy's Laboratories, Eli Lilly, Galderma, Genentech, GSK, Incythe, Janssen, LEO Pharma, MedImmune, MSD, Mundipharma, Novartis, Pfizer, Regeneron and UCB Pharma.
LP: Received consultancy/speaker's honoraria from and/or participated in trials sponsored by AbbVie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Celgene, Eli Lilly, Gebro, Janssen, JS BIOCAD, LEO Pharma, Merck-Serono, MSD, Mylan, Novartis, Pfizer, Regeneron, Roche, Samsung-Bioepis, Sandoz, Sanofi Genzyme and UCB Pharma.
ML: Employee of Mount Sinai and receives research funds from: Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Dermavant Sciences, Eli Lilly, Incyte, Janssen Research & Development, LLC, Ortho Dermatologics, Regeneron, and UCB, Inc., and is a consultant for Aditum Bio, Almirall, AltruBio Inc., AnaptysBio, Arcutis, Inc., Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Boehringer-Ingelheim, Bristol-Myers Squibb, Cara Therapeutics, Castle Biosciences, Corrona, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Inc., Facilitatation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima Ltd., LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Seanergy, and Verrica.

Keywords: COVID-19 ; Bimekizumab ; Plaque Psoriasis

P042

COMORBIDITIES ASSOCIATED TO VITILIGO IN DARK-SKINNED PATIENTS

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Background :
Vitiligo is a common skin condition that leads to progressive depigmentation of the hair, skin and mucous membranes. It was reported in association with several other autoimmune conditions.

Objectives :
Our purpose was to describe the characteristics of vitiligo in the tunisian population and investigate its association with other medical conditions.

Methods :
We conducted a retrospective study at the department of dermatology of Habib Thameur Hospital from January 2018 to December 2021 based on the medical records of vitiligo patients seen during that period.

Results :
We collected 106 patients. The mean age was 31,6-year-old (2-81). There was a slight female predominance (M/F = 0,93). The patients had a family history of dysthyroidism in 6 cases, biermer's anemia in one case, psoriasis, alopecia areata, allergic rhinitis and vitiligo in two cases each. The mean age of the onset of vitiligo was 18,5-year-old. The affection concerned the head and neck region in 48 cases (45,3%), the trunk in 41 cases (38,7%), the extremities in 57 cases (53,8%), the perineal area in 8 cases (7,5%) and the genitalia in 9 cases (8,5%). Sixty-five patients (61,3%) had multiple vitiligo patches. Associated comorbidities were identified in nine cases: dysthyroidism in 8 cases (7,5%), alopecia areata in 2 cases (1,9%), diabetes in 4 cases (3,8%) and anemia in 3 cases (2,8%). Gougerot sjogren disease, ocular affection, Addison's disease, psoriasis and atopic dermatitis were associated to vitiligo in one case (0,9%) each. Patients received calcineurin inhibitors in 41 cases (38,7%), dermocorticoid in 81 cases (76,4%), systemic corticoid in 12 cases (11,3%) and excimer laser in 42 cases (39,6%). Vitiligo patches fully regressed in two patients (1,9%), partially regressed in 20 cases (18,9%), didn't show any modification in 80 cases (75,5%) and had a progressive course in four cases (3,8%).

Discussion :
Vitiligo usually occurs in young people with no gender predilection. In our study, the mean age was 18,5 year-old with a slight female predominance. This skin disease mainly affects the face, the trunk, and the extremities which is concordant with our results. This affection usually shows variable response to treatment, as shown in our study. Vitiligo can be associated with various comorbid systemic, autoimmune and dermatological disorders. The most described associated affections are thyroid disease, diabetes mellitus, alopecia areata, biermer anemia, rheumatoid arthritis, lupus, Addison's disease, Sjogren's syndrome, inflammatory bowel disease, ocular and audiological abnormalities, atopic dermatitis and psoriasis. Nine patients in our study had associated comorbidities. They suffered from dysthyroidism, alopecia areata, diabetes, anemia, Gougerot sjogren disease, ocular affection, addison's disease, psoriasis and atopic dermatitis. Thus, it is important to increase awareness of these comorbidities in order to improve the quality of life of these patients.

Disclosure of Interest: None declared

Keywords: comorbidity ; vitiligo

P043

A CASE OF NEW-ONSET ACUTE GENERALIZED PUSTULAR PSORIASIS FOLLOWING PFIZER-BIONTECH COVID-19 VACCINE

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Background :

SARS-CoV-2 vaccines appear to have the potential to induce a broad spectrum of cutaneous manifestations, such as new-onset of skin diseases or flares of pre-existing dermatoses

Objectives :

We describe a case of a new-onset acute generalized pustular psoriasis (AGPP) following the first dose of Pfizer-BioNTech COVID-19 messenger RNA vaccine (mRNA-CV).

Methods :

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Results :

A 20-year-old man, with history of mild plaque psoriasis, presented to our department with a 3-week history of an erythematous rash associated with fever, and poor general condition. The first dose of mRNA-CV was given 4 days before the onset of the rash. No new medications have been introduced in the weeks preceding the rash. On examination, the patient was clinically stable, with fever and malaise. Skin examination noted coalescing pustules overlying painful, erythematous skin with yellow crusts on the limbs and desquamation on the trunk. Laboratory tests revealed biological inflammatory syndrome. The bacterial skin swab was negative. Histology confirmed the diagnosis of pustular psoriasis. The COVID-19 PCR test was negative. The diagnosis of AGPP following mRNA-CV was made. The patient was started on acitretin at 25 mg/d with topical steroids, resulting in a significant improvement and resolution of the rash after 2 weeks.

Discussion :

Our patient presented an acute onset of AGPP four days after receiving the first dose of the mRNA-CV. The Known causes of AGPP were excluded. According to the Naranjo criteria, the likelihood of the vaccine as the incriminating agent was highly significant and the score was 6 “probable.” AGPP is an uncommon life-threatening variant of psoriasis which has been associated with the sudden withdrawal of corticosteroids, hypocalcemia, various medications, and infections. Some vaccines have also been implicated in triggering AGPP such as pneumococcal polysaccharide vaccination and H1N1 influenza vaccination. To our knowledge, three cases of AGPP following COVID-19 vaccination have been reported in the literature, among them only one case occurred after mRNA-CV, as in our case. The first and the third reported cases had an already known diagnosis of stable plaque psoriasis, as in our patient, and the onset of the rash was very acute, developing 4 days and 5 days after Sinovac and Pfizer vaccine administration respectively. The second patient developed de novo AGPP following the first dose of the Oxford-AstraZeneca COVID-19 vaccine. Furthermore, AGPP has also been associated with COVID-19 infection which raises the possibility that an immune response to either the virus or the vaccine could have a common consequence. In summary, we reported here the second case of AGPP following mRNA-CV. Although vaccines against COVID-19 could aggravate already existing psoriasis, trigger psoriasis de novo, or, as reported herein, modify the phenotype of the disease, psoriatic patients should receive the vaccine since its benefits overweigh its side effects.

Disclosure of Interest: None declared

Keywords: covid-19 ; vaccine ; acute generalized pustular psoriasis

P044

PSORIASIS INVERSA IN PATIENT WITH HIDRADENITIS SUPPURATIVA: A CASE REPORT

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Background :

Psoriasis and hidradenitis suppurativa (HS) are chronic inflammatory dermatoses with major negative impact on quality of life and significant comorbidities. The prevalence of intertriginous psoriasis varies in many studies – from 12% to 36% among European patients with psoriasis [1]. Coexistence of psoriasis and HS has been reported, nonetheless, we found no previous case reports that discussed psoriasis inversa (PI) and HS as comorbidities.

Objectives :

To report a case of HS with PI that was successfully treated with methotrexate.

Methods :

We present a case report of a 46-year-old female who was successfully treated with rifampicin and clindamycin for HS and methotrexate for PI.

Results :

Patient with a 4-years history of HS presented to our clinic. She had a medical anamnesis of rheumatoid arthritis in remission and hypothyroidism. Clinical examination revealed multiple inflammatory nodules, draining fistulas in axillary regions, hyperpigmentation in groin and buttocks (Hurley stage II, IHS4- 19 points, pain VAS- 6 points, DLQI- 2 points), body mass index was 30.46 kg/m2. Complete blood cell count, chemistry panel revealed normal values. Treatment with rifampicin 600 mg daily and clindamycin 300 mg two times per day were started and continued for 10 weeks with a significant improvement of HS lesions (IHS4-0 points, pain VAS-0 points, DLQI- 0 points). After 7 months patient presented with erythematous, scaly plaques in flexural areas (BSA-10%, DLQI-9 points). The culture for *Candida spp.* and patch test with European baseline series of contact allergens and additions were negative. Skin biopsy showed psoriasiform acanthosis of the epidermis, mild perivascular and perifollicular lymphocytic infiltrate. Oral acitretin 30 mg daily was started but due to the adverse effects (spreading rash, itching, nausea) was discontinued in two weeks. Therefore, treatment was changed to methotrexate 10 mg per week subcutaneously with folic acid following day. After 1 month there was a good reduction in inflammatory activity with regression of erythema and this response continued over the 4-month treatment period (BSA-1%, DLQI-0 points).

Discussion :

HS and psoriasis are considered chronic inflammatory diseases suggesting the existence of common pathogenetic links [2]. This case of HS and PI shows that first line medications for treatment could be traditional immunomodulatory therapy – methotrexate. In case of exacerbations or intolerance of treatment biological therapy retain as reservoir for the treatment in the future.

References :

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Disclosure of Interest: None declared

Keywords: Comorbidities ; Hidradenitis suppurativa ; Psoriasis inversa

P045

CLINICAL RESULTS OF EXCIMER LASER AS AN ADJUVANT THERAPY FOR PLAQUE PSORIASIS: LATIN AMERICAN CASE SERIES

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Background :

Psoriasis is a chronic, inflammatory, systemic disease with an autoimmune origin associated with cutaneous and articular manifestations(1). The prevalence and implications in patient quality of life, the same as the economic impact for the health system, highlight the importance of considering and evaluating other non conventional treatments for plaque psoriasis. The 308 nm excimer laser is a narrow band UVB localized therapy that induces T lymphocytes apoptosis, DNA damage of antigen presenting cells, and increases regulatory T cells, ideal for refractory lesions to other type of treatments (2).

Objectives :

Characterization of clinical results of patients with plaque psoriasis that received excimer laser as an adjuvant treatment.

Methods :

Case series study that was developed in a private dermatology clinic in Bogotá, Colombia. Data was collected from july to september 2021. Using minimal erythema dose protocol, the excimer laser was administered to patients with confirmed diagnosis of plaque psoriasis, with persistent cutaneous lesions compromising less than 10% of body surface area, despite topical and/or systemic treatment. Changes in total clinical score (TCS) and DLQI scales were characterized, the same as the adverse effects.

Results :

Twelve patients were included. Their mean age was 48.2 years with a predominant Fitzpatrick skin type III. A single psoriatic lesion was treated once or twice weekly for up to 3 to 17 sessions. The baseline TCS mean was 5.1 (range: 3-6) and baseline DLQI mean was 6.09 (range: 2-19) with a reduction in both values for all patients. Six patients did not complete treatment, 3 of them due to adverse reactions.

Discussion :

Excimer laser seems to be a safe alternative in plaque psoriasis treatment. Hyperpigmentation and blistering were the most common adverse events. Despite the limited number of patients in this case series, it is extremely valuable in our population due to the little evidence published about this type of phototherapy in Latin America.

References :

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Disclosure of Interest: None declared

Keywords: Excimer ; Plaque psoriasis

P046

MODULATION OF PSORIASIS-RELEVANT MEDIATORS DURING SYSTEMIC THERAPY WITH FUMARIC ACID ESTERS. RESULTS OF A PROSPECTIVE COHORT STUDY

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Background :
Systemic therapy of moderate to severe plaque psoriasis with fumaric acid esters, namely dimethylfumarate (DMF), is available in many European countries. Psoriasis lesions show an interplay between keratinocytes and immune cells mediated by cytokine signalling. However, the influence of DMF on the cytokine crosstalk is not understood yet.

Objectives :
The objectives of this study were to further elucidate cytokine modulation during early DMF treatment and to better understand the mechanism of action of this oral drug.

Methods :
In a prospective cohort study 20 patients with moderate to severe psoriasis started treatment with fumaric acid esters and blood was sampled at baseline and after 1, 2, and 3 months during therapy, respectively. Serum cytokine and adipokine levels were analysed using a multiplex cytometric bead-based immunoassay.

Results :
The results showed significant upregulation of interleukin (IL)-2 and significant downregulation of interferon-γ and tumor necrosis factor alpha by DMF treatment. Among the mediators selected IL-5, IL-6, IL-9, IL-10 showed an increase in serum concentration in the first 2 months followed by a marked decrease at month 3. Adiponectin, adipsin and leptin showed upregulation and resistin downregulation by DMF. In patients with a BMI ≥ 30 cytokine levels were higher than in patients with a BMI < 30 both at baseline and during early treatment and showed different patterns of regulation. Significant differences in cytokine modulation between patients experiencing adverse drug reactions (ADR) such as DMF-induced eosinophilia and gastrointestinal events and patients without ADR were detected.

Discussion :
The data of this study show a distinct modulation of mediators in patients treated with DMF affecting immune cells and keratinocytes, which may be an important aspect in the amelioration of the disease. Differences of cytokine modulation in patients with and without ADR hint to the importance of further ADR investigation. The results may add to the understanding of the mechanism of action of fumaric acid esters in the treatment of psoriasis.

Disclosure of Interest: Grant / Research support : UM has advised, received speaker's honoraria, received grants and participated in clinical trials of Almirall and Dr. Reddy's marketing or developing fumarate drugs. LM, IS and PM have no conflicts of interest to declare.

Keywords: psoriasis ; cytokines ; fumaric acid esters

P047

Acitretin for the treatment of pustular psoriasis

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Background :

Pustular psoriasis is an inflammatory skin condition characterized by eruption of sterile pustles on erythematous background. It is considered as a public health care problem as it can be life-threatening. There is no standard therapy.

Objectives :

The aim of our study was to evaluate the role of acitretin in pustular psoriasis treatment.

Methods :

A retrospective study involving patients with pustular psoriasis treated in the Dermatology Unit of Habib Thamer hospital of Tunis from 2017 to 2021.

Results :

A total of 31 patients were included of whom 22 adults and 9 children. The male to female ratio was 1/3. Six cases (19%) had a previous history of psoriasis vulgaris, three cases (10%) had a previous history of psoriasis arthropathica and four cases (13%) had a family history of psoriasis. Main Co-morbidities were diabetes (two cases) and hypertension (two cases). The average age of onset was 29 years [1-66]. Five cases (16%) were triggered by infections and three ones (10%) were caused by drugs. Clinically, 23 patients (74%) had presented with annular pustular psoriasis, 6 patients (19%) with generalized pustular psoriasis and 2 patients (7%) with palmoplantar pustulosis.A concomitant fever was recorded in 16 cases (51.61%). The average duration of hospitalisation was 9.2 days. Acitretin 0.5-1mg/kg/day was administrated as first-line therapy in 25 cases, 18 patients (72%) showed good clinical response. During Follow- up, skin lesion clearance had been noticed after an average of 21.5 days [7-60]. Most of cases (13) did not report side effects. Five patients (20%) had stopped the treatment after an average period of 2 months. Three cases reported hyperlipidaemia and two cases reported abnormal liver function.

Discussion :

Pustular Psoriasis is a form of psoriasis consisting of widespread sterile pustules on red skin. Even if it is an uncommon variant, it remains frequent in Tunisia. The disease starts at a mean age of 30 to 40 years old. It occurs more frequently in women. Many factors trigger the flare up of the disease such as sudden withdrawal of corticosteroids, infection and pregnancy. There is no standard treatment and many systemic medications are available. According to international guidelines, ciclosporin is the first-line treatment but in our study, better results have been shown with Acitretin.

Disclosure of Interest: None declared

Keywords: Acitretin ; Treatment ; Pustular psoriasis

P048

APREMILAST IN ALOPECIA AREATA

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Background :

Apremilast is a phosphodiesterase inhibitor it has been used for psoriasis but its use for alopecia areata has Variable response.

Objectives :

We tried Oral Apremilast for Alopecia areata and found excellent response to the drug in few cases

Methods :

We report the use of oral apremilast in alopecia areata giving excellent results and full regrowth in patch 2 months after starting apremilast orally. Both the patients tolerated the drug well and did not have any side effects of the drug .We had done a clinical and dermoscopy / trichoscopy follow up for these patients.

Results :

Both Our patients responded well with apremilast and didnot have any adverse effects

Discussion :

Starting Apremilast early in alopecia areata reduces the need of Intralesional Traimcinolone

References :

Estébanez, Andrea et al. “Apremilast in Refractory Alopecia Areata.” *International journal of trichology* vol. 11,5 (2019): 213-215. doi:10.4103/ijt.ijt_59_19

Disclosure of Interest: None declared

Keywords: Alopecia Areata

P049

CYCLOSPORINE A-INDUCED HAIR REPIGMENTATION IN A PATIENT WITH DERMATITIS: A CASE REPORT WITH A REVIEW OF THE LITERATURE

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Background :

Cyclosporine A (CsA) is a known immunosuppressant that is widely used in multiple medical specialties, such as in the treatment of multiple transplant, skin and rheumatology conditions. CsA is a calcineurin inhibitor which inhibits cell mediated and humoral immune responses by binding to cyclophilin, leading to the activation of nuclear factor of activated T-cells (NFAT) and reduction in IL-2 transcription. Known side effects of this medication are renal toxicity, hypertension, hypertriglyceridemia, immunosuppression and lymphoma. CsA can affect hair by causing hypertrichosis, though it is rarely reported to cause hair darkening.

Objectives :

To discover another desirable effect of cyclosporin

Methods :

History taking,labs investigation and biopsy

Results :

CsA causes hypertrichosis and repigmentation of the hair, beginning as little as a month after treatment. Further studies need to be done to know the exact mechanism of this effect.

Discussion :

Here we report the case of an Omani male patient who presented to the Dermatology Clinic in, Oman in 2020, with reversal of his hair color from white to black after 3 months of treatment with CsA for his chronic dermatitis.

Only two cases of hair darkening after introduction of CsA have been reported in the literature.

The patient in this case and the other two reported cases shared similar backgrounds of autoinflammatory dermatological conditions progressing to erythroderma, requiring the initiation of CsA. In addition, the patients all developed hair darkening on the same dose of CsA, 5mg/kg/day, and over similar time periods.

Disclosure of Interest: None declared

Keywords: cyclosporine

P050

NUMBER NEEDED TO HARM FOR ONE SEVERE INFECTION, MALIGNANCY AND MACE TO OCCUR WITH TILDRAKIZUMAB TREATMENT OF MODERATE-TO-SEVERE PSORIASIS PATIENTS

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Background :
Tildrakizumab (TIL) is a high-affinity anti-IL-23p19 monoclonal antibody for the treatment of moderate-to-severe psoriasis that has shown to be effective and safe for up to 5 years (1).

Objectives :
To evaluate number needed to harm (NNH) for treatment with TIL 100 mg and 200 mg to develop a major adverse cardiovascular event (MACE), malignancy (excluding non-melanoma skin cancer), or severe infection through 5 years in two phase 3 trials.

Methods :
reSURFACE 1 and reSURFACE 2 were double-blind, randomized, controlled trials involving patients with moderate-to-severe plaque psoriasis (1). After completing the base study, patients entered an optional 4-year extension period of up to week 256/244 (reSURFACE 1/2). PSOLAR is an intercontinental prospective registry for systemic non-biologic and biologic therapies for psoriasis (2). This analysis included safety data pooled across reSURFACE trials and safety data from the PSOLAR registry. NNH (i.e. number of patients who need to be treated with TIL 100 or 200 mg in order for 1 person to develop a MACE, malignancy or severe infection) is reported. NNH was calculated as follows: 1 / (number of events per year in reSURFACE trials including extension – number of events in PSOLAR registry). MACE (reSURFACE trials) included non-fatal myocardial infarction, non-fatal stroke, unstable angina, coronary revascularization, resuscitated cardiac arrest, and cardiovascular death. MACE (PSOLAR registry) comprised cardiovascular death, non-fatal cerebrovascular accident, and non-fatal myocardial infarction. Severe infections (reSURFACE trials) were either serious adverse events or those requiring intravenous antibiotics. Serious infections (PSOLAR registry) were those requiring hospitalization or considered medically important.

Results :
Overall, 872 patients on TIL 100 mg and 928 patients on TIL 200 mg were included with a total exposure to TIL 100 and TIL 200 mg of 2688.4 and 2753.5 patient-years (PY). Incidence rates (per PY) of MACE, malignancies and severe infections across TIL groups were low (TIL 100 mg: 0.0056, 0.0078, and 0.0141; TIL 200 mg: 0.0087, 0.0062, and 0.0174) and comparable with the rates reported in the PSOLAR registry (0.0036, 0.0068, and 0.0150). For 1 MACE to occur, 505 and 195 patients need to be treated with TIL 100 and 200 mg for 1 year. For 1 malignancy to occur, 990 patients need to be treated with TIL 100 mg for 1 year, whereas the value was not possible to calculate for TIL 200 mg due to lower event rates vs PSOLAR. For 1 severe infection to occur, 412 patients need to be treated with TIL 200 mg for 1 year, while the event rates for TIL 100 mg was lower than PSOLAR.

Discussion :
TIL demonstrated a favorable safety profile over 5 years with low event rates of MACE, malignancies, and severe infections, comparable to the PSOLAR registry. Consequently, NNH were very high or not possible to calculate due to lower event rates for TIL. These results further support the favorable safety profile of IL-23p19 inhibitors.

References :
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Disclosure of Interest: Employee : All authors are employees of Eli Lilly and Company.
Consultant : No conflicts of interest
Grant / Research support : No conflicts of interest

Keywords: Safety ; Psoriasis ; Tildrakizumab

P051

BARICITINIB EFFECTIVELY REDUCES DISEASE SEVERITY IN MODERATE-TO-SEVERE ATOPIC DERMATITIS IRRESPECTIVE OF DISEASE DURATION OR IMMUNOGLOBULIN E SERUM LEVELS AT BASELINE: A POST-HOC ANALYSIS OF THE STUDIES BREEZE-AD1, BREEZE-AD2 AND BREEZE-AD7

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Background :
Baricitinib (BARI) is an oral selective Janus kinase (JAK) 1/2 inhibitor which received indication for the treatment of adults with moderate-to-severe atopic dermatitis (AD) in Europe, Japan and other regions.

Objectives :
This post-hoc analysis examined the effect of disease duration and immunoglobulin (Ig)E serum levels at baseline on the efficacy of BARI as mono- (BREEZE-AD1, BREEZE-AD2) or topical corticosteroid (TCS) combination (BREEZE-AD7) therapy.

Methods :
In AD1/AD2 and AD7, adult patients with moderate-to-severe AD were randomised to once-daily placebo (PBO) or BARI (AD1/2: 1, 2 & 4mg; AD7: 2 & 4mg) for 16 weeks. TCS were allowed in AD7, but considered rescue therapy in AD1/2; patients rescued or who discontinued treatment were considered non-responders. Potential subgroup interaction effects in AD1/2 pooled and separately for AD7 were evaluated by baseline disease duration (<20 or ≥20 years since diagnosis) and IgE serum levels (<200 or ≥200 kU/L) in treatment groups tested within the primary endpoints of the studies (i.e., PBO, BARI 2 & 4mg). Outcomes assessed included: proportion of patients achieving validated Investigator's Global Assessment for AD of 0/1 [vIGA (0,1)], ≥75% improvement in Eczema Area and Severity Index (EASI75) and ≥4-point improvement in Itch Numeric Rating Scale (NRS). Response rates were reported as relative frequency; treatment-by-subgroup interactions were assessed using a logistic regression model; significance level was set at p≤0.10.

Results :
Of 987 patients in AD1/2 and 329 patients in AD7, 374 and 129, respectively, had disease duration <20 years, 613 and 200 had disease duration ≥20 years, 169 and 55 had IgE serum levels <200 kU/L, and 761 and 270 had IgE serum levels ≥200 kU/L. Response rates were consistently higher for BARI 4mg versus PBO across all subgroups for all outcomes tested in both AD1/2 and AD7 analyses. In AD1/2, for disease duration <20/≥20 years, vIGA (0,1) response rates were 14.6%/8.7% for BARI 2mg and 14.7%/15.8% for BARI 4mg versus 7.4%/3.2% for PBO; corresponding values for IgE <200/≥200 kU/L were 17.9%/9.5% for BARI 2mg and 30.8%/11.4% for BARI 4mg versus 11.0%/2.9% for PBO. In AD7, for disease duration <20/≥20 years, vIGA (0,1) response rates were 24.4%/23.4% for BARI 2mg and 32.4%/29.7% for BARI 4mg versus 23.4%/8.1% for PBO; corresponding values for IgE <200/≥200 kU/L were 42.1%/19.1% for BARI 2mg and 58.3%/27.6% for BARI 4mg versus 29.2%/10.8% for PBO. No significant treatment-by-subgroup interactions for vIGA (0,1) were seen for either disease duration or IgE level subgroups. Similar results were seen for EASI75 or Itch NRS ≥4-point improvement analyses.

Discussion :
In patients with moderate-to-severe AD, BARI 4mg, both in monotherapy and combined with TCS, demonstrated a consistent benefit in reducing skin inflammation and itch versus PBO after 16 weeks of treatment, irrespective of disease duration or IgE serum level at baseline.

Disclosure of Interest: Speaker bureau : Y. Tsunemi: Fees for lectures from Eli Lilly Japan K.K.; Mitsubishi Tanabe Pharma Corporation; Taiho Pharmaceutical Co., Ltd.; Sanofi K.K.; Maruho Co., Ltd.; Torii Pharmaceutical Co., Ltd.; Novartis Pharma, K.K.; Kyowa Kirin Co., Ltd.
Employee : Susanne Grond, Luna Sun, Hitoe Torisu-Itakura are employees of Eli Lilly and Company. Na Lu is employee of Precision Statistics Consulting Inc.
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Pharma Corporation; Taiho Pharmaceutical Co., Ltd.; Sanofi K.K.; Maruho Co., Ltd.; Torii Pharmaceutical Co., Ltd.; Novartis Pharma, K.K.; Kyowa Kirin Co., Ltd.

Keywords: Baricitinib ; Atopic Dermatitis

P052

TIME TO LOSS OF RESPONSE FOLLOWING TREATMENT WITHDRAWAL IN PATIENTS ACHIEVING PSORIASIS AREA AND SEVERITY INDEX (PASI) 90 AFTER TWO DOSES VS. FOUR DOSES OF GUSELKUMAB: A POST HOC ANALYSIS OF THE VOYAGE 2 TRIAL

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Background :

In special situations, patients with psoriasis may experience treatment intervals longer than indicated and further understanding of the dynamics of loss of response (LOR) could help to improve treatment management. The Phase III, placebo-controlled VOYAGE 2 trial assessed the efficacy and safety of the interleukin (IL)-23-inhibiting monoclonal antibody, guselkumab (GUS), in moderate-to-severe plaque psoriasis and included a treatment withdrawal phase.[1] LOR data for patients initially randomised to GUS in VOYAGE 2 were previously presented.[2]

Objectives :

This VOYAGE 2 post hoc analysis evaluated time to LOR in patients following treatment withdrawal after 2 GUS injections compared with withdrawal after 4 GUS injections.

Methods :

Patients who achieved Psoriasis Area and Severity Index (PASI) 90 at Week (Wk) 28 and were withdrawn from treatment up to Wk 72 were included: Group 1 (G1; n=147) received placebo from Wk 0, followed by GUS at Wk 16 and 20; and Group 2 (n=182) received GUS at Wk 0, 4, 12 and 20. Group 2 was analysed as two subgroups: Group 2a (G2a; n=131) achieved PASI 90 at Wk 12 and 28; and Group 2b (G2b; n=51) achieved PASI 90 at Wk 28 but not Wk 12. Kaplan−Meier analysis was conducted for median time from PASI <1 at Wk 28, achieved by a subgroup of patients, to PASI ≥1, ≥3 and ≥5 following GUS withdrawal.

Results :

Baseline characteristics were similar among the groups, including mean age (42–45 years), Body Mass Index (29 kg/m²) and psoriasis duration (16–18 years). Median time from PASI <1 to PASI ≥1, ≥3 and ≥5 following GUS withdrawal (Fig 1) was 19.0, 27.9, 31.4 wks in G1 (n=97); 16.3, 23.3, 27.1 wks in G2a (n=109); and 11.0, 16.9, 25.1 wks in G2b (n=31), respectively. Analyses were also performed for LOR from PASI 90, PASI 0 and PASI >0/<1.

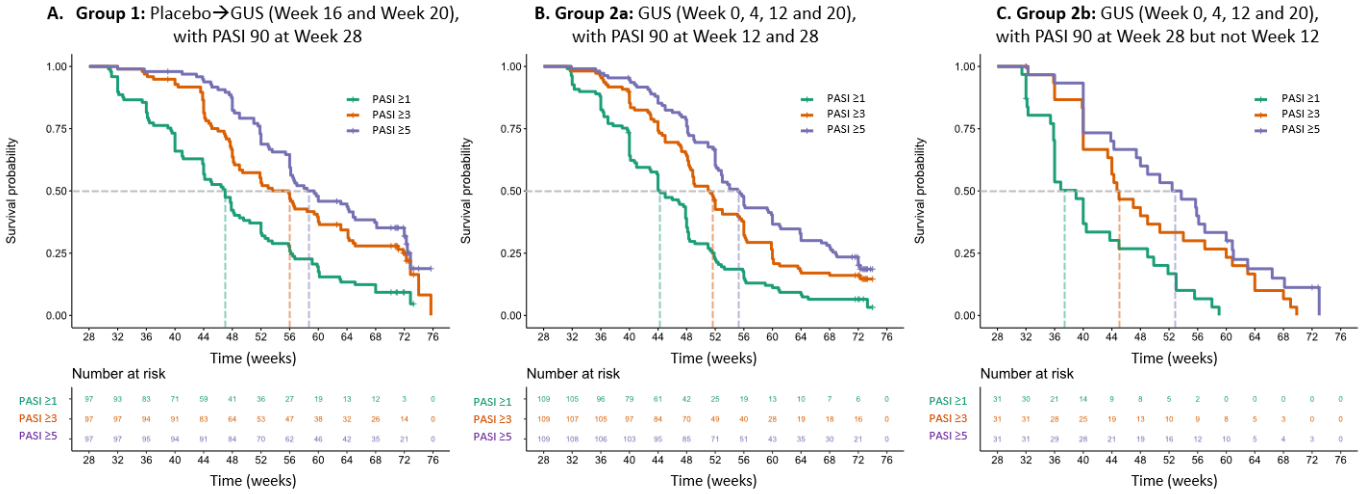

Figure 1. Kaplan–Meier analysis of time from PASI <1 at Week 28 to PASI ≥1, ≥3 and ≥5 following GUS withdrawal in patients in **A.** Group 1, **B.** Group 2a and **C.** Group 2b. Dashed line denotes 50% survival probability. GUS, guselkumab; PASI, Psoriasis Area and Severity Index.

Discussion :

IL-23 inhibition with GUS is known to result in maintained response following treatment withdrawal.[2] These data show numerically longer time from PASI <1 to LOR following withdrawal in patients achieving PASI 90 after 2 (G1/G2a) vs. 4 (G2b) GUS doses. Our results align with studies that classify patients with clinically high skin clearance soon after treatment initiation as 'super responders', however, further research in this field is needed.[3]

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Keywords: Guselkumab ; Drug survival ; Biologics

P053

SELF-MANAGEMENT STRATEGIES FOR ADVERSE DRUG REACTIONS AS REPORTED BY TNF-ALPHA INHIBITOR USERS: AN OBSERVATIONAL STUDY

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Background :

Self-management strategies of adverse drug reactions (ADRs) are outside the vision of healthcare professionals (HCPs). Nevertheless, patients consider this information as one of the most important domains regarding ADR information (1). Therefore, identifying these strategies is important for both HCPs and patients.

Objectives :

To identify which self-management strategies are applied by patients with immune-mediated inflammatory diseases (IMIDs) who encountered injection site reactions, local/systemic infections, or skin reactions during the use of adalimumab or etanercept.

Methods :

Data of the Dutch Biologic Monitor (DBM), a prospective cohort event monitoring system, was used. Patients using biologics for IMIDs were asked to fill out bimonthly questionnaires on biologic use and experienced ADRs including questions on applied self-management strategies in an open-ended text field. For this study we included patients who used adalimumab or etanercept and reported injection site reactions, infections or skin reactions with self-management strategies. Self-management strategies were identified with thematic-analysis of the open-ended text fields.

Results :

A total of 160 patients were included, of which 20.6% had psoriatic arthritis. Most patients experienced injection site reactions (n=149), followed by infections (n=133), and skin reactions (n=101). Of these patients, the lowest number of applied self-management strategies was reported for injection site reactions (n=42, 28%), followed by skin reactions (n=62, 61%), and infections (n=88, 66%). The self-management strategies included themes such as ‘Changing methods of administration’ for injection site reactions, ‘Change of personal care’ for skin reactions, and ‘Additional treatment for the ADR’ for infections. A wide range of items were merged in these overarching themes.

Discussion :

This study shows that patients apply a wide range of self-management strategies for their ADRs. Further research should focus on the effectiveness of these actions and subsequently dissemination or (de)implementation of these strategies if deemed (in)effective.

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Disclosure of Interest: None declared

Keywords: Biologics ; Self-management strategies ; ADR information

P054

CHARACTERIZATION OF BINDING, NEUTRALIZATION, AND INTERNALIZATION OF THE IL-13 BINDING ANTIBODY LEBRIKIZUMAB

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Background :

Interleukin 13 (IL-13) is the primary upregulated cytokine in atopic dermatitis skin biopsy samples and is a central pathogenic mediator driving multiple features of atopic dermatitis pathophysiology. Lebrikizumab (LEB) is a novel monoclonal antibody (mAb) that selectively targets IL-13 and prevents formation of the IL-13 receptor alpha 1 (IL-13Rα1)/IL-4 receptor alpha (IL-4Rα) heterodimer receptor-signaling complex but does not interfere with IL-13 binding to the decoy IL-13Rα2. Tralokinumab and cendakimab are other antibodies to IL-13 that prevent IL-13 from binding to both IL-13Rα1 and IL-13Rα2.

Objectives :

To compare the *in vitro* binding affinities and cell-based functional activities of LEB, tralokinumab, and cendakimab focusing on IL-13 binding, neutralization and internalization.

Methods :

Binding affinities were determined using surface plasma resonance (SPR). *In vitro* mAb neutralization was tested using three repeats of both a STAT6 reporter assay and a primary fibroblast assay measuring IL-13 induced periostin secretion. Additionally, live imaging confocal microscopy was used to determine the potential mAb effects on IL-13 internalization into cells via IL-13Rα2.

Results :

The LEB binding affinity (as measured by the equilibrium dissociation constant, KD) to aglycosylated human IL-13 was 6.3±0.9 pM (n=3, SD) at 37°C, similar to previously published values. LEB binds glycosylated form of human IL-13 with a binding affinity of 187±7.9 pM (n=3, SD) at 37°C. In comparison, the binding affinity to glycosylated IL-13 was 1804±154 pM (n=3, SD) for tralokinumab and 1132±67 pM (n=3, SD) for cendakimab. In the cell-based assays, LEB was more potent in neutralizing IL-13-induced effects than either tralokinumab or cendakimab. Through competitive binding experiments using SPR, we confirmed that LEB can bind to the tralokinumab/IL-13 and cendakimab/IL-13 complexes, indicating that LEB binds to IL-13 at a different epitope. We used A375 cells that only express IL-13Ra2 to observe that IL-13 can bind IL-13Ra2 and is internalized into the cells. Importantly, we also observed binding and internalization of the IL-13/LEB complex, while IL-13/tralokinumab or IL-13/cendakimab complexes do not bind to the receptor and are not internalized. The internalized IL-13/LEB complex is likely to be degraded in lysosomes resulting in the clearance of IL-13.

Discussion :

Overall, we demonstrate that LEB is a unique IL-13 antibody that binds human IL-13 with a higher affinity and neutralizes IL-13 functional activity with higher potency than cendakimab and tralokinumab. Additionally, LEB binds a different IL-13 epitope that allows for the removal of IL-13/LEB complex through IL-13Rα2. These data provide insight into the clinical efficacy seen by LEB in Phases 2b/3 atopic dermatitis studies.

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Keywords: IL-13, lebrikizumab, atopic dermatitis.

P055

OVERVIEW OF BARICITINIB 4 MG IN MODERATE TO SEVERE ATOPIC DERMATITIS: CLINICAL PROGRAM AND STUDY OUTCOMES

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Background :

Baricitinib (BARI) is an oral selective inhibitor of Janus kinase 1 and 2 indicated in the European Union and Japan for the treatment of adults with moderate-to-severe atopic dermatitis (AD). The BARI clinical development program included 2 monotherapy studies (BREEZE AD1 and BREEZE AD2)1, a combination therapy study (BREEZE AD7)2, and a combination therapy study in patients who had prior inadequate response or contraindication to cyclosporine (BREEZE AD4).

Objectives :

This abstract provides an overview of the efficacy outcomes from the program.

Methods :

Each trial was an independent, multicenter, double-blind, phase 3 study of once-daily BARI (1, 2, and/or 4mg doses) or placebo. Based on the recommended dose, the BARI 4-mg outcomes versus placebo will be reported here. Background low and moderate potency topical corticosteroids (TCS) was considered rescue in BREEZE AD1/AD2 and was concomitant therapy in BREEZE AD4 and AD7. All studies were conducted in patients with moderate to severe AD, defined as vIGA-AD™ (3 or 4), Eczema Area Severity Index (EASI) score ≥16, and percent of body surface area (BSA) ≥10%. The primary outcome was a vIGA-AD™ (0,1 [clear or almost clear skin]) or EASI 75 at Week 16. Data for BREEZE AD1/AD2 included those collected post TCS rescue. Categorical data were analyzed by logistic regression. Missing data were imputed as non-responder.

Results :

As shown below, in each study, patients treated with baricitinib 4 mg significantly improved in their skin disease, itch severity, and quality of life compared with patients treated with placebo.

Drug-placebo difference	BREEZE AD1/AD2	BREEZE AD7	BREEZE AD4
vIGA-AD™ (0,1)	11.6%***	16.0%**	12.1%*
EASI 75% improvement	16.6%***	24.8%***	14.3%*
Itch NRS 4-pt improvement	10.2%**	23.8%***	29.9%***
DLQI (0,1 [no impact])	12.8%***	16.1%**	19.7%**

DLQI=Dermatology Life Quality Index; EASI=Eczema Area Severity Index; NRS=numerical rating scale; vIGA=validated Investigator Global Assessment. *P≤0.05, **P≤0.01, ***P≤0.001.

Safety was collected in each study, and an integrated safety analysis has been published elsewhere.3

Discussion :

Baricitinib 4-mg once-daily therapy, with or without TCS, is efficacious for adults with moderate-to-severe AD.

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Keywords: treatment ; atopic dermatitis ; baricitinib

P056

LONG-TERM EFFICACY OF BRODALUMAB IN PALMOPLANTAR PUSTULOSIS. REPORT OF FIVE CASES

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Background :

Pustular forms of psoriasis comprise a heterogeneous group of localized and generalized entities. In particular, palmoplantar pustulosis (PPP) is a rare, debilitating, chronic disease characterized by sterile pustules affecting palms and soles. Noteworthily, there are limited data with regards to management and PPP appears to be notoriously resistant and refractive to treatment. Recent pathophysiological insights designate the inter-regulation of IL-36 and IL-17 cytokines as key players in the inflammatory process. In view of these notions, among targeted biologic agents, IL-17 inhibitors may achieve effective response in PPP. Herein, we report five cases treated with brodalumab.

Objectives :

To evaluate the efficacy of brodalumab, an IL-17 receptor A inhibitor, in patients with palmoplantar pustulosis.

Methods :

First case is a 78-year old patient with palmoplantar pustulosis for five years who had undergone treatment with acitretin, methotrexate and apremilast. Other two patients were 67 and 31-year old with 9 and 31 years history of PPP respectively. They both previously received acitretin and apremilast. The fourth patient was 63-year old, had PPP for 30 years and was managed with phototherapy, acitretin and methotrexate. The last patient was 58-year old, had a 3 year history of PPP and was naïve from systemic therapies. All five patients applied topicals. The patients did not respond or were refractive to treatment. Therefore, brodalumab was initiated. Prior to initiation of brodalumab PPPGA was 3 or 4.

Results :

All patients sustained a conspicuous improvement. On week 12, PPPGA was 0 in 3/5 cases and 1 in 2/5 cases. By 24 weeks, PPPGA was 0 in all patients. They currently go through the second and third year of therapy with brodalumab and continue to maintain the great response.

Discussion :

Ongoing studies explore the immunologic pathways involved in the pathophysiology of pustular psoriasis. It is thought that IL-36 is strongly implicated in the pathogenetic mechanism, promoting activation of T helper 17 (Th17) and increasing IL-17 production. IL-17 in turn may also increase IL-36 creating a loop that sustains inflammation. Elevated levels of IL-17A, IL-17C and IL-17F have been reported in PPP. Brodalumab binds to the IL-17 receptor A, blocking all IL-17 family members (IL-17A to F). In the treatment of PPP, topicals, phototherapy and systemic agents have been involved. Acitretin is commonly used. Nonetheless, methotrexate, cyclosporin, adalimumab, etanercept, infliximab, ustekinumab, guselkumab are among the treatments used. No gold standard therapy exists to date. As the pathophysiology of pustular psoriasis is better understood, treatments targeting IL-17 are likely to be an effective option in both refractive and naïve cases. We successfully treated our patients with brodalumab and sustained excellent log-term results. Although this approach may be an option, more data are required.

Disclosure of Interest: None declared

Keywords: Palmoplantar pustulosis, Brodalumab

P057

SUCCESSFUL TREATMENT OF ALOPECIA UNIVERSALIS WITH BARICITINIB IN LIBYAN PATIENTS

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Background :

Alopecia areata (AA) is non-scaring form of immune-mediated hair loss.

Alopecia universalis is a most severe type of AA which involving scalp and body hair loss.

Baricitinib is a selective JAK1/JAK2 inhibitor withn anti-inflammatory properties.. Several oral JAK inhibitors are being investigated for psoriasis and AA and have shown moderate to good clinical efficacy.

Objectives :

To Assess the efficacy and safety of baricitinib in the treatment of Alopecia universalis in Libyan patients

Methods :

5 Libyan patients (4 female and 1 male) aged between 28 to 36 years diagnosed with Alopecia universalis were treated with oral baricitinib with the daily dose of 4mg.

Patients managed according to international guidelines. Lipid profile (LP) before and after 12 weeks of treatment initiation, absolute lymphocyte count (ALC), absolute neutrophilic count (ANC), hemoglobin and hepatic transaminase monitoring during the regular follow-up. Tuberculin test was done.

Results :

After one month of treatment in all our 5 patients, scalp, eye brows and eye lashes hair started to regrowth.

After two months of treatment in all our 5 patients, hair started to regrowth in other body areas.

Full scalp hair regrowth in 2 patients who reached 7 months of treatment.

Blood parameters ALC,ANC,LP and hepatic transaminase were normal during the treatment of our patients.

Infections, leg swelling and breathing problems were not observed.

Discussion :

New insights into the pathogenesis of AA and the severe forms AU have led to the use of various targeted treatments including: TNF, Cyclosporin Toficitinib and other immunomodulators.

We described Libyan patients whose AU successfully treated with baricitinib monotherapy with total hair regrowth over the scalp and body.

Disclosure of Interest: None declared

Keywords: alopecia areata ; JAK inhibitors ; Bricitinb

P058

ALTERATIONS OF THE FOLIC ACID SERUM CONCENTRATION UNDER LONG-TERM BIOLOGIC THERAPY IN PSORIASIS

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Background :

Scientific studies have shown that both psoriasis and ischemic heart disease are more often associated with decreased serum folic acid levels in patients (1-3). Some scientific reports indicate that effective therapy of psoriasis may reduce the concentration of theese sustances in the serum of patients. The effects of long-term biological therapy on the folic acid serum levels in psoriasis patients have not yet been investigated.

Objectives :

The aim of the study was to investigate the folic acid serum concentration in the patients with psoriasis undergoing biological therapy.

Methods :

The study group consisted of 42 patients (16F, 26M, age 51,6 ± 12,76) with psoriasis treated with biologics (adalimumab, etanercept, infliximab and ustekinumab) in the Department of Dermatology and Venereology, Medical University of Lodz. Blood samples were collected to determine the folic acid concentration before and at 12., 52., 104. and 156. weeks of therapy. 20 healthy volunteers served as the control group.

Results :

The severity of skin lesions expressed by the PASI (*Psoriasis area and severity index*) decreased significantly during the observation period ($p < 0.05$)(from 14.5 at baseline, to 3.6, 2.9, 2,5 and 1.7 at week 12., 52, 104 and 156 . respectively). Serum concentration of folic acid was significantly lower than in healthy controls (5.12 vs 8.76 ng/ml respectively, $p < 0.001$) and it was slightly increasing under the biological treatment (from 5.12 ng/ml at baseline to 5.15 ng/ml, 6.41 ng/ml 5.48 ng/ml at 12., 52, 104 respectively, $p > 0.05$).

Discussion :

The decreased level of folic acid in the serum of psoriasis patients may be an additional risk factor for the development of cardiovascular diseases in these patients. studies on a larger group of patients are needed to assess the effect of biological therapy of psoriasis on the concentration of folic acid and thus reduce the risk of developing cardiovascular complications

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Disclosure of Interest: None declared

Keywords: psoriasis ; biologic therapy ; folic acid

P059

EFFICACY AND SAFETY OF IXEKZUMAB,IL17 IN THE TREATMENT OF PSORIASIS I N THE LIBYAN PATIENTS

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Background :

Psoraisis is chronic inflammatory skin disease with no clear cause or cure.

Ixekizumab is a humanized IgG4 monoclonal antibody that selectively bind with the interleukin 17A cytokine and inhibits interaction with IL-17 receptor, and has a half life of 13 days.

Objectives :

To asses EFFICACY AND SAFETY OF IXEKZUMAB,IL17 IN THE TREATMENT OF PSORIASIS I N THE LIBYAN PATIENTS

Methods :

57 Libyan patients with severe and moderate psoriasis, 32 males and 25 females were treated with Ixekizumab in period of June 2020 to July 2021.

Patients were ≥ 18 years and have ≥ a psoriasis severity index (PASI) score ≥ 12

Results :

Our patients received recommended dose of Ixekizumab every 2 weeks on weeks: 0 to 12 and then every 4 weeks.

Improvement in PASI scores were observed as early as 2 weeks after treatment initiation peaked proximately 8 weeks, and were maintained for 52 week treatment period.

30% of our patients reached PASI 75 response by the second dose and PASI 90 after the 5th (after 8 weeks).

Flares of psoriatic lesions was observed in 2 patients and improved after adding methotrexate with Ixekizumab therapy .

Discussion :

Ixekizumab resulted of clinical meaningful improvement in the signs and symptoms of plaque psoriasis in Libyan patients.

The safety profile remained consistent with previous studies with no new or unexpected safety concerns.

Disclosure of Interest: None declared

Keywords: Ixekizumab ; IL-17

P060

SERIES OF PATIENTS WITH PSORIASIS TREATED WITH BRODALUMAB FROM THE UNIVERSITY HOSPITAL SON ESPASES. IS EFFICACY MAINTAINED IN CLINICAL PRACTICE?

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Background :
Brodalumab is a drug against IL-17 activity, inhibiting IL-17 receptor A. Rapid clearance of lesions has been reported, while long-term maintenance of response is more questioned.

Objectives :
To review the efficacy of Brodalumab in real clinical practice in our serie of patients.

Methods :
The patients diagnosed with moderate-severe vulgar psoriasis treated with Brodalumab from the University Hospital Son Espases from January 1, 2020, to December 7, 2021, have been reviewed. The epidemiological characteristics and comorbidities of the patients, as well as PASI and BSA scores at baseline and during follow-up.

Results :
Were obtained 19 patients diagnosed with moderate-severe plaque psoriasis treated with Brodalumab, 63% of which were men. The mean age was 48 years. The mean follow-up time of the patients was 41 weeks. The systemic treatments previously received (including new molecules and phototherapy) were 2 therapies on average per patient and, in terms of biological treatments, 1 per patient. The mean baseline PASI was 14 and the BSA was 16.4%, with 95% of the patients obtaining a PASI90 at 12 weeks of treatment. Of the 4 patients who have been followed for more than 52 weeks, 2 have maintained a PASI90 and one has maintained a PASI75. Only impetigo and parotid inflammation have been reported as possible adverse effects. Only one patient abandoned treatment due to the reappearance of the lesions 8 months after the start of treatment.

Discussion :
According to the AMAGINE-2 and AMAGINE-3 clinical trials, the efficacy of Brodalumab in patients with psoriasis in real practice has been high, both at week 12 and at 6 months of follow-up, obtaining that 92% of patients have maintained a PASI75 at week 24. Furthermore, the response obtained at week 52 has been greater than in clinical trials, although it has only been assessed in 20% of patients.

Disclosure of Interest: None declared

Keywords: BRODALUMAB ; PSORIASIS

P061

EXPERIENCE WITH GUSELKUMAB IN PATIENTS WITH PREVIOUS HISTORY OF CANCER

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Background :

Guselkumab is an anti-IL-23 monoclonal antibody approved for the treatment of moderate to severe plaque psoriasis, being the first anti-IL-23 drug approved for psoriatic arthritis. We present two patients with psoriasis and history of cancer, who received treatment with Guselkumab.

Objectives :

Clinical cases:

Methods :

1. A 68-year-old man with lung carcinoma at age 66, treated with surgery and chemotherapy. Assessed in dermatology for moderate-severe plaque psoriasis and psoriatic arthritis of more than 20 years of evolution. He had previously received phototherapy, etanercept, ustekinumab, apremilast, cyclosporine, acitretin, and fumarates. By now the patient is using Guselkumab for 8 months and has no active skin lesions or arthralgias, PASI = 0, DLQI of 1, with no evidence of neoplastic recurrence.

Results :

2. A 45-year-old woman with a history of breast cancer at age 41, treated with surgery, radiotherapy and tamoxifen, which was suspended due to deep vein thrombosis. Assessed in Dermatology for plaque psoriasis of 9 years of evolution, associated with psoriatic arthritis. Until now, she had been treated with topical corticosteroids, vitamin D derivatives, and methotrexate. During the evolution she presented worsening of plaque psoriasis, altered lipid profile and persistence of arthralgias, for which Guselkumab was started. After 7 months of treatment, a significant improvement in skin lesions and psoriatic arthritis has been observed, with good tolerance and without evidence of breast cancer recurrence.

Discussion :

Since in the VOYAGE studies 1 and 2 Guselkumab was stated to be a safe alternative in patients with previous neoplasms, it has been the drug of choice in our patients. In addition to good arthritis control and resolution of skin lesions, no recurrence of basal neoplasia has been found.

Disclosure of Interest: None declared

Keywords: cancer ; Biologics

P062

PATIENTS WITH COEXISTING PSORIASIS AND HIDRADENITIS SUPPURATIVA RECEIVING BIOLOGIC THERAPY

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Background :

The coexistence of psoriasis (PsO) and hidradenitis suppurativa (HS) is notable for its impact on patient quality of life, pathogenetic similarities and sometimes ambiguous relationship between both entities and biologic agents used to treat them.

Objectives :

To present cases of patients treated with biologicals for PsO with concurrent HS.

Methods :

Among patients treated with biologic drugs at a tertiary dermatology center in Poland three patients with coexisting psoriasis and hidradenitis suppurativa were identified. They were examined (including photographic documentation) and their files reviewed.

Results :

Case 1. The first patient was male, aged 31, with a history of skin lesions and pain, swelling and rigidity of multiple joints. The patient had been diagnosed with HS ten years prior to admission and had received systemic therapy with antibiotics and acitretin without a satisfying result. The cause of joint complaints had not been fully diagnosed and the treatment with sulfasalazine and prednisone had yielded only partial improvement, while methotrexate had been poorly tolerated with nausea, vomiting and urticaria. Upon admission, the patient was diagnosed with psoriatic arthritis (PsA) and started on adalimumab 40 mg every other week. After three months, due to lack of effect on PsA and minimal change in skin lesions, adalimumab was replaced with infliximab. The patient continues the therapy, which controls PsA and markedly improved HS.

Case 2. The second case was male with trisomy 21, congenital heart disease, hypertension, gout, hypothyroidism and hearing loss. Due to intolerance of methotrexate and inefficacy of sulfasalazine, treatment with adalimumab (40 mg every other week) was initiated first and subsequently replaced with secukinumab (in doses of 300 mg), which currently maintains control of joint and skin symptoms.

Case 3. The third case is remarkable as HS arose only during treatment with ixekizumab for plaque psoriasis (PsO). The patient presented with severe PsO (PASI 25,8, BSA 28 %, DLQI 25) and a history of inadequate response to methotrexate (25 mg/week s.c.) and ciclosporin (3,8 mg/kg/day). During therapy with ixekizumab psoriatic lesions cleared almost completely but after about two years inflammatory nodules in the axillae and the groins were observed. These lesions responded well to topical and oral antibiotics, but one required surgical excision. This case illustrates that immune-mediated inflammatory diseases may develop during treatment with biologic agents usually used for treating these diseases.

Discussion :

Psoriasis and hidradenitis suppurativa may coexist, increasing the symptom burden. Some biologic drugs used for psoriasis are now recommended for the treatment of hidradenitis suppurativa with several more currently in the therapeutic pipeline. Paradoxically, PsO and HS may develop during therapy with biologicals.

Disclosure of Interest: None declared

Keywords: biologic therapy ; hidradenitis suppurativa ; psoriasis

P063

BIOLOGICS RESISTANT AREAS IN KOREAN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS

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Background :

Psoriasis localized to certain body areas, such as the scalp, nails, palms, soles, intertriginous regions, and genital regions, is reportedly difficult to treat.

Objectives :

To investigate the biologics-resistant areas in South Korean patients with psoriasis treated with biologics

Methods :

The study included 50 patients with chronic moderate to severe plaque psoriasis from the Pusan National University Hospital between October 2019 and September 2020. The patients had at least one psoriatic lesion, were treated with biologics for more than six months, and exhibited a partial or good response (reaching a PASI score of 1-5 after biologics treatment)

Results :

A total of 50 patients with psoriasis (32 men, mean±standard deviation 47.8±11 years), with a median PASI score of 1.8, were included. The most common biologics-resistant areas were the anterior lower leg (56%), followed by the knee (48%) and posterior lower leg (42%). The proportion of biologics-resistant areas were obtained for body regions traditionally considered as difficult-to-treat entities, including the fingernails (10%), toenails (14%), scalp (38%), palm (12%), sole (14%), and genital areas (10%).

Discussion :

In conclusion, this study determined the biologics-resistant areas among patients with psoriasis, successfully treated with biologics, in a real-world clinical setting. The most common biologics-resistant areas were the anterior lower leg, followed by the knee and posterior lower leg. Since some body areas are more resistant to biologics than others, special attention is required to improve the patients' quality of life. The results of this study will aid dermatologists in understanding the biologics-resistant areas in South Korean patients with moderate to severe psoriasis

Disclosure of Interest: None declared

Keywords: psoriasis ; resistant areas ; biologics

P064

THE EFFECTIVENESS OF BIOLOGICAL TREATMENT OF PSORIASIS – DOES IT MATTER WHAT TIME OF THE YEAR THE TREATMENT IS STARTED?

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Background :
It is well known that biological drugs are highly effective in psoriasis treatment. They act on selected elements of the immune response, leading to resolving of the psoriatic skin lesions that is hardly seen with conventional systemic treatment. As psoriasis is claimed to be seasonal disorders at least by some authors it seemed to be interesting to find out whether there is any difference in patients outcome depending on the time of the year of starting therapy

Objectives :
Our working hypothesis was that patient entering therapy in winter and summer had a different response to the treatment with biologics.

Methods :
Outcome of psoriasis treatment by biological drugs is evaluated by changes of the following scores of the psoriasis severity: the psoriasis area and severity index (PASI), body surface area (BSA), and the Dermatology life Quality Index (DLQI). The scores were recorded at the beginning of the therapy (for 79 patients with moderate to severe psoriasis), after 1 month, 4 and 7 months (51 patients in the end of the treatment). To compare differences of the patients' response to the treatment in dependence of the therapy starting moment, they were divided into two groups, those beginning the treatment in the cold period of the year (November-March) (22 patients) and in the warm period (May-September) (41 patients). A different response to treatment in these groups was analyzed using standard statistical tests of the differences between samples. Several serum morphological indicators were also recorded at each monitoring stage to find out any side effects.

Results :
The median of relative PASI changes was of ~40% (with PASI 75=14%) and 60% (PASI 75=27%) after 1-month therapy, for patients starting the therapy in winter and summer, respectively. Such an improvement was also found for other scores (BSA, DLQI) of the psoriasis intensity. This difference was much less (and statistically insignificant) at the end of therapy after 7 months, i.e. the median was of 87% (PASI 75~ 85%) and 92% (PASI 75~ 82%) for the winter and summer group, respectively. Changes in selected serum morphology indicators were trendless at any monitoring stage.

Discussion :
A clear sign of seasonality appeared in the effectiveness of the biological drug therapy of psoriasis with a better/faster outcome in patients during warm period of the year but further studies are required,

Disclosure of Interest: None declared

Keywords: psoriasis ; biologics

P065

The experience of a Dermatology Service of a Military Hospital with anti-interleukins for the treatment of psoriasis vulgaris

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Background :

Anti-interleukin (IL) therapies have emerged as a major treatment option for the patients diagnosed with moderate-to-severe psoriasis. The Dermatology Service of the Central Military University Emergency Hospital Bucharest (Romania) started to treat patients suffering from moderate-to-severe psoriasis in 2018.

Objectives :

Our goal was to evaluate the anti-interleukin therapies of a Dermatology service between 2018-2021.

Methods :

We included in the study all the patients treated with anti-IL therapies since 2018. We evaluated the following details: sex, age, type of anti-IL used, comorbidities, methotrexate co-treatment, first line therapy, number of switches, special areas, PASI&DLQI.

Results :

The majority of patients were males (30), with 22 females. The age interval for most of our patients was 50-70 years. The youngest patient was 32 years old, the oldest was 73 years old. 20 patients suffer from arthropathic psoriasis, 7 from diabetes mellitus, 6 from arterial hypertension, 2 are obese, 3 have dyslipidemia, 4 are known with viral hepatitis B, 1 has had a squamous carcinoma. The anti-interleukin therapies are: Ixekizumab (19), Secukinumab (14), Risankizumab (8), Guselkumab (6), Ustekinumab (5).

The anti-IL therapy was chosen as a first line therapy for 21 patients, a first-time switch for 18 patients, third line therapy for 11 patients. Only 2 patients have methotrexate as a co-treatment. But 11 patients have also special sites (scalp, hands and feet). The majority of patients achieved PASI 50 at 3 months. DLQI index improved within 3 months.

Discussion :

There is now enough evidence to support the role of IL-12, IL-23, IL-17, IL-22, Th-17 cells, Th-22 cells in the pathogenesis of psoriasis vulgaris. The anti-IL are showing promising results. A 2019 study of the AD Puscas&co evaluated the association of interleukin-17 gene polymorphisms with severity and response to treatment of psoriasis vulgaris.This study evaluates the anti-interleukin therapy for psoriasis vulgaris of a Dermatology Service in Romania in the interval 2018-2021.

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Disclosure of Interest: Speaker bureau : Abvie, Lilly, Novartis

Keywords: anti-IL, comorbidities, special sites

P066

Treatment of hidradenitis suppurativa: Experience in the city of Douala-Cameroon

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Background :
Hidradenitis suppurativa (HS) is an inflammatory disease of the pilosebaceous follicle. Treatment is largely based on antibiotic therapy.

Objectives :
We present here an overview of the different protocols used and their effectiveness.

Methods :
This was a multicentre retrospective study conducted from January 2011 to December 2021 and included all patients consulting dermatology for HS of any grade. Patient data were collected using a standardized questionnaire.

Results :
Three centres included 15 patients (53.3% female) with a mean age of 34.2 years. The mean duration of evolution before the first dermatological consultation was 7.5 years. Among the patients, 66.6% were treated with macrolides (clindamycin/pyostatin) for 10 to 14 days; 2 patients (1.3%) received triple therapy (moxifloxacin, metronidazole, rifampicin) for 3 months, one of whom was operated on outside the country with long-term cotrimoxazole therapy Two other cases were treated with the combination of amoxicillin and clavulanic acid for 14 days. One patient received doxycycline alone. The evolution was marked by recurrences during and/or after treatment in 86.6% of cases. One patient was lost to follow-up and the operated case reported only minor relapses under cotrimoxazole prophylaxis.

Discussion :
Treatment strategies remain heterogeneous between centres. Many combinations of antibiotics, surgery, ND laser and immunotherapy have been described in several European series with significant efficacy. Our context limits the management of HS to long-term antibiotic therapy.Therefore,a codification of this antibiotic treatment is necessary for a better evaluation of the effectiveness of the management.

Disclosure of Interest: None declared

Keywords: Antibiotics ; Treatment ; Hidradenitis suppurativa

P067

PULSE METHYLPREDNISOLONE THERAPY FOR SEVERE ALOPECIA AREATA: STUDY OF 74 PATIENTS

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Background :
Various regimens of systematic corticosteroids have been used in the treatment of alopecia areata (AA). Pulse therapy using methylprednisolone (MP) was first introduced in 1975 to minimize the side effects of prolonged corticosteroid therapy.

Objectives :
To evaluate the efficacy and safety of multiple courses of pulse MP therapy in the management of AA and to determine the prognostic factors that influence the outcome of pulse therapy.

Methods :
This was a retrospective study over 7 years (October 2014-October 2021) at the dermatology department. We included all patients with extensive AA (bald surface exceeding 25% of scalp) treated with pulse MP therapy. MP was given at 8 mg/kg/day by intravenous infusion on three consecutive days every month. The therapeutic efficacy was evaluated at 3, 6, and 12 months. Therapeutic efficacy was classified as complete (>90%), partial (10-90%) or no regrowth (<10%).

Results :
Seventy-four patients with a mean age of 26 years (ranged from 5 to 56 years) were included. The sex ratio was 0,85. Forty-six patients (62.2%) presented multifocal AA, nineteen (25.7%) AA totalis and nine (12.2%) AA universalis. Pulse corticosteroids were combined with methotrexate (MTX) in 14.9% of patients. We found that 10 patients (13.5%) had complete hair growth and 19 patients (25.7%) showed partial response. The remaining 45 patients (60,8%) had only transient vellus hair or did not experience any hair growth. Multifocal AA showed the best response rate (17.4% of complete hair growth). In patients with AA totalis and universalis, no regrowth was observed in 68.4% and 77.7% respectively. The disease duration before treatment was higher non-responders group (31.8 months) versus responders-group (10.5 months) (p=0.09). From subgroup analysis, the complete response rate was higher in the pediatric population (20.8%) compared with adults (10%) (p=0.17). There was no significant association between the disease duration before treatment and the therapeutic response (p=0.3). Eyebrows involvement was associated with a no-growth response (p=0.04). Relapse occurred in 30% of cases after complete response with a mean interval of 6 months. No major side effects were seen.

Discussion :
In our study, we found relatively low complete response rates for patients treated with pulse MP therapy for severe AA. We have identified prognostic factors that may help in selecting patients who would benefit from MP pulse therapy. Two major factors influenced therapeutic efficacy: AA type and disease duration before treatment. Some authors suggest MTX as effective maintenance therapy after high dose pulsed corticosteroid. Unfortunately, in this present study, the benefit of MTX as adjunctive treatment to pulse MP has not been assessed given the limited number of patients treated with this combined therapy and the heterogeneity in terms of dosages and protocols used for MTX.

Disclosure of Interest: None declared

Keywords: methotrexate ; Pulse methylprednisolone ; Alopecia areata

P068

CLINICAL RESULTS IN A MODERATE-SEVERE PSORIASIS POPULATION WITH BIOLOGICAL THERAPY DOSE TAPERING

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Background :
Psoriasis is a chronic immune-mediated disease in which biological therapy has constituted a great advance in treatment since they allow to achieve clear therapeutic goals that are in accordance with the improvement in the quality of life of patients, but at the same time imply a cost for health systems, which forces us to think of strategies that once these goals are achieved and under certain characteristics that patients meet, intervals can be shortened, doses reduced or even biological therapy suspended, seeking to maintain the therapeutic efficiency but with improved costs to the health system favoring the possibility of more access for patients who require it.

Objectives :
To compare clinical results before and after optimization of biological therapy in patients with biological therapy.

Methods :
Longitudinal, analytical and retrospective study comparing PASI and DLQI in 33 patients with dose adjustment of biological therapy. Frequency and summary measurements, normality and Wilcoxon tests, and p-values were performed

Results :
All patients had more than 5 years with the diagnosis of the disease and more than 3 years in their biological therapy. 60.6% were men, the mean age and time from adjustment to therapy are: 51 years (SD: 14.5) and 507.7 days (SD: 353.2) respectively, 45.4% married, 78.7% resident in Medellín, 33.3% they used Adalimumab, Etanercept 30.3%, Ustekinumab 27.2% and Secukinumab 9.1%. The PASI means were 0.03 before and 0.12 after and the DLQI was 0.09 before and 0.30 after, in both cases there were no significant differences between the measurements of PASI ($p = 0.17$) and DLQI ($p = 0.19$) before and after the adjustment of dose of biological therapy.

Discussion :
the dose adjustment of the biological therapy maintained favorable clinical results measured in PASI and DLQI in patients with moderate-severe psoriasis who met the conditions to start the dose tapering of biological therapy protocols.

Disclosure of Interest: Speaker bureau : Abbvie, Janssen, Lilly, Novartis, Amgen
Consultant : Abbvie, Janssen, Lilly, Novartis, Amgen

Keywords: biological treatment ; tapering dose

P069

FILLING THE GAP IN PSORIASIS CARE: A QUALITATIVE STUDY ABOUT PATIENTS' NEEDS & EXPECTATIONS AND EXPLORING THE ROLE OF A PSORIASIS NURSE SPECIALIST

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Background :

Psoriasis is a chronic skin disease with high impact on quality of life, caused by the visibility and the symptoms of the disease. Patients experience psycho-social difficulties and several comorbidities such as depression and cardio-vascular disease are linked. A holistic approach of this disease, for which there is no cure, is needed. A nurse specialist (NS) could play an valuable role in psoriasis care but until now, not much is known about psoriasis patients their needs and expectations towards such specialized nurses.

Objectives :

To explore psoriasis patients their needs and expectations in current care, and more specifically towards NS.

Methods :

Data was collected through semi-structured interviews with as topic 'experiences related to care and treatment selection'. The data collection and analysis took place through a cyclical process.

Results :

Fourteen interviews were conducted (October2020-April2021) in nine men and five women. The majority (n = 9) received standard care, the remaining participants (n = 5) received specialized care. Patients experienced frustrations with care, stating that they lacked psychological support and having the feeling being understood by their HCP. Treatments were considered time-consuming, with often inadequate results. Patients concluded they should learn to live with the disease and took up a passive role in their management. In a subgroup we identified a turning point: after receiving information about the available treatments, they experienced hope and increased self-management. These patients perceived shared decision making (SDM) as crucial in care. Although most patients did not encounter specialized nurses, they showed a neutral to positive attitude towards them.

Discussion :

Although the benefits of SDM are known and confirmed in this study, there is still a gap with clinical practice. NS could be in the right position to inform patients about treatment options. At the same time NS can address psychosocial and lifestyle issues.

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Disclosure of Interest: Grant / Research support : Janssen-Cilag NV

Keywords: qualitative research ; patient-centered care ; shared-decision making

P070

HENNA: USE WITH CAUTION IN PATIENTS WITH ATOPIA

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Background :

In the Maghreb countries, henna is used as a shampoo, or used as a cosmetic to decorate the hands and feet for newlyweds and sometimes to mask certain skin diseases such as vitiligo, lupus erythematosus or even psoriasis.

Objectives :

HENNA: USE WITH CAUTION IN PATIENTS WITH ATOPIA

Methods :

Several patients using Henna consult for a worsening of eczematous dermatosis, or with irritative dermatitis mainly in women

Results :

several patients have seen their eczemas worsen or even spread, especially in subjects with atopy.

some patients have developed irritative dermatitis after applying henna

Discussion :

Adding dyes to henna can cause serious side effects, such as allergic eczema. The number of these undesirable effects has increased sharply since 2008. They mainly concern young girls, aged on average 17 years. Dermatologists have been reporting the risks of allergic eczema caused by henna tattoos for the past five years. The signs appear a few days to a few weeks after their realization.They can cause allergic reactions on the tattooed area or all over the body. Violent reactions can also occur, and require emergency medical intervention or even hospitalization.Henna contact eczemas are not exceptional. Most often, they are due to additives, such as perfume oils or paraphenylene diamine, which is added to reduce the fixing time or to obtain a darker coloration.

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Doi : 10.1016/j.allerg.2003.11.004

Disclosure of Interest: None declared

Keywords: ATOPIC Dermatitis ; Contact Dermatitis ; HENNA

P071

ATOPIC DERMATITIS: MULTIFACTORIAL DISEASE REQUIRES MULTIDISCIPLINARY MANAGEMENT

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Background :

AD is a common multifactorial disease in children. The impact of the disease on the quality of life of patients and their families is significant and underestimated. The search for potential aggravating factors must be adapted on a case-by-case basis.

Objectives :

The overall care of a patient with AD and his family must bemultidisciplinary, including monitoring of the height-weight curve; with therapeutic education.

Methods :

We report three cases of Atopic dermatitis. 8 years, 3 years, 10 years with a delay in height - weight with a therapeutic ineffectiveness.

Results :

The allergy investigation revealed a multiple food allergy

Discussion :

-Our observations emphasize:

* The role of Proactive Treatment in reducing the frequency and intensity of AD flares.

* Look for aggravating factors, mainly a food allergy, in the face of severe AD that does not respond to a well-conducted treatment.

-In fact, the proactive treatment consists in systematically using a topical corticosteroid or "topical tacrolimus" twice a week on the skin areas usually affected for 4 months. It is recommended for patients with at least 4 relapses per year.

-This treatment is justified in all our patients by the number of relapses despite good therapeutic compliance

-Our first patient presents a failure in weight status with signs of delayed hypersensitivity mainly digestive. An allergological investigation and an earlier eviction diet would have made it possible to avoid this development and this poor weight gain;

-In the other two patients: no manifestation of immediate or delayed hypersensitivity is present. The development of height and weight is normal. Consequently; the allergy investigation is not justified.

-In fact, the ear skin tests are recommended in case of:

-Presence of clinical signs of food allergy.

-Isolated and severe AD not responding to well-conducted local treatment.

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Disclosure of Interest: None declared

Keywords: MULTIFACTORIAL DISEASE ; multidisciplinary care ; ATOPIC DERMATITIS

P072

BIMEKIZUMAB VERSUS SECUKINUMAB CONTINUOUS MAINTENANCE OF RESPONSE AT EVERY VISIT THROUGH ONE YEAR IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: POST-HOC RESULTS FROM THE BE RADIANT PHASE 3B TRIAL

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Background :

Bimekizumab (BKZ) is a monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A,[1] whilst secukinumab (SEC) is a widely used monoclonal IgG1 antibody that targets IL-17A. BE RADIANT was the first phase 3 study to compare inhibition of IL-17A and IL-17F with inhibition of IL-17A alone. Patient surveys have confirmed that maintaining a long-lasting response is a key treatment goal for patients (pts) who have already achieved skin clearance.[2,3]

Objectives :

Assess the efficacy of BKZ vs SEC in continuously maintaining Psoriasis Area and Severity Index (PASI)≤2 and PASI=0 responses at every visit from Wk16 to Wk48 of treatment in pts with moderate to severe plaque psoriasis.

Methods :

BE RADIANT is a phase 3b, randomised trial, consisting of a 48-week double-blinded, active comparator-controlled period followed by an ongoing open-label extension.[4] Pts were randomised 1:1 to BKZ 320mg every 4 wks (Q4W) or SEC (weekly to Wk4 then Q4W). At Wk16, BKZ-randomised pts either continued to receive BKZ 320mg Q4W or switched to BKZ 320mg every 8 wks (Q8W). This analysis includes pts who achieved a PASI of ≤2 or 0 at Wk16 and continued to receive study medication at Wk16 or later, reported with BKZ dose groups pooled. We report the proportion of responders who continued to achieve their response at every study visit up to and including Wk48. Missing data are imputed as non-response.

Results :

At baseline, 373 patients were randomised to BKZ, and 370 were randomised to SEC. At Wk16, 318/373 (85.3%) BKZ-randomised and 283/370 (76.5%) SEC-randomised pts achieved PASI≤2; 230/373 (61.7%) and 181/370 (48.9%) achieved PASI=0.

PASI≤2 was continuously maintained at each study visit from Wk16–Wk48 by 244/318 (76.7%) BKZ-treated and 181/281 (64.4%) SEC-treated Wk16 responders. PASI=0 was continuously maintained through Wk48 by 139/230 (60.4%) BKZ-treated and 93/180 (51.7%) SEC-treated Wk16 responders.

Discussion :

A higher proportion of pts treated with BKZ continuously maintained their Wk16 PASI=0 and PASI≤2 responses at every visit during the first treatment year compared to SEC.

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RL: Principal investigator for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Leo Pharma, Merck, Novartis, Pfizer and UCB Pharma; served on scientific advisory boards for AbbVie, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Leo Pharma, Merck, Novartis, Pfizer and UCB Pharma; provided lectures for AbbVie, Amgen, Celgene, Eli Lilly, Leo Pharma, Merck, Novartis and Pfizer.
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JM: JFM has been a consultant for AbbVie Amgen, Bayer, Biogen, BMS, Celgene, Eli Lilly, Janssen, Novartis, Pfizer, Sanofi-Regenero and UCB Pharma; principal investigator for Dermavant, Leo Pharma and UCB Pharma.

Keywords: Maintenance of response ; Bimekizumab ; Plaque psoriasis

P073

DEUCRAVACITINIB, A SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR, VERSUS PLACEBO AND APREMILAST IN PSORIASIS: REDUCTIONS IN INDIVIDUAL COMPONENT SCORES AND BODY REGIONS OF THE PSORIASIS AREA AND SEVERITY INDEX (PASI) IN THE PHASE 3 POETYK PSO-1 AND PSO-2 T

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Background :
Deucravacitinib is an oral, selective inhibitor of TYK2 that mediates signaling of key cytokines in psoriasis pathogenesis.1

Objectives :
This analysis compared the efficacy of deucravacitinib versus placebo and apremilast in individual scoring components and body regions of PASI.

Methods :
POETYK PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were double-blinded, 52-week trials that randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily, placebo, or apremilast 30 mg twice daily1).2 Mean percent change from baseline and percentage of patients who achieved ≥75% reduction in individual PASI body region (head, trunk, upper limbs, lower limbs) and component (erythema, induration, desquamation) scores were determined.

Results :
Mean baseline scores were similar across treatment groups in both trials across all PASI body regions and scoring components. Deucravacitinib was associated with numerically larger percent reductions from baseline in each PASI body region and component scores at Week 16 than placebo and apremilast (PSO-1: deucravacitinib, 72.9%–76.7% reduction; placebo, 18.4%–32.6%; apremilast, 49.6%–57.0%; PSO-2: 70.6%–76.5%; 14.6%–28.1%; 55.3%–66.9%, respectively). Higher proportions of patients in the deucravacitinib versus placebo and apremilast groups achieved ≥75% reduction at Week 16 in each PASI body region (PSO-1: deucravacitinib, 60.7%–72.5%; placebo, 13.8%–22.5%; apremilast, 43.5%–47.2%; PSO-2: 58.9%–71.8%, 12.4%–23.6%, 45.2%–57.6%) and PASI scoring components (PSO-1: 62.0%–65.6%, 13.8%–15.9%, 39.5%–40.8%; PSO-2: 57.8%–63.2%, 10.6%–14.7%, 43.2%–47.3%); differences versus apremilast were maintained at Week 24 (PSO-1: deucravacitinib, 70.0%–79.7%; apremilast, 42.0%–50.7%; PSO-2: 65.3%–74.5%; 45.2%–60.1%).

Discussion :
Deucravacitinib treatment was associated with greater reductions across all PASI body regions and scoring components compared with placebo and apremilast in POETYK PSO-1 and PSO-2.

References :

1. Burke JR, et al. *Sci Transl Med*. 2019;11:1-16.
2. Armstrong A, et al. Presented at the Annual Meeting of the American Academy of Dermatology; April 23-25, 2021.

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Keywords: Psoriasis Area and Severity Index ; psoriasis ; TYK2 inhibitor

P074

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR, VERSUS PLACEBO AND APREMILAST IN MODERATE TO SEVERE PLAQUE PSORIASIS: ACHIEVEMENT OF ABSOLUTE PASI THRESHOLDS IN THE PHASE 3 POETYK PSO-1 AND PSO-2 TRIALS

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Background :
Deucravacitinib is an oral selective inhibitor of TYK2 that mediates signaling of key cytokines in psoriasis immunopathogenesis.1

Objectives :
The efficacy of deucravacitinib in achieving Psoriasis Area and Severity Index (PASI) disease control thresholds in 2 phase 3 trials was compared with placebo and apremilast.

Methods :
POETYK PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were double-blinded, 52-week trials that randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily, placebo, or apremilast 30 mg twice daily. Mean change from baseline PASI over time and the proportions of patients achieving absolute PASI thresholds of ≤1, ≤2, and ≤5 were determined.

Results :
Mean baseline PASI was similar across the deucravacitinib, placebo, and apremilast groups (PSO-1: 21.8, 20.7, 21.4, respectively; PSO-2: 20.7, 21.1, 21.6). Deucravacitinib patients had significantly greater adjusted mean reductions from baseline PASI versus placebo and apremilast at Week 16 (PSO-1: -14.1, -4.2, -9.6; PSO-2: -14.0, -4.4, -10.8; $P<0.0001$ vs placebo and apremilast) and versus apremilast at Week 24 (PSO-1: -17.0, -11.5; PSO-2: -14.4, -11.0; $P<0.0001$). Higher proportions of deucravacitinib patients versus placebo and apremilast patients achieved absolute PASI ≤1 (PSO-1: 24.4%, 1.8%, 10.1%; PSO-2: 18.8%, 1.2%, 11.4%), ≤2 (PSO-1: 35.2%, 5.4%, 17.9%; PSO-2: 30.5%, 4.3%, 20.1%), and ≤5 (PSO-1: 59.3%, 14.5%, 35.7%; PSO-2: 55.8%, 12.5%, 41.3%) at Week 16; higher proportions were achieved for deucravacitinib at Week 24 versus Week 16.

Discussion :
Patients with moderate to severe psoriasis treated with deucravacitinib achieved clinically meaningful absolute PASI outcomes that were superior to placebo and apremilast in PSO-1 and PSO-2.

References :
1. Burke JR, et al. *Sci Transl Med*. 2019;11:1-16.

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Keywords: Psoriasis Area and Severity Index ; psoriasis ; TYK2 inhibitor

P075

BIMEKIZUMAB SPEED OF RESPONSE IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: RESULTS FROM FOUR PHASE 3/3B TRIALS (BE VIVID, BE READY, BE SURE, AND BE RADIANT)

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Background :

90% of patients (pts) with plaque psoriasis consider rapid response to be an important treatment goal, with an average expectation of complete skin clearance within 4 weeks (wks).[1]

Objectives :

To evaluate early clinical efficacy and health-related quality of life (HRQoL) benefit in pts with moderate to severe plaque psoriasis treated with bimekizumab (BKZ) vs adalimumab (ADA), ustekinumab (UST), and secukinumab (SEC) in four phase 3/3b trials.

Methods :

Data are reported in parallel from BE VIVID, BE READY, BE SURE, and BE RADIANT.[2–5] Pts included were randomised to receive BKZ (320mg every 4 wks [Q4W]), UST (45 or 90mg baseline and Wk4 then Q12W), ADA (80mg baseline, 40mg Wk1 then Q2W), or SEC (300mg weekly to Wk4 then Q4W). We report the proportion of pts achieving PASI75, PASI100, and DLQI 0/1 at Wk4 in each trial (non-responder imputation).

Results :

These analyses include 484 pts in BE VIVID (BKZ: 321; UST: 163), 349 pts in BE READY (BKZ: 349), 478 pts in BE SURE (BKZ: 319; ADA: 159), and 743 pts in BE RADIANT (BKZ: 373; SEC: 370).

At Wk4, a higher proportion of BKZ-randomised pts achieved PASI75 vs active comparators (BE VIVID: BKZ: 76.9%, UST: 15.3%; BE READY: BKZ: 75.9%; BE SURE: BKZ: 76.5%, ADA: 31.4%; BE RADIANT: BKZ: 71.0%, SEC: 47.3%); all BKZ comparisons: $p<0.001$.

At Wk4, PASI100 was achieved by more BKZ-randomised pts vs active comparators (BE VIVID: BKZ: 15.0%, UST: 1.2%; BE READY: BKZ: 18.9%; BE SURE: BKZ: 15.4%, ADA: 1.3%; BE RADIANT: BKZ: 13.9%, SEC: 6.2%); all BKZ comparisons: nominal $p<0.001$.

Furthermore, a greater proportion of BKZ-randomised pts vs active comparators achieved DLQI 0/1 at Wk4 (BE VIVID: BKZ: 37.4%, UST: 11.0%; BE READY: BKZ: 43.0%; BE SURE: BKZ: 37.6%, ADA: 25.8%; BE RADIANT: BKZ: 57.9%, SEC: 40.8%); nominal $p=0.010$ BKZ vs ADA; all other BKZ comparisons: nominal $p<0.001$.

Discussion :

At Wk4, after one dose of BKZ, faster responses, greater levels of skin clearance, and better HRQoL benefits were observed compared with UST (one dose), ADA (two doses), or SEC (four doses), consistent across the four trials.

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MW, KW: Employees and shareholders of UCB Pharma.
BS: Employee of UCB Pharma.
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Keywords: Speed of Response ; Bimekizumab ; Plaque Psoriasis

P076

BIMEKIZUMAB TREATMENT RESPONSE IS MAINTAINED UP TO 3 YEARS IN PATIENTS WITH PSORIATIC ARTHRITIS: RESPONDER ANALYSES FROM BE ACTIVE, A PHASE 2B DOSE-RANGING STUDY, AND ITS OPEN-LABEL EXTENSION

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Background :
Bimekizumab (BKZ) is a humanised monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL17A and has demonstrated clinical improvements in skin and joint outcomes in patients with active psoriatic arthritis (PsA).[1] Most patients achieving high thresholds of disease control at Week 12 of BE ACTIVE (NCT02969525) maintained this response through 2 years in the open-label extension (OLE, NCT03347110).[2]

Objectives :
To report the long-term efficacy of BKZ treatment in terms of skin and joint outcomes in patients with PsA, as assessed by the maintenance of responses from Week 12 for up to 3 years.

Methods :
The study design for this phase 2b trial and its OLE have been described previously.[1] Patients who completed 48 weeks of BKZ treatment without meeting withdrawal criteria were eligible for OLE entry. During the OLE, patients received 160 mg BKZ every 4 weeks (Q4W) regardless of previous dosing. Post hoc analyses of maintenance of response among Week 12 responders (non-responder imputation [NRI] and observed case [OC]) include patients randomised at baseline to BKZ 160 mg Q4W, 160 mg Q4W + 320 mg loading dose or 320 mg Q4W.[1,2] Pre-planned efficacy outcomes included complete skin clearance using body surface area (BSA) 0% (for those patients with BSA ≥3% at baseline) and composite measures such as Disease Activity Index for Psoriatic Arthritis (DAPSA) remission, minimal disease activity (MDA) and American College of Rheumatology (ACR)20/50/70 responses. These composite measures consider tender and swollen joint count, pain, patient and physician measures of disease activity, the Health Assessment Questionnaire Disability Index, the Psoriasis Area and Severity Index and C-reactive protein.

Results :
At study baseline, 123 patients were randomised to receive the three highest doses of BKZ. Of patients with BSA ≥3% at baseline (n=80), 32 (40.0%) had BSA=0% at Week 12; 22 (NRI/OC: 68.8%/75.9%) of these patients had BSA=0% at Week 152. Disease activity responses, measured by DAPSA remission and MDA, at Week 12 (24 [19.5%] and 48 [39.0%]), were also maintained to Week 152 (18 [75.0%/94.7%] and 36 [75.0%/94.7%]). At Week 12, 76 (61.8%), 46 (37.4%), and 27 (22.0%) of 123 patients achieved ACR20/50/70 responses, respectively. Of these responders, 55 (72.4%/91.7%), 34 (73.9%/89.5%), and 20 (74.1%/87.0%) had ACR20/50/70 responses at Week 152.

Discussion :
BKZ provides a robust maintenance of response across skin and joint manifestations of PsA over 3 years in patients who initially responded at Week 12, as assessed by composite outcomes and stringent measures of disease activity.

References :
[1] Ritchlin CT. et al. Lancet 2020;395:427–40; [2] Merola JF. et al. Arthritis Rheumatol. 2020;72(suppl 10). This study was funded by UCB Pharma. Medical writing support was provided by Costello Medical.

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Employee : BI, DA, RB, JC, and JE are employees of UCB Pharma.
Consultant : JFM: Consultant for AbbVie, Amgen, Bayer, Biogen, BMS, Celgene, Eli Lilly, Janssen, Novartis, Pfizer, Sanofi-Regeneron and UCB Pharma CTR: Consultant for Amgen, AbbVie, Eli Lilly, Gilead, Janssen, Novartis, Pfizer and UCB Pharma. PJM: Consultancy fees from AbbVie, Amgen, BMS, Boehringer Ingelheim, Eli Lilly, Galapagos, Gilead, GSK, Janssen, Novartis, Pfizer, Sun Pharma and UCB Pharma.
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Keywords: maintenance of response ; bimekizumab ; psoriatic arthritis

P077

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR, VERSUS PLACEBO AND APREMILAST IN MODERATE TO SEVERE PLAQUE PSORIASIS: ANALYSIS OF BODY SURFACE AREA INVOLVEMENT IN THE PHASE 3 POETYK PSO-1 AND PSO-2 TRIALS

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Background :
TYK2, an intracellular kinase, mediates cytokine (interleukin [IL]-23, IL-12, and Type I interferons) signaling in psoriasis pathogenesis. Deucravacitinib is an oral, selective TYK2 inhibitor that binds to the regulatory domain of TYK2. Two phase 3 trials (POETYK PSO-1 and PSO-2) demonstrated the superior efficacy of deucravacitinib versus placebo and apremilast in patients with moderate to severe psoriasis at Week 16.

Objectives :
To evaluate the efficacy of deucravacitinib over 24 weeks based on body surface area (BSA) involvement.

Methods :
PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were 52-week, double-blinded trials that randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily, placebo, or apremilast 30 mg twice daily. Patients receiving placebo were switched to deucravacitinib at Week 16. Mean change from baseline in BSA and BSA×sPGA, and the proportions of patients achieving ≥75% reduction from baseline in BSA×sPGA (BSA×sPGA 75), are presented for both POETYK trials.

Results :
Mean baseline scores in the 666 patients randomized in PSO-1 (BSA: deucravacitinib 26.6, placebo 25.3, apremilast 26.6; BSA×sPGA: deucravacitinib 86.9 placebo 82.1, apremilast, 85.4) and 1020 randomized in PSO-2 (BSA: deucravacitinib 26.3, placebo 25.3, apremilast 28.3; BSA×sPGA: deucravacitinib 85.0, placebo 81.1, apremilast 92.4) were similar across treatment groups. Significantly greater improvements from baseline in BSA and BSA×sPGA scores were observed at Week 16 for deucravacitinib versus placebo and apremilast (Table) and were maintained through Week 24 (P<0.0001). Similar results for deucravacitinib were observed for BSA×sPGA 75 at Week 16 (P<0.0001 vs placebo and apremilast in both trials) and Week 24 (P<0.0001 vs apremilast).

Discussion :
In the POETYK PSO-1 and PSO-2 trials, deucravacitinib treatment was associated with greater improvements in BSA and BSA×sPGA over time compared with placebo and apremilast in patients with moderate to severe plaque psoriasis.

Disclosure of Interest: Speaker bureau : Luis Puig: Celgene, Janssen, Lilly, Novartis and Pfizer. Esteban Daudén: Abbott/Abbvie, Almirall, Amgen, Biogen, Celgene, Janssen-Cilag, Leo Pharma, Lilly, MSD, Novartis, Pfizer and UCB.
Employee : Virginia Pascual, Quetzal Caraballo and Cristina Guisado are Janssen Cilag employees.
Consultant : Luis Puig: Abbvie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius-Kabi, Janssen, JS BIOCAD, Leo-Pharma, Lilly, Mylan, Novartis, Pfizer, Regeneron, Roche, Sandoz, Samsung-Bioepis, Sanofi and UCB. Esteban Daudén: Abbott/Abbvie, Almirall, Amgen, Biogen, Celgene, Janssen-Cilag, Leo Pharma, Lilly, MSD, Novartis, Pfizer and UCB.
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Keywords: body surface area involvement ; psoriasis ; TYK2 inhibitor

P078

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR: MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE) AND VENOUS THROMBOEMBOLIC EVENTS (VTES) IN THE PHASE 3 POETYK PSO-1, PSO-2, AND LONG-TERM EXTENSION (LTE) TRIALS

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Background :
Psoriasis is associated with increased cardiovascular risk. Deucravacitinib selectively inhibits the intracellular signaling kinase, TYK2, via an allosteric mechanism by binding to the regulatory domain of the enzyme.

Objectives :
We compared MACE and VTE incidence rates in patients with psoriasis treated with deucravacitinib versus placebo and apremilast in the POETYK PSO-1, PSO-2, and LTE trials.

Methods :
PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were double-blinded, 52-week, phase 3 trials that randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily (n=842), placebo (n=419), or apremilast 30 mg twice daily (n=422). Patients completing these trials could enroll in an open-label LTE trial in which they received deucravacitinib 6 mg QD. MACE was defined as nonfatal myocardial infarction, nonfatal stroke, and cardiovascular death; events were adjudicated. VTEs were defined as pulmonary embolism and deep vein thrombosis (DVT). Data are expressed as frequencies and exposure-adjusted incidence rates (EAIRs) per 100 person-years (PY) to adjust for different durations of exposure (placebo, 240.9 PY; deucravacitinib, 969.0 PY; apremilast, 221.1 PY). Pooled data for Weeks 0–16, Weeks 0–52, and the Phase 3 Safety Pool (deucravacitinib-treated patients from PSO-1, PSO-2, and the LTE combined) are presented.

Results :
The proportion of patients who experienced cardiovascular events was low. During Weeks 0–16, frequencies of adjudicated MACE were 0.7% (EAIR: 2.4/100 PY) with placebo, 0.2% (EAIR: 0.8/100 PY) with deucravacitinib, and 0.2% (EAIR: 0.8/100 PY) with apremilast. During Weeks 0–52, the incidence rate for adjudicated MACE in the placebo group was 1.2/100 PY, in the deucravacitinib group was 0.3/100 PY, and in the apremilast group was 0.9/100 PY. In the Phase 3 Safety Pool, the incidence rate for adjudicated MACE with deucravacitinib treatment was 0.4/100 PY. During Weeks 0–52 in the deucravacitinib-treated group, a case of acute aortic dissection complicated by pulmonary artery thrombus without evidence of DVT occurred in a patient with multiple risk factors, and a patient experienced radial vein thrombosis after cannulation for intravenous antibiotics. Neither event was considered drug related. Incidence rates for MACE (0.4/100 PY) and VTE (0.1/100 PY) for the Phase 3 Safety Pool were similar to those in real-world psoriasis patient populations (MACE range: 0.2–1.3/100 PY; VTE range: 0.2–0.3/100 PY) as reported in the Optum database.

Discussion :
Deucravacitinib treatment did not appear to increase the risk of MACE or VTEs compared with other treatment groups or with background rates in psoriasis populations.

Disclosure of Interest: Consultant : AbbVie, Almirall, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Janssen, Leo Pharma, Novartis, Pfizer, Sanofi, UCB, and Xenoport; Honorarium: Biogen
Grant / Research support : AbbVie, Almirall, Amgen, Celgene, Eli Lilly, Janssen, Leo Pharma, Novartis, Pfizer, and UCB

Keywords: thromboembolic ; cardiovascular ; TYK2 inhibitor

P079

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR, IN MODERATE TO SEVERE PLAQUE PSORIASIS: MALIGNANCIES IN THE PHASE 3 POETYK PSO-1, PSO-2, AND LONG-TERM EXTENSION (LTE) TRIALS

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Background :

TYK2 mediates signaling of select cytokines, including interleukin (IL)-23 and IL-12, which may be involved in tumor immunosurveillance. Deucravacitinib, an oral agent, selectively inhibits TYK2 via an allosteric mechanism by binding to the regulatory domain of the TYK2 enzyme.

Objectives :

We report incidence rates of malignancies in patients with psoriasis enrolled in the POETYK PSO-1, PSO-2, and LTE trials.

Methods :

POETYK PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were double-blinded, 52-week, phase 3 trials that randomized patients with moderate to severe psoriasis 2:1:1 to deucravacitinib 6 mg once daily (n=842), placebo (n=419), or apremilast 30 mg twice daily (n=422). At Week 16, patients receiving placebo crossed over to deucravacitinib. Patients completing these trials could enroll in an open-label LTE trial and receive deucravacitinib 6 mg QD. Malignancies were expressed as frequencies as well as exposure-adjusted incidence rates (EAIRs) per 100 person-years (PY) to adjust for different durations of exposures based on the study designs (Week 0–52: placebo, 240.9 PY; deucravacitinib, 969.0 PY; apremilast, 221.1 PY). Pooled data for Weeks 0–16, Weeks 0–52, and the Phase 3 Safety Pool (deucravacitinib-treated patients from PSO-1, PSO-2, and LTE combined) are presented.

Results :

Malignancies reported during Weeks 0–16 were: none with placebo, 1 (malignant sweat gland neoplasm; 0.1%; EAIR: 0.4/100 PY) with deucravacitinib, and 2 (lung adenocarcinoma, squamous cell carcinoma; 0.5%; EAIR: 1.6/100 PY) with apremilast. During Weeks 0–52, excluding nonmelanoma skin cancer (NMSC), no malignancies in the placebo group, 3 (breast cancer, hepatocellular carcinoma, Hodgkin's disease) in the deucravacitinib group (EAIR: 0.3/100 PY), and 1 (lung adenocarcinoma) in the apremilast group (EAIR: 0.4/100 PY) were reported. Overall (including NMSC) during Weeks 0–52, no malignancies in the placebo group, 10 (basal cell:squamous cell ratio >1) in the deucravacitinib group (EAIR: 1.0/100 PY), and 2 in the apremilast group (EAIR: 0.9/100 PY) were reported. In the Phase 3 Safety Pool, 10 malignancies excluding NMSC (EAIR: 0.5/100 PY) and 19 total malignancies (EAIR: 0.9/100 PY) were reported with deucravacitinib treatment, with rates being similar to those from Weeks 0–52. The rates of malignancies reported with deucravacitinib were consistent with observed rates in real-world populations of psoriasis patients (US Surveillance, Epidemiology and End Results database).

Discussion :

There did not appear to be an increased risk of malignancy with deucravacitinib treatment in the POETYK trials.

Disclosure of Interest: Consultant : AbbVie, Almirall, Amgen, Boehringer Ingelheim, Celgene, Eli Lilly, Janssen, Leo Pharma, Novartis, Pfizer, Sanofi, UCB, and Xenoport; Honorarium: Biogen
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Keywords: malignancy ; psoriasis ; TYK2 inhibitor

P080

BIMEKIZUMAB EFFICACY IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: CUMULATIVE CLINICAL AND HEALTH-RELATED QUALITY OF LIFE BENEFIT THROUGH 2 YEARS OF THE BE SURE PHASE 3 TRIAL AND BE BRIGHT OPEN-LABEL EXTENSION

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Background :

Plaque psoriasis can profoundly impact a patient's (pt's) quality of life (QoL).[1] Area under the curve (AUC) analyses can provide important insights into the cumulative benefit of treatment on a pt's disease and health-related QoL (HRQoL).[2]

Objectives :

To evaluate cumulative clinical and HRQoL benefit through 104 weeks (wks) using AUC analyses for pts who were initially randomised to receive bimekizumab (BKZ) or adalimumab (ADA) in BE SURE (the latter switched to BKZ at Wk24) and entered the BE BRIGHT open-label extension (OLE).[3,4]

Methods :

BE SURE randomised pts 1:1:1 to receive BKZ 320mg every 4 wks (Q4W) Wks0–56, BKZ 320mg Q4W for 16 wks then Q8W to Wk56 or ADA (80mg at baseline, 40mg at Wk1 and Q2W thereafter) to Wk24, followed by BKZ 320mg Q4W to Wk56. In BE BRIGHT, pts received BKZ Q4W or Q8W Wks56–104 based on Wk56 PASI response in BE SURE. Cumulative benefit, defined as the estimated number of days in the trials that pts maintained clinical (PASI 90 and PASI 100) and HRQoL outcomes (DLQI 0/1), is reported for Wks0–24 and Wks0–104. Cumulative clinical and HRQoL benefit were calculated as the proportion of the total possible AUC for each outcome multiplied by the number of days in the time period. Missing data were imputed as modified non-response. Pts who discontinued treatment due to lack of efficacy were considered non-responders; multiple imputation was used for all other missing data.

Results :

478 randomised pts were included (BKZ Q4W/Q4W: 158; BKZ Q4W/Q8W: 161; ADA/BKZ Q4W: 159). In the first 24 wks, the mean number of days during which pts maintained clinical or QoL outcomes with BKZ Q4W/Q4W or Q4W/Q8W vs ADA/BKZ Q4W was 118 or 118 vs 59 for PASI90; 73 or 76 vs 29 for PASI100; 90 or 90 vs 62 for DLQI 0/1. Across the 104 wk trial period, the mean number of days during which pts maintained clinical or QoL outcomes with BKZ Q4W/Q4W or Q4W/Q8W vs ADA/BKZ Q4W was 635 or 621 vs 576 for PASI90; 476 or 465 vs 411 for PASI100; 527 or 524 vs 501 for DLQI 0/1.

Discussion :

Cumulative clinical and HRQoL benefit was greater for pts initially randomised to BKZ vs ADA during the first 24 wks of BE SURE. Regardless of BKZ dosing regimen, the cumulative benefit of BKZ was sustained through 104 wks of treatment. High levels of cumulative clinical and HRQoL benefit were also observed through Wk104 for pts who switched from ADA to BKZ, although the benefit remained higher for pts who were initially randomised to BKZ.

References :

1. Augustin M et al. Expert Rev Pharm Out 2014;14:559–68; 2. Warren RB et al. J Am Acad Dermatol 2020;82:1138–49; 3. Warren RB et al. New Engl J Med 2021;385:130–41, NCT03412747; 4. BE BRIGHT: NCT03598790.

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WB: Received honoraria as a speaker and/or advisor from Abbvie, Almirall, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen, LEO

Pharma, Novartis and UCB Pharma.
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LP, NC: Employees and shareholders of UCB Pharma.
BS, VC: Employees of UCB Pharma.
ML: Employee of Mount Sinai and receives research funds from AbbVie, Amgen, Arcutis, Avotres Therapeutics, Boehringer Ingelheim, Dermavant, Eli Lilly, Incyte, Janssen, Ortho Dermatologics, Regeneron, and UCB Pharma and is a consultant for Aditum Bio, Almirall, AltruBio, AnaptysBio, Arcutis, Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, Corrona, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima, LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Seanergy and Verrica.

Keywords: Bimekizumab ; Plaque Psoriasis ; Health-Related Quality of Life

P081

BIMEKIZUMAB EFFICACY AND SAFETY IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS WHO SWITCHED FROM SECUKINUMAB: RESULTS FROM THE OPEN-LABEL EXTENSION PERIOD OF THE BE RADIANT PHASE 3B TRIAL

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Background :

Switching biologics can improve efficacy without the impairment of safety in the treatment of psoriasis.[1]

Objectives :

To evaluate the efficacy of bimekizumab (BKZ) in patients (pts) with or without a response after 1 year of treatment with secukinumab (SEC) who switched to BKZ and to assess the overall safety of switching from SEC to BKZ by time interval without a washout period.

Methods :

In BE RADIANT, pts were randomised 1:1 to BKZ 320mg every 4 weeks (wks; Q4W; Q4W or Q8W from Wk16) or SEC.[2] Pts who completed the 48-wk double-blinded period could continue to the open-label extension (OLE); all received BKZ 320mg Q4W or Q8W through Wks48–96.

We report efficacy for pts who switched from SEC to BKZ by Wk48 PASI90 (≥90% improvement from baseline in Psoriasis Area and Severity Index) response. Missing data were imputed as modified non-response. Pts who discontinued treatment due to lack of efficacy were considered non-responders; multiple imputation was used for other missing data. Safety data are reported through Wks48–68 and Wks68–96.

Results :

At Wk48, 318 SEC-randomised pts continued to the OLE. 53 (16.7%) of these pts did not achieve PASI90. After switching to BKZ, responses improved (79.2% achieved PASI90 and 50.9% achieved PASI100 at Wk96). At Wk48, 256/318 (80.5%) SEC-randomised pts who entered the OLE achieved PASI90. Among these Wk48 PASI90 responders, 95.2% maintained PASI90 at Wk96. In SEC PASI90 responders, PASI100 response increased from 65.2% at Wk48 to 79.9% at Wk96. No clinically relevant differences in safety outcomes for pts who switched from SEC to BKZ were observed between Wks48–68 and Wks68–96.

Discussion :

SEC PASI90 non-responders demonstrated improvements in complete/near complete skin clearance after switching to BKZ. Among SEC PASI90 responders, PASI90 response was maintained and PASI100 response increased after switching. There were no unexpected safety findings in pts who switched.

References :

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Lilly, Maruho, Meiji Seika Pharma, Mindera Health, Novartis, Pfizer, UCB Pharma, Sun Pharma, Regeneron, Sanofi-Genzyme, Ventyxbio, vTv Therapeutics; Stock Options: Connect Biopharma, Mindera Health; Speaker: AbbVie, Eli Lilly, Janssen, Regeneron, Sanofi-Genzyme; Scientific Co-Director (consulting fee): CorEvitas (formerly Corrona) Psoriasis Registry; Investigator: Dermavant, AbbVie, CorEvitas Psoriasis Registry, Dermira, Cara, Novartis; Editor-in-Chief (honorarium): Journal of Psoriasis and Psoriatic Arthritis.
KE: Speaker and/or advisor for AbbVie, Almirall, Bristol Myers Squibb, Eli Lilly, Janssen, LEO Pharma, Pfizer, Novartis, Sanofi and UCB Pharma.
JC: Advisor for AbbVie, Amgen, Bristol Myers Squibb and Sanofi Genzyme; speaker for AbbVie, Amgen and Eli Lilly; clinical trials performed for AbbVie, Amgen, Bristol Myers Squibb, Celgene, ChemoCentryx, Eli Lilly, Galderma, Janssen, LEO Pharma, Menlo Therapeutics, Sun Pharma and UCB Pharma.
MW, CC: Employees and shareholders of UCB Pharma.
DD, FS, NNG: Employees of UCB Pharma.
LP: Received consultancy/speaker's honoraria from and/or participated in trials sponsored by AbbVie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Celgene, Eli Lilly, Gebro, Janssen, JS BIOCAD, LEO Pharma, Merck-Serono, MSD, Mylan, Novartis, Pfizer, Regeneron, Roche, Samsung-Bioepis, Sandoz, Sanofi Genzyme, and UCB Pharma.

Keywords: Plaque psoriasis ; Bimekizumab ; Biologics

P082

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR, VERSUS PLACEBO AND APREMILAST IN MODERATE TO SEVERE PLAQUE PSORIASIS: SAFETY ANALYSIS BY PRIOR THERAPY SUBGROUPS IN THE PHASE 3 POETYK PSO-1 AND PSO-2 TRIALS

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Background :
TYK2 is an intracellular kinase that mediates cytokine (eg, interleukin-23, Type I interferons) signaling in psoriasis pathogenesis. Deucravacitinib is an oral, selective TYK2 inhibitor that uniquely binds to the regulatory domain of TYK2. Two 52-week, phase 3 trials demonstrated superior efficacy of deucravacitinib versus placebo and apremilast, with acceptable safety and tolerability overall, in patients with psoriasis.

Objectives :
To evaluate the safety and tolerability of deucravacitinib over 52 weeks in patient subgroups based on prior therapy.

Methods :
The double-blinded trials POETYK PSO-1 (NCT03624127) and POETYK PSO-2 (NCT03611751) randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily, placebo, or apremilast 30 mg twice daily. Adverse events (AEs) and serious AEs (SAEs) were evaluated over Weeks 0–16 (placebo-controlled period) and Weeks 0–52 in the pooled PSO-1 and PSO-2 population based on prior antipsoriatic therapy (systemic [biologic and nonbiologic] therapy; biologic therapy; phototherapy).

Results :
Of 1686 randomized patients (PSO-1, n=666; PSO-2, n=1020), 57.5% previously received systemic (biologic/nonbiologic) therapy, 34.8% previously received biologics, 42.5% were naive to systemic therapy, and 40.0% previously received phototherapy; prior therapy modalities were balanced across treatment groups. The frequency of AEs over Weeks 0–16 in all treatment groups was comparable or slightly lower in patients with versus without prior systemic therapy experience (Table). Nasopharyngitis, upper respiratory tract infection, and headache were the most common AEs in deucravacitinib-treated patients with prior systemic therapy experience, consistent with the overall population. SAEs were low and balanced across treatment groups regardless of prior systemic therapy. AE and SAE exposure-adjusted incidence rates were similar with longer deucravacitinib exposure over Weeks 0–52. Similar results were obtained with other patient subgroups, including prior biologic therapy use and phototherapy use.

Discussion :
Deucravacitinib was well tolerated with no clinically relevant safety concerns regardless of prior therapy. No trends in AEs or SAEs were observed in deucravacitinib-treated patients through Week 52 versus Weeks 0–16.

Disclosure of Interest: Speaker bureau : AbbVie, Almirall, BMS, Janssen-Cilag, Pfizer, and UCB
Consultant : AbbVie, Bristol Myers Squibb, Celgene, Eli Lilly, Janssen-Cilag, Leo Pharma, Novartis, and UCB
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Keywords: safety ; psoriasis ; TYK2 inhibitor

P083

DEUCRAVACITINIB, AN ORAL, SELECTIVE TYROSINE KINASE 2 (TYK2) INHIBITOR: INFECTION-RELATED ADVERSE EVENTS IN THE PHASE 3 POETYK PSO-1 AND PSO 2 TRIALS

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Background :
TYK2 mediates signaling of key cytokines involved in psoriasis pathogenesis (eg, interleukin-23, Type I interferons). Individuals with genetic TYK2 mutations have increased risk of mycobacterial and certain viral infections. Deucravacitinib, an oral, selective TYK2 inhibitor, binds to the regulatory domain of TYK2, resulting in allosteric inhibition of the enzyme.

Objectives :
Infection-related adverse events (AEs) from 2 phase 3 trials of deucravacitinib in patients with psoriasis were analyzed.

Methods :
POETYK PSO-1 (NCT03624127) and PSO-2 (NCT03611751) were double-blinded, 52-week, phase 3 trials that randomized patients with moderate to severe plaque psoriasis 2:1:1 to deucravacitinib 6 mg once daily (n=842), placebo (n=419), or apremilast 30 mg twice daily (n=422). Pooled data on infection-related AEs, serious AEs, and AEs leading to discontinuation for Weeks 0–16 and Weeks 0–52 are presented. Infections were expressed as frequencies and exposure-adjusted incidence rates (EAIRs) per 100 person-years (PY) to adjust for differences in exposure (deucravacitinib, 969.0 PY; placebo, 240.9 PY; apremilast, 221.1 PY).

Results :
During Weeks 0–16, infections were predominantly mild/moderate, with comparable frequencies across groups (placebo, 21.5%; deucravacitinib, 29.1%; apremilast, 22.0%); the most common infections were nasopharyngitis and upper respiratory infections. Frequencies of serious infections (placebo, 0.5%; deucravacitinib, 0.6%; apremilast, 0.5%) and discontinuations due to infections (placebo, 0.5%; deucravacitinib, 0.2%; apremilast, 0.2%) were similar across treatment groups. Incidence rates for infections through Week 52 were slightly higher with deucravacitinib (95.4/100 PY) versus apremilast (77.0/100 PY), with nasopharyngitis and upper respiratory infections remaining the most common. Rates of serious infections were similar for deucravacitinib (1.7/100 PY) and apremilast (1.7/100 PY), as were infections leading to discontinuation (0.5/100 PY and 0.4/100 PY, respectively). Reactivation of herpes zoster was observed at a slightly higher rate with deucravacitinib over 52 weeks (0.8/100 PY) versus placebo (0.4/100 PY) and apremilast (0); all zoster infections were localized and resolved with proper treatment; none was serious. Candida and tinea infections were infrequent and similar across treatment groups. No opportunistic, systemic fungal, or tuberculosis infections were observed.

Discussion :
Infections observed with deucravacitinib in the POETYK PSO-1 and PSO-2 trials were consistent with its mechanism of action. Rates of overall and serious infections were low and generally similar between treatment groups, with a low rate of herpes zoster observed in patients treated with deucravacitinib.

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Keywords: herpes zoster ; infection ; TYK2 inhibitor

P084

SELF-REPORTED PAIN OUTCOMES IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS TREATED WITH CERTOLIZUMAB PEGOL: THREE-YEAR RESULTS FROM TWO PHASE 3 TRIALS (CIMPASI-1 AND CIMPASI-2)

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Background :

The Fc-free, PEGylated, anti-tumour necrosis factor biologic certolizumab pegol (CZP) has shown durable clinical improvements over 3 years in patients with plaque psoriasis (PSO).[1]

Objectives :

Assess CZP treatment impact on pain over 3 years for patients with moderate to severe PSO.

Methods :

Data are pooled from the identically designed CIMPASI-1 (NCT02326298) and CIMPASI-2 (NCT02326272) phase 3 trials (previously reported).[1] Patients were randomised to CZP 200mg (400mg at Weeks [Wks] 0/2/4) every two wks (Q2W), CZP 400mg Q2W or placebo; all received open-label CZP from Wk48. 3 questionnaires utilised incorporated pain-related items: question #1 (Q1) of the Dermatology Life Quality Index (DLQI) relates to skin pain, itch, soreness and stinging (range 0–3; higher scores for greater severity);[2] the bodily pain score of the 36-Item Short Form (SF-36) Health Survey (mean 50 [standard deviation: 10] in a representative [general US] population; higher scores for lower pain);[3] and the pain/discomfort domain of the European Quality of Life Five Dimension (EQ-5D) instrument (range 1–3; higher scores for higher severity).[4] Data are reported as observed for all CZP-randomised patients, overall and by baseline self-reported psoriatic arthritis (PsA) status.

Results :

Proportions of patients who reported no skin pain, itch, soreness or stinging (DLQI-Q1 0), mean bodily pain scores (SF-36 BP), and proportions of patients reporting no pain/discomfort (EQ-5D-P/D 1) are summarised below for all CZP-randomised patients and by baseline PsA status.

	DLQI-Q1 0 (%) Wk0/16/144	SF-36 BP (Mean) Wk0/16/144	EQ-5D-P/D 1 (%) Wk0/16/144
All CZP (N=361)	1.4/35.8/47.1	45.9/53.4/52.7	21.1/61.0/62.3
+PsA (N=73)	0/29.7/31.6	39.7/47.4/48.8	9.7/37.5/39.5
–PsA (N=288)	1.7/37.1/50.3	47.5/54.8/53.5	23.9/66.4/67.0

Baseline mean scores for DLQI-Q1 and EQ-5D pain/discomfort were higher for +PsA vs –PsA patients at baseline. In addition, scores for all 3 pain items were similar between sexes.

Discussion :

CZP treatment was associated with durable improvements in pain outcomes for PSO patients through 3 years. While patients with concomitant PsA reported more pain at baseline and Wk144 than those without, similar relative improvements were observed for both patient groups. Similarly, fewer patients with PsA reported no pain on the DLQI and EQ-5D pain items at Wk144, which is consistent with their higher mean scores at baseline.

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LS: Consultant, and/or scientific adviser, and/or investigator, and/or scientific officer, and/or speaker for Amgen, Anacor, AbbVie, Ascend, Astellas, AstraZeneca, Blaze Bioscience, Bristol Myers Squibb, Boehringer Ingelheim, Botanix, Celgene, Dermira, Eli Lilly, Galderma, Genentech, GSK, Hexima, Janssen, LEO Pharma, Mayne, Medimmune, Merck (MSD), Merck-Serono, Novartis, Otsuka, Pfizer, Phosphagenics, Photon MD, Regeneron, Roche, Samumed, Sanofi/Genzyme, SHR, Sun Pharma ANZ, Trius, UCB Pharma, and Zai Lab.
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Keywords: patient-reported outcomes ; certolizumab pegol ; plaque psoriasis

P085

MAINTENANCE OF BIMEKIZUMAB EFFICACY THROUGH 2 YEARS IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: POOLED RESULTS FROM FIVE PHASE 3/3B TRIALS

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Background :

Long-term treatment efficacy is an important consideration in chronic diseases such as psoriasis. Bimekizumab (BKZ) has demonstrated high levels of skin clearance for the treatment of moderate to severe plaque psoriasis in phase 3/3b clinical trials.[1–4]

Objectives :

To report long-term maintenance of response (Psoriasis Area and Severity Index [PASI]≤2 and PASI=0) among BKZ-randomised Week (Wk) 16 responders.

Methods :

Data were pooled from the BE VIVID, BE READY, and BE SURE double-blinded phase 3 feeder studies, the BE BRIGHT open-label extension (OLE), and BE RADIANT (phase 3b 48 wk double-blinded and ongoing OLE).[1–5]

Included patients (pts) received BKZ 320mg every 4 weeks (Q4W) to Wk16, followed by BKZ Q4W or Q8W maintenance dosing for the remainder of the double-blinded period of the trials. Upon OLE entry, pts were assigned to BKZ 320mg Q4W or Q8W based on PASI90 response. We report long-term data through 2 years (OLE Wk48) for BKZ-randomised Wk16 PASI≤2 and PASI=0 responders who remained on the same BKZ maintenance dose upon entering the relevant OLE (Q4W/Q4W/Q4W or Q4W/Q8W/Q8W). Wk16 responder rates are reported for context (non-responder imputation).

Missing data through OLE Wk48 were imputed as modified non-response. Pts who discontinued treatment due to lack of efficacy were considered non-responders; multiple imputation was used for other missing data.

Results :

At Wk16, 1186/1362 (87.1%) pts randomised to BKZ 320mg Q4W in the double-blinded treatment period achieved PASI≤2 and 850/1362 (62.4%) achieved PASI=0.

Among Wk16 PASI≤2 responders who entered the OLE, 95.1% (Q4W/Q4W/Q4W; N=449) and 96.3% (Q4W/Q8W/Q8W; N=349) maintained PASI≤2 to OLE Wk48. Of the Wk16 PASI=0 responders who entered the OLE, 85.1% (Q4W/Q4W/Q4W; N=316) and 83.8% (Q4W/Q8W/Q8W; N=267) maintained PASI=0 to OLE Wk48.

Discussion :

A high proportion of pts who achieved complete/near complete skin clearance at Wk16 maintained their response through to 2 years, regardless of BKZ maintenance dosing regimen (Q4W/Q4W/Q4W or Q4W/Q8W/Q8W).

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MW, VV, CM, SW: Employees and shareholders of UCB Pharma.
DD: Employee of UCB Pharma.
KBG: Has received consulting fees from AbbVie, Almirall, Amgen, Boehringer Ingelheim, BMS, Celgene, Dermira, Eli Lilly, Janssen, Novartis, Pfizer, Sun Pharma and UCB Pharma; research support from AbbVie, BMS, Celgene, Eli Lilly, Janssen, Novartis and UCB Pharma.

Keywords: Bimekizumab ; Plaque Psoriasis ; Maintenance of response

P086

DEUCRAVACITINIB EFFICACY IN PSORIATIC ARTHRITIS BY BASELINE DMARD USE: EXPLORATORY ANALYSIS FROM A PHASE 2 STUDY

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Background :
Deucravacitinib is an oral, selective inhibitor of tyrosine kinase 2 (TYK2) that mediates signaling of key cytokines (eg, interleukin-23) involved in the pathogenesis of immune-mediated diseases, including plaque psoriasis and psoriatic arthritis (PsA). Patients with PsA can be treated with or without background use of conventional synthetic disease-modifying antirheumatic drugs (csDMARDs). In a double-blinded, phase 2 trial in patients with active PsA, deucravacitinib was efficacious and well tolerated versus placebo.1

Objectives :
This analysis evaluated improvements with deucravacitinib in patients treated with and without background csDMARDs.

Methods :
A post hoc subgroup analysis in patients with and without background csDMARD use assessed improvements in select clinical outcomes (≥20% improvement in American College of Rheumatology [ACR20] response, change from baseline in ACR components, Psoriasis Area and Severity Index [PASI] total score, and Psoriatic Arthritis Disease Activity Score) at Week 16.

Results :
Baseline characteristics were generally similar among patients with and without background csDMARD use. At baseline, background csDMARD use was ~65% in each treatment group. Patients with and without background csDMARD use showed similar improvements at Week 16 with deucravacitinib treatment versus placebo on most clinical measures, patient-reported outcomes, and composite measures, such as ACR20 response (12 mg once daily: 62.8% and 62.5%; placebo: 31.8% and 31.8%, respectively). No clinically relevant differences in adverse events (AEs) were observed in patients with or without background csDMARD use.

Discussion :
Deucravacitinib demonstrated similar efficacy for the treatment of PsA in patients with and without background csDMARD use. The AE profile of deucravacitinib treatment with and without csDMARD use was consistent with findings from the overall phase 2 PsA trial population.

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Keywords: disease-modifying antirheumatic drug ; psoriatic arthritis ; TYK2 inhibitor

P087

EFFICACY OF SPESOLIMAB FOR THE TREATMENT OF GPP FLARES ACROSS PRESPECIFIED PATIENT SUBGROUPS IN THE EFFISAYIL™ 1 STUDY

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Background :

Generalized pustular psoriasis (GPP) is a rare, potentially life-threatening autoinflammatory disease characterised by recurrent flares of sterile pustules that occur with or without systemic signs of inflammation. [1,2] The 12-week, double-blind, randomised, placebo-controlled Effisayil™ 1 study demonstrated that spesolimab, an anti-interleukin-36 receptor antibody, is associated with rapid pustular and skin clearance in patients with a GPP flare. [3]

Objectives :

To analyse the treatment effects of spesolimab in prespecified patient subgroups in the Effisayil™ 1 study with respect to the primary and secondary endpoints.

Methods :

Here we report the efficacy of spesolimab across prespecified patient subgroups (sex, age, race, body mass index, GPP Physician Global Assessment [GPPGA] pustulation subscore at baseline, GPPGA total score at baseline, Japanese Dermatological Association GPP severity score at baseline, plaque psoriasis at baseline, background GPP treatment prior to randomisation, and IL-36 receptor antagonist gene mutation [*IL36RN*] status) in Effisayil™ 1. Fifty-three patients were randomised 2:1 to receive a single 900 mg intravenous dose of spesolimab or placebo. [3] The primary endpoint was a GPPGA pustulation subscore of 0 (clear) at Week 1, achieved by 19 patients (54.3%) receiving spesolimab versus one patient (5.6%) receiving placebo (one-sided $p<0.001$). [3]

Results :

Efficacy of spesolimab was consistent across all prespecified subgroups for the duration of the study. Subgroup treatment effect estimates were generally comparable to those of the overall trial population. Spesolimab was effective in patients irrespective of *IL36RN* mutation status; the proportion of *IL36RN*- patients achieving the primary endpoint was 9/21 patients (42.9%) with spesolimab and 0/11 patients with placebo; for *IL36RN*+ patients, 7/8 (87.5%) patients with spesolimab and 1/6 (16.7%) patients with placebo achieved the primary endpoint (interaction p-value: 0.982).

Discussion :

The efficacy of spesolimab was consistent across all prespecified subgroups and were generally comparable to those of the overall trial population.

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Keywords: Spesolimab ; Generalized pustular psoriasis ; Interleukin-36

P088

SUSTAINED TREATMENT EFFECT OF SPESOLIMAB OVER 12 WEEKS FOR GENERALIZED PUSTULAR PSORIASIS FLARES; RESULTS FROM THE EFFISAYIL™ 1 STUDY

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Background :
Generalized pustular psoriasis (GPP) is a rare, life-threatening autoinflammatory disease.[1-3] In Effisayil™ 1 (NCT03782792), a double-blind, randomised, placebo-controlled study in patients presenting with a GPP flare, spesolimab, an anti-interleukin-36 receptor antibody, led to rapid clearance (within 1 week) of pustular and skin lesions.[4] Here, we explore the effects of spesolimab over the 12-week study duration, based on observed case analysis.

Objectives :
To analyse the effects of spesolimab over 12 weeks for treatment of patients presenting with a flare of GPP, to determine the efficacy of open-label spesolimab in patients originally randomised to placebo, and to assess the safety and tolerability of spesolimab in patients with a GPP flare.

Methods :
Patients (N=53) were randomised to receive a single intravenous dose of spesolimab 900 mg (n=35) or placebo (n=18) on Day 1. Per protocol, 12 (34.3%) in the spesolimab group and 15 (83.3%) in the placebo group were eligible to receive an open-label dose of spesolimab at Day 8 for persistent symptoms.

Results :
Of patients initially randomised to spesolimab, 61.8% and 84.4% achieved a GPPGA pustulation subscore of 0, and 50.0% and 81.3% a GPPGA total score of 0/1 by Weeks 1 and 12, respectively. Of patients initially randomised to placebo who received open-label spesolimab at Day 8, 83.3% and 80.0% had a GPPGA pustulation subscore of 0, and 72.2% and 93.3% had a GPPGA total score of 0/1 by Weeks 2 (1-week post-spesolimab) and 12, respectively. After Day 8, 32 and 17 patients randomised to spesolimab and placebo, respectively, completed the 12-week follow-up period, during which four and two patients, required rescue treatment with spesolimab for a new flare episode.

Discussion :
Spesolimab demonstrated rapid clinical improvements, which were sustained over 12 weeks. These data further support spesolimab as a potential therapeutic option for patients with a GPP flare.

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Keywords: Spesolimab ; Generalized pustular psoriasis ; Interleukin-36

P089

IMPROVEMENTS IN ANXIETY AND DEPRESSION AMONG PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS TREATED WITH CERTOLIZUMAB PEGOL: THREE-YEAR RESULTS FROM TWO PHASE 3 TRIALS (CIMPASI-1 AND CIMPASI-2)

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Background :

We report 3-year Hospital Anxiety and Depression Scale (HADS) data in patients (pts) with moderate to severe plaque psoriasis treated with certolizumab pegol (CZP).[1]

Objectives :

To investigate the overall impact of CZP treatment over 3 years on HADS scores for pts with moderate to severe plaque psoriasis and moderate to severe anxiety or depression.

To evaluate the proportion of pts with psoriasis and moderate to severe anxiety or depression at baseline who report HADS scores indicating no anxiety or depression during treatment with CZP over 3 years.

Methods :

Data were pooled from the CIMPASI-1 (NCT02326298) and CIMPASI-2 (NCT02326272) phase 3 trials; full study designs have been reported previously.[1] Pts were randomised to CZP 200mg or 400mg every 2 weeks (wks), or placebo; all received open-label CZP from Wk48.

The HADS questionnaire comprises 2 scores: HADS-Anxiety and HADS-Depression. Scoring 15–21 indicates severe anxiety/depression, 11–14 moderate, 8–10 mild, ≤7 none.[2] We report change from baseline (CfB) in HADS-Anxiety/HADS-Depression for CZP-randomised pts with HADS-Anxiety/HADS-Depression ≥11 at baseline, and the proportion who achieved HADS-Anxiety/HADS-Depression ≤7, to Wk144. Missing data were imputed as last observation carried forward.

Results :

At baseline, 48 of the 361 CZP-randomised pts scored HADS-Anxiety ≥11 (mean HADS-Anxiety: 13.1 [SD: 2.3]). At Wk48 and Wk144, mean CfB in HADS-Anxiety in these 48 pts was −3.6 (SD: 4.4) and −4.1 (SD: 4.1), respectively, and HADS-Anxiety ≤7 was achieved by 29.2% and 31.3%.

At baseline, 35 CZP-randomised pts scored HADS-Depression ≥11 (mean HADS-Depression: 12.7 [SD: 2.3]). At Wk48 and Wk144, mean CfB in HADS-Depression in these 35 pts was −5.8 (SD: 3.8) and −5.1 (SD:4.8), respectively, and HADS-Depression ≤7 was achieved by 55.9% and 47.1%.

Discussion :

CZP treatment was associated with improvement in HADS-Anxiety and HADS-Depression scores at Wk48 and Wk144 for pts with moderate to severe anxiety or depression at baseline. These analyses are limited by the small number of pts enrolled with moderate to severe anxiety or depression.

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1. Gordon KB et al. Br J Dermatol 2021;184:652–62; 2. Stern AF. Occup Med 2014;64:393–4. Abstract previously submitted to AAD 2022. These studies were funded by Dermira Inc. and UCB Pharma. Medical writing support was provided by Costello Medical.

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Keywords: Anxiety and Depression ; Certolizumab pegol ; Plaque psoriasis

P090

BIMEKIZUMAB INFECTION RATES IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: ANALYSIS OF POOLED DATA FROM 2 YEARS OF TREATMENT IN PHASE 3 AND 3B CLINICAL TRIALS

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Background :

Bimekizumab (BKZ) is a monoclonal IgG1 antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[1]

Objectives :

Report infection rates in BKZ-treated patients (pts) pooled to include 2 years of treatment across five completed and ongoing phase 3/3b trials in moderate to severe plaque psoriasis. Evaluate infection rates in pts receiving BKZ 320mg every 4 weeks (Q4W) vs BKZ Q8W.

Methods :

Rates of infection treatment-emergent adverse events (TEAEs) over a 2-year period were evaluated for pts who received ≥1 BKZ dose in BE SURE, BE VIVID, BE READY, the BE BRIGHT open-label extension (data cut-off: 9 Nov 2020) or BE RADIANT (data cut-off: 20 Apr 2021).[2–6] Rates were also evaluated separately for pts receiving BKZ 320mg Q4W or Q8W at the time of the TEAE. Data are reported as exposure-adjusted incidence rates (EAIRs), defined as incidence of new cases reported per 100 pt-years (PY).

Results :

Total BKZ exposure was 3796 PY (N=2186; Q4W: 2329 PY, N=2025; Q8W: 1471 PY, N=1576). Infections had an EAIR of 93.9 (Q4W: 110.2; Q8W: 77.7); the most common infections were nasopharyngitis (Q4W: 22.0; Q8W: 15.5), oral candidiasis (Q4W: 17.1; Q8W: 10.5) and upper respiratory tract infections (Q4W: 8.8; Q8W: 7.3). 27 pts discontinued BKZ due to infections (EAIR: 0.7). Opportunistic infections had an EAIR of 1.2; almost all were localised mucocutaneous fungal infections pre-defined as opportunistic by company convention. Exceptions include one serious case each of ophthalmic herpes zoster (resolved with treatment; did not lead to discontinuation) and systemic candidiasis (resolved; pt discontinued due to obstructive nephropathy). Overall, serious infections (SIs) had an EAIR of 1.2 (Q4W: 1.4; Q8W: 0.9). The most common SIs were cellulitis and appendicitis (4 events each); there were no cases of active tuberculosis. Fungal infections occurred at an EAIR of 21.9. These were mostly *Candida* infections (EAIR: 15.0), most of which were oral candidiasis (EAIR: 13.0). The vast majority of oral candidiasis TEAEs were mild or moderate (98.1%). Five BKZ Q4W-treated pts discontinued BKZ due to oral candidiasis in the first year vs none in the second year; no Q8W-treated pts discontinued due to oral candidiasis. Most pts reported either no (80.8%), one (10.2%) or two (4.7%) cases of oral candidiasis. Rates of staphylococcal and streptococcal infections were low (EAIRs: 1.1 and 1.0, respectively) across BKZ-treated pts.

Discussion :

Over 2 years of BKZ treatment, the most common infections were nasopharyngitis, oral candidiasis and upper respiratory tract infections. Both discontinuation and SI rates were low. EAIRs of all infections were generally lower with BKZ Q8W vs Q4W.

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LP, CM, NNG, DdC: Employee & shareholder of UCB Pharma.
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Keywords: Bimekizumab ; Plaque psoriasis ; Safety

P091

The effectiveness and safety of blue light in the treatment of atopic dermatitis and psoriasis vulgaris– the preliminary data

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Background :

Phototherapy is widely used in dermatology. Here, we assessed clinical efficacy of UV-free method – blue light (450 nm) in the treatment of atopic dermatitis and psoriasis vulgaris.

Objectives :

The effectiveness and safety of blue light in the treatment of atopic dermatitis and psoriasis vulgaris

Methods :

We included 16 patients (adults and children from the age of 8) to the study. The study involve 2 groups of patients – 6 patients with psoriasis and 10 with atopic dermatitis. Each patient was assessed the quality of life questionnaire (DLQI), skin phototype according to Fitzpatrick, VAS, 10-item pruritus severity scale and a detailed medical history was collected. In addition, appropriate scales were used depending on the disease (PASI, PGA – psoriasis vulgaris, SCORAD and EASI - atopic dermatitis). Phototherapeutic light using the PHLECS Full Body Blue GEN 1.0 device was administered for 15 minutes to each side of the body of the patient (30 minutes in total), 3-5 times per week, in total 20 irradiations. After 10thand 20th irradiation session the effectiveness and safety of blue light phototherapy was evaluated using the same parameters as at the first visit. We did not observe any severe adverse effects. Our preliminary results in the largest group of atopic dermatitis patients showed the reduction in EASI (mean EASI 9,14 vs 5,42) and SCORAD (mean SCORAD 41,89 vs 27,54) scores after 10 irradiations as well as the reduction of the pruritus and improvement of the quality of life ($p<0,05$). In the group of patients with psoriasis the number of patients is insufficient so far to draw statistical conclusions. Statistical analysis is planned after including more patients to the study. What we observed is worse response to treatment than in the atopic dermatitis patients. In 3 patients we observed a slight deterioration in PASI and PGA scores, in 2 patients PASI and PGA remained the same and in 1 patient there was reduction in PASI and PGA. However, only after including more patients to the study the results may be confirmed.

Results :

Blue light seems to be a promising and safe method, especially in the treatment of atopic dermatitis, but further investigation is needed to confirm this hypothesis.

Discussion :

Blue light seems to be a promising and safe method, especially in the treatment of atopic dermatitis, but further investigation is needed to confirm this hypothesis.

Disclosure of Interest: None declared

Keywords: blue light

P092

A tale of a scarring alopecia associated to a severe form of lamellar ichthyosis

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Background :

Lamellar ichthyosis (LI) is a major form of autosomal recessive congenital ichthyosis (ARCI). It is a rare genodermatosis characterized by large, thick and dark scales covering most of the body surface. Patients with LI may develop hair loss and scarring alopecia.

Objectives :

We aim to emphasize the importance of alopecia during LI in order to provide the patients a more adequate management.

Methods :

We report the case of a 21 year-old female patient and followed up in the dermatology department of Habib Thameur Hospital for a severe form of LI since childhood.

Results :

The patient suffered from hair loss since the age of six years old. She initially had shading and sparse hair with a progressive worsening leading to a large alopecic patch of the scalp extending from the frontal margin to the vertex. The affected skin was slightly pigmented, indurated, with only few persistent terminal hairs. The trichoscopic examination revealed polymorphous trichoscopic features: interfollicular and perifollicular scales, interfollicular erythema, peripilar casts, whitish red area, loss of hair openings yellow dots, 3d yellow dots, keratotic plugs, predominance of single hair opening, anisothrichosis, black dots, brocken hairs, pili torti, vellus hair and dystrophic hair. We also identified a new trichoscopic finding similar to fishing float aspect: it is a thick keratotic plug with a central terminal hair. Due to the severity of the alopecia and the psychological prejudice, the patient used a veil to cover her hair.

Discussion :

Hair involvement in ARCI is not a rare finding and can present as a scarring or nonscaring alopecia. Initially described by Traupe & Happle (1) in 1983 under the term of alopecia ichthyotica, only few studies have detailed this aspect of alopecia in ARCI. It mostly affects patients with LI, as in our patient, or congenital ichthyosiform erythroderma. There is an association between the severity of the ichthyosis and the alopecia which is consistent with our case. The most frequently reported pattern of alopecia in LI is hairline recession. It is explained by the continuous tension of the skin leading to progressively scaring alopecia. Patients with LI can also present with unique or multiple patchy alopecia. Gavazzoni et al (2) published the unique paper about trichoscopic feature in LI. The main findings were pili torti, inter and perifollicular scales, anistrichosis and broken hair. In addition to these trichoscopic findings, the trichoscopic examination of our patient revealed a more polymorphous abnormalities. Hair loss leads to low self-esteem, depression, anxiety, social isolation and impairment in quality of life.

References :

Disclosure of Interest: None declared

Keywords: ichthyosis ; alopecia

P093

SCALP INVOLVEMENT IN SARCOIDOSIS : A REPORT OF THREE CASES

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Background :

Sarcoidosis is an idiopathic inflammatory disease; the diversity of whose clinical presentations may delay the diagnosis. The lack of specificity of scalp lesions often leads to diagnostic difficulties with potential systemic complications.

Objectives :

To describe the clinical and dermoscopic features of the scalp involvment in sarcoidosis.

Methods :

We identified 38 cases of cutaneous sarcoidosis who consulted the dermatology department of La Rabta Hospital (2010-2021), three patients had scalp involvement.

Results :

Observation 1: A 40-year-old female patient presented with a patch of alopecia of the scalp for 8 years. Physical examination showed an erythematous, scaly and alopecic plaque on the occipita and parietal region of the scalp. Scalp biopsy confirmed the diagnosis by the presence of granulomas composed of epithelial and giant cells without caseous necrosis in the dermis. Systematic workup revealed pulmonary and hepatic localizations. The patient was treated with systemic corticosteroids with partial improvement. Observation 2: A 36-year-old man with a history of pulmonary tuberculosis presented with several erythematous, atrophic, non-alopecic plaques of the scalp and an annular erythematous plaque of the forehead. Dermoscopy revealed orange perifollicular areas. Pathological examination confirmed the diagnosis. Systematic workup revealed lymph node involvement. The patient was treated with intralesional corticosteroids and hydroxycloroquine. Observation 3: A 43-year-old woman presented with an alopecic, erythematous, annular, indurated plaque of the temporal region. The rest of the skin examination showed erythematous and annular plaques of the forehead, eyebrows, nose, and right cheek, as well as multiple centimetric erythematous nodules of the chin. Scalp and brow trichoscopy showed yellow-orange perifollicular areas and telangiectasias. Histology was in favor of the diagnosis. At the systematization workup she presented with advanced pulmonary involvement. She was treated with corticosteroids.

Discussion :

Although the frequency of skin involvement in sarcoidosis is 25%, scalp involvement remains uncommon, with only about 40 cases reported in the literature. In agreement with reported cases, we found that this condition is clinically characterized by red-orange, scaly and atrophic nodules and plaques and can lead to alopecia, most often scarring due to the destruction of hair follicles by granulomas. Trichoscopy contributed to the diagnosis by showing yellow-orange perifollicular areas and telangiectasias corresponding to granulomas of the superperficial dermis and vasodilation of the papillary dermis. Dystrophic hair correlates with disease activity. Scalp sarcoidosis is more often associated with pulmonary or lymph node involvement. Our three patients had associated extracutaneous involvement, of which scalp involvement was revealing sarcoidosis in 2 cases.

Disclosure of Interest: None declared

Keywords: sarcoidosis ; alopecia

P094

SEBOPSORIASIS LIKE ACUTE CUTANEOUS LUPUS ERYTHEMATOSUS

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Background :

Systemic lupus erythematosus (SLE) is a complex autoimmune multisystemic connective-tissue disease with heterogenous clinical manifestations. The most suggestive cutaneous manifestation is malar rash referred to as « acute cutaneous lupus erythematosus » (ACLE).

Objectives :

We describe an unusual case of a sebopsoriasis like rush in a patient with SLE.

Methods :

We present a case of sebopsoriasis like ACLE in a young woman.

Results :

A 32-year-old woman, with a medical history of SLE diagnosed one year ago, presented with a photosensitive non pruriginous facial erythematosquamous dermatosis appeared two weeks before examination. These lesions appeared while the patient was treated by plaquenil 400mg/d and prednisone 0,5mg/kg/d since the diagnosis of the systemic disease. Upon physical examination, confluent non-erosive erythematous and squamous papules of the seborrheic areas of the face (Eyebrows, nose and nasolabial folds), the external auditory canal and the chest were noted. The diagnosis of sebopsoriasis was relevant. Topical steroids and imidazoles were ineffective. Histological examination had shown elements consistent with the diagnosis of ACLE and direct immunofluorescence had established the diagnosis by showing IgG, IgM and C3 granular deposits at the dermoepidermal junction. Skin lesions were reluctant to anti-malarial treatment and topical steroids and only improved at a high dosage of prednisone of 1mg/kg/d justified by a severe thrombopenia.

Discussion :

ACLE usually manifests as malar rash characterized by a photosensitive erythematous and sometimes squamous eruption over the cheeks and nose that typically spares nasolabial folds. Sebopsoriasis' diagnosis is based on the location and the appearance of lesions consisting in erythema and scaling located on areas with large density of sebaceous glands such as the T-zone of the face, the scalp and the chest. Our patient displays ACLE lesions on typical sebopsoriasis areas. Such a distribution is very unusual in SLE and has so far, to our knowledge, been reported in a unique publication$_1$. As previously observed$_1$, we also noted a resistance of this rush to anti-malarial treatment and to usual doses of prednisone. Interestingly, similar distribution was reported with dermatomyositis-associated changes upon histology in dermatomyositis$_2$. Practitioners should be aware of this atypical rush in patients with SLE as it may be suggestive of the diagnosis especially when associated to photosensitivity and as it may be an indicator of a severe and resistant form of the disease.

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Disclosure of Interest: None declared

Keywords: Sebopsoriasis ; Systemic lupus erythematosus

P095

Tinea capitis VS scalp psoriasis

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Background :

Scalp scaling is a common condition in children that can be associated with several disorders: mycotic or parasitic infections and inflammatory conditions. Some clinical presentations are confusing because of the common clinical signs.

Objectives :

We report a case of tinea capitis on 4-year-old child with psoriasis.

Methods :

A 4-year-old male child with history of psoriasis in the trunk, limbs and scalp, was referred to our department for an alopecic and scaly patch of the scalp developing for a month. Parents reported that the lesion had been treated with topical corticosteroids as it was considered psoriatic plaque, without improvement. Clinical examination showed a -7cm- alopecic single annular well-defined patch at the vertex, with an erythematous-scaly surface covered with short broken hair. The other scalp areas presented multiple dry, non-alopecic scaly patches. These lesions extended over the neck and the retro-auricular regions. There were also multiple small infiltrated erythematous-squamous plaques around the trunk and the four limbs.

Results :

A mycological examination was performed for the alopecic plaque showing ecto-endothrix parasitism. The diagnosis of microsporic tinea capitis was retained and the patient was

treated with Griseofulvin (20 mg / kg / day) with a favorable evolution. Mycological

examination after 6 weeks of treatment was negative. Topical corticosteroid treatment for the scalp psoriasis was then set.

Discussion :

Scalp scaling is a common finding in infants and prepubertal children. Scalp psoriasis is characterized by itchy erythematous patches, covered with dry scales classically

non-alopecic. In this entity, scratching can lead to thinning of the hair. It’s important to highlight that all psoriasis subtypes can mimic the tinea capitis.

The clinical aspects of tinea capitis vary depending on the pathogenic species involved.

Unlike psoriasis, it is characterized by scaly alopecic patches resulting from breakage of infected hair. Dermatoscopy and Wood's lamp are useful tools for the diagnostic approach. However, mycological tests confirm the diagnosis.

Fourteen cases of tinea infections confused with psoriasis are summarized in a review of the literature .

Moreover, it has been reported a case in which the patient presented a localized scalp psoriasis triggered by Microsporum canis.

In conclusion , every scaly plaque on the scalp should lead us to perform a mycological examination in order to guide the diagnosis and adapt the treatment.

Disclosure of Interest: None declared

Keywords: alopecia ; psoriasis ; tinea capitis

P096

ERYTHRODERMIC PSORIASIS AND ITS SUCCESSFUL TREATMENT WITH BIOLOGICS

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Background :
Erythrodermic psoriasis (EP) is a rare and severe variant of psoriasis vulgaris, with an estimated prevalence of 1%–2.25% among psoriatic patients. The treatment of EP is often a challenge since there is a lack of data for newer treatment options, such as biologic therapy.

Objectives :
To present successful EP treatment with biologics.

Methods :
Two case reports.

Results :
A 19-year-old female with 11-year history of psoriasis was admitted to the inpatient clinic due to guttate psoriasis, severe ankle pain and aggravated walking function (PASI, DLQI and DAS-28 scores were 18.9, 19 and 4.57). Treatment with systemic methotrexate 15 mg weekly was continued as the patient was treated with methotrexate for 3 years in outpatient clinic. During hospitalization, skin condition worsened, clinical examination revealed EP affecting more than 80% of the body surface, associated with chills and fever (PASI-38.3, DLQI-26). The causes of skin deterioration were differentiated between withdrawal of topical corticosteroids, the use of gadolinium contrast for ankle MRI, the use of ibuprofen or a contributed secondary cutaneous infection. EP treatment with methotrexate 10 mg weekly, etanercept 50 mg weekly s/c and systemic antibiotics were initiated. After 3 doses of etanercept skin condition improved – erythroderma, fever, ankle pain decreased (PASI-7.2, DLQI-12, DAS-28-1,75). Currently, within 19 months of treatment with etanercept mild plaque psoriasis is observed (PASI-3.7, DLQI-4). Another patient, a 43-year-old woman was diagnosed with psoriasis vulgaris from the age of 22 years. She had several exacerbations that manifested as EP. Firstly, the patient has been prescribed infliximab 400 mg per 2 months intravenously together with oral methotrexate 15 mg weekly because of EP (affected BSA-90%, PASI-17.8, DLQI-26). After 2 years, psoriasis pustulosa generalisata manifested as a complication of infliximab treatment (affected BSA-90%, PASI-30.6, DLQI-24). Infliximab was changed to etanercept 50 mg twice weekly s/c. After 6 months, due to absence of clinical response (affected BSA-80%, PASI-29.2, DLQI-21), etanercept was stopped. The patient was treated with oral methotrexate 15 mg weekly and topical corticosteroids. After 7 months, due to persistent EP, resistant to anti-TNF therapy (affected BSA-95%, DLQI-26), IL-12/23 inhibitor ustekinumab 45 mg every 3 months was initiated. After 6 months a good clinical response was documented (PASI-0.9, DLQI-7).

Discussion :
Current evidence supporting the use of biologic therapy in EP is limited to case reports. Etanercept demonstrated to be an effective treatment for acute EP, providing a safe and convenient alternative to current therapies. However, in some situations, anti-TNF therapy can be ineffective. Based on our experience, in such cases, a patient could be switched to ustekinumab.

Disclosure of Interest: None declared

Keywords: case reports ; erythrodermic psoriasis ; biologics

P097

EXACERBATION OF PSORIASIS DUE TO LEUKOCYTOCLASTIC VASCULITIS

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Background :

A 73-year old male Caucasian patient presented with a two-month history of itchy skin papules and plaques with haemorrhagic base and fine desquamation. The rash first appeared on the left calf and disseminated on the trunk and both extremities. He had also complained of pain in the right knee since 10 days.

The man denied suffering from any infections before the onset of the rash or taking any medications besides his long-term therapy for arterial hypertension: Metoprolol, Valsartan/Hydrochlorthiazide, Furosemide. Influenza vaccine was administered two weeks before the rash appearance.

The patient alleged presence of a scaly plaque on the right elbow since 3 years but the diagnosis of psoriasis had never been established.

Objectives :

The routine laboratory tests, antistreptolysin O titer, renal and liver function were within normal range. CRP of 23.0 mg/l was noted.

A histopathological examination of two biopsies revealed the presence of psoriasis and leukocytoclastic vasculitis.

Methods :

A treatment with Methotrexate 25mg s.c and moisturizers was undertaken with good therapeutic results.

Results :

We report a rare clinical case of simultaneous manifestations of leukocytoclastic vasculitis and psoriasis.

Discussion :

In my mind, only 6 other patients were described in the available worldwide literature.

We concluded that the start of vasculitis probably led to exacerbation of a mild long-term undiagnosed psoriasis.

Disclosure of Interest: None declared

Keywords: Psoriasis ; Leukocytoclastic vasculitis

P098

ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS: A STUDY OF 19 CASES

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Background :
Acute generalized exanthematous pustulosis (AGEP) is a rare cutaneous adverse drug reaction. Clinical course is generally self-limited, however distinction between AGEP and generalized pustular psoriasis (GPP) is still difficult due to the significant clinical and histopathologic overlap. The aim of our study was to determine the clinical characteristics and outcome of patients with AGEP in a Tunisian tertiary hospital.

Objectives :
The aim of our study was to determine the main drugs involved in the occurrence of AGEP

Methods :
A retrospective analysis was performed on all AGEP patients observed over a period of 12 years from 2008 to 2020 at the Dermatology Department, Hospital Habib Thameur, Tunis, Tunisia

Results :
Twenty patients were identified**.** Sixteen were females and 4 were males. The median age of patients was 48 years. Three patients had a history of psoriasis. All patients presented with an acute rash with widespread pin-headed size non follicular pustules on erythematous oedematous base that were located mainly in the large folds, the trunk and limbs. Prurits was reported in eight cases (40 %). Fever was reported in sixteen patients (80 %), leucocytosis (>10000/mL) in fourteen patients (70%), increased levels of neutrophils (>7000/mL) in thirteen patients (65 %) and an eosinophilia in twelve patients (60 %). No hepatocellular or renal dysfunction was reported. A skin biopsy was performed for all patients and showed characteristic features of AGEP. All patients had a definitive diagnosis of AGEP based on Euro SCAR scoring system. After discontinuation of culprit drug, all patients have achieved complete recovery within 15 days, However. Three patients that presented Terbinafine induced AGEP, had developed recurrence of a pustular eruptions in a medium of one month, associated with fever. A second biopsy showed features of psoriasiform pattern with presence of parakeratosis, Munro microabscess, and tortuous, dilated blood vessels, the diagnosis of GPP was made and patients were treated with acitretin with clinical improvement.

Discussion :
AGEP cases in our study are characterized with high prevalence of eosinophilia, the clinical presentation was benign in all cases with no systemic involvement. AGEP is self-limiting, that can occur even in patients with a history of psoriasis, this supports the assumption that not every acute pustular eruption occurring in patients with psoriasis is necessary pustular psoriasis. However, recurrence of similar pustular eruption after the resolution of AGEP without intake of the inducing drug should highlight the possibility of progression into pustular psoriasis, similarities in the pathogenesis of this two generalized pustular reactions that involve mutation IL-36RN genes may constitutes the pathogenetic link between the overlapping presentation of AGEP and GPP.

Disclosure of Interest: None declared

Keywords: pustular reactions

P099

GENERAL PUSTULAR PSORIASIS OVER 50 YEARS: A CASE REPORT

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Background :

General pustular psoriasis (GPP) is a subtype of psoriasis that presents clinically with generalized pustular eruption on the skin. GPP is a rare disease with unknown exact prevalence, greater prevalence in Asian than Caucasian populations. It usually occurs in middle-aged adults, with peak age of incidence in the fourth decade, but can present at any age. GPP is very rare in children and accounts for 0.6% of childhood psoriasis.

Objectives :

We report a case of a 50-year-old woman suffering from GPP since she was two months old, now exactly for 50 years. During such a long period of therapy, our patient was treated with topicals, etretinate, acitretin and methotrexate. Since she had frequent severe pustular flares in adolescence, our patient has been continuously on therapy for the last 30 years. Due to their teratogenic potential, oral retinoids influenced and modified our patient's family dynamics and planning (she remained single and childless). In the meantime, she also contracted comorbidities, such as hypertension, diabetes mellitus, and anxiety.

Methods :

Treatment for GPP should be initiated promptly, with therapy approach directed towards preventing serious complications, reducing systemic symptoms, and improving skin manifestations of the disease. Systemic pharmacological therapy of choice in adults with GPP includes oral retinoids, methotrexate, cyclosporine, and appropriate biologic agents.

Results :

In 2011, genome sequencing of patients diagnosed with GPP revealed genetic mutations affecting proinflammatory cytokine interleukin (IL)-36 pathway. Immunological studies have shown the importance of IL-36 in all GPP cases, even if the mutation is not present. Genetic mutations in IL-36 signalling pathway result in unopposed IL-36 activity, inducing the activation of numerous proinflammatory pathways, including neutrophil chemotaxis.

Discussion :

Even though it is not frequent, GPP is a big therapeutic challenge because of its severity, relapsing and remitting course, and possible life-threatening complications including sepsis, respiratory, renal and hepatic dysfunction. The cases like our patient, who has been suffering from GPP from her earliest childhood, whose disease and treatment have affected her life course, are particularly difficult to treat. The growing knowledge about GPP pathogenesis associated with IL-36 receptor antagonist gene mutations may provide new therapeutic options for such patients.

Disclosure of Interest: Consultant : I consult Novartis, Abbvie, Janssen, Eli Lilly, Boehringer Ingelheim

Keywords: Old and new treatment modalities ; General pustular psoriasis

P100

COMEDONAL LUPUS: AN UNUSUAL TRICHOSCOPIC PATTERN FOR A COMMON HAIR DISORDER

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Background :

Discoid lupus erythematosus (DLE) is the most common type of chronic cutaneous lupus erythematosus that commonly involves the scalp. Several atypical clinical variants have been described that can mimic other dermatologic conditions. Comedonal lupus (CL) is one of the most confusing variants.

Objectives :

We report a case of CL involving the scalp and described its trichoscopic features.

Methods :

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Results :

A 40-year-old patient presented with a one-year history of several itchy alopecic patches on the scalp. Skin examination revealed several erythematous alopecic plaques with epidermal atrophy, follicular plugging, and yellow brown comedones. The lesions were disseminated in the vertex, occipital and temporal regions. On trichoscopy, we showed a scarring alopecia with loss of follicular openings, erythema, large yellow dots, milky red area, scattered dark-brown discoloration and comedones. The diagnosis of CL was suspected. Histology confirmed this diagnosis by revealing hyperkeratosis, keratotic plugs, vacuolar degeneration of the basal cells and perivascular lympohocytes infiltration associated with epidermal inclusion comedones. The lupus band test was positive. She was commenced on hydroxychloroquine. The number of comedones reduced, with no improvement of the alopecia patch.

Discussion :

CL is an exceptional variant of DLE characterized by the presence of open comedones and acne-like pitting scars. A review of the literature reveals only seven previous reports of CL. The age range of presentation is 33 to 60 years. The mean time to diagnosis is 2.2 years, reflecting the diagnostic challenge posed by its resemblance to acne vulgaris. Unlike classical DLE, CL rarely involves the scalp with only three cases reported to date. Clinically, it presents as an erythematous alopecic plaque dotted with comedones and subsequently progresses to cicatricial alopecia. Patients in previous reports had a unique plaque unlike our patient who presented with multiple and confluent plaques. Akin to DLE, trichoscopy may be of great help in differentiating CL from others differential diagnosis. In our case, it prompted us to suspect the diagnosis by revealing typical trichoscopic features of DLE associated with comedones.The folliculotropic mycosis fungoides with comedones (FMF) is the most serious differential diagnosis of itchy scarring alopecia with comedones. Although trichoscopic features of FMF weren't present in our case, only histological examination has been able to redefine this diagnosis.Our case lends credence to a slowly growing body of literature supporting the existence of this lesser-known subtype of DLE. DLE should be considered if comedones and acneiform lesions arise on sun-exposed areas, as it may become irreversibly mutilating and even life-threatening in concomitantly systemic cases if misdiagnosed and untreated.

Disclosure of Interest: None declared

Keywords: Discoid lupus erythematosus ; comedonal lupus

P101

CICATRICIAL ALOPECIA ASSOCIATED WITH MULTIPLE ULCERATIVE PLAQUES ON THE FOLDS

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Background :

Cutaneous sarcoidosis (CS) is known as the “great imitator” due to its extensive clinical morphology. Ulcerative sarcoidosis (US) is one of the most confusing clinical variants that usually affects the legs of young women. Scalp sarcoidosis (ScS) is one of the most uncommon locations.

Objectives :

We present a patient with US sitting only on the folds, associated with ScS that disclosed systemic manifestations.

Methods :

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Results :

A 49-year-old woman presented with 6 months’ history of painful lesions in the folds. On examination, reddish yellow annular ulcerative plaques with raised borders and telangiectasia were present over axillary, inframammary, intermammary inguinal and genital folds. Scalp examination showed alopecic, eythematous and scaly plaque on the vertex. Dermoscopy showed multiple branching and thick vessels, overlying yellowish-orange background with white structureless areas, consistent with a granulomatous disease. Trichoscopy showed multiple branching vessels, overlying yellowish-orange background with scales and loss of hair orifices. Physical examination noticed the presence of splenomegaly. Punch biopsies from inframammary lesions and scalp plaque showed epithelioid and gigantocellular granulomas without caseous necrosis. Bacterial, mycobacterial, and fungal cultures were all negative. The chest scan revealed bilateral pulmonary nodules with peribronchovascular micronodules and enlarged mediastinal lymph nodes *consistent with* pulmonary sarcoidosis, stage three. Explorations revealed hypergammaglobulinemia and lymphopenia. The diagnosis of systemic sarcoidosis (SS) was made.

Discussion :

The diagnosis of SS was very challenging in our case. The skin involvement was very atypical by its elective location on the folds. The diagnosis of metastatic crohn’s disease might be the most plausible diagnosis of granulomatous disease affecting only the folds with painful ulcerations. The presence of cicatricial alopecia with trichoscopic and histologic features of sarcoidosis helped rule this alternate diagnosis. ScS is extremely rare but well documented manifestation of the disease. It may present with varying morphologies including nonscarring and scarring alopecia. ScS is often an accompanying sign of additional cutaneous and/or systemic disease, which makes its diagnosis easier. However, in our case, ScS was the clue to diagnosis SyS. Trichoscopy was highly helpful by showing the diffuse reddish-orange discoloration of the skin associated with prominent telangiectasia, which are recently described as diagnostic clues in ScS. skin involvement in sarcoidosis is ubiquitous. However, a CS that selectively reaches all large folds has never been reported. As folds are a site of trauma and friction, the koebner phenomenon can be postulated as a possible etiologic factor.

Disclosure of Interest: None declared

Keywords: trichoscopy ; alopecia ; sarcoidosis

P102

SCALP LICHEN PLANOPILARIS MIMICKING PITYRIASIS AMIANTACEA

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Background :

Lichen planopilaris (LPP) is a follicular variant of lichen planus (LP) that exhibits lymphocytic scarring alopecia. It is characterized by alopecia with perifollicular erythema and scaling.

Objectives :

We report an unusal presentation of LPP mimicking pityriasis amiantacea (PA).

Methods :

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Results :

A 50-year-old female presented with a crusted plaque on the scalp that appeared three months ago. She had been treated with topical ketoconazole without success. She came from a rural environment but the domestic animals were apparently healthy. On examination, the affected area showed masses of sticky silvery scales, adhering to the scalp and attached to the shafts of the hairs. The underlying scalp was inflamed. Direct microscopic examination and culture from scrapings were negative. Salicylic acid ointment was administered. After one month, the clinical appearance had changed and there was now an alopecic sclerotic plaque of 3 cm*2 cm with perifollicular erythema and scaling. Trichoscopy evidenced perifollicular erythema and perifollicular scaling on the plaques periphery. Central areas were slightly erythematous, shiny, with an absence of follicular ostia. Skin biopsy, guided by trichoscopy, revealed acanthosis on the epidermis and perifollicular lymphocytic inflammatory infiltrate in the dermison, follicular hyperkeratosis and melanin incontinence, in addition to concentric perifollicular fibrosis - findings compatible with LPP. The patient was treated with intralesional triamcinolone acetonide injections. The lesion improved significantly, with reduction in the alopecia plaque, illustrated by clinical and trichoscopic examination.

Discussion :

PA is a papulosquamous condition of the scalp, characterized by asbestos - like thick scales attached to the hair shaft. It can be described as an exaggerated inflammatory response pattern, secondary to any dermatitis that may affect the scalp. The scaling may be localised or generalised, depending on the underlying condition and its duration. Frequency data for the disease are scarce in the literature and its etiopathogenesis remains unclear. The condition mostly affects children, in our case, the age of onset is unusual.

Although PA was commonly associated with seborrheic dermatitis and psoriasis, it was also associated with other skin conditions such as atopic dermatitis, tinea capitis, primary cicatricial alopecia or pemphigus. However, it is known that the disease presents no associated dermatitis in certain cases. LPP is an exceptional cause of PA. It was reported only once in the literature in a serie of 44 patients with PA where it accounted for 6.8% of the cases. In our case, the diagnosis was firstly impossible. We were able to detect the clinical and trichoscopic characteristics of LPP only when the scales were softened and gone. We believe that our case is unique demonstrating PA as a primary presentation of LPP in the scalp. It is important to keep this diagnosis in mind when evaluating PA patients.

Disclosure of Interest: None declared

Keywords: Pityriasis amiantacea ; Lichen planopilaris

P103

PEDIATRIC LICHEN PLANOPILARIS

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Background :

Lichen planopilaris (LPP) is a follicular variant of lichen planus (LP) that exhibits lymphocytic scarring alopecia. The involvement of children is uncommon, with few reports in this population in the literature.

Objectives :

We report a rare case of LPP in a teenage girl.

Methods :

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Results :

A 13-year-old girl with no previous dermatologic history presented to our department with a one-year history of itchy patch of hair loss on the vertex. Skin examination revealed a well-demarcated sclerotic alopecic plaque with centrifugal extension, perifollicular erythema and scaling on the periphery. No other cutaneous lesions were identified. Trichoscopy evidenced perifollicular erythema and perifollicular scaling on the plaques periphery. Central areas were slightly erythematous shiny, with an absence of follicular ostia. Skin biopsy, guided by trichoscopy, revealed acanthosis on the epidermis and perifollicular lymphocytic inflammatory infiltrate in the dermison, follicular hyperkeratosis and melanin incontinence, in addition to concentric perifollicular fibrosis - findings compatible with LPP. The patient was treated with intralesional triamcinolone acetonide injections. The lesion improved significantly, with reduction in the alopecia plaque, illustrated by clinical and trichoscopic examination.

Discussion :

LPP is the most important variant of primitive lymphocytic cicatricial alopecia that occurs most commonly in women, with an average age of onset of 52 years. It is characterized by alopecia with perifollicular erythema and scaling. Trichoscopy is very helpful and it is useful in guided scalp biopsy.

Primary onset of LPP is extremely rare in children. Childhood LPP has been reported in 0% to 6.3% of all childhood LP while childhood LP represented less than 1% of cases of LP. A unique series of pediatric LPP has been published (4 cases), so the demographic characteristics, clinical findings, treatment attempts, and outcomes of this condition in children have not been well characterized. In children, it is important to establish the differential diagnostic in relation to keratosis follicularis spinulosa decalvans (KFSD). KFSD is a rare genetic condition which develops with keratotic follicular papules that progress to scarring alopecia on the scalp, eyebrows and eyelashes. Trichoscopy is similar to that of LPP, although it exhibits follicular pustules. There is no consensus for treating childhood LPP.

Systemic drugs should be avoided at first for this age group due to their side effects. Topical corticosteroids and calcineurin inhibitors should be preferred. LPP cases in children should be reported so that the disease may be better known and a protocol for treatment during childhood be established.

Disclosure of Interest: None declared

Keywords: lichen planopilaris

P104

A CASE OF MELANOMA-ASSOCIATED VITILIGO AFTER EXCISION OF NON-METASTATIC ACROLENTIGINOUS MELANOMA

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Background :
Malignant melanoma (MM) is the most aggressive skin tumor. Vitiligo is a multifactorial acquired leukoderma. Vitiligo has been widely reported in melanoma patients following immunotherapy treatment.

Objectives :
We herein report an unusual case of melanoma-associated vitiligo (MAV) following excision of acrolentiginous melanoma in a 51-year-old patient.

Methods :
A case report of onset of MAV in a woman 6 months after total excision of MM.

Results :
A 51-year-old woman presented to our clinic with a history of a pigmented nodule on the sole of the right foot gradually increasing in size, evolving for 6 months. Clinical examination showed a brown to black pigmented tumor measuring 3 cm with an ulcerated crusty surface located on the medial side of the heel. The lymph node examination was normal, the rest of the examination was unremarkable. A biopsy taken from the acral lesion showed a pigmented melanocytic proliferation in the dermis, with large cells that had large, atypical nuclei with intense and diffuse HMB45 and Melan A staining. The diagnosis of acrolentiginous melanoma with a 3 mm Breslow index was made. The lymph node ultrasound was normal.Wide excision of the lesion with margins of 2 cm was done, sentinel lymph node biopsy was negative. The patient didn't receive any adjuvant treatment. Six months later, examination of the excision site, total body skin examination, and lymph node examination were unremarkable. However, we noticed multiple amelanotic macules located on the chest, the abdomen, and the thighs, that were consistent with the diagnosis of melanoma-associated vitiligo(MAV). Both lymph node ultrasound and total body CT scan were normal. However, we proposed to the patient a more reinforced and closer monitoring every 3 months, she was counseled to perform skin self-examinations at home and to consult us urgently if she notices any new or changing lesions. The patient was started on an oral mini pulse of dexamethasonein association with topical steroids without any improvement.

Discussion :
Spontaneous vitiligo in patients with melanoma is significantly more common than in the general population. In most reported cases, MAV appears spontaneously or after immunotherapy in patients with advanced stages of melanoma. However, in our case, it was a primary non-metastatic acrolentiginous melanoma. MAV is the consequence of an immunological response against melanocytes resulting in vitiligo in melanoma patients. It indicates a strong immune response. In our case, the onset of MAV after surgical excision of melanoma suggests the presence of a possible active immunological response that might be associated with recurrent or persistent malignant melanocytes. Meticulous clinical examination and radiological investigations showed no signs of recurrence or metastasis. However, the occurrence of MAV should alert the practitioner to propose closer and meticulous monitoring for these patients.

Disclosure of Interest: None declared

Keywords: vitiligo ; melanoma

P105

PATCHY ALOPECIA AREATA SECONDARY TO ADALIMUMAB IN A PATIENT WITH PSORIASIS

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Background :
Alopecia areata (AA) is an autoimmune non-scarring alopecia, which has been associated with anti-TNF alpha drug therapy.

Objectives :
To describe a case of AA due to adalimumab in a patient with plantar pustular psoriasis.

Methods :
A 56-year-old woman with plantar psoriasis treated with adalimumab.

Results :
A 56-year-old woman with plantar pustular psoriasis had undergone multiple unsuccessful topical and systemic treatments. She was started on adalimumab, which resolved the psoriasis lesions. Seventy-five days after starting the drug, she developed several alopecic plaques on the scalp, the largest measuring about 3 cm. Trichoscopy revealed black dots, yellow dots, exclamation point hairs and the pull test was positive. Involvement of nails and other regions was ruled out. No analytical alterations were found, and the patient did not report any episodes of stress. The diagnose was AA triggered by adalimumab. The drug was discontinued and treatment with topical and systemic corticosteroids was started for 1 month. At 2 months the patient had no new plaques and hair started to grow at the old ones.

Discussion :
AA is a possible adverse effect that should be taken into account in patients treated with anti-TNF alpha drugs for a correct diagnosis and treatment. Cases have occurred from the first month to years after drug initiation, and it is speculated that the cause is dysregulation of certain inflammatory cytokines. It usually presents as patchy or ophiasis pattern AA, but has been described as total, universal and with onychodystrophy. In patients with psoriasis it may be associated with psoriasiform eruptions in alopecic areas. Evolution is variable and it is not clear that discontinuation of the drug improves AA, so some authors propose to maintain it. Moreover, it seems that the development of AA would not contraindicate therapy with another anti-TNF alpha. We believe that in cases such as that of our patient, who no longer had active lesions, discontinuation of adalimumab could be beneficial for the resolution of AA.

Disclosure of Interest: None declared

Keywords: psoriasis ; alopecia ; adalimumab

P106

AUTOIMMUNE PHENOMENON - PSORIATIC PATIENT WITH COEXISTING PSORIATIC ARTHRITIS, VITILIGO, AND MYASTHENIA GRAVIS, TREATED WITH IXEKIZUMAB WHO WAS DIAGNOSED WITH ADDISON'S DISEASE

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Background :
The literature provides evidence of an association between psoriasis vulgaris and several comorbid autoimmune disorders.

Objectives :
We provide a case of a 53-year-old man with psoriasis vulgaris and psoriatic arthritis, with a history of myasthenia gravis and vitiligo, who was treated with adalimumab and ixekizumab subsequently and who was diagnosed with Addison's disease.

Methods :
A 53-year-old man with a history of numerous autoimmunological diseases (myasthenia gravis (1999), psoriasis (2000), psoriatic arthritis (2005), and vitiligo (2007)) was admitted to our dermatological department to start biological treatment for psoriasis vulgaris with initial PASI score 14.3. He was previously treated with cyclosporine (2.5 mg/kg of body weight per day for 12 months) and acitretin (30 mg/daily for 11 months) with no improvement in skin lesions. Furthermore, he was treated with secukinumab in a clinical trial for 24 months and obtained complete clearance of psoriasis plaques.

Results :
During hospitalization, after performing all the obligatory laboratory and imaging tests, he received adalimumab, with unsatisfactory results after 12 weeks. Subsequently, ixekizumab was introduced, leading to initial optimal response after 4 weeks (PASI 4.2). During the time ixekizumab was started he noticed greater fatigue, transient episodes of dizziness, skin hyperpigmentation, and hypotension. The treatment with ixekizumab was canceled and he was referred to the neurological department where he was diagnosed with Addison's disease. He was started on hydrocortisone (25 mg/daily) and fludrocortisone (0.1 mg/every other day) with satisfactory improvement in reported symptoms. For now, he continued topical psoriasis treatment and is waiting for starting efgartigimod (anti-neonatal Fc receptor (FcRn)) in a clinical trial for myasthenia gravis.

Discussion :
Out of the five autoimmunological diseases we mentioned, the coexistence of psoriasis and vitiligo is most frequently reported. Recently, Canu et al., reported that out of the 436 vitiligo patients included in their study, 74 vitiligo patients had a past and/or current personal history of psoriasis. Moreover, there were reported new-onsets of vitiligo lesions after biological treatment with adalimumab, etanercept, certolizumab pegol, secukinumab, ustekinumab and PD-1 inhibitors. So far, there were 8 reports of myasthenia gravis with psoriasis vulgaris and only one report of coexisting psoriasis, psoriatic arthritis, and Addison's disease. Nevertheless, there were reports of a higher incidence of the preexistence of vitiligo in patients with Addison's disease. However, the coexistence of psoriasis vulgaris, psoriatic arthritis, vitiligo, myasthenia gravis, and Addison's disease has not been previously reported, and to the best of our knowledge, our patient is the first reported case.

Disclosure of Interest: None declared

Keywords: autoimmune disorders ; psoriatic arthritis ; psoriasis vulgaris

P107

INVERSE PUSTULAR TRANSFORMED MYCOSIS FUNGOIDES

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Background :

Mycosis fungoides (MF) is the most common cutaneous T-cell lymphoma. Transformed mycosis fungoides (T-MF) is a rare variant of MF with an aggressive course. Although the lesions of MF are often quite distinct, several atypical clinical variants have been described that can mimic other dermatologic conditions.

Objectives :

We present a case of pustular MF sitting only on the folds.

Methods :

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Results :

A 63-year-old patient has been followed in our department for a CD30+ T-MF (T3N0M0). He was initially treated with chemotherapy (R-CHOP) for one year. Due to a poor response, he was put on gemcitabine. Two months later, he developed a subacute pustular rash on the folds. Skin examination showed erythematous infiltrative plaques surmounted by numerous non-follicular pustules of 2-3 mm on the armpits, neck, groin and inguinal folds associated with palmoplantar pustular keratoderma. Bacteriological and mycological skin and blood samples were negative. Skin biopsy showed a dermal infiltrate of CD30+ T-cells associated with intra-epidermal pustules. Direct immunofluorescence was negative. Pustular T-MF was diagnosed. The pustular eruption regressed with corticosteroids and novatretin. Gemcitabine cures were prosecuted.

Discussion :

Here we report an unusual presentation of pustular T-MF located only on the folds associated with PPP. In the differential diagnosis, acute generalized exanthematous pustulosis (AGEP) was unlikely based on clinical presentation of large pustules instead of pinhead-sized pustules and absence of fever, neutrophilia and inflammatory marker. Furthermore, our patient had no recent history of drugs or infection. Also, away from intraepidermal papules, no other features of AGEP, similar as papillary dermal edema, vasculitis, exocytosis of eosinophils and cell necrosis of keratinocytes, were observed. Pustular psoriasis was also excluded histologically. Impetigo contagiosa was excluded by microbiological analysis. The negative of direct immunoflourescence ruled out IgA pemphigus.

Atypical manifestations of MF have been described, such as pustular, bullous granulomatous, hypopigmented and verrucous. Although some of them have been identified as distinct entities, they are now interpreted as being merely clinicopathological variants of MF. Patients with uncommon clinical manifestations of MF often also have classic MF. Moreover, transitional periods of different clinical variants are possible, as we have seen in our patient who had a one year of classic MF at the onset of the disease.However, our patient's presentation was different from previously reported pustular cases To our knowledge this is the first case of "inverse" pustular T-MF. In conclusion, pustular MF should be included in the differential diagnosis when an intraepidermal pustular eruption appears histologically in association with epidermotropism of atypical lymphocytes.

Disclosure of Interest: None declared

Keywords: transformed mycosis fungoides ; mycosis fungoides

P108

VITILIGO: PENSEZ AU SYNDROME: VOGT-KOYANAGI-HARADA

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Background :

Vogt-Koyanagi-Harada syndrome VKHS is a rare granulomatous disorder that affects melanocyte-rich tissues. Vitiligo lesions may hint to diagnose it.

Objectives :

We report a case of VKHS through which we emphasize on dermatologist's role in making the diagnosis.

Methods :

NA

Results :

A 38-year-old woman presented to our department for a two-year history of eyelashes and eyebrows depigmentation. She was followed in ophthalmology department for uveitis, and she was put on oral corticosteroid therapy for several months. On examination, she had localized depigmentation of the eyelashes and eyebrows, with depigmented patches on the upper eyelids. No hair depigmentation nor alopecia were noted. She had also a well demarcated white centimetric patch on the dorsal face of the left hand. We had easily made diagnosis of poliosis of eyelashes and eyebrows with vitiligo. The patient had also complained of hearing loss since few months. Other clinical data were unremarkable.

Discussion :

VKHS is a rare granulomatous disorder that affects melanocyte-rich tissues, including the eyes, auditory system, meninges, skin, and hair. The peak incidence is reported as 3rd to 4th decade of life with female predominance. It is likely to have an autoimmune mechanism directed against melanocytes of the eyes, inner ear, meninges and skin. VKHS has four clinical phases: prodromal, uveitic, convalescent and chronic recurrent. The prodromal phase lasts 3 to 5 days and features flu like symptoms and auditory manifestations. The ophthalmological phase begins as a diffuse choroiditis and evolves into a chronic, granulomatous anterior uveitis. Dermatological findings, including poliosis, vitiligo and alopecia, appear in the convalescent phase, which may last for months to years. The chronic recurrent phase is characterized by recurrent episodes of anterior uveitis. Dermatological changes may also continue during this phase. Management of VKHS involves high-dose corticosteroids in the acute phase, often followed by the addition of immunodulatory therapy. The complete repigmentation of poliosis and vitiligo of VKHS is reported as 27% in Tabbara case series of 22 patients. Clinicians have to think about VKHS when facing vitiligo lesions, associated to auditory or ophthalmological manifestations.

Disclosure of Interest: None declared

Keywords: granulomatous ; Vogt-Koyanagi-Harada syndrome ; vitiligo

P109

CONTRIBUTION OF DERMOSCOPY IN THE DIAGNOSIS OF GENERALIZED PUSTULAR PSORIASIS

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Background :

Dermoscopy is becoming increasingly important in inflammatory diseases. However, there are limited published data concerning dermoscopy of generalized pustular psoriasis (GPP). We proposed to study the dermoscopic aspects in generalized pustular psoriasis.

Objectives :

This is a retrospective study conducted in the dermatology department of Habib Thameur Hospital. Five patients with GPP were included and examined with a dermoscope (DermLite® DL4, × 10).

Methods :

This is a retrospective study conducted in the dermatology department of the Habib Thameur Hospital. Five patients with GPP were included and examined with a dermoscope (DermLite® DL4, × 10).

Results :

All patients were female. Three adult women aged 29,30 and 50 years old and two girls aged 10 and 14 years old. Two women had been diagnosed with GPP fifteen years ago, the other patients were recently diagnosed. Dermoscopy of GPP showed the presence of flattened white globules in all cases. These globules were coalescent on large plaques in 3 cases. Red dots and globules diffusely distributed on erythematous background were observed in 4 cases. Agglomerated globular vessels were also noted in one case. Large white milky areas were noted in two cases. The background was deep red in color. Scaling was present in all cases;they were white and thin in 4 cases and very thick patchy distributed in another case. Scaled areas had a lighter pink background. Two patients had GPP with nail involvement, on dermoscopy we noted: anonychia, white globule with a spindle-shape form and dotted vessels of the nail beds. Scales on the nail were thick, moist and yellow. Hemorrhage with extravasation was noted in two cases.

Discussion :

GPP is a severe acute dermatosis, rapid diagnosis is usually required in order to start appropriate treatment as soon as possible. However, the clinical presentation can be confused with acute generalized exanthematous pustulosis, especially in the early stages. Hence the value of dermoscopy to support the clinical diagnosis. In our study, we found two main dermoscopic signs in GPP, white globules that correspond to superficial non-follicular pustules and evenly distributed dotted vessels that correspond to dilated vessels in the dermal papillae. Nonspecific white or yellow scales are also observed. Dermoscopic features of GPP, in particular the vascular pattern, are similar to those observed in plaque psoriasis. However, GPP is characterized by the presence of white globules and a darker background. Dermoscopy seems to be helpful in diagnosis of GPP, however more studies with larger numbers of patients are needed to draw final conclusions.

Disclosure of Interest: None declared

Keywords: dermoscopy ; pustular psoriasis

P110

PSORIASIS AND PUSTULAR DERMATITIS INDUCED BY INFLIXIMAB IN 15-YEAR OLD GIRL WITH COLITIS ULCEROSA

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Background :

Infliximab is an antitumor necrosis factor (anti-TNF) therapy that is used in a variety of autoimmune conditions, including ulcerative colitis. Infliximab is also efficacious in treating psoriasis, in which tumor necrosis factor is implicated pathogenically. Paradoxically, there have been numerous reports of new-onset psoriasis following tumor necrosis factor-a antagonist therapy in adult patients with inflammatory bowel disease, but pediatric data are rare.

Objectives :

A 15-year old girl with history of colitis ulcerosa was treated with infliximab 5mg/kg. Ten months after initiation of TNF-α inhibitor therapy, she developed skin lesion. Dermatological examination showed well demarcated, raised erythematous plaques on the trunk and upper and lower extremities. In the face and trunk papules and small pustules was observed. She had not previously suffered from similar lesions and his personal and familiar history was negative for psoriasis.

Methods :

Skin biopsy specimen showed psoriasiform epidermal hyperplasia with hyperkeratosis and confluent parakeratosis. There were telangiectatic blood vessels in the papillary dermis and perivascular lymphocytic and neutrophils infiltrate. The findings were consistent with psoriasis. Her blood count and biochemistry parameters were all within the normal ranges.

Results :

Infliximab was stopped and topical treatment with a combination of calcipotriene and betamethasone was started, leading to a remarkable improvement in the patient's lesions.

Discussion :

Presented case is a confirmation of adverse event seen in association with Infliximab usage in pediatric patient. However, the pathomechanism of it is not yet understood. It seems paradoxical that the same agent can both cure and induce the same condition.

Disclosure of Interest: None declared

Keywords: drug reaction ; infliximab ; pustular psoriasis

P111

Overlap of Steatocystoma multiplex and Hidradenitis suppurativa : case report of a rare association

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Background :

Hidradenisits suppurativa (HS) ans Steatocystoma muiplex (SM) are two diseases affecting the pilosebaceous unit of the skin.They both present similarities in their location and presentation.We report a rare case of a female patient presenting with this unusual association.

Objectives :

We report a case of coexisting hidradenitis suppurativa and steatocystoma multiplex.

Methods :

A 54-years-old female patient presented with 10 months of multiple cysts and nodules in the lower limbs, which spread to folds and trunk . She underwent multiple antibiotics and also corticosteroids with no improvement.

Results :

On physical examination, the patient presented comedones, papules, nodules and cysts of varying sizes. They were painful and located on limbs, axillary and breast folds, back and trunk.The biopsy of a cyst showed large lobules in the dermis with mononuclear cellular infiltrate.Ultrasonography with color Doppler of nodules demonstrated a hypoechoic appearance with posterior acoustic enhancement without color Doppler signal. These features were consistent with SM.Histopathology of papular and nodular lesions of folds and limbs revealed a neutrophilic infiltrate in the dermal and hypodermal layers surrounding the sweat glands which is suggestive of HS. Following these clinical and paraclinical data, the hypothesis of an association between HS and SM was retained in our patient.After the failure of doxycycline and isotretinoine treatments,The patient is currently being treated with adalimumab.

Discussion :

The simultaneous occurrence of HS and SM is a rare situation. Both present as cystic and nodular lesions in areas rich in pilosebaceous units.HS usually presents as painful hypodermic nodules and abscesses in the folds, which may fistulize on the skin surface, whereas SM is consistent of superficial papules and nodules typically localized in pilosebaceous areas. Histology, which combined to ultrasonography with Color Doppler examination of skin lesions help to differentiate between HS and SM. Histologically, SM shows lobular cystic cavities of the dermis and absence of granular layer, while SM lesions appear on ultrasonography SM as hypoechoic nodules with well-defined hyperechoic borders and posterior acoustic enhancement.In HS, infiltration of sweat glands is characteristic and the sonographic patterns depend on the lesions with An intense Color Doppler signal found within or around inflamed lesions. The presence of both clinical and histological features of HS and SM led us to retain the hypothesis of an association HS–SM in our patient. These similarities may suggest the possibility of integrating SM as a variant of hidradenitis suppurativa.Management is not clear giving to the rarity of this association.Recently a case of SM associated with HS was successfully treated with adalimumab has.This treatment was chosen in our patient who presents a resistant form.

Disclosure of Interest: None declared

Keywords: pilosebaceous unit ; steatocystoma multiplex ; Hidradenitis suppurativa

P112

LIPEDEMATOUS ALOPECIA: AN UNUSUAL CAUSE OF ALOPECIA ASSOCIATED WITH SYSTEMIC LUPUS ERYTHEMATOUS

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Background :
Alopecia in lupus erythematosus could be specific and show histological characteristics of cutaneous lupus which include discoid lupus, diffuse or patchy hair loss in acute or subacute lupus erythematous. Other ways alopecia could be non-specific. We describe herein, an unusual cause of alopecia in a female patient with systemic lupus erythematous.

Objectives :
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Methods :
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Results :
A 31-year-old lady, was referred to our department with a few days history of face eruption and photosensitivity. No personal or family history was found. On physical examination, generalized erythematous and squamous plaques were noticed in photoexposed sites. A bilateral malar erythema with erosions and crusts was remarkably seen on her face. Scalp examination revealed two well-defined non scaring alopecic plaques located on parietal and occipital areas, and measuring 3*2 cm and 2*1,5 cm. Palpation showed a soft boggy non sensitive swelling of the plaques. A spongy texture without fluctuation was noticed. Patient didn't report any dysesthesia or other complaint. Dermoscopic examination showed vellus hair. On histological examination, alopecic plaques showed under normal epidermis, a discrete lymphocytic perivascular dermal infiltrate and a prominent subcutaneous fat consisting with the diagnosis of subcutaneous hyperplasia. Direct immunofluorescence showed high intensity C3/Cq1 deposits along with IgG/IgA/IgM deposits in the dermalepidermal junction. Complete blood count revealed anemia and lymphopenia. Direct Coombs test was negative. Glomerular nephropathy was suspected with the diagnosis of nephrotic syndrome. Antinuclear bodies were positive. Hence, the diagnosis of systemic lupus erythematous was considered. The patient was treated with corticosteroids and hydroxychloroquine with a great improvement.

Discussion :
Lipedematous alopecia was first described in 1961. After that, approximately 50 cases have been reported in the literature to date to our knowledge. Lipedematous alopecia is characterized by an acquired, nonscarring alopecia with a thickened scalp due to a hyperplasia of subcutaneous fatty tissue. Hair loss is thought to be induced by pressure on hair follicles caused by the thickening of subcutaneous tissue resulting in deficiency innutrition, hair growth shortening and slower growth. Lipedematous alopecia associated with lupus erythematous had rarely been reported. Most cases were about discoid lupus and only in one case a systemic lupus erythematous was suspected. This association could be explained by similar etiopathogenic factors such as hormonal factors. Treatment with systemic steroids and hydroxychloroquine have been reported in the literature with a successful results.

Disclosure of Interest: None declared

Keywords: lupus ; lipedematous ; alopecia

P113

ERYTHROKERATODERMIA VARIABILIS MIMICKING SEVERE ATOPIC DERMATITIS: A CASE REPORT

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Background :

Atopic dermatitis (AD), the most common chronic inflammatory skin disease of childhood, is associated with significant morbidity, especially those with moderate to severe disease. The differential diagnosis of severe AD includes primary immunodeficiency conditions, dermatologic diseases, and metabolic diseases. We report, here in, two cases of a rare differential diagnosis : the erythrokeratodermia variabilis (EKV) .

Objectives :

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Methods :

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Results :

Two monozygotic twins, aged 6 years, consulted for pruritic scaly lesions evolving since the age of two years. Examination showed the same appearance and distribution of lesions in both brothers: hyperkeratotic, finely scaly, pigmented patches on the neck, armpits, elbows, thorax, inguinal folds, back, buttocks, popliteal fossae, and lumbar region. Other erythematosquamous eczematous lesions were also noted on the face and hands. The diagnosis of severe atopic dermatitis was made. On subsequent visits, improvement was partial with emollients and dermocorticoids. On further questioning, first degree consanguinity was found. There was no history of dermatitis in the family. Their 9-year-old sister was not affected. The erythematous lesions varied in number, size and location. Finally, the diagnosis of EKV was made because of the consanguinity and the occurrence of lesions in two monozygotic twins, suggesting a genetic background, the fixity of the pigmented plaques and the variability of the erythematous lesions. The genetic study is in progress. Treatment with acitretin is being considered in view of the considerable psychological impact of the lesions.

Discussion :

EKV is a rare genodermatosis characterised by hyperproliferation and keratinocyte differentiation disorder. EKV is linked to mutations in the GJB3 and GJB4 genes, located on chromosome 1p34-35 and encoding connexin family proteins. The mode of inheritance is generally autosomal dominant with variable penetration. It often appears in the first year of life but can, more rarely, develop in childhood as in our patients. The eczematous appearance and distribution in the folds were initially suggestive of AD. This appearance of atopic eczema can be confusing and cause a delay in diagnosis. The therapeutic management of EVK differs completely from that of AD. Our observation is also particular because the occurrence of EKV in 2 monozygotic twins has never been reported. It poses the problem of mode of transmission, sporadic by neomutation or autosomal recessive.

Disclosure of Interest: None declared

Keywords: diagnosis ; eczema ; genetic

P114

EFFICACY AND SAFETY OF RISANZIKUMAB AFTER A 15-MONTH SUSPENSION DUE TO COVID-19 PANDEMIC: A PLAQUE PSORIASIS CASE REPORT

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Background :

A 75-year-old male patient, obese, dyslipidemic, hypertensive, diabetic, with polio outcomes and with severe psoriasis vulgaris for about 20 years, undertook therapy with Risankizumab (75mg x2) at our center. At T0 (Dec 2019) his PASI was 41.7, BSA 73%, and DLQI 25. At the II induction dose after 4 weeks (T1, Jan 2021) his PASI was 2.4, BSA 16% and DLQI 0. The patient then discontinued therapy because of the COVID-19 pandemic and returned in June 2021, approximately 15 months after the II and last injection: his PASI was 20, BSA 30% and DLQI 1. He claimed to have been disease free for about 8 months. He then resumed therapy without induction and after 12 weeks (Sept 2021) his PASI was 0.8, BSA 9% and DLQI 0 and after a few more weeks each value was 0.

Objectives :

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Methods :

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Results :

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Discussion :

Risankizumab is a safe drug, fully and rapidly effective even after a long discontinuation and it’s likely to play a role in modifying the course of the disease.

Disclosure of Interest: None declared

Keywords: risankizumab ; psoriasis

P115

INTRA-ARTICULAR CORTICOSTEROID-INDUCED LEUKODERMA TREATED WITH EXCIMER LASER

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Background :

Triamcinolone is a corticoid widely used in dermatology as well as in rheumatology. Skin side effects have been reported in both intra-lesional and intra-articular injections of triamcinolone, among them skin atrophy, skin irritation and skin rash. Corticosteroid-induced leukoderma is a side effect of local triamcinolone injections rarely reported in the literature.

Objectives :

To report a rare case of intra-articular corticosteroid induced leukoderma and to propose an effective treatment for this skin discoloration.

Methods :

We report a case of a woman consulting for a leukoderma following an intra-articular corticosteroid injection for tendonitis, that was successfully treated with excimer laser sessions.

Results :

A 34-year-old woman with no medical history, presented to our outpatient clinic for a depigmented skin patch of two months' evolution on her left wrist. The patient was earlier diagnosed with wrist tendonitis and was given an intra articular injection of triamcinolone two weeks before the leukoderma had appeared. She used repigmenting ointments as well as topical protopic without noticeable results. She was thus diagnosed with intra-articular corticosteroid-induced leukoderma. We decided to treat the patient with excimer laser at the rate of 2 sessions per week. After 4 sessions, the patch regressed by 50% and completely disappeared after 10 sessions.

Discussion :

Skin depigmentation or leukoderma after intra articular injection of corticosteroids has been reported. The mean onset delay was of two months. In most cases, the skin discoloration regressed spontaneously within six to 12 months and repigmenting ointments were inefficient. This skin disorder was mainly reported with triamcinolone injections. Hypothesis suggested that this molecule with its larger size, higher tendency to aggregate and higher density tends to alter the melanocytes' function without diminishing their density. This phenomenon was observed when injecting triamcinolone into joints that are close to the skin surface. In our case, the delay between triamcinolone infiltration and skin discoloration was shorter than in other reports. Excimer laser is known to be effective in the treatment of skin depigmentation. As far as we know, we are the first to try Excimer laser in the treatment of intra-articular corticosteroid-induced leukoderma with an excellent result.

In summary, intra-articular corticosteroid-induced leukoderma is a rare entity that should be considered when a depigmentation appears next to the corticosteroid injection site. Excimer laser should be tried on patients looking for a fast repigmentation.

Disclosure of Interest: None declared

Keywords: excimer ; corticosteroid ; leukoderma

P116

ISOLATED INVERSE PSORIASIS: A CONFUSING DIAGNOSIS

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Background :

Chronic intertrigo is a problem of etiological diagnosis. We report an observation of an intertrigo of the sub-abdominal fold with anitis of unusual etiology.

Objectives :

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Methods :

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Results :

We report a case of a 48-year-old woman under observation by our dermatology departmentdue to pruriginous, erythaematous plaques located in the perianal region and the sub-abdominal fold. She had a personal history of arterial hypertension. Physical examination revealed well circumscribed, macerated, shiny erythaematous plaques located in the perianal region and the sub-abdominal fold. The remaining physical examination was normal. Upon this clinical presentation, a cutaneous biopsy was performed. It showed epidermal hyperplasia and elongation of rete ridges with thinning of the suprapapillary plates. In addition, there was confluent parakeratosis with a loss of the granular layer. The results were for the diagnosis of inverse psoriasis. The patient was treated with topical corticosteroids.

Discussion :

Inverse psoriasis, also known as flexural or intertriginous psoriasis, is a rare form of psoriasis that occurs in the flexural skin folds. Approximately 3–7% of psoriasis patients present with inverse psoriasis. This form of psoriasis has distinct clinical and therapeutic features. The typical presentation of inverse psoriasis is similar to that of common psoriasis except for two major factors: the area of the lesions and their appearance. It can occur in any area where two skin surfaces meet. The inguinal fold is the most commonly affected area, followed by the axilla and the external genitalia. In terms of appearance, the lesions are sharply demarcated and erythematous, as would be expected in a psoriatic lesion, but they tend to be shiny and appear moist, sometimes with a fissure in the center. The lesions are not as scaly as those of regular psoriasis, and in fact may contain no scale at all. The irritation may be increased in inverse psoriasis as a resultof the rubbing and sweating involved in the intertriginous areas. Due to the locations of the plaques in inverse psoriasis, overlying microbial and/or fungal infections can also occur. Inverse psoriasis is sometimes difficult to diagnose due to its clinical similarity with other skin disorders involving the folds, mainly including mechanical intertrigo, fungal and bacterial infections, contact dermatitis, seborrheic dermatitis, and lichen planus. Inverse and common psoriasis have the same histologic appearance, called the psoriasiform reaction pattern. The treatment of inverse psoriasis may be challenging and include topical corticosteroids, topical calcineurin inhibitors, vitamin D analogs, traditional oral systemic therapies such as cyclosporine and methotrexate, and biologic therapies.

Disclosure of Interest: None declared

Keywords: histology ; psoriasis ; fold

P117

HEALTH CARE UTILIZATION AMONG A HIDRADENITIS SUPPURATIVA COHORT IN NEWFOUNDLAND AND LABRADOR

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Background :
Hidradenitis suppurativa (HS) is a chronic, inflammatory, recurrent follicular skin disease with lesions typically presenting in intertriginous regions of the body. Clinical manifestations include painful nodules, abscesses, sinus tracts, and hypertrophic scars in the affected areas. It is estimated that HS affects approximately 1% of the population in North America and Europe. A lack of information exists regarding the natural history of HS, its comorbidities, and the associated clinical and patient-centered burden. The analysis of real world data is imperative to minimize this gap.

Objectives :
To examine real-world Health Care Resource Utilization (HCRU) associated with all-cause hospitalization and fee-for-service (FFS) physician visits.

Methods :
This is a cross-sectional descriptive study of 100 patients clinically diagnosed with HS in a private dermatology clinic in St. John's, NL, Canada, between 1989-2014. Demographic and clinical data were collected by medical chart review. This data was linked to administrative healthcare databases within the province's health data management department. Healthcare utilization data was available for the fiscal years 2001/02 to 2017/18. Summary statistics were obtained, including stratification by sex.

Results :
Female HS patients had more all-cause FFS physician visits than men on average, while HS-specific visits were similar between the sexes. Eighty-six patients were hospitalized during observation time, with females accounting for 79% of these hospitalizations. Skin and sub-cutaneous diseases were the top reasons for male hospitalization. Hospital admissions were also stratified into surgical daycare and acute care. Females experienced twice as many surgical daycare episodes per patient compared to males. General surgery was the most common service provided for both sexes. Males experienced more acute care episodes related to cardiac issues. There were instances of psychological disorders extending beyond anxiety and depression.

Discussion :
Results from this study indicate that while HS patients have many comorbidities to contend with, HS is a major motivator for seeking healthcare. This data also suggested that there is a difference in HCRU between the sexes, including a higher all-cause HCRU in female patients. Overall, this unique, real-world data provided novel, comprehensive information on the clinical experiences of HS patients.

Disclosure of Interest: None declared

Keywords: Newfoundland and Labrador ; Hidradenitis suppurativa ; Health Care Utilization

P118

YOU ARE WHAT, HOW AND WHEN YOU EAT: PSYCHOSOCIAL IMPACT OF MODIFIED INTERMITTENT FASTING IN PSORIASIS

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Background :
Comorbidities form an additional challenge in the management of psoriasis. Tackling unhealthy lifestyles remains a top priority, but comes with its own challenges. Fasting has been shown to have beneficial metabolic effects, including weight loss. As psoriasis is very often associated with obesity and metabolic aberrations, it begs the question how the brain and gut are affected in this skin disease. Diets have been studied, but their impact on the psychosocial experience remains understudied.

Objectives :
We sought to study the effects of modified intermittent fasting (MIF) in patients with psoriasis and determine the intervention's impact on the psychosocial outcomes including quality of life (QoL), depression, anxiety and stress.

Methods :
A randomized crossover study was performed where subjects fasted intermittently for 12 weeks and were followed for a period of 34 weeks. At regular visits, questionnaires were completed by the participants, reporting on their QoL (DLQI), anxiety and depression (HADS and BDI), stress (PSS) and satisfaction with the diet (VAS).

Results :
Disease activity recorded as PASI and BSA showed a beneficial effect of 12 weeks MIF (p=0.097). Concomitantly, a significant interaction effect was demonstrated for QoL as assessed by DLQI. In the fasting group we observed a decrease in the effect of skin lesions on QoL, whereas the control group showed an increase.

For anxiety and depression, we observed a trend towards decline in symptoms in the intervention group, yet no statistical significance was detected. The Perceived Stress Scale showed similar results, yet no significant difference could be determined.

Finally, at the end of the study, 3 dropouts were noted: 1 participant was excluded due to antibiotic treatment, another subject was lost to follow-up, and the third did not adhere to the study protocol. The completion rate shows a satisfactory dietary intervention.

Discussion :
MIF is an accessible and mild intervention with modest positive effects on disease activity and QoL in patients with psoriasis. With a very low risk profile, it could be used as an add-on treatment in patients struggling with a healthy lifestyle and obesity. Next analyses will include the impact of timing of fasting and weight loss on the psychosocial experience in this trial.

More in-depth research in a larger and heterogeneous cohort is needed to establish the how the improvement in QoL relates to the biochemical effects seen in the gut-brain-skin axis, to better understand how we can help patients manage their comorbidities in psoriasis.

Disclosure of Interest: None declared

Keywords: gut-brain-skin axis ; psoriasis ; intermittent fasting

P119

BRIDGING THE GAP BETWEEN DOCTORS AND PSORIASIS PATIENTS

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Background :

A holistic approach to psoriasis treatment is needed with particular reference to psychosocial disability and quality-of-life issues. An evidence-based approach is essential in defining differences between available treatments. Old-fashioned approaches, especially combinational ones, are routinely used by some clinicians, with inadequate prospective or comparative evidence. Treatments currently available are: topical agents and systemic agents. This includes new injectable biological agents, which have transformed the management of severe psoriasis.

Objectives :

◉Etiology, exacerbating factors, and pathophysiology of psoriasis

◉ Psoriasis clinical presentation & treatment modality

◉ Cutting edge in Psoriasis research

Methods :

litreture review to support evidence

Results :

There is an urgent call to help dermatologists to identify appropriate patients for the most effective treatment and setting treatment goals accordingly

Discussion :

This lecture spots the light on debatable issues and recent studies which focuses on innovative treatments with the aim of maintaining safe, long-term effect.

Disclosure of Interest: None declared

Keywords: Biologicals ; Quality of life ; Psoriasis

P120

PERSISTENCE OF GUSELKUMAB TREATMENT IN PATIENTS WITH MODERATE-TO-SEVERE PLAQUE PSORIASIS IN A REAL-WORLD SETTING: THE SPRING STUDY

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Background :
The monoclonal antibody guselkumab blocks the IL-23 pathway. It has demonstrated efficacy and tolerability for the treatment of moderate-to-severe psoriasis.

Objectives :
To evaluate persistence on guselkumab in a real-world setting.

Methods :
Multicenter retrospective study in adult patients with moderate-to-severe plaque psoriasis who started treatment with guselkumab at least 12 months before inclusion in the study. The primary endpoint was treatment persistence (no persistence: discontinuation or interruption ≥90 days). The secondary endpoints included psoriasis area severity index (PASI) response, investigator global assessment (IGA), dermatology life quality index (DLQI) and safety.

Results :
284 patients were enrolled (median age: 52 years; 63.7% male). The most frequent comorbidities were hypertension (25.4%), dyslipidemia (25.0%), and diabetes mellitus (16.5%). Most patients (89.1%) had previously received biologic therapies, mainly ustekinumab (58.5%), adalimumab (42.6%), secukinumab (37.0%), and etanercept (29.9%); 38.7%, 23.3% and 38.0% received 1, 2 and ≥3 biologic therapies, respectively. Treatments received prior to guselkumab were phototherapy and systemic treatments in 53.9% and 86.6% of patients, respectively. The cumulative probability of persistence was 87% (89.6% at 1 year) (median of persistence: 14 months). PASI 90 was achieved by 56.4% (66/117) of patients and PASI ≤3, ≤2 and ≤1 by 81.2% (95/117), 76.1% (89/117); and 65.8% (77/117), respectively, at 1 year. IGA 0/1 response and BSA <3% was achieved by 65.5% (57/87) and 65.8% (56/72) of patients at 1 year. Overall, 65.8% achieved a minimal clinically significant difference (>4-point reduction) in DLQI score at 1 year. Twenty-six adverse reactions (4 of them serious) were reported in 16 patients.

Discussion :
The analysis shows a high persistence on guselkumab and supports the effectiveness and safety of this therapy for patients with moderate-to-severe psoriasis in the real-world setting.

Disclosure of Interest: Speaker bureau : Luis Puig: Celgene, Janssen, Lilly, Novartis and Pfizer. Esteban Daudén: Abbott/Abbvie, Almirall, Amgen, Biogen, Celgene, Janssen-Cilag, Leo Pharma, Lilly, MSD, Novartis, Pfizer and UCB.
Employee : Virginia Pascual, Quetzal Caraballo and Cristina Guisado are Janssen Cilag employees.
Consultant : Luis Puig: Abbvie, Almirall, Amgen, Baxalta, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Fresenius-Kabi, Janssen, JS BIOCAD, Leo-Pharma, Lilly, Mylan, Novartis, Pfizer, Regeneron, Roche, Sandoz, Samsung-Bioepis, Sanofi and UCB. Esteban Daudén: Abbott/Abbvie, Almirall, Amgen, Biogen, Celgene, Janssen-Cilag, Leo Pharma, Lilly, MSD, Novartis, Pfizer and UCB.
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Keywords: real-world ; guselkumab ; psoriasis

P121

PSYCHOMETRIC VALIDATION OF GENERALIZED PUSTULAR PSORIASIS (GPP) PHYSICIAN GLOBAL ASSESSMENT (GPPGA) AND GENERALIZED PUSTULAR PSORIASIS AREA AND SEVERITY INDEX (GPPASI) AS CLINICIAN-REPORTED OUTCOMES IN GPP

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Background :
GPPGA and GPPASI are novel clinician-reported measures for the assessment of disease-specific severity in GPP. They were developed, with input from patients with GPP and dermatologists, from the established PGA and PASI instruments.

Objectives :
The objectives of this study were to assess the validity of GPPGA and GPPASI for the assessment of disease severity in GPP, and to confirm that these are suitable clinical outcome assessments for use as endpoints in clinical trials in GPP.

Methods :
This study assessed the reliability, validity and responsiveness of GPPGA and GPPASI using Week 1 data from Effisayil 1 (NCT03782792). Psychometric properties of GPPGA and GPPASI were examined: item-to-item and item-to-total correlations, confirmatory factor analysis, reliability, construct validity, and responsiveness. Thresholds for meaningful within-patient change were also estimated.

Results :
The GPPGA items demonstrated moderate inter-item correlations; the unidimensional model fit the data well (RMSEA <0.08). The GPPGA total score demonstrated evidence of good internal consistency (Cronbachs α=0.81), test–retest reliability (ICC >0.70), and good evidence of convergent validity, with moderate-to-strong coefficient correlations with the selected anchors (including EQ-5D, DLQI and CGI-I). The GPPGA total score differentiated between groups of patients with different levels of disease severity and detected change in the anchor category severity from baseline to Week 1. Good evidence of test–retest reliability (ICC >0.70), convergent validity for the GPPGA pustulation subscore (r=0.30–0.48, with designated anchors) and GPPASI total score (ICC >0.70; r=0.40–0.46, with designated anchors) was observed. Responder definitions for the GPPGA total score, pustulation subscore, and GPPASI total score were reductions of 1, 2, and 12 points, respectively. The relevance of a GPPASI 50 threshold was supported.

Discussion :
GPPGA and GPPASI are reliable, valid measures sensitive enough to detect change in GPP severity and are suitable endpoints for detecting meaningful within-patient change in GPP clinical trials.

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Employee : BG, NH, CT, and TZ are employees of Boehringer Ingelheim. IB, MA and AS are employees of Evidera, which was contracted by Boehringer Ingelheim for the purposes of this study.

Keywords: Generalized pustular psoriasis area and severity index ; Generalized pustular psoriasis physician global assessment ; Generalized pustular psoriasis

P122

EVALUATION OF TREATMENT SATISFACTION AFTER TREATMENT WITH BIOLOGICS IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS IN KOREA

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Background :

Psoriasis is a chronic disease, which is linked on significant negative impact on patients' quality of life (QoL). Although the high efficacy of biologics in psoriasis has been well known through objective measures, studies on their treatment satisfaction are limited.

Objectives :

To evaluate treatment satisfaction for patients with psoriasis treated with biologics who have experience in oral agent treatment.

Methods :

Treatment satisfaction was evaluated at the time of treatment with oral agents before administration of the biologics and at the last visit after administration of the biologics. QoL was evaluated by Dermatology Life Quality Index (DLQI) and treatment satisfaction was evaluated by Treatment Satisfaction Questionnaire for Medication (TSQM)-9.

Results :

Treatment satisfaction with biologics was higher in all effectiveness, convenience, and global satisfaction domains compared to when treated with oral agents (p<0.001), and the mean score ranged from 73.8 to 80.1. The difference in treatment satisfaction score was not significant depending on the type of biologic being administered, and the better the treatment response after administration to the biologic, the higher the treatment satisfaction was, which showed a statistically significant correlation (p<0.05). DLQI score significantly decreased from 22.2 ± 5.2 to 3.1 ± 3.3 after biologics treatment (p<0.001).

Discussion :

In the evaluation of treatment for psoriasis patients, the patient reported outcomes (PROs) as well as the psoriasis area and severity index and body surface area, which are objective measures, are another important factor. QoL and treatment satisfaction are important factors in PROs, and biologics has been shown significant improvement in previous studies, which was consistent with the result of this study. However, the result that the difference between oral agents and biologics in this study was the smallest in the convenience domain suggests that high therapeutic efficacy of biologics may outweighs the discomfort of injection. Therefore, if an oral agent with similar efficacy to that of biologics is developed, there is room for improvement in satisfaction in the treatment of psoriasis. In conclusion, the results of this study showed that biologics improved treatment satisfaction and QoL in psoriasis patients. We believe that evaluation of treatment satisfaction will be helpful in comparing various medications and making treatment decisions.

References :

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Disclosure of Interest: None declared

Keywords: Biologics, Treatment satisfaction, TSQM

P123

ITCHING, SKIN PAIN AND SCALING IN PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS: THE RELATIONSHIP BETWEEN IMPROVEMENTS IN PSORIASIS AREA AND SEVERITY INDEX AND PSORIASIS SYMPTOMS AND IMPACTS MEASURE RESPONSES

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Background :

The Psoriasis Symptoms and Impacts Measure (P-SIM) is a novel, reliable, well-defined, patient (pt)-reported outcome tool capturing key symptoms in bimekizumab (BKZ) clinical trials (scored 0–10; 10=very severe symptom).[1]

Objectives :

Assess the impact of incremental improvements in Psoriasis Area and Severity Index (PASI) on the achievement of P-SIM scores of 0 (no symptom) for itching, skin pain and scaling.

Methods :

These analyses used data pooled across all visits and treatment arms from the initial 16-week periods of the BE VIVID, BE READY, BE SURE and BE RADIANT BKZ in plaque psoriasis phase 3/3b trials.[2–5] A mixed-effects logistic regression model was used to assess the relationship between skin clearance and symptom resolution for the itching, skin pain and scaling items of the P-SIM (observed case). Model fitted-estimates for P-SIM=0 response rates for each of the items are reported with 95% confidence intervals (CI).

Results :

Analyses included 2223 randomised pts (BKZ: 1362; placebo: 169; ustekinumab: 163; adalimumab: 159; secukinumab: 370), with mean baseline PASI=20.40 (n=2222) and mean baseline P-SIM scores for itching=6.63, skin pain=5.31, scaling=6.76 (n=1970).

Model-estimated percentages of pts achieving P-SIM=0 for itching were 31.5% (95% CI: 27.2%, 36.1%) with PASI improvement=100%, 19.8% (16.7, 23.3) with PASI improvement=95%, 11.7% (9.6, 14.2) with PASI improvement=90% and 2.0% (1.5, 2.7) with PASI improvement=75%.

For a P-SIM score=0 in skin pain, estimated percentages were: 81.8% (78.6, 84.6) with PASI improvement=100%, 73.1% (69.2, 76.6) with PASI improvement=95%, 62.1% (57.9, 66.2) with PASI improvement=90% and 26.6% (23.2. 30.3) with PASI improvement=75%.

For a P-SIM score=0 in scaling, estimated percentages were: 63.0% (59.2, 66.6) with PASI improvement=100%, 44.8% (41.2, 48.5) with PASI improvement=95%, 27.9% (25.0, 31.1) with PASI improvement=90% and 4.0% (3.2, 5.1) with PASI improvement=75%.

Discussion :

Incremental PASI improvements correspond with more pts achieving P-SIM=0 for itching, skin pain and scaling, reflecting the importance of complete skin clearance as a treatment outcome. Higher estimated percentages of pts achieving P-SIM=0 for specific PASI improvements were observed for skin pain and scaling. Residual disease may still impact pts who respond to treatment but do not achieve complete skin clearance.

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DP: Honoraria for participation on advisory boards, data safety monitoring boards, consultancy or as an investigator from:

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PG: Consultation fee for serving as a speaker from Abbvie, Amgen, Almirall, Eli Lilly, Janssen, Novartis, Sanofi and UCB Pharma.
ALF: Reports personal fees for participation as an advisory board member, consultant and/or speaker, and grants/research support for participation in clinical trials with AbbVie, Almirall, Amgen, Boehringer Ingelheim, Janssen, LEO Pharma, MSD, Eli Lilly, Novartis and UCB Pharma.
MH: Advisor and/or received speakers' honoraria and/or received grants and/or participated in clinical trials of the following companies: AbbVie, Almirall, Amgen, Boehringer Ingelheim, Eli Lilly, GSK, Janssen, LEO Pharma, MSD, Novartis, Pfizer and UCB Pharma.
RW: Employee of Veramed.
BS, VC: Employees of UCB Pharma.
SW: Employee and shareholder of UCB Pharma.
AG: Honoraria as an advisory board member and consultant for Anaptyps Bio, Avotres Therapeutics, Beiersdorf, Boehringer Ingelheim, Bristol Myers Squibb, Eli Lilly, Incyte, Janssen, LEO Pharma, Novartis, Pfizer, Sun Pharma, UCB Pharma and XBiotech (only stock options); research/educational grants (paid to Mount Sinai Medical School) from Boehringer Ingelheim, Incyte, Janssen, Novartis, Sun Pharma, UCB Pharma and XBiotech.

Keywords: Patient-Reported Outcomes ; Bimekizumab ; Plaque Psoriasis

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ASSESSING HEALTH-RELATED QUALITY OF LIFE IN FEMALE PATIENTS WITH PSORIASIS USING THE DLQI

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Background :

Psoriasis is a multifactorial inflammatory disease with a severe impact on mental health and marked quality-of-life impairment.

Objectives :

We aimed to assess the clinical and personal factors adversely affecting the health related quality of life (HRQoL) in women with psoriasis.

Methods :

HRQoL was measured in 60 patients aged 18 years or above, at the dermatology outpatient clinic of the Farhat Hached hospital in Sousse from October 2019 to October 2020. Pregnant patients and those suffering from chronic debilitating disease were excluded from the study. All participants were subjected to the Hospital Anxiety and Depression Scale (HAD) and to the Body Esteem Scale (BES). Clinical severity of psoriasis was assessed using the Psoriasis Area and Severity Index (PASI). Consequently, we analyzed the relationships between the DLQI score and the PASI, HAD and BES scores by Spearman's correlation test. Nonparametric distributed continuous variables were compared using the Mann–Whitney U-test.

Results :

The sample consisted of 60 patients with a mean age of 43 years (SD = 11). The DLQI scores ranged from 0 to 28, with a median (p25–p75) of 7,5 (1,25–14,5). DLQI score positively correlated with PASI score (r = 0.5, P = 0.000) and the HAD score (r=0,36, P=0,005). The BES score was inversely correlated with the DLQI score (r = -0.31, p = 0.01). Lower DLQI scores were associated with the involvement of genital (P= 0,006) and visible areas (P=0,001).

Discussion :

Lower HRQoL in female psoriatic patients may implicate psychological factors including mood status disturbances and low body esteem, in addition to specific distribution patterns of the disease. Thus, promoting a positive body image and encouraging healthy coping behaviors should be considered when treating patients for this skin disease.

Disclosure of Interest: None declared

Keywords: Body esteem ; DLQI ; psoriasis

P125

WORSENING OF PSORIASIS AFTER USING TRADITIONAL PRODUCTS (KHELLA - BLADDER WRACK, CARROT SEEDS): HARMFUL EFFECTS OF TRADITIONAL MEDICINE

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Background :
The use of traditional therapy or the use of cosmetics remains widespread in our societies.

Objectives :
Intolerance to certain products used for traditional therapy is not uncommon.

Methods :
We report the observation of a patient with a severe flare-up of his psoriasis after using the product Khella - Bladder wrack carrot seeds.

MA patient aged 52, from Tlemcen (West, Algeria), married and father of 3 children, with a history of arterial hypertension, known to our service for a psoriasis that has been evolving for several years, admitted for therapeutic management of 'an outbreak of psoriasis, induced by herbal medicine.

Results :
The product used: Khella - Bladder wrack carrot seeds has been used systemically (orally): a teaspoon is poured into a glass of boiled water at a rate of 3 times per day.

Discussion :
Khella - Bladder wrack carrot seeds has the scientific name: Ammi Visnaga: it is an essential oil made mainly from esters, and coumarin, having, as properties:

- The anti-spasmodic and dilating effect on the coronary arteries, bronchi and ureters.

- A sensitizing photo effect

- Hepatotoxic power

- It is known to be allergenic

We must especially remember an intolerance (irritation or allergy) to traditional therapy which can worsen or modify the appearance of the pre-existing dermatosis (this is the case with our patient)

It is important to warn of the danger of traditional treatment, still frequent in the Maghreb countries

References :
O. boughene stambouli Therapeutique dermatologique traditionnelle : effets et méfaits Dermatologie pratique N°430 Mai 2019

Disclosure of Interest: None declared

Keywords: KHELLA - BLADDER WRACK, CARROT SEEDS ; traditional medicine ; psoriasis

P126

MALIGNANCY RATES THROUGH 5 YEARS OF FOLLOW-UP IN GUSELKUMAB-TREATED PATIENTS WITH MODERATE TO SEVERE PSORIASIS: RESULTS FROM THE VOYAGE 1 AND 2 TRIALS AND COMPARISONS TO GENERAL POPULATIONS

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Background :
Surveillance of malignancy risk among patients receiving long-term immunomodulatory treatment remains an important safety objective.

Objectives :
To assess the malignancy rates in patients with moderate-to-severe psoriasis treated with guselkumab for up to 5 years versus a representative psoriasis registry population and the general US population.

Methods :
Cumulative rates of malignancies/100 patient-years (PY) were evaluated in 1721 guselkumab-treated patients from VOYAGE-1&2. Overall rates of malignancies excluding nonmelanoma skin cancer (NMSC) were compared with rates among patients eligible for systemic therapy from the Psoriasis Longitudinal Assessment and Registry (PSOLAR; 2007-2014; N=12,093; >40,000 PY).[1] Standardized incidence ratios (SIRs; 95% confidence interval [CI]) comparing rates of malignancies excluding NMSC and cervical cancer *in situ* between guselkumab-treated psoriasis patients and the general US population using Surveillance, Epidemiology, and End Results data (2000-2017) were calculated, adjusting for age, sex, and race.

Results :
Of 1721 guselkumab-treated patients included in VOYAGE-1&2 (7166PY of follow-up), 24 had NMSC (0.34/100PY) and 32 patients had malignancies excluding NMSC (0.45/100PY). For comparison, the rate of malignancies excluding NMSC was 0.68/100PY in PSOLAR.[1] The rate of malignancies (excluding NMSC/cervical cancer *in situ*) in guselkumab-treated patients was generally consistent with that expected in the general US population [SIR (95%CI)=0.93 (0.64-1.31)]. The most commonly reported malignancies in guselkumab-treated patients were breast [n=6; SIR=1.47 (0.54-3.20)], colorectal [n=5; SIR=1.54 (0.50-3.59)], melanoma [n=4; SIR=1.32 (0.36-3.39)], and prostate [n=4; SIR=0.59 (0.16-1.50)].

Discussion :
Through 5 years of treatment of psoriasis patients with guselkumab in VOYAGE-1&2, NMSC and other malignancy rates were low. Malignancy rates (excluding NMSC) were generally consistent with rates expected in the general US population and observed in the PSOLAR registry.

References :
1. Papp K, et al. *J Drugs Dermatol.* 2015;14:706-14.

Disclosure of Interest: Employee : Mount Sinai
Consultant : Aditum Bio, Almirall, AltruBio Inc., AnaptysBio, Arcutis, Inc., Arena Pharmaceuticals, Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Boehringer Ingelheim, Brickell Biotech, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, CorEvitas, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima Ltd., LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Seanergy, and Verrica.
Grant / Research support : Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Dermavant Sciences, Eli Lilly, Incyte, Janssen Research & Development, LLC, Ortho Dermatologics, Regeneron, and UCB, Inc.

Keywords: Guselkumab ; Psoriasis

P127

SAFETY OF GUSELKUMAB IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS: POOLED ANALYSES ACROSS CLINICAL STUDIES

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Background :
Studies of guselkumab (GUS) in plaque psoriasis (PsO) have established a favorable safety profile for the drug.

Objectives :
To evaluate the cumulative safety experience in PsO, we pooled safety data from phase 2 and phase 3 studies of GUS (CNTO1959PSO2001, CNTO1959PSO3001/3002, CNTO1959PSO3003, CNTO1959PSO3004, CNTO1959PSO3006, and CNTO1959PSO3009) [1-8].

Methods :
Safety data were summarized for the placebo (PBO)-controlled (week [wk] 0-16 in CNTO1959PSO2001, CNTO1959PSO3001/3002, and CNTO1959PSO3006) and end-of-reporting (wk 0-40 for CNTO1959PSO3006; wk 16-44 for CNTO1959PSO3003; wk 0-52 for CNTO1959PSO2001 and CNTO1959PSO3004; wk 0-56 for CNTO1959PSO3009; and through wk 264 for CNTO1959PSO3001/3002) periods. Pooled data were adjusted by exposure per 100 patient-years of follow-up [100PY]).

Results :
During the PBO-controlled period, 544 patients received PBO (165 PY) and 1220 received GUS (378 PY). Adverse event (AE) rates were similar for PBO (341.12/100PY) and GUS (345.63/100PY); corresponding serious AE (SAE) rates were 6.66/100PY and 6.34/100PY. Infection rates were 83.61/100PY (PBO) and 95.92/100PY (GUS). Serious infections (SIs) occurred at rates of 1.21/100PY and 1.06/100PY in the PBO and GUS groups, respectively. The rate was 0.26/100PY for both nonmelanoma skin cancer (NMSC) and malignancies other than NMSC in the GUS group (none in the PBO group). Through the end-of-reporting period (n=2891 patients; 8662 PY), rates remained low for GUS-treated patients: 169.02/100PY (AE), 5.26/100PY (SAE), 65.92/100PY (infections), and 0.88/100PY (SIs). Other AEs of interest rates were 0.43/100PY (malignancies), 0.35/100PY (NMSC), and 0.33/100PY (major adverse cardiovascular events). In GUS-treated patients, there were no reported active tuberculosis or opportunistic infections; no serum sickness-like/anaphylactic reactions related to GUS were reported.

Discussion :
Pooled analyses confirm the established safety profile of GUS for patients treated for up to 5 years.

References :

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8. Reich K, et al. *Br J Dermatol*.2021;185:1146-1159.

Disclosure of Interest: Employee : Mount Sinai
Consultant : Aditum Bio, Almirall, AltruBio Inc., AnaptysBio, Arcutis, Inc., Arena Pharmaceuticals, Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Boehringer Ingelheim, Brickell Biotech, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, CorEvitas, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima Ltd., LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Seanergy, and Verrica.
Grant / Research support : Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Dermavant Sciences, Eli Lilly, Incyte, Janssen Research & Development, LLC, Ortho Dermatologics, Regeneron, and UCB, Inc.

Keywords: safety ; psoriasis ; guselkumab

P128

SOCIAL RELATIONSHIPS, SEXUAL DIFFICULTY, AND THE IMPACT OF TREATMENT WITH GUSELKUMAB VERSUS ADALIMUMAB IN MEN AND WOMEN WITH PSORIASIS: RESULTS FROM VOYAGE 1 AND 2

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Background :
This study examined the impact of guselkumab or adalimumab on social relationship difficulty (SRD) and sexual difficulty (SD) in patients with psoriasis.

Objectives :
To examine the impact of guselkumab or adalimumab on SRD and SD in patients with psoriasis.

Methods :
Patients received guselkumab (Week 0, Week 4, then every 8 weeks [Q8W]) versus placebo (Week 16→guselkumab) or adalimumab for moderate-to-severe plaque-type psoriasis.[1,2] SRD and SD were measured using Dermatology Life Quality Index questions 8 and 9, respectively, under the personal relationship domain. Psoriasis Area and Severity Index (PASI) assessed severity.

Results :
At baseline, patients with higher PASI scores tended to have greater SRD and SD, with females reporting greater impairment than males across most PASI scores. After treatment, the proportion of males and females having SRD or SD declined from baseline to W24 with greater improvements in PASI response. Across groups at baseline, 31.2%-34.9% of males and 38.9%-44.1% of females had SRD. At Week 16, greater improvements in SRD were achieved with guselkumab and adalimumab versus placebo in males (placebo 26.7%, guselkumab 2.6%, adalimumab 6.0%; both $p<0.001$) and females (placebo 28.5%, guselkumab 3.0%, adalimumab 11.7%; both $p<0.001$). At Week 24, greater improvements in SRD were achieved with guselkumab versus adalimumab in males (guselkumab 1.5%, adalimumab 5.5%; $p<0.001$) and females (guselkumab 3.8%, adalimumab 14.1%; $p<0.001$). Similar patterns were observed for SD in males and females.

Discussion :
SRD and SD improved as PASI improved. Despite differences at baseline, males and females with psoriasis treated with guselkumab or adalimumab reported significantly greater improvement in SRD and SD at Week 16 versus placebo. The effect of guselkumab on SRD and SD was maintained and was greater versus adalimumab at Week 24.

References :
[1] Blauvelt A et al. *J Am Acad Dermatol*. 2017;76:405-17.

[2] Reich K et al. *J Am Acad Dermatol*. 2017;76:418-31.

Disclosure of Interest: Employee : Mount Sinai
Consultant : Aditum Bio, Almirall, AltruBio Inc., AnaptysBio, Arcutis, Inc., Arena Pharmaceuticals, Aristea Therapeutics, Arrive Technologies, Avotres Therapeutics, BiomX, Boehringer Ingelheim, Brickell Biotech, Bristol Myers Squibb, Cara Therapeutics, Castle Biosciences, CorEvitas, Dermavant Sciences, Dr. Reddy's Laboratories, Evelo Biosciences, Evommune, Inc., Facilitation of International Dermatology Education, Forte Biosciences, Foundation for Research and Education in Dermatology, Helsinn Therapeutics, Hexima Ltd., LEO Pharma, Meiji Seika Pharma, Mindera, Pfizer, Seanergy, and Verrica.
Grant / Research support : Abbvie, Amgen, Arcutis, Avotres, Boehringer Ingelheim, Cara Therapeutics, Dermavant Sciences, Eli Lilly, Incyte, Janssen Research & Development, LLC, Ortho Dermatologics, Regeneron, and UCB, Inc.

Keywords: Psoriasis

ORAL COMMUNICATIONS
&
DISCUSSED E-POSTERS

Wednesday 6 July

Thursday 7 July

OC01

BELGIAN COHORT STUDY OF COVID-19 IN IMMUNE MEDIATED INFLAMMATORY DISEASES (BELCOMID): THE EFFECT OF TREATMENT MODALITIES ON COVID19-SEROCONVERSION AFTER VACCINATION OR INFECTION IN THE BELCOMID-DER-GROUP

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Background :
The severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) pandemic is turning into a significant wrinkle in the history of modern healthcare. The exact risk and impact of COVID-19 on patients with Immune Mediated Inflammatory diseases (IMIDs) remains unclear. Targeted Immune-Modulating Therapies (TIMT) could interfere with humoral immune response (IR) against COVID19

Objectives :
To analyse exposure to SARS-CoV2 and to map the effect of TIMT on humoral IR after COVID19-infection or –vaccination.

Methods :
A Belgian IMID-cohort was founded: all patients with IMIDs of the gut, joints and skin in clinical follow-up at the cooperating sites were invited to participate. IMID disease course and SARS-CoV2 exposure were evaluated through questionnaires and seroprevalence of SARS-CoV2 IgG (Spike (S) and Nucleocapsid (N) antibodies). Baseline serum samples were obtained between December 17th, 2020 and February 28th, 2021, before COVID19 vaccination in 2165 patients (=Period 1). Follow-up samples were obtained between July 1st, 2021 and September 30th, 2021 in 1853 patients (=Period 2).

Results :
Before initiation of the Belgian national vaccination campaign (January 5th, 2021), 395 (9.3%)patients had experienced symptoms suggestive for COVID-19. Hospitalisation for respiratory issues was required in 28 patients (1.4%) of whom only 1 required admission at the intensive care unit for invasive ventilation. In period 1, 5.1% (104 patients) reported to have had a confirmed SARS-CoV2 infection by positive nasopharyngeal PCR test.

Here, we present the levels of anti-SARS-CoV2 IgG (S and N antibodies) of period1 (only anti-N) and 2 (after COVID19 vaccination, both anti-N and anti-S). Seroconversion for anti-N antibodies was confirmed in 2.5% of all participants and seroconversion for anti-S antibodies in >90%. We zoom in on the dermatology cohort and report on the effect of four different treatment groups (JAKi/biologics; conventional/immunomodulatory treatment; combination treatment; systemic steroids) on the degree of COVID19 humoral immunity.

Of great interest are the IMID-patients who didn't seroconvert after full vaccination: clinical profile of these patients are analysed.

Discussion :
In conclusion, we aim to inform about the effect of commonly used drugs in IMIDs on the humoral IR after COVID19-infection and/or –vaccination in the BELOCMID-dermatology cohort. We also highlight the existence of non-seroconverters after vaccination in the BELCOMID-cohort.

Disclosure of Interest: Grant / Research support : BELCOMID studygroup received research grants from following pharmaceutical companies: Almirall, Roche, Janssen, Pfizer, Eli Lilly, Amgen, Biogen, Mylan, Leo Pharma.

Keywords: COVID-19 ; IMIDs

OC02

VALUE IN PSORIASIS: DEFINING A VALUE-BASED OUTCOME MEASUREMENT SET FOR DAILY CLINICAL PRACTICE

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Background :

With the current trend in healthcare moving towards a more value-based approach it is of key importance to understand what value encompasses for patients - knowing which outcomes matter the most. Psoriasis is a common chronic inflammatory skin disease with a prevalence of 0.1% to 11% worldwide. Patients can have symptoms varying from pruritus, burning sensations, bleeding, scaling to pain. Skin lesions can also be disfiguring, depending on their size and localization. Psoriasis therefore significantly impacts patients' quality of life. Seeing that this disease has such a high impact, it is essential that the patient's voice is incorporated into its management. To date, there is no outcome set available for psoriasis from the patient's perspective.

Objectives :

To develop a value-based outcome measurement set (VOMS) for daily practice.

Methods :

First, a systematic review was conducted, providing an overview of all patient-relevant outcomes defined in current literature. These outcomes were then presented to a group of patients, using a modified nominal group technique, to establish if these results represented all of their relevant outcomes. Afterwards, these outcomes were ranked by 120 patients attending our psoriasis clinic. Patients were asked to rank cards, containing the outcomes and a brief explanation of that particular outcome, in order of their perceived importance. Finally, a literature review was performed to assess which instruments are available to evaluate the outcomes in our outcome set.

Results :

The systematic review resulted in 23 patient-relevant outcomes. After the nominal group meeting, two outcomes were excluded from the ranking exercise as they were deemed inappropriate. The outcomes found most important by psoriasis patients were symptom control, treatment efficacy, confidence in care and control of disease. The least important outcomes were comorbidity control, productivity and cost of care. Based on this ranking exercise an outcome set was defined. The review provided us with instruments for each outcome.

Discussion :

We defined the first VOMS that enables us to evaluate value for patients when managing psoriasis in clinical practice. This set defines treatment success, based on what is truly important to the patient. In addition, it may also serve as a benchmarking tool to critically appraise and improve the care delivered across centers and amongst individual healthcare providers.

Disclosure of Interest: Grant / Research support : Janssen-Cilag NV

Keywords: Outcomes ; Value-based ; Psoriasis

OC03

THE ROLE OF TISSUE-RESIDENT MEMORY (TRM) CELLS IN PSORIATIC INFLAMMATION

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Background :

Psoriasis involves the long-term persistence of psoriatic lesions at specific sites and their recurrence at the same location, also after effective therapy. According to studies, when psoriasis plaque subsides, there is still a trace of inflammation as tissue-resident memory cells (TRM) in apparently healthy skin. They can initiate an inflammatory cascade and induce the disease recurrence at the same location (up to 90% of lesions). Particular pathogenicity of CD8+TRM in psoriasis is determined by capability of producing IL-17 and IL-22 in the skin even many months after lesions have subsided, and their amount correlates with the disease duration.

Objectives :

Systemic and topical therapy aims at constraining the inflammation, but also at inhibition of the memory cell formation and reduction of its number. The recent study examining the lymphocyte profile in psoriatic lesions after secukinumab and guselkumab treatment showed that both treatments reduced inflammatory DC and CD4+ CD49a-CD103-T. Interestingly, guselkumab reduced the number of TRM and promoted Treg, while secukinumab had the opposite effect. This is a very important conclusion from the study, because blocking IL-23 (a regulatory cytokine) TRM can be blocked effectively.

Methods :

In own study we assessed the occurrence of TRM in psoriatic lesions prior to and after 12 weeks of therapy in patients treated systemically with methotrexate or secukinumab or ixekizumab or adalimumab. The most rapid response was observed in case of therapy with anti-IL-17 at week 4 of treatment, while with MTX and anti-TNF the response was observable at week 12.

Results :

The decreased expression of TRM markers occurring predominantly in the lesional dermis and not in the epidermis over 12 weeks of observation may be due to the poorer penetration of systemic drugs to the epidermis, or the process of psoriatic lesion regression in the epidermis is secondary to the reduction of inflammation in the skin, or TRM in the epidermis may be more resistant to therapy.

Discussion :

Understanding the mechanisms of psoriatic inflammation and the role of TRM can help to explain the key issues related to the disease:

- the resistance of lesions to treatment and reactivation of lesions at the same location,

- isomorphic Koebner phenomenon,

- the proper time of patient treatment, longer than lesion remission, to suppress and reduce the amount of TRM.

References :

Owczarczyk-Saczonek A, Krajewska-Włodarczyk M, Kasprowicz-Furmańczyk M, et al. Immunological memory of psoriatic lesions. Int J Mol Scien. ***2020****, 21, (625).*

Disclosure of Interest: None declared

Keywords: psoriasis ; therapy ; tissue resident memory cells

OC05

AN INTERNATIONAL EDELPHI STUDY TO REACH CONSENSUS ON THE METHOTREXATE DOSING REGIMEN IN PSORIASIS

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Background :
A clear dosing regimen for methotrexate in psoriasis is lacking and this might lead to a suboptimal treatment. Since methotrexate is affordable and globally available, a more uniform dosing regimen could optimize the treatment of psoriasis patients around the world.

Objectives :
Our objective was to reach international consensus among psoriasis experts on a more uniform dosing regimen for methotrexate in adult and pediatric psoriasis patients. We also aimed to identify potential future research topics.

Methods :
Between September 2020 and March 2021, a survey study in a modified eDelphi procedure ran over three rounds.

Participants 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 (58.6%) and were experienced in treating psoriasis patients with methotrexate (88.7% had >10 years of experience).

The survey study had 21 proposals involving items as the use of a test dose, start dose, the increase or decrease of the dose, administration form, maximum dose, administration form and the use of folic acid in adult and pediatric psoriasis patients. Participants voted on the proposals with a 9-point scale (1-3 disagree, 4-6 nor agree/nor disagree, 7-9 agree). Consensus was defined as less than 15% voting disagree (1-3). The proposals on which no consensus was reached, were discussed in a conference meeting (June 2021). For the consensus meeting, consensus was defined as less than 30% voting disagree.

Results :
From all participants, 71.7% (180/251) completed all three survey rounds and 58 participants joined the conference meeting. We achieved consensus on 11 proposals in round 1, on 3 proposals in round 2 and on an additional 2 proposals in round 3. In the consensus meeting, we achieved consensus on 4 proposals.

Discussion :
We reached consensus on 20 out of 21 proposals involving methotrexate dosing in psoriasis patients. This consensus may be used to harmonize the treatment with MTX in psoriasis patients. Especially for the proposals on folic acid and the dosing methotrexate in subpopulations -like children and vulnerable patients- more research is needed.

Disclosure of Interest: Drs. van Huizen, Dr. Vermeulen, Drs. Bik, Dr. Borgonjen, Drs. Karsch, Drs. Kuin, and Dr. Gerbens have nothing to disclose. Prof. Dr. Ph.I. Spuls has done consultancies in the past for Sanofi 111017 and AbbVie 041217 (unpaid), was the principal investigator of the MAcAD RCTs (43,44,88), receives departmental independent research grants for TREAT NL registry, for which she is Chief Investigator (CI), from pharma companies since December 2019, is involved in performing clinical trials with many pharmaceutical industries that manufacture drugs used for the treatment of e.g. psoriasis and atopic dermatitis, for which financial compensation is paid to the department/hospital and is one of the main investigator of the SECURE-AD registry.

Keywords: Dosing ; Psoriasis ; Methotrexate

OC06

THE USE OF SERUM METHOTREXATE LEVEL AS AN ASSESSMENT OF BIOCHEMICAL DRUG ADHERENCE IN PSORIASIS

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Background :

Methotrexate (MTX) is a cheap and effective drug recommended as the first-choice systemic agent in people with psoriasis. Around 40-50% of patients achieve a good response, however, mechanisms of non-response are poorly understood. One potential cause for poor efficacy is non-adherence, although assessment of this is challenging with no gold standard. Self-reported measures may underestimate the true rates of adherence. Given that drug failure represents a waste of healthcare resources, there is a health economic incentive to optimise adherence. Previous research in rheumatoid arthritis (RA) has demonstrated that MTX adherence is suboptimal and can be assessed by biochemical measurement, which provides an objective measure of adherence. However, it is not known whether biochemical MTX adherence in patients with psoriasis is suboptimal and requires intervention.

Objectives :

The aim of this audit was to measure biochemical MTX adherence using liquid chromatography–tandem mass spectrometry (LC-MS/MS) in patients prescribed oral MTX for the treatment of psoriasis.

Methods :

Our tertiary dermatology centre recruited a random sample of 32 patients on MTX from psoriasis clinic between 31st August 2021–21st December 2022. Patients were asked when they last ingested MTX. The date and time of venepuncture were recorded. A unique anonymised identifier was assigned to the serum sample and MTX was measured using LC-MS/MS performed on a Waters TQ-S micro Triple Quadrupole Mass Spectrometer. Biochemical adherence was assessed using validated adherence thresholds developed in RA, which has a 95% sensitivity as described by Bluett *et al.*

Results :

A total of 32 patients were successfully recruited. Four patients were excluded as they were treated with subcutaneous MTX, therefore 28 oral MTX samples remained. The interval between self-reported oral MTX ingestion and date of venepuncture was ≤7 days. MTX dose ranged between 7.5–25mg per week. No patient self-reported MTX non-adherence, however, the audit demonstrated that biochemical non-adherence was significantly higher at 36.5%.

Discussion :

Our biochemical results demonstrate that MTX adherence in patients with psoriasis is sub-optimal and requires intervention to increase adherence which may improve response. Our results are comparable to a previous quality improvement project (QIP) in patients with RA that demonstrated baseline biochemical MTX non-adherence was 55%. Following a comprehensive series of interventions, biochemical non-adherence rates improved to 17% resulting in an estimated cost saving of £30,000 per year. Our audit highlights the importance of considering non-adherence as a potential cause of oral MTX treatment failure in patients with psoriasis and that self-reported adherence may be over-estimated. Future QIP is planned to develop an intervention to improve MTX adherence in our patient population.

Disclosure of Interest: Consultant : RBW has received consulting fees from AbbVie, Almirall, Amgen, Arena, Astellas, Avillion, Biogen, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, DiCE, GSK, Janssen, Lilly, Leo, Medac, Novartis, Pfizer, Sanofi, Sun Pharma, UCB & UNION.

Grant / Research support : JB has received a research grant award from Pfizer and travel/conference fees from UCB, Pfizer and Eli Lilly. AB has received grant funding from Scipher Medicine, Galapagos, Pfizer and Bristol Myers Squibb in the last 12 months but not related to this work. RBW has received research grants from AbbVie, Almirall, Amgen, Celgene, Janssen, Lilly, Leo, Medac, Novartis, Pfizer & UCB.

Keywords: Psoriasis ; Adherence ; Methotrexate

DP01

EXTRA-PALMOPLANTAR INVOLVEMENT IN PATIENTS WITH PALMOPLANTAR PSORIASIS

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Background :

Palmoplantar psoriasis (PPP) refers to psoriasis that develops on the palms and soles. It may be associated with other locations of psoriasis. The association of this form of psoriasis to psoriatic lesions elsewhere in the body remains unclear and poorly described.

Objectives :

Our aim was to estimate the prevalence of extra-palmoplantar psoriatic lesions in patients with PPP and to describe its main clinical features.

Methods :

We conducted a prospective study on patients with PPP who have been seen in the outpatient department of dermatology from January 2021 to June 2021. Patients with lesions of psoriasis that involve palms and/or soles with or without extra-palmoplantar psoriasis were included regardless of their age and sex.

Results :

A total of 47 patients with PPP were screened during the study. The average age was 47 [9-78] years. The sex ratio (M/F) was 2,36. Among the patients included, 12 had exclusive PPP (26%) and 35 had other localizations of psoriasis (74%). In all, 41 patients had the hyperkeratotic subtype (88%), three patients had the pustular subtype (6%) and three patients had both hyperkeratotic plaques and pustules (6%). The most frequent associations were plaques and nail psoriasis observed in 26 and 20 patients respectively (55% and 43% respectively). Periungual and scalp psoriasis were identified in ten patients (21%) respectively and inverse psoriasis was found in nine patients (19%). Involvement of back of the hands and/or feet was the predominant localization of plaques psoriasis in our patients (43%) followed by elbows involvement (30%). In the 20 patients with nail psoriasis, nail pitting was the predominant aspect, present in half of the cases. Other types of nail lesions like onycholysis and trachyonychia were observed in 40% and 35% respectively. Oil-drop discoloration, subungual hyperkeratosis and splinter hemorrhages were less common identified in 20%, 20% and 15% respectively of our patients with PPP and ungual psoriasis.

Discussion :

Exclusive palmoplantar involvement in patients with PPP varies widely in the literature ranging from 18% to 82%. In our series, this prevalence was 26%. In accordance with other studies, the most prevalent subtype was the hyperkeratotic PPP. Plaque psoriasis of the back of the hands and/or feet was the most frequent association. This may be explained by the proximity of both anatomical locations. As in plaque psoriasis, nail pitting was the predominant aspect of ungual psoriasis in our patients.

Disclosure of Interest: None declared

Keywords: Psoriasis ; Palmoplantar psoriasis

DP02

THE VALUE OF THE MODIFIED PALMOPLANTAR PUSTULAR PSORIASIS AREA AND SEVERITY INDEX (M-PPPASI) IN ASSESSING THE SEVERITY OF LOCALIZED PALMOPLANTAR PSORIASIS (PPP) AND ITS CORRELATION WITH THE PSYCHOLOGICAL BURDEN

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Background :
Despite a reduced body surface area (BSA), palmoplantar psoriasis (PPP) is increasingly recognized as a severe form of psoriasis that can be responsible for a significant impact on quality of life. Thus, evaluating PPP severity based on BSA and Psoriasis Area and Severity Index (PASI) may be problematic and even inconvenient. The modified Palmoplantar Pustular Psoriasis Area and Severity Index (m-PPPASI) is a specific score initially described to assess the severity of palmoplantar pustular psoriasis (PPP PASI) and then modified to evaluate all forms of PPP.

Objectives :
Our aim was to assess the severity of localized PPP using m-PPPASI and to evaluate its correlation with the psychological burden.

Methods :
We conducted a prospective study enrolling patients with localized PPP who have been seen in the outpatient department of dermatology from January 2021 to June 2021. Only patients with palmar and/or plantar psoriasis and BSA less than 10% were included. The m-PPPASI and Dermatology Life Quality Index (DLQI) were calculated for all patients. We divided our patients into two groups: m-PPPASI≤10 and m-PPPASI>10 and we compared their consecutive DLQI scores.

Results :
We have enrolled 33 patients with localized PPP during the study. The average age was 45 [9-69] years. The sex ratio (M/F) was 2,3. The mean m-PPPASI was 11,77 [2,4 - 43,2]. m-PPPASI was higher than ten in 16 patients (48,5%). The mean DLQI was 8,33 [0-20]. DLQI was higher than ten in ten patients (30,3%). A statically significant correlation was found between DLQI and m-PPPASI in our patients: mean DLQI in patients with m-PPPASI ≤10 and m-PPPASI>10 was 5,6 ± 3 and 11,3 ± 5 respectively (p=0,002). Only two patients with m-PPPASI≤10 had their DLQI higher than 10 (11,8%) whereas eight patients with m-PPPASI>10 had their DLQI higher than 10 (50%) (p=0,026). The other factors that significantly impaired the DLQI score were the duration of disease that exceeded five years, the presence of pruritus and ungual psoriasis. However, no significant correlation was found between DLQI score and age, gender, and clinical subtype.

Discussion :
Several studies have shown that PPP severity is unrelated to the BSA and to the PASI. We found that the specific m-PPPASI score is convenient to assess the severity of the disease in patients with localized PPP as it significantly correlates with the well recognized DLQI score. The use of this score would provide a better understanding of the burden of this form of psoriasis, which is essential for the optimal medical management of the disease.

Disclosure of Interest: None declared

Keywords: Palmoplantar psoriasis ; Severity ; Quality of life

DP03

EPIDEMIOCLINICAL AND DERMOSCOPIC CHARACTERISTICS OF NAIL PSORIASIS: A PROSPECTIVE STUDY OF 36 PATIENTS

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Background :
Nail involvement during psoriasis is found in 30-50% of patients, and 5-10% may have isolated nail involvement. However, in some cases, the clinic can be confusing. Onychoscopy, a non-invasive tool, allows early diagnosis of the disease and avoids the need for nail biopsy in some cases.

Objectives :
To study the epidemio-clinical and dermoscopic aspects of nail psoriasis and to determine the contribution of onychoscopy to the diagnosis.

Methods :
We conducted a prospective study collecting all cases of nail psoriasis confirmed clinically or histologically, over a period of 5 months from July to November 2020.

Results :
We identified 36 cases of nail psoriasis during the study period. A male predominance (61.1%) was noted. A clear predominance of hand involvement was noted with 94.40% of patients affected, only one quarter of patients had foot involvement. The factors significantly associated were: a history of onychomycosis (p=0.01), a history of psoriasis in the family (p<0.001) and active smoking (p=0.01). Among these patients with nail psoriasis, 38.89% had associated and previously known arthropathic psoriasis. One third of the patients had isolated nail psoriasis, 13.9% had palmoplantar keratoderma associated with nail involvement, and 41.67% had plaque psoriasis. The average NAPSI at the time of consulation was 40.5/160. We found a positive correlation between the PASI score (severity of skin disease) and the NAPSI score. Dermoscopy was made for 29 patients. The most frequently observed onychoscopic signs were nail pitting (61.1%), onycholysis with erythematous border (61.1%), subungual hyperkeratosis (SH) (50%) and nail plate crumbling (38.9%) et dilated hyponychial capillaries (27.8%). We also found that patients with dilated hyponychial capillaries, nail plate crumbling, pustules, oil spots, or nail pitting, had significantly higher NAPSI scores than patients without these patterns.

Discussion :
The most frequently described onychoscopic signs are nail pitting, subungual hyperkeratosis, onycholysis and dotted capillaries at the hyponychium. The red lunula is also a frequently described onychoscopic sign. All of these sings are specific but not pathognomonic. Thus, onychoscopy allows early diagnosis of the disease and avoids the need for nail biopsy in some cases. Besides, some authors showed that the total NAPSI score was positively associated with PASI score. Like our results, some authors report that SH, oil spots, nail pitting, dilated hyponychial capillaries are significantly associated with the severity of nail psoriasis and skin psoriasis. Therefore, the presence of dermoscopic features in clinically uninvolved nails can possibly serve as an early marker of disease activity.

Disclosure of Interest: None declared

Keywords: dermoscopy ; nail psoriasis

DP04

MANAGEMENT OF PUSTULAR PSORIASIS DURING PREGNANCY: REPORT OF 4 CASES

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Background :
Pustular psoriasis of pregnancy (PPP) is a rare condition that affects women in the third trimester of pregnancy or through the postpartum period. PPP presents both clinical and pathologic challenges in the diagnosis and management of this condition. Although many treatment options have been proposed for PPP, there are no specific guidelines.

Objectives :
Our aim was to highlight the difficulties of the management of generalized pustular psoriasis during pregnancy.

Methods :
A monocentric retrospective and monocentric study was conducted in the departement of dermatology of Habib Thameur Hospital over a period of 14 years. Four cases of PPP were included in the study.

Results :
Four women aged respectively 36 ,37,26 and 32 year-old with a history of generalized pustular psoriasis for over eleven years. They were treated successfully with acitretin before their marriage.The four of them presented a severe relapse during pregnancy in the third trimester for three patients and at 13 weeks of gestation for the fourth woman. Physical examination revealed in all cases a widespread erythematous and pustular eruption all over the body sparing the face, palms and soles. Hence, our patients were treated with cyclosporine 100 mg/d and topical betamethasone with a favorable outcome. The obstetrical follow-up was normal and the three first patients gave birth at term to a healthy baby. However, the fourth patient gave birth to a premature new-born at 32 weeks of gestation who died few days after birth due to septic shock.

Discussion :
Impetigo herpetiformis was first described by von Hebra in 1872 in five pregnant women, four of whom had died and by 1982 about 200 cases were reported.This rare pustular eruption tends to occur commonly in the third trimester of pregnancy although cases have been reported as early as the first trimester. It can recur in subsequent pregnancies. Most of the affected cases had no previous or family history of psoriasis as in our cases. The exact etiology is still not known but predisposing genetic background such as IL36RN gene was proposed in the pathogenesis of PPP. First-line therapy for severe PPP usually consists of cyclosporine. It is a suitable and safe first-line therapy for PPP. With the introduction of cyclosporin the constitutional symptoms were much less and the pustular eruptions were under control in our case. Pustular psoriasis of pregnancy (PPP) is a rare dermatosis with potential serious consequences for the mother and the child. Dermatologists and obstetricians must cooperate to improve the quality of life of the mother and contribute to a favorable outcome for the fetus.

Disclosure of Interest: None declared

Keywords: pregnancy ; psoriasis

DP05

Articular involvement in generalized pustular psoriasis

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Background :
Generalized pustular psoriasis (GPP) is a rare and severe multisystem disease characterised by recurrent acute flares of extensive sterile pustules and sepsis-like systemic symptoms. Psoriatic arthritis (PsA) is a specific form of inflammatory arthritis that may occur in association with GPP.

Objectives :
To analyze the clinical and genetic characteristics of patients diagnosed with GPP associated to PsA.

Methods :
In a retrospective study that included 8 patients diagnosed with GPP associated to PsA seen between 1987and 2021, we collected demographic, clinical and genetic data. We investigated the most common mutation in GPP in the country in IL36RNgene (c.80T>C(p.L27P). Diagnosis of GPP was based on ERASPEN criteria. Diagnosis of PsA was made according to classification Criteria for Psoriatic Arthritis (CASPAR).

Results :
A total of 8 patients was recorded (4 males/ 4 females).The mean age of GPP onset was 27,8 years. 2 patients had a personal history of psoriasis vulgaris and 5 family history of psoriasis . Psoriatic nail involvement was present in 3/4 of the patients , scrotal tongue was found in 4 patients and scalp lesions were noted in 7 patients.. A patient presented an associated uveitis.Articular involvement had preceded the skin manifestations in 1 case, were concomitant in 3 cases and showed up after in 4 cases. The affected joints were: spine(2), sacroiliac joint(2), hips(2), knees(4), ankles(3),elbows(3), wrists(3), hands(4) and shoulders(1). IL36RN mutation search was performed in 5 patients. Only 1/5 studied patients presented a homozygous mutation c.80T>C (p.L27P) in exon 3 of IL36RN gene. Used treatments were: Acitretin (4), Methotrexate(5) and TNF Inhibitor (2).

Discussion :
PsA is a major comorbidity of psoriasis and it affects men and women equally as seen in our study.Psoriasis and PsA have a genetic background and approximately 40% of patients with psoriasis or PsA have a family history of either of these conditions as noted in our study.There is clinical predictors of psoriatic arthritis in patients with psoriasis such as nail dystrophy, scalp lesions, and intergluteal/perianal psoriasis. In our study , nail and scalp were involved in almost all cases. In addition, the severity of psoriasis is a predictor for occurrence of joints damage. Often, cutaneous lesions precede articular manifestations but our study revealed heterogeneous results. Joint pain is also a common symptom in GPP .The role of IL36RNmutation in the pathogenesis of GPP is established but has not been reported with PsA .

Dermatologist should be aware of the association GPP/PsA for an early diagnosis and treatment of PsA and to prevent long term functional disability.

Disclosure of Interest: None declared

Keywords: psoriasis ; Psoriatic arthritis ; Generalized pustular psoriasis

DP06

PSORIASIS AND METABOLIC DISORDERS: CROSS-SECTIONAL STUDY OF 172 PATIENTS

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Background :
Psoriasis is considered currently as a multi-systemic disease due to the potential role of systemic inflammatory cytokines.

Objectives :
The aim of our study is to search for metabolic syndrome (MetS) and cardiovascular diseases associated with psoriasis.

Methods :
Cross-sectional study of all patients with psoriasis for a one-year period from February 2016- January 2017. For each patient, we collected family and personal medical history. We effected a clinical examination (blood pressure, weight, waist size) and biological assessment including fasting glucose and lipid status.

Results :
We included 172 patients. H/F was 1.35. The average age was 43.6 years old. Distribution of patients according to the PASI score: A mild form of psoriasis was noted in 96 patients (56%) followed by a moderate form in 48patients (28%) and a severe form in 28 patients (16%). 57.5% of the patients were obese. The majority of who were over the age of 50 with a male predominance (53.5%). Diabetes and arterial hypertension were present in 15.7% and 22% of patients, respectively. Seventy-two patients had dyslipidemia (42%). Hypertriglyceridemia was the most common form (55.6%). Cardiovascular comorbidities were noted in 16patients. Ischemic heart diseases, heart arrhythmia, ventricular septal defect and obliterating arteriopathy of the lower limbs have been found in 4 patients, respectively. MetS was confirmed in 56 patients (32.6%) divided into 30 men (17.4%) and 26 women (15.1%). Most of these patients were between 50 and 69 years old (21%). There was a correlation between the presence of a family history of psoriasis and the occurrence of metabolic syndrome (32.2% vs. 26.7%; p=0.045).The study of the severity of psoriasis in patients with or without different co morbidities did not show a significant difference: obesity (p=0.37), hypertension (p=0.27), dyslipidemia (p=0.905), diabetes (p=0.821) and MetS (p=0.62).

Discussion :
We tried through a large monocentric series to reveal all metabolic and cardiovascular diseases. Impacts similar to those published in the literature were found for certain comorbidities (diabetes, high blood pressure, dyslipidemia). Unlike most publications, obesity was more common in male patients. Occurrence of diabetes and psoriasis is very often reported in the literature (16% in our study). Different studies found a positive correlation between PASI score and insulin resistance. However, in our study, no correlation was found between severity of psoriasis and frequency of diabetes.This prevalence in our study was about 32%. Previously, it ranged from 20% to 50%, with a risk of having MetS is at least double in psoriatic patients. Dermatologists should therefore require an understanding of which psoriatic patients are more likely to develop metabolic complications and work to elucidate them in time.

Disclosure of Interest: None declared

Keywords: metabolic ; comorbidities ; psoriasis

DP07

CONTACT (CHEMICAL) LEUKODERMA

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Background :
: Chemical leukoderma continues to be an common under-diagnosed entity often inducing clinical dilemma with idiopathic vitiligo in our practice, which has been increasing rapidly in recent decades. It is also called as contact leukoderma or occupational leukoderma. Chemical leukoderma refers to an acquired vitiligo-like hypomelanosis caused by repeated exposure to specific chemical compounds. This exposure can occur even in day-to-day life with common objects that come in contact with the skin.

Objectives :
To study the occurrence of contact leukoderma to various chemicals

Methods :
Twelve thousand patients attending to Dermatology OPD were screened for depigmented patches to various chemical compounds from March 2019 to February 2021. A detailed history was obtained in all cases .

Results :
A total of fifty two patients were diagnosed to having leukoderma due to exposure to various chemicals in day to day life . The common offending agents were bindi (24), sindhoor (4), synthetic leather purse (4), plastics and rubber foot wear(3) , “alta “(3), hair dye (2), sacred thread with metal pendants (2), watch straps (2), lipstick(2) , toothpaste(2), deodorant and spray perfume(1) ,detergent and cleansers (1), eyeliner(1) and lipliner(1)

Discussion :
Contact leukoderma occur due to direct skin exposure to some chemicals that are selectively toxic to melanocytes and some individuals have inherently “fragile” melanocytes that are more susceptible to injury upon exposure to these agents. Hence the awareness about the causative agents of contact leukoderma and avoiding them goes a long way in prevention.

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Disclosure of Interest: None declared

Keywords: Contact leukoderma ,chemicals

DP08

Epidemiological study of psoriasis in Algeria

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Background :

In the absence of epidemiological studies on psoriasis in Algeria, we considered it

interesting to conduct this study.

Objectives :

To determine the demographic and clinical characteristics of the psoriatic patients.

Methods :

All the psoriatic patients aged 18 and over treated in the CHU Bab El Oued

(Algiers, Algeria) were collected. Data collection was established with each patient

according to a questionnaire. The latter included demographic, socioeconomic,and

clinical data.

Results :

288 patients (150 women and 138 men) (sex ratio: 0.92) were included. Smoking was noted in 40.3%. and alcohol consumption in 26.4%. A family history of psoriasis was reported by 33.7% patients. Plaque psoriasis was the most common clinical form (73.61% cases). The mean age of onset of psoriasis was 33.05 ± 18.30 years with extremes ranging from 3 to 85 years. 66% patients had early-onset psoriasis (before the age of 40). The mean duration of psoriasis was 13.15 ± 11.76 years. Chronic psoriasis (evolving for more than 6 months) represented 94% of cases. 43,4% have comorbidities detected during our study. 29.23% were receiving treatment for high blood pressure, 19.5% for diabetes, 12.8% for cardiovascular disease, and 6.7% for dyslipidemia.

Discussion :

The smoking rate in our patients (40.3%) remains high, close to that reported by Naldi et al. (43.2%). We noted a high alcohol consumption in patients.Our results are not comparable to those of other epidemiological studies first, because they come from other mainly European countries where social habits of alcohol consumption are different from ours. As well as variations in the definition and quantification of alcohol consumption that were not assessed in our study.Approximately one third of our patients had a family history of psoriasis. Our results are close to what has been reported in the literature, 36% according to Farber and 40% according to Neimann. 66% of our patients had an early age of onset (before the age of 40).The rate reported by other studies is 75% (for the same age). Plaque psoriasis vulgaris was the most frequent clinical form in our patients, which is similar to this which has been reported by other authors with a rate varying between 70 and 80%. Most of our patients had mild to moderate psoriasis (PASI <10). Our results are similar to those of Al-Mutairi et al. who had conducted a case-control study in 1,835 patients with psoriasis vulgaris.92.8% had mild psoriasis and 7.03% had severe psoriasis.

Disclosure of Interest: None declared

Keywords: psoriasis

DP09

EFFICACY OF AUTOLOGOUS PLATELET RICH PLASMA IN THE TREATMENT OF VITILIGO : A 10- PATIENT PROSPECTIVE STUDY

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Background :
Vitiligo is an autoimmune disorder with cosmetic and psychosocial impact.

Objectives :
The objective of this paper is to evaluate the interest of platelet-rich-plasma (PRP) in the treatment of vitiligo.

Methods :
We conducted a prospective study in dermatology department of Hedi Chaker Hospital of Sfax between January 2019 to September 2021. The injection points of PRP were 1 cm apart and were located at the border of patches, at perifollicular spaces and at areas of speckled pigmentation. Monthly injections were performed.

Results :
Our descriptive study included 10 patients followed-up for vitiligo refractory to conventional therapies. The mean age was 36,2 years. Sex ratio was 0,25. Prior to PRP treatment, vitiligo was stable in all cases. The mean number of PRP sessions received by our patients was 2,6 (1-6). An improvement of more than 75% was noted in 2 cases after a mean duration of 5,5 sessions. A percentage of improvement between 50 and 74% was obtained for 2 patients. 40% of patients had obtained repigmentation of more than 50% for at least one lesion. Four patients had an improvement of less than 25%. For facial lesions, repigmentation was always above 75%. Vitiligo over the elbows, knees, and extremities showed a percentage of improvement not exceeding 30% in most cases. Regarding the color, a transition from achromia to hypochromia was observed in 8 cases (80%). Side effects were temporary including pain (3 patients), discomfort (6 patients) and/or agitation (2 patients) on injection. There was no recurrence of depigmentation after a mean follow-up of 6 months (1 to 24 months).

Discussion :
Vitiligo is the most common pigmentary disorder. The exact cause is unknown. Several hypotheses have been described. Based on each one, various old and new treatment options have been developed. Despite the presence of several therapies, results are limited. PRP is rich in growth factors that can accelerate tissue proliferation and regeneration and improve interaction between keratinocytes and melanocytes allowing their stability. The use of PRP in the treatment of vitiligo was started in 2011 by Lim et al. In the majority of pulished series, all patients achieved a higher improvement compared to the control groups. All body sites can be treated with PRP and even large areas. In our series, it was found that PRP, like most vitiligo treatments, is more effective on facial lesions than on acral lesions, elbows and knees. PRP acts by reducing skin surface area affected by vitiligo and also by improving and unifying skin color. In our series, it allowed a spectacular improvement of hypochromic and achromic lesions after a relatively small number of sessions. Side effects were simple and temporary.

Disclosure of Interest: None declared

Keywords: Repigmentation ; Platelet Rich Plasma ; Vititligo

DP10

FACTORS AFFECTING THE CLINICAL MANIFESTATIONS OF PSORIASIS AND ACNE: DEFICIENCY OF SEX HORMONES AND, AS A RESULT, VITAMIN D DEFICIENCY

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Background :

The article discusses the effect of vitamin D deficiency and new data on the effect of sex hormone deficiency (progesterone, testosterone and estradiol) as one of the main factors that affects the degree of clinical manifestations of psoriatic disease and acne.

Objectives :

to evaluate the role of sex hormone deficiency (progesterone, testosterone, estradiol) and vitamin D deficiency on the clinical course and severity of psoriasis.

Methods :

The study group consisted of 10 patients with psoriasis of varying severity and 7 patients with acne papulo-pustular form of severe severity from the control group who were on inpatient treatment for the period from August to November 2021. The diagnosis was established in accordance with the codes of the International Classification of Diseases 10 revision. The severity of psoriasis was determine by PASI [1]. All patients underwent studies to determine the body's vitamin D supply and to determine the level of steroid hormones. The level of vitamin D is determined by its metabolite calcidiol 25(OH)D by enzyme immunoassay. The level of steroid hormones is determined using the steroid profile of saliva by mass spectrometry, which is used to determine the following steroid hormones: progesterone, testosterone, estradiol.

Results :

According to the data obtained, vitamin D insufficiency was detected in 5 patients with psoriasis (50%). Vitamin D deficiency was observed in 5 other patients (50%). In patients with vitamin D insufficiency (50%; n=5), the skin process was severe psoriasis (PASI more than 20 points), while in patients with vitamin D deficiency (50%; n=5), psoriasis was mild psoriasis (PASI less than 10 points) – in 3 patients (30%) and moderate (PASI less than 20 points) - in 2 patients (20%). When evaluating the steroid profile of saliva [2] in 5 patients (50%) with mild psoriasis and moderate psoriasis, the indicators of steroid hormones were within the reference values. In 5 patients with severe psoriasis (50%), there is a decrease in sex hormones: progesterone, testosterone and estradiol (below the reference values). According to the findings among patients with acne failure of vitamin D were detected in 2 patients (28.6%). Vitamin D deficiency was observed in 5 patients (71.4%). In patients with acne, the levels of hormones were within the reference values.

Discussion :

The relationship between estradiol and vitamin D has been established and once again proves the importance of these parameters in skin desease clinic (psoriasis and acne).

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Disclosure of Interest: None declared

Keywords: aromatase, vitamin D, calcidiol, calcitriol, parathyroid hormone, progesterone, psoriasis, testosterone, estradiol, 1α-hydroxylase.

OC07

RESPONSE IN THE PLACEBO GROUP IN RANDOMIZED CONTROLLED TRIALS FOR MODERATE TO SEVERE PSORIASIS

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Background :
While many effective treatments are available, the use of placebo (PBO) as a comparator in randomized controlled trials (RCTs) evaluating new systemic therapies (STs) in plaque psoriasis is justified in part by the fluctuation of the disease and the PBO effect.

Objectives :
The objective was to evaluate the PBO response and to identify factors associated with its variability.

Methods :
RCTs comparing a ST with a PBO were selected from the most recent version of the Cochrane review assessing the efficacy and safety of STs in moderate-to-severe psoriasis (latest search September 2021)[1]. The primary outcome was the proportion of randomized patients achieving a PASI 50/75/90 response in the PBO group. Proportion meta-analyses were performed. Heterogeneity was investigated by the I^2 statistic. In case of heterogeneity, subgroup analyses and meta-regressions were performed to identify possible associated factors among year of inclusion of the 1st patient, RCT phase, RCT design, time of outcome evaluation, route of administration, treatment class, whether it was the first trial for the therapeutic class.

Results :
Ninety-eight RCTs (9380 patients in PBO) were included. The proportions of PASI 50/75/90 response were 14% (95%CI: 12-17; substantial heterogeneity), 5% (95%CI: 5-6; moderate heterogeneity) and 1% (95%CI: 1-2; no heterogeneity), respectively. On multivariate analyses, the common factor identified in the PASI 50/75 response was treatment class: the PBO response was significantly lower when the intervention was a biologic or “small-molecule” agent versus a non-biologic agent (PASI 50: 11% or 20% vs 28%; $p<0.0001$ and PASI 75: 5% or 6% vs 12%; $p<0.01$). Finally, the PASI 50 response was significantly lower for trials including only a PBO comparator.

Discussion :
The proportion and variability of response in the PBO group is very low especially for PASI 75/90. The PASI 90 is the most commonly used primary outcome in RCTs. Therefore, variability in PBO response is not a relevant justification for using a PBO group in RCTs evaluating ST in moderate-to-severe psoriasis.

References :
[1] Sbidian E, et al. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis. Cochrane Database Syst Rev. 2021 Apr 19;4(4):CD011535. doi: 10.1002/14651858.CD011535.pub4.

Disclosure of Interest: None declared

Keywords: Meta-analysis ; Placebo ; Psoriasis

OC08

VALUE OF SKIN CLEARANCE ON PATIENT REPORTED QUALITY OF LIFE AND TREATMENT BENEFIT, IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS IN GERMANY

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Background :
Plaque psoriasis (PsO) can substantially impact patients' health-related quality of life (HRQoL)[1]. As new effective therapies become available, understanding how skin clearance may relate to patient-relevant benefits in routine clinical practice, is important.

Objectives :
To describe the impact of improved skin clearance on patient-reported outcomes (PROs) of relevant treatment benefit and HRQoL in the first 12 months of systemic treatment.

Methods :
This observational, retrospective cohort study used data from the German psoriasis registry PsoBest and included all adult patients with moderate-to-severe PsO, who initiated systemic treatment (index date) between 01 January 2008 and 31st December 2018 and remained in the registry for at least the first 12 months. Primary analysis was done at 12 months after treatment initiation; with skin outcomes measured by physician-reported Psoriasis Area and Severity Index (PASI), HRQoL as measured by the Dermatology Life Quality Index (DLQI, scale 0 to 30) and patient-relevant benefits through the "Patient benefit index" (PBI, scale 0 to 4, with 4 indicating the highest possible benefit).

Results :
A total of 3.824 patients with PsO met the study inclusion criteria and attended a medical visit at 12 months. Of these, 162 (2%), 123 (3.2%) and 472 (3%) of the patients had no PASI, DLQI or PBI data available, respectively. The mean patient age was 48.6 years and 40.3% were female. **Table 1** presents the results of skin clearance improvements from baseline to 12 months after treatment initiation, in relation to PROs responses: 1,246 (32.6%) of patients achieved high levels of skin clearance (PASI 100 or PASI [90-100[), 1,805 (47.2%) reported DLQI scores of 0/1 and 925 (24.1%) reported high treatment benefit (PBI of ≥3.5). Patients with high or total skin clearance also reported the highest rate of DLQI 0/1 and the highest treatment benefit. Similar results were observed when using absolute PASI of 0 and <0-1 as treatment goal.

Table 1: Skin clearance improvements from baseline to 12 months, in relation to PROs

Relative PASI intervals	**DLQI 0-1, n (%)**	**PBI≥3.5, n (%)**
PASI 100; N=572	465 (81.3%)	280 (48.9%)
PASI <100 – 90; N=674	463 (68.7%)	243 (36.0%)
PASI < 90; N=2416	803 (33.2%)	362(15%)
Total; N=3.824	1805 (47.2%)	925 (24.2%)

Discussion :
Twelve months after initiating a new systemic treatment, only a minority of PsO patients achieved complete skin clearance and report maximal HRQoL and very high treatment benefit. Higher proportions of patients reached a DLQI 0/1 or PBI ≥3.5 with better skin clearance (PASI 100 or [90-100[), suggesting that achieving complete skin clearance is substantially meaningful to patients and reflective of patient-defined treatment goals.

References :
1. Obradors M et al. Qual Life Res 2016;25(11):2739–54.

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Author Disclosures: MA: Consulting fees from AbbVie, Almirall, Amgen, Biogen, Boehringer Ingelheim, Celgene, Centocor; Eli Lilly, GSK, Hexal, Janssen, LEO Pharma, Medac, Merck, MSD, Mundipharma, Novartis, Pfizer, Sandoz, UCB Pharma, and Xenoport. RS: none. TK: none . AM, Employee of UCB Pharma. AK, TH, FF : Employee and shareholder of UCB Pharma.

Keywords: Skin Clearance ; Patient Reported Outcomes ; Quality of Life

OC09

MACHINE LEARNING IDENTIFIES BASELINE TOP PREDICTORS OF LIPID-RICH NECROTIC CORE IN PSORIASIS

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Background :

Lipid-rich necrotic core (LRNC) is a high-risk coronary plaque feature associated with myocardial infarction and predictive of future cardiovascular events. Psoriasis is a systemic inflammatory disease associated with elevated LRNC risk and premature cardiovascular disease (CVD). Clinical parameters that may predict LRNC development, and thus increased cardiovascular disease risk, in systemic inflammatory diseases remain understudied. Notably, machine learning (ML) algorithms have shown to predict 5-year all-cause mortality better than clinical data alone.

Objectives :

We aimed to use machine learning algorithms to determine baseline top predictors of LRNC development in psoriasis.

Methods :

Participants were part of an ongoing cohort study of 350 consecutive participants with psoriasis, of whom 290 had LRNC analyzed with coronary computed tomography angiography (CCTA) and quantified by histopathologically validated Elucid Bioimaging software for LRNC. All fully available variables (n=342) were subjected to ML algorithms analyzed by random forest, ranked based on tree minimal depth, and validated by 5-fold cross validation (total of 124 variables analyzed).

Results :

The top baseline predictors of LRNC in psoriasis were grouped into 3 categories: CVD risk factors (lifetime atherosclerotic cardiovascular disease risk, blood pressure, glucose, age, Framingham risk score, BMI), inflammation (psoriasis area severity index score, high sensitivity c-reactive protein, total body surface area index), and lipoproteins (ApoA1, ApoB, very large LDL particle, LDL particle).

Discussion :

LRNC formation involves the interplay of inflammatory, lipid, and immune pathways. Using ML algorithms, we confirmed that LRNC is strongly associated with cardiovascular risk factors, inflammation, and lipoproteins in psoriasis. These findings provide future directions for therapeutic interventions that decrease cardiovascular risk in patients with chronic inflammatory diseases. Larger and longitudinal studies are necessary to better elucidate these findings.

Disclosure of Interest: None declared

Keywords: inflammation ; lipid-rich necrotic core ; Machine learning

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OC10

CORRELATION BETWEEN TRICHOSCOPY AND DISEASE ACTIVITY IN ALOPECIA AREATA

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Background :

Alopecia areata (AA) is a chronic, non-scarring alopecia that presents as patchy hair loss most frequently over the scalp. The diagnosis of AA is usually based on clinical manifestations. However, disease activity and severity may be better recognized on trichoscopic features.

Objectives :

The aim of this study is to identify the trichoscopic markers of active and inactive AA, which can help practionners initiate the right treatment and predict the evolution of this condition.

Methods :

We conducted a descriptive study from June to December 2020, including 26 patients (12 male, 14 female) with a median age of 35 years (ranging from 4 to 66 years), clinically diagnosed with AA. All included patients benefited from trichoscopic examination using a *DermLite DL4, 4Gen* dermoscope. The analysis of the trichoscopic images was performed by an experienced operator.

Results :

Ophiasis alopecia was the most common clinical pattern seen in 11 patients (42.3%) followed by multiple patchy AA in 7 patients (26.9%), localized patchy AA in 6 patients (23.07%), and universalis AA in 2 patients (7.69%). The duration of the disease ranged from 4 days to 15 years. In a little over half patients (53.84%) the disease lasted less than one year.

Clinically, the activity of AA was evaluated by a positive hair pull test, the presence of micro-exclamation mark hairs and/or black dots over the alopecic patches. Sixteen patients (61.5%) had clinically active AA. On trichoscopy, the characteristic hair follicle features were black dots, yellow dots and empty follicles. The predominantly noted hair shafts were micro-exclamation mark hairs, tapered hairs, broken hairs and vellus hairs. Other less commonly noted patterns were monilethrix like hairs and upright regrowing hairs. All types of AA (patchy, ophiasis, and alopecia universalis) showed the same trichoscopic features.

When comparing the clinical activity of the disease to the trichoscopic features, patients who had black dots, micro-exclamation mark hairs and broken hairs, were considered to have an active disease (79.92%) and those with yellow dots and empty follicles on trichoscopy (23.07%) had an inactive AA clinically. When correlating the clinical activity to the trichoscopic activity, 40% of cases with clinically inactive disease showed an active one on trichoscopy.

Discussion :

Our study showed that some patients with clinically inactive AA, had features of active disease trichoscopically. While black dots and exclamation mark hairs can be missed clinically, trichoscopic examination allows us to detect them at an early stage. Trichoscopy shows characteristic features, that are used not only to diagnose but also to assess the activity of the disease.

Disclosure of Interest: None declared

Keywords: Disease activity ; Trichoscopy ; Alopecia areata

OC11

LONG-TERM PERSISTENCE OF FIRST-LINE BIOLOGICS FOR PSORIASIS AND PSORIATIC ARTHRITIS: A COHORT STUDY OF 23,423 PATIENTS FROM THE FRENCH HEALTH INSURANCE DATABASE (SNDS)

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Background :
Treatment options for psoriasis (PsO) and psoriatic arthritis (PsA) have evolved significantly since the era of biologics. Clinical trials (mainly placebo-controlled for 12 to 16 weeks) are inadequate to assess the relative long-term efficacy of biologics and are often insufficient regarding safety.

Objectives :
To assess the long-term persistence of different biologic classes to treat PsO and PsA.

Methods :
This nationwide cohort study involved the administrative healthcare database of the French health insurance scheme linked to the hospital discharge database. We included all adults with PsO and PsA who were new users of biologics (not in the year before the index date) during 2015-2019. We excluded patients hospitalised for PsA in the PsO cohort and for PsO in the PsA cohort in the year before the index date. Persistence was defined as the time from biologic initiation to discontinuation and was estimated by the Kaplan-Meier method. Comparison of persistence by biologic class involved using propensity score-weighted Cox models (IPTW) and adjustment on specific systemic non-biologics (time-dependant variables).

Results :
We included 16,892 patients with PsO (mean age 53±17 years, 50% male): 10,199 (60%) starting a TNFinhibitor (TNFi), 3,982 (24%) an IL12/23i, and 2,711 (16%) an IL17i. We included 6,531 patients with PsA (mean age 49±13 years, 45% male): 4,974 (76%) starting a TNFi, 803 (12%) an IL12/23i and 754 (12%) an IL17i. Overall 3-year persistence rates were 41% and 36% for PsO and PsA. After IPTW and adjustment, IL17i was associated with higher persistence than TNFi for PsO (weighted hazard ratio [HRw]0.78, 95% confidence interval [95%CI] 0.73-0.83) and PsA(HRw 0.70, 95%CI 0.58-0.85) and than IL12/23i for PsA (HRw0.69, 95%CI 0.55-0.87). We found no difference between IL17i and IL12/23i for PsO. IL12/23i had better persistence than TNFi for PsO (HRw 0.76, 95%CI 0.72-0.80), with no difference observed for PsA.

Discussion :
This real-life study suggests a higher persistence of IL17i than TNFi for PsO and PsA. IL17i also has better persistence than IL12/23i for PsA, with no difference for PsO. However, the persistence rates of all biologics remainedglobally low at 3 years.

Disclosure of Interest: Other : P. Claudepierre has been an investigator for Roche Chugai, Sanofi Aventis, Celgene, Pfizer, MSD, Novartis and BMS.
Consultant : P. Claudepierre has received consulting fees from Abbvie, Amgen, Pfizer, Roche-Chugai, BMS, MSD, UCB, Novartis, Janssen, Lilly, Galapagos, Celgene (less than $10,000 each).

Keywords: Psoriasis ; Biologics ; Persistence

OC12

ON WHICH EVIDENCE CAN WE RELY WHEN PRESCRIBING OFF-LABEL METHOTREXATE IN DERMATOLOGICAL PRACTICE? – A SYSTEMATIC REVIEW WITH GRADE APPROACH

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Background :
If an authorized drug is prescribed for a use that is not described in the Summary of Product

Characteristics, this is defined as 'off-label use.' Methotrexate is often used off-label for dermatological indications e.g. atopic dermatitis (AD), alopecia areata and vitiligo. Off-label use is permitted if physicians can justify the treatment based on scientific evidence available to them.

Objectives :
Our objective here was therefore to summarize the evidence for the effectiveness, efficacy, and safety of the dermatological off-label use of methotrexate in a systematic review.

Methods :
We searched MEDLINE, EMBASE, and CENTRAL for studies for evidence on the effectiveness, efficacy, and safety of the off-label use of methotrexate in dermatological indications up to November 2019. We used the GRADE system to rate the quality of the evidence.

Results :
The search retrieved 34,583 hits of which 3566 were selected after the title and abstract screening. After the full-text screening, 143 studies were included, which involved 3688 patients in total. We found low to very low-quality evidence for the effectiveness, efficacy, and safety of the off-label use of methotrexate in 31 different dermatological diseases.

Most evidence was found for the use of off-label MTX in atopic dermatitis (26 studies, 2 RCTs), which therefore appears to be a treatment option in both adults and children with AD. For alopecia areata 14 studies were found and for vitiligo we included 2 articles. All evidence found for the use of MTX in AD, alopecia areata and vitiligo was of very low-quality.

Discussion :
To optimize the quality of evidence to support off-label use in dermatology, we need high-quality studies in which well-characterized patients are treated with standardized treatments regimens using well-validated outcomes relevant to patients and physicians.

References :
Astrid M. van Huizen, Francisca M. Vermeulen, Cathelijne M. J. M. Bik,Rinke Borgonjen, Saskia A. T. Karsch, Rosanna A. Kuin, Louise A. A. Gerbens & Phyllis I. Spuls(2021): On which evidence can we rely when prescribing off-label methotrexate in dermatologicalpractice? – a systematic review with GRADE approach, Journal of Dermatological Treatment, DOI:10.1080/09546634.2021.1961999

Disclosure of Interest: Other : Drs. van Huizen, Dr. Vermeulen, Drs. Bik, Dr. Borgonjen, Drs. Karsch, Drs. Kuin, and Dr. Gerbens have nothing to disclose. Prof. Dr. Ph.I. Spuls has done consultancies in the past for Sanofi 111017 and AbbVie 041217 (unpaid), was the principal investigator of the MAcAD RCTs (43,44,88), receives departmental independent research grants for TREAT NL registry, for which she is Chief Investigator (CI), from pharma companies since December 2019, is involved in performing clinical trials with many pharmaceutical industries that manufacture drugs used for the treatment of e.g. psoriasis and atopic dermatitis, for which financial compensation is paid to the department/hospital and is one of the main investigator of the SECURE-AD registry.

Keywords: Dermatology ; Off-label methotrexate

OC13

EVALUATION OF CARCINOGENIC RISK OF PUVA VERSUS RE-PUVA IN PSORIATIC PATIENTS

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Background :

Photochemotherapy (PUVA) is one of the classic treatment modalities for psoriasis. Adding retinoids in the form of Re-PUVA is hypothesized to reduce the possible carcinogenic potential of PUVA. 8-Oxoguanine (8-oxoG) is among the most mutagenic oxidative DNA modifications that induce replication errors.

Objectives :

To evaluate the possible carcinogenic protective effect of adding retinoids to PUVA in psoriatic patients.

Methods :

A prospective, randomized, controlled study was conducted that included 20 patients with psoriasis who were randomly divided into two groups: group A received PUVA therapy and group B received Re-PUVA therapy. Each of the 20 patients received 30 sessions of PUVA photochemotherapy. Patients of group B received additional oral retinoids 2 weeks before the start of PUVA sessions, which continued until the end of the PUVA sessions. Serum samples were taken from each of the 20 patients before and after the last PUVA session and were used to measure the 8-oxoG level.

Results :

A significant drop in Psoriasis Area Severity Index score was detected in both groups. However, onset of clinical response was significantly earlier in the Re-PUVA group (P=0.037) together with significantly lower cumulative dose of UVA (P=0.002). A rise in serum level of 8-oxoG was noticed in psoriasis patients following PUVA therapy. In contrast, a drop in serum level of 8-oxoG was noticed following Re-PUVA therapy. Comparing the change in serum levels of 8-oxoG in patients receiving PUVA with those in patients receiving Re-PUVA revealed a more significant drop in 8-oxoG in the latter group (P=0.023).

Discussion :

Re-PUVA was able to achieve the same clinical response as PUVA in psoriasis patients, but with an earlier onset of clinical response, lower UVA cumulative dose, less DNA damage in the serum, and hence a lower carcinogenic potential.

Disclosure of Interest: None declared

Keywords: Re-PUVA

OC14

CHARACTERISTICS AND TREATMENT OF GPP FLARES IN THE US

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Background :

Generalized pustular psoriasis (GPP) is a rare, but severe multisystem, chronic inflammatory disease characterized by sudden and widespread eruption of sterile pustules of varying severity. Little is known about such flare episodes.

Objectives :

The objective of this study is to characterize flare episodes in GPP and their treatment.

Methods :

This retrospective descriptive study included adult GPP patients (ICD-10 code L40.1) identified in the Optum® de-identified electronic health record (EHR) data between 7 July 2015-30 June 2020. The index GPP diagnosis was the first occurrence in the EHR with no coded history of GPP for at least six months prior. Flare episodes were identified using an algorithm based on diagnosis coding, setting of care, type of provider, GPP disease terms, and flare terms and attributes found in the EHR. Flare episodes were characterized by the frequency of occurrence per patient, the setting of care where they were identified, the type of specialist managing the episode, associated symptoms, and the treatments before, during, and after the episode.

Results :

Of the 1,535 GPP patients identified for the study, 271 of them experienced 513 flare episodes over the period of the study. On average, patients experienced 0.9 flares per year. Over half of the flare episodes (58.3%) occurred on the same day as the index GPP diagnosis indicating that they were likely seeking care for a new GPP diagnosis based on a flare. Flares were identified in the outpatient (53%), inpatient (36%), ER (9%), and other (2%) settings. Among those in the outpatient setting, 73% were managed by dermatologists. The most common symptom reported during flare episodes was pain (61% of flare episodes) followed by rash (46%), and fever (45%). The most common dermatologic treatment during a flare episode was topical steroids (35% of flare episodes) followed by other oral treatments, such as methotrexate, cyclosporine, and tacrolimus (13%), and oral corticosteroids (11%). Opioids were prescribed during 21% of flare episodes. One-quarter of all flare episodes had no dermatologic treatment 30 days before, during or 30 days after a flare episode.

Discussion :

There is significant unmet need for the treatment of GPP flares as evidenced by patients seeking treatment in inpatient and ER settings as well as the lack of advanced treatments beyond topical steroids.

Disclosure of Interest: Speaker bureau : A Menter is an advisor, consultant, and/or speaker for and received honoraria from AbbVie, Allergan, Amgen, Boehringer Ingelheim, Eli Lilly, Janssen Biotech, LEO Pharma, Novartis, Pfizer, Sun Pharma and UCB.
Employee : W Valdecantos is a full-time employee of BIPI.
Consultant : C Zema is a contractor to BIPI. J Weiss and B Krebs are employees of Optum, a contractor to BIPI for this study.
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Keywords: treatments ; flares ; GPP

OC15

SEX DIFFERENCES IN ADVERSE DRUG REACTIONS FROM BIOLOGICAL USE IN PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY DISEASES

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Background :

Women generally report more adverse drug reactions (ADRs) than men. Information on sex differences concerning the nature and frequency of ADRs is still limited and sex differences are often not considered in research on ADRs. Consequently, no sex specific distinction is made when reporting results of ADR analyses or when providing information to patients.

Objectives :

To examine sex differences in regard to the nature and frequency of reported ADRs in patients with immune-mediated inflammatory disease (IMIDs) treated with adalimumab or etanercept.

Methods :

Patients with rheumatoid arthritis (RA), psoriatic arthritis or axial spondyloarthritis using etanercept or adalimumab, were included from the Dutch Biologic Monitor (DBM). Questionnaires concerning experienced ADRs were filled out bimonthly. ADRs were coded according to Medical Dictionary for Regulatory Activities (MedDRA) terminology. Sex specific ADRs (e.g. concerning menstruation) were excluded. MedDRA Preferred Terms (PTs) were analyzed to assess the nature and frequency of ADRs. Only PTs that were reported at least four times were analyzed. Discrepancies in the distribution of the nature of reported ADRs between male and female patients were assessed using Fisher Freeman Halton with Monte Carlo simulation. Subsequently, differences in frequencies at PT level were examined using Fisher's exact tests, corrected for multiple testing using Bonferroni correction.

Results :

In total 748 consecutive patients were included of which the majority (59%) was female. 362 participants (48%) reported at least one ADR during the study. Relatively more female patients (55%) reported at least one ADR compared to male patients (38%, $p<0.001$). In total 882 ADRs were reported comprising 264 distinct ADRs, of which the majority (74%) was reported by female patients. The ADR distribution differed significantly between male and female patients ($p=0.025$). 'Injection site pruritus' ($p=0.004$), 'injection site inflammation' ($p=0.028$), 'injection site hematoma' ($p=0.017$), 'injection site erythema' ($p=0.026$), 'hematoma' ($p=0.011$) and 'cystitis' ($p=0.044$) were reported relatively more often by female patients. These differences were no longer statistically significant upon correction for multiple testing.

Discussion :

Female patients reported relatively more ADRs as compared to male patients. Also, the distribution of the nature of the ADRs was significantly different for male and female patients. In particular injection site reactions were reported relatively more often in female patients than in male patients. Therefore, sex differences in experiencing ADRs may exist and should be taken into consideration when investigating and reporting results on ADRs or when informing patients.

Disclosure of Interest: None declared

Keywords: Adverse Drug Reactions ; Sex difference ; Biologics

DP11

ALOPECIA IN HEREDITARY VITAMIN D-RESISTANT RICKETS

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Background :

Hereditary vitamin D-resistant rickets (HVDRR) is a recessive autosomal disorder characterized by the early onset of rickets and is caused by mutations in the vitamin D receptor (VDR) gene. HVDRR is a poorly known cause of alopecia.

Objectives :

The aim of our work was to study the clinical, genetic and evolutionary characteristics of alopecia during HVDRR.

Methods :

A 10-year retrospective study in a series of patients with HVDRR confirmed by a vitamin D dosage, in which we analyzed clinical features, laboratory findings, genetic defects, as well as treatment response.

Results :

Our series included 18 patients (11 female, 7 male). The average age at diagnosis was 22 months (2-36 months). Consanguinity was noted in 8 patients (66.66%). Scalp alopecia was the predominant clinical sign (94.44%), and was the revealing sign of HVDRR in 1/3 of cases. It was a total alopecia in 5 cases, a diffuse hair thinning in 4 cases and a multiple patchy alopecia in 2 cases. The pattern of scalp alopecia has not been specified for the remaining patients. Eyebrow alopecia was always associated with scalp alopecia: eyebrows were either rarefied (54.5%) or absent (45.5%). Bone signs of rickets such as rachitic rosary, metaphyseal cupping and/or genu varum deformity of the lower limbs were found in 12 patients (66.66%). Hypocalcemia was noted in 17 cases and vitamin D levels were high in all cases. Calcium and vitamin D supplementation improved bone signs in 15 cases. However, the alopecia was resistant to treatment after a 2 month to 7-year follow up. The genetic analysis showed two different homozygous deleterious mutations in the VDR gene in 6 patients (50%): The first was a novel p.T415R mutation located in the ligand-binding domain identified in one patient without alopecia, and the second was: the p.K45E mutation located in the DNA-binding domain, and it was present in 5 patients with alopecia. We identified a p.E143del CYP24A1 mutation in the gene encoding the 25-(OH)D3–24-hydroxylase, located in chromosome 20 in 2 brothers carrying the VDR gene mutation p.K45E.

Discussion :

HVDRR is characterized by a triad: severe and early rickets, alopecia and hypocalcemia. Alopecia is a frequent (94.44% in our series) and early sign that often reveals the HVDRR. It is a valuable diagnostic sign, especially in families that already have an affected child. In our report, unrelated children with the same mutation showed different patterns of alopecia. Alopecia in HVDRR seems to be due to the absence or the modification of the VDR structure that is involved in hair follicle development and growth. The treatment of HVDRR is based on calcium supplementation to normalize bone signs and blood calcium levels but unfortunately no treatment has been effective for alopecia. We invite clinicians to consider HVDRR as a cause of childhood alopecia, especially in the presence of bone deformity signs.

Disclosure of Interest: None declared

Keywords: genetic mutation ; Alopecia ; Hereditary vitamin D resistant rickets

DP12

A RARE CAUSE OF ALOPECIA IN CHILDREN: THINK ABOUT HEREDITARY VITAMIN D–RESISTANT RICKETS

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Background :

Hereditary vitamin D–resistant rickets (HVDRR) is a rare autosomal recessive disorder due to mutations in the vitamin D receptor (VDR) gene and characterized by end-organ resistance to 1,25-(OH)2 vitamin D3. It is a rare cause of alopecia in children. Late diagnosis and inappropriate treatment can lead to severe alteration of patients' quality of life.

Objectives :

We aim to raise awareness among pediatricians and dermatologists to suspect HVDRR when a patient presents with rickets along with alopecia.

Methods :

We report the case of two siblings aged 9 and 18 year-old and a four year-old girl, all born of a consanguineous marriage. They consulted the dermatology department of Habib Thameur Hospital for alopecia that appeared few months after birth

Results :

Clinical examination revealed growth retardation with severe deformation of the lower limbs, teeth dysplasia and dental caries, reduced eyebrows and eyelash hair, total body hair loss and severe scalp alopecia. Only few terminal hairs were present over the scalp. Hereditary rickets was suspected. Severe hypocalcemia, hyperphosphatemia contrasting with markedly raised levels of 1,25-(OH)2 vitamine D3 were observed. The association of hereditary rickets, severe hypocalcemia, high levels of 1,25-(OH)2 vitamine D3 and alopecia was highly suggestive of HVDRR in the three cases. A molecular analysis was performed for the two siblings. It revealed mutation located in the exon 2 of VDR gene which confirmed the diagnosis of HVDRR. The patients were treated with oral calcium and high doses of α calcitriol with improvement of their rickets. However, the alopecia didn't improve.

Discussion :

Patients with HVDRR exhibit a constellation of clinical features including early onset rickets, retarded growth, body deformity, muscle weakness, seizures, dental defect and alopecia. The latter may be the initial clinical finding in affected neonates. Hair loss usually occurs during the first few months of life as in our patients and its severity is variable among patients. The extent of alopecia ranges from decreased hair on some body parts to complete hair loss which was the case of our patients. It can affect eyelashes, eyebrows, body hair and the scalp. Hair loss is explained by the expression of VDR in the hair follicle, playing a part in hair growth. In fact, mutations of the VDR gene disrupt the hair cycle, leading to alopecia. Patients with alopecia have usually a more severe rickets and are more resistant to the calcitriol therapy, requiring massive doses of 1,25-dihydroxyvitamin D. HVDRR is a severe affection that must be included in the differential diagnosis of hair loss in young children. A phosphocalcic metabolism screening should be proposed in case of early onset of rickets with severe hypocalcemia, high levels of 1,25-(OH)2 vitamine D3 in association to alopecia. Further molecular studies are important to improve the diagnosis and clinical management of this rare genetic disorder.

Disclosure of Interest: None declared

Keywords: rikets ; alopecia

DP13

FRONTAL FIBROSING ALOPECIA : A CASE SERIES OF 9 PATIENTS

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Background :

Frontal fibrosing alopecia (FFA) is a lymphocytic scarring alopecia of increasing incidence defined by a receding hairline of the scalp.

Objectives :

We study its epidemiological, clinical and trichoscopic characteristics.

Methods :

A retrospective descriptive study of FFA cases collected in the dermatology department of Sfax between January 2014 and May 2021. The Dermlite II PRO dermoscope was used in non-polarized light.

Results :

Nine women with a mean age of 50 years (43-61 years) were identified. Four patients were menopaused (44%).

Clinically, 3 patients had associated occipital involvement (33%), and two had parietal involvement (22%). Four patients (44%) had eyebrow involvement. 88% of the patients had grade III AFF. The clinical patterns were: zigzag (55%) and linear (44%). Among the facial lesions, lichen planus pigmentosus (LPP) (44%) and lentiginous macules (22%) were present.

Trichoscopy performed on 7 patients showed absence of vellus hair at the frontal margin (100% of cases), perifollicular scales (85%), honeycomb pattern and absence of follicular openings (71%), peripilar casts and ivory white areas (57%), perifollicular erythema, perifollicular pigmentation and pinpoints (42%).

Discussion :

Our series is in line with the literature concerning the predominance of women, the occurrence in the peri-menopausal period, with a majority of grade III. However, in the series of Panchaprateep et al (58 cases), the pseudo fringe pattern, absent in our series, was noted in 43% of cases. Involvement of the eyebrows was less frequent in our series (44% versus 69%). 32% of cases showed facial papules, which were absent in our series.

On trichoscopy, the frequency of erythema, hyperpigmentation and perifollicular scales were similar, while the honeycomb pattern was more frequent (71% vs. 23%).

Conclusion : The frequency of AFF is clearly increasing. Knowledge of its trichoscopic aspects would help to avoid skin biopsy.

Disclosure of Interest: None declared

Keywords: epidemiology ; trichoscopy ; frontal fibrosing alopecia

DP14

RARE CAUSE OF ATROPHIC ALOPECIC PLAQUES: ABOUT 5 CASES

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Background :

Lupus panniculitis (LP) is a rare manifestation of lupus disease (1-3%). It can be isolated or associated with systemic lupus erythematosus (SLE).

Objectives :

We report five new cases of LP located in the scalp.

Methods :

Our retrospective study collected cases of LP with scalp involvement followed-up in the dermatology department of Hedi Chaker Hospital over a 19-year period (2002-2021).

Results :

We included 5 women aged from 28 to 50 years. Clincal examination showed atrophic alopecic plaques of the scalp. Skin surface was ulcerated (1 case) and erythematous (3 cases). Other sites involved were the face (3 patients), the arms (1 patient) and the legs (1 patient). Trichoscopy, performed for 2 patients, showed scarring alopecia. The background was erythematous. Inter-follicular telangiectasias (IFT) were present. The disease duration varied from 1 month to 6 years. Three patients were followed-up for SLE. For the rest, regular clinical and biological workup was negative. Skin involvement followed the diagnosis of SLE in all the patients. Histolpathology findings showed lobular (n = 3) or mixed panniculitis (n = 2). A lymphocytic infiltrate was present (n = 4) and/or mucin deposits (n = 1). Hydroxychloroquine (HC) was recommended for all patients. We associated oral corticosteroids (CS) for 4 patients with uncontrollable disease. Inflammatory signs regressed leading to depressed lipoatrophic areas in all cases.

Discussion :

Discoid lupus is the most common cause of scarring alopecia in lupus erythematosus (LE). Other diagnoses such as LP should be considered. However, scalp is not a common location (up to 16.4% of cases in published series). LP occurs predominantly in middle-aged women like in our series. Clinically, it manifests with painful subcutaneous plaques or nodules. Atrophic evolution is characteristic. Ulceration, described in one of our patients, is possible as well as subcutaneous calcifications. Trichoscopic signs can help in the diagnosis when showing black dots, yellow dots, diffuse IFT and erythematous background. The two latters were present in 2 of our patients. Histolopathology features are essential, even for known lupus patients in order to exclude other causes of inflammation of the fatty tissue, such as panniculitis like T-cell lymphoma or squamous cell carcinoma. Diagnosis of LP was histopathologically confirmed in our patients. According to different reviews, LP is found in 10% to 42% of patients followed for SLE. The occurrence of LP in lupus subjects does not exceed 5%. Hence is the importance of a regular clinical and biological workup. In our population, 60% of patients had a history of SLE. While HC remain the first line treatment, CS may be indicated in relapsing SLE.

To conclude, LP is a rare variant of chronic cutaneous LE known to cause scarring alopecia. Diagnosis requires clinicopathological correlation. Trichoscopy is of a good help and had to be considered to rule out differential diagnosis.

Disclosure of Interest: None declared

Keywords: Scarring alopecia ; Lupus erythematosus ; Panniculitis

DP15

EVALUATION OF THE EFFECTIVENESS OF 1,540 NM FRACTIONAL ERBIUM - GLASS LASER IN TREATMENT OF ALOPECIA AREATA

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Background :
Varieties of laser and light sources have been tried for treatment of alopecia areata (AA) and some success has been reported.

Objectives :
To assess the effectiveness of 1,540 nm fractional erbium - glass laser in treatment of AA.

Methods :
The patches of AA were divided into two groups, the study group (I) underwent six sessions of laser therapy at weekly interval with topical minoxidil solution applied twice daily for 6 weeks, while group (II), the ontrol group was received only topical minoxidil solution. The patches were evaluated objectively (hair count and percentage of regrowth) and subjectively (patient satisfaction) at the end of follow up period (another 6 weeks).

Results :
The percentage of hair increment between pretreatment and follow - up period was 30% for study patches versus 6.45% for control patches. Regarding the percentage of growth, the response rate for study patches was 60% versus 16% for the control.

Discussion :
Erbium - glass laser seems to be effective in regrowing hair in AA. The durability of the response is unknown. Possible mechanisms of improvement include the induction of a thermal effect on papillary dermis, which stimulates hair regrowth, or an immunological effect on the follicle. In addition, the erbium - glass laser may enhance the delivery of minoxidil solution.

Disclosure of Interest: None declared

Keywords: Erbium YAG ; alopecia areata ; laser

DP17

BIOLOGICAL THERAPY OPTIMIZATION (DOSE TAPERING) STRATEGY IN PATIENTS WITH PSORIASIS IN A SPECIALIZED HEALTH CENTER IN COLOMBIA

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Background :

Psoriasis (Pso) is a chronic inflammatory disease, treated in some cases with biologic therapy, the introduction of the biologic therapy has dramatically improved the course of psoriasis, with low disease activity or even clinical remission. The optimization (Dose tapering) of treatment consists in a progressive reduction in dose or increase of the application interval, willing to maintain the therapeutic goal and balance the risk-benefit ratio. (1,2).

Objectives :

To determine the relapse rate in patients with Pso in the optimization strategy group (Dose tapering).

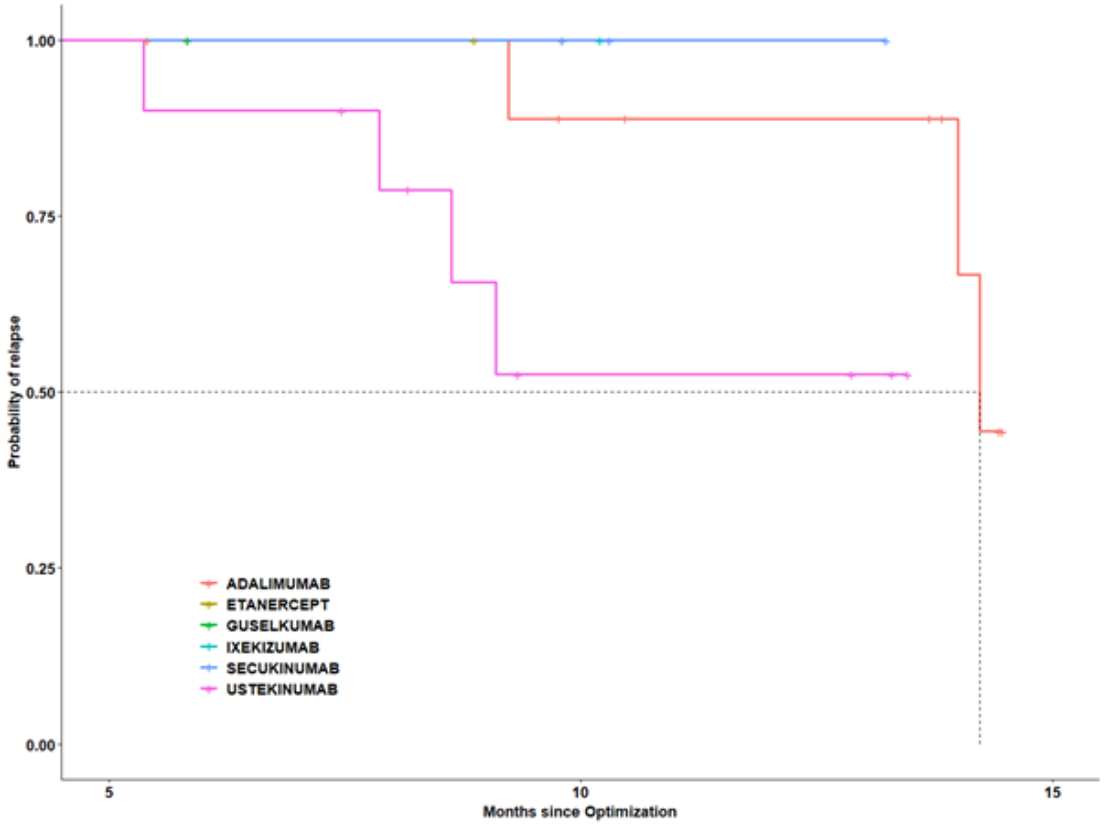
Methods :

Cohort study (October 2015 to February 2021) of patients with Pso in a specialized multicenter health institution in Colombia. Selection criteria included 18 years old with biological therapy and a sustained response (DLQI = 0-5; absolute PASI <3 or BSA <1) for at least 12 months. The optimization strategy consisted in dose reduction or interval application increase. Relapse was defined as to have a PASI> 10. Relapse rates were estimated by medication using Kaplan-Meier.

Results :

467 with Pso received biologic therapy in the cohort, 30% (n=142) received adalimumab, 18.2% (n=85) ustekinumab, 15.2% (n=71) secukinumab, 13.9% (n=65) ixekizumab, 8.5% (n=40) guselkumab, 6.4% (n=30) etanercept, 2.8% (n=13) risankizumab, 1.9% (n=9) certolizumab, 1.5% (n=7) golimumab and 1% (n=5) infliximab. From total, 12.2% (n=57) met optimization strategy criteria, 65% (n=37) were men, with a median age of 57 years (IQR: 44-66), disease evolution time was 15 years (IQR 5-30), treatment time of 4 years (IQR 2.92-6.92) and time in optimization 8 months (IQR 1.54-13.2). The optimization strategy was 85.8% due to increase in the application interval and 14.2% because of dose decrease; in the optimization strategy 16.4% (n=14/85) received ustekinumab, 14% (n=20/142) adalimumab, 12.6% (n=9/71) secukinumab, 12.3% (n =8/65) ixekizumab, 10% (n=3/30) etanercept, and 7.5% (n=3/40) guselkumab. 12% (7 patients) relapsed, the incidence rate was 2.2 person-months (95% CI 0.97-4.4). No significant differences were found in relapse rates according to biological therapy (Log Rank=0.27, p-value=0.27; Fig. 1).

Fig 1. Kaplan-meier, relapse rate by biologic therapy.



Discussion :
88% of patients in the optimization strategy remain in sustained clinical response after 8 months; 60% of the optimized biologic therapy were inhibitors of interleukins 12/23. The low relapse rates reported in this study support optimization strategy as effective.

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Disclosure of Interest: None declared

Keywords: Biological therapy ; Psoriasis ; dose tapering

DP18

PROMISING TOOLS TO FACILITATE THE IMPLEMENTATION OF THERAPEUTIC DRUG MONITORING OF BIOLOGICS IN CLINICAL PRACTICE

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Background :
Managing severe psoriasis has greatly benefited from the use of biologics, monoclonal antibodies targeting specific components of the immune system. Despite their favorable efficacy profile in clinical trials, physicians encounter varying therapeutic responses in a subset of patients in real world clinical practice. Increasing evidence shows that therapeutic drug monitoring (TDM) - encompassing the measurement of trough concentrations and anti-drug antibodies (ADA) is emerging as a valuable tool for clinical decision making. While the value of this strategy needs further validation, attention for its implementation in daily clinical practice is warranted. Rapid testing and easy sampling techniques are key to its implementation.

Objectives :
Here, we aim to evaluate the feasibility, usefulness and accuracy of two promising tools, lateral flow testing and home microsampling, for detection of adalimumab, a tumor necrosis factor α (TNF-α) inhibitor.

Methods :
Patients participating in the SUPRA-A trial (recruitment ongoing; NCT04028713) were asked to participate in a substudy where 10 volumetric absorptive microsamples (VAMS) at different time points (day 0 until day 49) were collected at home by the patients using Mitra®. At 3 timepoints, a whole blood, venous VAMS (sampled by dipping VAMS into whole venous) and serum sample (after venipuncture) were simultaneously collected for adequately comparison between capillary VAMS, venous VAMS and serum samples. All samples, VAMS and serum, were measured using an in-house developed and validated adalimumab ELISA. In addition, a brief online questionnaire was filled out (anonymized), in order to collect patients' perception on microsampling at home.

Results :
Until now, 7 patients were included. For VAMS performed by patients at home, initial comparison showed a high correlation between capillary VAMS results and ADM serum concentrations (Pearson's correlation: 0.87). Between venous VAMS results and serum , an equally high correlation was obtained (Pearson's correlation: 0.87). Only one patients had executed fingerprick sampling before and all patients judged the clarity of the instructions to be good or very good (which is in line with the good quality of the samples). Regarding pain, patients reported an average score below 1 on a scale of 1 (not painful) to 10 (very painful). This also translates in the fact that more than 85% would prefer this type of sampling over a conventional blood draw, if needed on a monthly basis.

Discussion :
Based on these preliminary results, rapid testing and easy sampling could be a valuable tool for supporting the implementation of TDM. Furthermore, it has been shown that these sampling methods are rapidly and easily accessible in daily clinical practice, supported by patients' good perception.

Disclosure of Interest: Grant / Research support : FWO-TBM grant (T003218N)

Keywords: Adalimumab ; Microsampling ; Psoriasis

DP19

A CONCEPTUAL FRAMEWORK OF THE COURSE AND TIMEFRAME OF PATIENT-REPORTED ADVERSE DRUG REACTIONS OF BIOLOGICS IN IMMUNE-MEDIATED INFLAMMATORY DISEASES

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Background :
Patients with immune-mediated inflammatory diseases (IMIDs) need chronic drug treatment, including biologics, which may cause adverse drug reactions (ADRs). Information about ADRs is usually restricted to the type of ADRs that may occur with drug use. Common patterns in the course and timeframe of ADRs are often not described while this information may provide valuable insights for patients and healthcare professionals.

Objectives :
To identify common and corresponding items with thematic analysis in the described course of ADRs of biologics reported by patients with IMIDs.

Methods :
We used qualitative data from the Dutch Biologic Monitor (DBM) to assess the patient's descriptions of the experienced course of ADRs. IMID patients were asked to fill out a bimonthly questionnaire on experienced ADRs they attributed to the use of a biologic [1,2]. Inclusion criteria were: patients reporting an ADR and elaboration on the course of the ADR in an open-ended text field. Answers of the patients on the course of the experienced ADR were analysed by two pharmacovigilance assessors with a thematic analysis with an inductive approach to develop a conceptual framework which was visualised using an Ishikawa diagram.

Results :
Of 1382 consecutive participants, 730 patients reported 2035 ADRs. Six themes with multiple subthemes were identified from patient descriptions on the course of the experienced ADRs (Figure 1). Four themes included descriptive items of the course of ADRs: the moment or period of ADR occurrence (e.g. a specific moment of the day or in a specific season), the frequency of an ADR episode (e.g. once, sometimes, often, always or recurring with or without specified frequency), the duration of an ADR episode (e.g. specified duration, constant, variable increasing or decreasing duration) or an association in time with the administration moment (e.g. before, during or after biologic administration or a specific time to onset in relation to the moment of biologic administration). Two themes included factors influencing the course of ADRs: triggering factors for ADR occurrence or aggravation (e.g. administration method, social, physical or mental status, nutrition, external factors, (co)medication or daily activities) and improving factors (e.g. administration method, treatment, physical or mental status, nutrition or selfcare).

Discussion :
We identified six themes in patient-reported descriptions of the course of ADRs of biologics. These themes provide information about ADRs on a broader level than the currently available information on nature and frequency. Information about ADRs enriched with details on the course and timeframe of ADRs may support healthcare professionals in improving clinical practice by discussing ADRs with patients and finding practical solutions in dealing with ADRs. This will ultimately lead to more optimised medical treatment.

Disclosure of Interest: None declared

Keywords: adverse drug reaction ; biologics

DP20

CORTICOPHOBIA IN PARENTS OF YOUNG CHILDREN IN TERTIARY CARE HOSPITAL

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Background :
Corticophobia (Steroid phobia) is defined as exaggerated fear, worries, anxiety, doubts, reluctance or scepticism regarding corticosteroid use in patients, their care givers or health care workers. It has got negative impact on the adherence to the treatment. Low adherence can lead to treatment failure, which later on can cause decrease in quality of life.

Objectives :
To determine the awareness of steroid use in parents of young patients.

Methods :
A cross sectional study was carried out in 50 parents of young patients. Verbally the parents were asked a set of questions regarding the use of steroids after explaining the advantages and disadvantages of it.

Results :
Out of 50 parents interviwed, 35 parents(70%) had no objection against the use of corticosteroid as treatment for their children. 10 parents(20%) were unaware about the drug and thus refused the use of corticosteroid as treatment. And 5 parents(10%) refused the use of corticosteroid as treatment for their children.

Discussion :
Corticophobia among the parents of young patients have a negative influence on the treatment adherence. Also lack of awareness of the use of corticosteroids have negative impact on treatment plan and its adherence. Thus providing complete information regarding the advantages and disadvantages of corticosteroid is must to enhance its use and adherence. According to several international studies corticophobia has been the major cause of non-adherence to treatment.Lower scocioeconomic class of patients and small study group were the limitations of the study conducted.

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Disclosure of Interest: None declared

Keywords: Corticophobia, Atopic dermatitis, Non adherence

OC16

AUTOREACTIVE IGE ANTIBODIES IN ATOPIC DERMATITIS ARE RELATED WITH THE PRESENCE OF COMORBID TYPE-2 DISORDERS

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Background :
Autoreactive immunoglobulin (Ig)E antibodies directed to self-epitopes in the epidermis have been detected in patients with atopic dermatitis (AD), however, their role in AD pathophysiology remains to be further investigated. Knowledge on the prevalence, risk factors that induce IgE-mediated autoreactivity and the relation with other atopic diseases is lacking.

Objectives :
This study aimed to investigate IgE-autoreactivity in 673 serum samples in a cohort of well characterized patients with AD and control subjects

Methods :
All subjects were recruited at the Department of Dermatology, University Hospital Bonn, Germany, within the PRORAD CK-CARE study. Patients with AD (n=547) were sub-divided in 'AD + comorbid Type-2 diseases' (AD+Type2; asthma, allergic rhinitis, food allergy, n=432) or 'AD only' (ADonly, n=115). Control subjects without AD (n=126) were sub-grouped in 'controls + Type-2 diseases' (control+Type2, n=51) and 'healthy controls' (n=75). An immunoassay was used to detect autoreactive IgE antibodies to proteins from cell lysates of primary human keratinocytes.

Results :
Overall, (highly) positive samples were associated with a diagnosis of AD in combination with atopy and with the presence of comorbid Type-2 diseases. More specifically, of the AD+Type2 patients, 16.5% were positive (15 highly positive, 56 positive and 361 negative) for IgE autoantibodies, while 9.6% of the ADonly patients were positive (1 highly positive, 10 positive and 104 negative). Thus, of those with high levels of IgE autoantibodies, 15 out of 16 were related to AD combined with Type-2 diseases. In the control+Type2 group, 9.8% were positive, while healthy controls showed 2.7% positive samples. Additionally, AD+Type2 patients showed higher likelihood to develop autoreactive IgE antibodies when born in the calendar months from January to May compared to those born from July to December or to ADonly patients. Further, keeping several different pets was more frequent in the positive and negative group than in the high positive group. Earlier disease onset was linked with Type-2 comorbidities, but not with the development of IgE autoantibodies. Finally, total serum IgE was higher in patients with AD+Type2 than in ADonly patients or in the control groups, while no relation was found to autoreactive IgE antibodies.

Discussion :
This study demonstrates an equivalence of IgE-mediated autoreactivity with the presence of AD especially in combination with comorbid Type-2 diseases. In patients with AD, autoreactive IgE antibodies may possibly be seen as biomarker to predict development of comorbid Type-2 diseases, however, this warrants further investigation.

Disclosure of Interest: Grant / Research support : This work was supported by Research Foundation Flanders (FWO, 12W2219N) and an unrestricted Type-2 innovative research grant from Sanofi Genzyme (2018)

Keywords: Type-2 diseases ; Atopic dermatitis ; IgE-mediated autoreactivity

OC17

COMPARISON OF GPP PATIENTS WITH AND WITHOUT DOCUMENTED FLARE EPISODES IN THEIR MEDICAL RECORD

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Background :
Generalized pustular psoriasis (GPP) is a rare, but severe multisystem, chronic inflammatory disease characterized by sudden and widespread eruption of sterile pustules in patients experiencing flare episodes of varying severity. Little is known about GPP flares.

Objectives :
To compare GPP patients who do and who do not have flare episodes documented in their electronic health record (EHR).

Methods :
This retrospective descriptive study included adult GPP patients (ICD-10 codes L40.1) identified in the Optum® de-identified electronic health record (EHR) data between 7 July 2015-30 June 2020. The index GPP diagnosis was the first occurrence in the EHR with no history of GPP for at six months prior. Flare episodes were identified using an algorithm based on diagnosis coding, setting of care, type of provider, GPP disease terms, and flare terms and attributes found in the EHR. GPP patients were divided into groups based on whether or not they had a flare episode documented in their EHR ("GPP flare" vs "GPP no-flare"). Comparisons were made between the groups based on demographics, co-morbidity burden, health care utilization, and treatments.

Results :
Of the 1,535 GPP patients identified for the study, 271 of them experienced 513 flare episodes over the period of the study. There were no differences in age or gender between the groups. GPP flare patients were more likely to be insured by Medicare (25% vs 21%) and Medicaid (27% vs 20%) and less likely to be commercially insured (40% vs 51%) than the GPP no-flare patients. Patients who sought treatment for flares had a 34% higher score on the Charlson Comorbidity Index and were more likely to be obese (30% vs 22%), have hypertension (48% vs 43%), anxiety (24% vs 20%), diabetes with complications (23% vs 19%), COPD (16% vs 11%), and coronary artery disease (12% vs 9%). Few to no differences between the groups were found with depression (21% vs 20%), hypercholesterolemia (6% vs 8%), and asthma (11% vs 12%). GPP flare patients were also more likely to have concurrent autoimmune conditions such as plaque psoriasis (17% vs 12%), psoriatic arthritis (19% vs 13%), and rheumatoid arthritis (9% vs 6%). Although little to no differences between the groups were noted in outpatient visits, GPP flare patients were almost three times more likely to have any inpatient visits (44% vs 15%) and almost twice as likely to have any ER visits (47% vs 24%). GPP flare patients also had greater use of topical steroids (72% vs 48%), oral corticosteroids (39% vs 27%), other oral dermatologic medications (30% vs 15%), TNF inhibitors (15% vs 8%), other topicals (14% vs 8%), and IL-17 and IL12/23 inhibitors (14% vs 6%).

Discussion :
GPP patients with documented flares have a higher co-morbidity burden, are more likely to have other autoimmune conditions, and have greater treatment use than GPP patients who did not have documented flares in their EHR.

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