The impact of interventions on quality of life in psoriasis and the concept of multiple minimal clinically important difference (MCID): a systematic review

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Interventions often result in statistically significant quality of life (QoL) improvement, but may not reach the threshold of clinical importance. The minimal clinically important difference (MCID) is the minimal score change of relevance clinically. We introduce the concept of 2MCID. The concept of ‘2MCID’ adds meaning to score change when comparing therapies and results across different QoL instruments, though this requires further validation. However secukinumab and PUVASOL + isotretinoin both reached 2MCID at 12 months, according well with clinical experience.

A novel, nonsteroidal, topical, anti-inflammatory, phosphodiesterase inhibitor, Crisaborole Topical Ointment, 2%, in two phase 3 studies in children and adults with mild to moderate atopic dermatitis.

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Atopic dermatitis (AD) is a chronic inflammatory skin disease affecting children and adults characterized by red eczematous lesions and intense pruritus. Here, we assess the safety and results across different QoL instruments, though this requires further validation. However secukinumab and PUVASOL + isotretinoin both reached 2MCID at 12 months, according well with clinical experience.

ABSTRACTS | Clinical Outcomes

The skin barrier on the cheek in young Chinese women severely damaged than old women in air-polluted region

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Air pollution caused by fine dust or particulate matters (PM) is an environmental issue, it has threatened the life by inducing the respiratory diseases. And recently it has been reported to cause the skin problems such as atopic dermatitis, sensitive skin, skin pigmentation, barrier damage, and skin aging, etc. We supposed the skin problems induced by PM were different by age. So, we recruited 200 Chinese women resided in Xi’an located in the industrial area and in Kunming known as China’s clean region, the volunteers were composed 50 women in 25-35 years old group (young group) and 50 women in 55-65 years old group (old group) respectively in the two regions. The barrier disruptions were induced on the front cheek and the inner forearm by the water stripping and trans-epidermal water loss (TEWL) was measured. Before barrier disruption, TEWL on the front cheek was not different from two regions, but on the inner forearm in Xi’an was significantly lower than Kunming. After barrier disruption, TEWL on the front cheek, TEWL in Xi’an women was significantly elevated than in Kunming, especially in young group was elevated 2 folds than old group. But TEWL in Kunming was elevated 1.6 folds. On the inner forearm in Xi’an women was also significantly elevated than in Kunming. These results didn’t show the difference between two age groups. And the skin hydration and skin pH did not show the regional differences in each age group. In conclusion, in the air-polluted region where caused fine dust or particulate matters, the Chinese women’s skin barrier severely damaged than clean region, and this skin barrier damage was significantly more severe on the front cheek (sun exposed site) in young women compared to old women.

Immunohistochemical expression of CD31 and CD34 in Kaposi’s Sarcoma

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Kaposi sarcoma (KS) is a vascular tumor of low-grade malignant potential associated with Kaposi sarcoma herpesvirus/human herpesvirus 8 (KSHV/HHV8) infection. It is characterized by angiodysplastic multifocal tumors predominantly present at mucocutaneous sites, but may involve all organs and anatomical locations. Kaposi’s sarcoma histogenesis remains controversial not only because of its morphologic variants and similarity to many vasoproliferative lesions, but also because of its spindle cells origin. This retrospective study aims to evaluate the antigenic profile against CD31 and CD34 expression in various KS stages and to determine the immunoreactivity between the tumor stages of KS. Twenty-five (25) Kaposi’s sarcoma biopsies from twenty-two (22) men and three (3) women, sixteen (16) in nodular-stage, six (6) in patch-stage, three (3) plaque-stage were used to find out the expression of the CD31 and CD34 antibodies. The surgical excision samples were fixed in 10% buffered formalin, paraffin embedded, stained with Hematoxylin–Eosin and only cases with suitable tissue remaining in the paraffin blocks were selected for immunohistochemical analysis. The immunohistochemical results performed in our study reveals no significant differences in the distribution of immunohistochemical reactivity for CD31, CD34 between nodular, patch, and plaque–stage KS. Moreover, our retrospective study presented in this paper reinforces the importance of these antibodies in the differential diagnosis of Kaposi sarcoma and other vascular and nonvascular spindle cell lesions.

Clinical relevance of birch pollen profilin cross reactivity

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Profilins are minor plant allergens with a high sequence homology, correlating with a high prevalence of cross reactive antibodies in sensitized patients. Birch and grass pollen rank among the most important seasonal aeroallergens. Our aim was to investigate the clinical relevance of cross reactive IgE directed to the birch profilin bet v 2. Sera of 433 patients with birch pollen were screened using recombinant bet v 1, bet v 2 and grass pollen allergens phl p15 and phl p12. 59 (13.7%) patients were sensitized to bet v 2 with 40 (9.2%) of them showing reactivity also with grass profilin phl p12. Of those 29 (6.2%) patients were sensitized to bet v 1 while 11 (2.5%) were bet v 1 negative. Basophil activation tests (BAT) in 11 individuals from the bet v 1 group and 61 individuals from the bet v 1- group led to significant upregulation of CD63 in response to native birch extract or rbet v 2. In contrast, rbet v 1 evoked comparably strong reactions only in bet v 1 individuals. Strikingly, bet v 1+ individuals were less responsive to rphl p12 indicating cross reactivity on the cellular level. Additionally, we performed CAP-FEIA based cross- and self-inhibition tests in 8/11 of the bet v 2+ patients with rbet v 2 and rphl p12. In all patients preincubation with rbet v 2 or rphl p12 in a dose range from 1 ng/ml to 100 ng/ml resulted in comparable and effective inhibition of rbet v 2 or rphl p12 CAP-FEIA and vice versa. Most interestingly, none of the single bet v 2+r bet v 1- patients reported on symptoms of allergic rhinitis in the birch pollen season. We conclude, that bet v 2 induces effective cross- and self-inhibition in vitro and in vivo on a cellular level. As a consequence, our results confirm that patients with positive tests to native birch pollen need to be analyzed with caution for clinical symptoms in the birch pollen season as many of them are actually grass pollen allergic and may not be eligible for birch SIT.