Preventive effects of topical washing with miconazole nitrate-containing soap to diaper candidiasis in the hospitalized elderly patients: A prospective, double-blind, randomized-controlled study. 
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The objective of the present randomized, double-blind trial was to evaluate the efficacy and safety of daily topical washing procedure with miconazole nitrate-containing soap for diaper candidiasis at diaper-covered sites in elderly subjects under long-term inpatient care. We initially enrolled 75 elderly patients with a constant use of diapers, and of this cohort, 55 patients (32 male and 23 female) who randomly assigned to receive treatment with either miconazole soap (n=28) or miconazole-free placebo soap (n=27) were assessed microscopically for the existence of the pseudohyphae and/or blastoconidia of Candida spp. up to 4 weeks. Although washing with miconazole soap did not affect the baseline frequency of pseudohyphae/blastoconidia-positive patients, it significantly inhibited the positive conversion of pseudohyphae/blastoconidia compared with the placebo group (17.3% vs. 44.9%, respectively; p<0.05). Moreover, the frequency of pseudohyphae/blastoconidia at 4 weeks was significantly lower in the miconazole group than in the control group (17.9% vs. 44.4%, respectively; p<0.01). These anti-Candida effects were not different between both sexes, and neither clinically-apparent diaper candidiasis nor severe adverse effects developed in either group. Patients with diarrhea and heart failure tended to be associated with the positive rate of pseudohyphae/blastoconidia. A daily washing with miconazole soap is easy and quick to perform, as a paramedical staff work, and well-tolerated for anogenital skin in elderly. This prophylactic approach can inhibit the progressive conversion activity of genital Candida flora, enabling to maintain satisfactory genital hygiene in patients wearing diapers.

Lichen sclerosus in pregnancy: A review of 33 cases
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Lichen sclerosus (LS) is a chronic inflammatory skin condition affecting the anogenital area in women. There are few published data on the course of vulval lichen sclerosus (VLS) in pregnancy. A case note review was undertaken of 33 pregnancies in 29 women with vulval lichen sclerosus (VLS). The authors’ database was searched for patients with VLS who delivered children during treatment. Severity was assessed by visual grading of hyperkeratosis. Management was with continuous topical corticosteroids (TCS), sufficient to maintain normal skin. A potency grading system was devised to document total weekly TCS dose. Adequate control was defined as complete visual suppression of VLS. Good control was defined as almost/mostly following treatment regimens. 12/33 (36%) had mild disease, 11/33 (33.3%) had moderate, and 2/33 (6.1%) had severe disease who had commenced treatment prior to pregnancy. Mean duration of management before conception was 28 months (range, 1-156 months). Four women presented in pregnancy. Average weekly TCS requirements were similar from preconception, through pregnancy to post-partum. Only one woman required clobetasol propionate 0.05%. Good compliance was strongly associated with good control. 27 (82%) had spontaneous vaginal births, two had instrumental deliveries (all for standard obstetric indications), and four had caesarean sections. Only one caesarean was performed for VLS, because of severe disease in a non-compliant patient. One perineal scar was complicated by lichen sclerosus. Perineal and abdominal scar healing was normal in all other women. Mean compliance rates fell in the post-partum period. The data suggest that most pregnant women with VLS can deliver vaginally. In this cohort TCS requirements in pregnancy did not change. No adverse effects from TCS were noted during pregnancy and all offspring were normal. Compliance is crucial to good outcomes, however reduced compliance post-partum requires careful surveillance.

Internalized stigma in acne vulgaris, vitiligo and alopecia areata
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Internalized stigma, another aspect of the stigma, is the adoption of negative attitudes and stereotypes of the society regarding persons’ illness. According to available current literature Internalized stigma in acne vulgaris, vitiligo and alopecia areata patients. The primary aim of this study was to investigate the internalized stigma state of AA, V and AA patients and to identify the factors influencing internalized stigma. 150 patients (50 AV, 50 V, 50 AA) who applied to outpatient clinic were consecutively enrolled in this study. Socio-demographic characteristics of the patients and other parameters which may influence the internalized stigma were recorded. In this study, V and AA patients were recorded as V and AA patients. ISI, Dermatological Quality Index (DLQI), Perceived Health Status (PHS), General Health Questionnaire (GHQ) and Acne Quality of Life Scale (AQOL). In our study, the Cronbach’s alpha coefficient for the whole scale was calculated as 0.81 for I, 0.74 for DLQI and 0.90 for GHQ. A statistically significant correlation was found between ISI and DLQI (r=0.56, p<0.001), GHQ (r=0.59, p<0.001) and AQOL (r=0.57, p<0.001). We found a significant correlation between ISI and DLQI (r=0.54, p<0.001) in vitiligo patients. A statistically significant correlation was also found between ISI and DLQI (r=0.54, p<0.001) and GHQ (r=0.36, p<0.05). In conclusion, the patients with acne vulgaris and AA patients internalize the negative stereotype judgements of the society for themselves. High levels of internalized stigma in the studied patients presented a parallel trend to the negative quality of life. Therefore, internalized stigma may be one of the major factors affecting quality of life in these diseases.

Prevention of hidradenitis suppurativa in Japan
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Hidradenitis suppurativa (HS) is a chronic, relapsing skin disease localized in the apocrine gland-bearing areas of the body. Although HS affects Qol of the patient remarkably, there were no diagnostic and disease severity criteria in Japan. The purpose of this study is to investigate the actual picture of HS in Japan by performing a nationwide epidemiological survey. A questionnaire-based study was performed at hospitals that provide dermatological training under the certification of the Japanese Dermatological Association. Questionnaire included patient’s age, sex, disease duration, past history, family history, smoking status, disease severity (Hurley stage), Sartorius score, by using variance analysis. Patients’ age was divided into 4 groups, less than 20 years, 20-29 years, 30-59 years, and 60 years or older. Hurley stage was divided into 3 groups, stage 1, stage 2, and stage 3. ISS was divided into 4 groups, mild: 0-9, moderate: 10-29, severe: 30-58, profound: greater than 59. Moreover, the frequency of patients positive for pseudohyphae/blastoconidia was assessed microscopically for the existence of the pseudohyphae and/or blastoconidia of Candida spp. The frequency of patients positive for pseudohyphae/blastoconidia at 4 weeks was significantly lower in the miconazole group than in the control group (17.9% vs. 44.4%, respectively; p<0.01). These anti-Candida effects were not different between both sexes, and neither clinically-apparent diaper candidiasis nor severe adverse effects developed in either group. Patients with diarrhea and heart failure tended to be associated with the positive rate of pseudohyphae/blastoconidia. A daily washing with miconazole soap was easy and quick to perform, as a paramedical staff work, and well- tolerated for anogenital skin in elderly. This prophylactic approach can inhibit the progressive conversion activity of genital Candida flora, enabling to maintain satisfactory genital hygiene in patients wearing diapers. In conclusion, these data suggested that the backgrounds of Japanese HS patients were different from those of Western countries, 1) male dominant, 2) more cases of Hurley II and III, 3) more patients with axilla lesions.

Efficacy and safety of botulinum toxin B injection for Raynaud’s phenomenon and digital ulcers in patients with systemic sclerosis: Single-blind, randomized trial
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Patients with systemic sclerosis (SSc) typically develop Raynaud’s phenomenon (RP) and digital ulcers (DUs) due to digital ischemia and often develop digital ulcers (DUs). Currently, there is no satisfactory treatment for RP and DUs in SSc. We recently demonstrated that botulinum toxin A (BTA-A) injection was effective for the treatment of RP and DUs in SSc patients. However, the efficacy of BTA-B injection has never been examined. The objective was to assess the efficacy and safety of BTX-B for treatment of RP and DUs in SSc patients. In the prospective, single-blind, randomized trial, total 45 SSc patients with RP were blindly and randomly divided into 4 groups: no treatment control group, and 3 treatment groups, using 250, 1,000 or 2,000 units (U) of BTX-B in the hands with more severe symptoms. Four weeks after injection, the pain/numbness VAS and Raynaud’s score (indicating the severity of RP in SSc patients) in the 1,000- and 2,000-U-treated groups were significantly lower than in the placebo group. Pain/numbness VAS was significantly lower in the 2,000-U-treated group than in the 1,000-U-treated group (G2 vs. G1: 90% vs. 71%, respectively; p<0.01). The numbers of DUs in the 2,000-U-treated group (G3) were both significantly higher in G1 than that in G2 (P<0.01, P<0.05). None in 2 groups presented complications such as infection and scarring. BTX-B is a simple and reliable way to screen patients with large area vitiligo for ReCell treatment. 49 patients (50%) were excellent, 21 (23%) were good, 4 (4.3%) were fair, and 3 (3.3%) were poor. In G2, 2 (5.1%) were excellent, 12 (23.1%) were good, 4 (30.7%) were fair, and 4 (30.7%) were poor. Total repigmentation rates >71% and >90% were both significantly higher in G1 than in G2 (P<0.01, P<0.05). None in 2 groups presented complications such as infection and scarring. S197 INJJECTIONS: SIEGU is a simple and reliable way to screen patients with large area vitiligo for ReCell treatment.