025 Preventive effects of topical washing with miconazole nitrate-containing soap to diaper candidiasis in the hospitalized elderly patients: A prospective, double-blind, placebo-controlled study. H Takahashi1, N Oyama1 and M Hasegawa1 1 Dermatology, JCHO Fukui Katsuyama General Hospital, Fukui-city, Japan, 2 Dermatology, Division of Medicine, School of Medicine, Fukui University, Fukui, Japan.

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 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 nitrate soap (n = 28) or miconazole-free placebo soap (n = 27) were assessed microscopically. The study demonstrated that washing with miconazole nitrate soap significantly inhibited the positive conversion of pseudohyphae/blastoconidia-positive patients, it significantly inhibited the positive conversion of pseudohyphae/blastoconidia compared with the placebo group (17.3% vs. 44.0%, respectively; p < 0.05). Moreover, 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 < 0.05). These results indicate that washing with miconazole nitrate soap is a simple and easy method that can be easily performed by nursing staff, and that the suppression of diaper dermatitis may result in reduced incidence of nosocomial infection.

026 Nationwide investigation of hidradenitis suppurativa in Japan. K Hayama1, H Fujita2, T Hashimoto3 and T Tadashi1 1 Division of Cutaneous Science, Department of Dermatology, School of Medicine, Keio University, Japan, 2 Department of Dermatology (South Building Lab), Osaka City University Graduate School of Medicine, Osaka, Japan

Aim: 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 investigation. Methods: 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, Satorus score, by variance analysis. Patients with more severe HS had more severe HS by analysis on the basis of the locations of the lesions (r = 0.673, p < 0.005).

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 I and II, 3) more severe in patients with axilla lesion

027 Lichen sclerosus in pregnancy: A review of 33 cases. Y Nguyen1, J Bradford2 and G Fischer3 1 Dermatology, The University of Sydney, Sydney, NSW, Australia, 2 Obstetrics and Gynaecology, University of Western Sydney, Sydney, NSW, Australia, 3 Royal North Shore Hospital, Sydney, NSW, Australia

Vulval 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 corticosteroid (TCS), sufficient to maintain control. 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 always/mostly following treatment regimens. 12/33 (36%) had mild disease, 11/33 (33.3%) moderate, 8/33 (24%) severe, and 2/33 (6%) had very severe disease. 29 women had treatment commenced 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 clostralid prostate 0.05%. Good control 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. 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.

029 Internalized stigma in acne vulgaris, vitiligo and alopecia areata. A Bilgel Temel1, S Bozkurt2 and E Alpsoy3 1 Dermatology and Venereology, Beysehir State Medical School, Beysehir, Turkey, 2 Dermatology and Venerology, Bursa Uludag University, Bursa, Turkey, 3 Dermatology, Yuksek Seker Asacli Cerrahisi Hospital, Ankara, Turkey

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 Scale (ISS) has not been applied to vitiligo and alopecia areata (AA) patients. The primary aim of this study was to investigate the internalized stigma state of vitiligo and AA patients and to identify the factors influencing internalized stigma. 150 patients (50 AV, 50 vitiligo, 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. All of the patients were recorded as ISS, Dermatology Life 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 ISS was calculated as 0.91 for vitiligo and 0.92 for AA patients. ISS, Dermatology Life Quality Index (DLQI), Perceived Health Status (PHS), General Health Questionnaire (GHQ) and Acne Quality of Life Scale (AQOL) were compared with those obtained from psychiatric and dermatologic patient populations. The mean ISS scores of AV (59.48±15.40) and AA (59.46±15.82) were higher than the control group (45.94±14.34). In AV patients, a statistically significant correlation was found between ISS and DLQI (r = 0.56, p < 0.001), GHQ (r = 0.54, p < 0.001) and AQOL (r = 0.57, p < 0.001). We found a significant correlation between ISS and DLQI (r = 0.54, p < 0.001) in vitiligo patients. A statistically significant correlation was also found between ISS and DLQI in AV patients, while in AA patients there was no statistically significant correlation. The results of this study can be used as an important criterion for assessing the severity of internalized stigma in patients with vitiligo.}

030 Efficacy and safety of botulinum toxin B injection for Raynaud’s phenomenon and digital ulcers in patients with systemic sclerosis: Single-blind, randomized trial. S Motegi1, B Perera2, A Sekiguchi3, F Fujinara4, Y Date5, T Nakamura6 and O Ishikawa1 1 Department of Dermatology, Gunma University Graduate School of Medicine, Maebashi, Japan, 2 Clinical Investigation and Research Unit, Gunma University Graduate School of Medicine, Maebashi, Japan

Patients with systemic sclerosis (SSc) typically develop Raynaud’s phenomenon (RP) and/or digital ulcers (DUs) often develop digital ulcers (DUs). Currently, there is no satisfactory treatment for RP and DUs in SSc. We recently demonstrated that botulinum toxin A (BTX-A) injection was effective for the treatment of RP and DUs in SSc patients. However, the efficacy of BTX-B injection has never been examined. The objective was to assess the efficacy of BTX-B injection for the treatment of RP and DUs in SSc patients. In the prospective, single-blind, randomized trial, total 45 SSc patients with RP were blinded and randomly divided into 4 groups: no treatment control group, and 3 treatment groups, using 250, 1,000 and 2,000 units (U) of BTX-B injection. 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 higher control groups. The benefit was beneficial to DUs. The beneficial effects were sustained until 16 weeks after the single injection. At 4 weeks after injection, skin temperature recovery in the 2000-U-treated group was significantly improved. The numbers of DUs in the 1,000- and 2,000-U-treated groups were significantly lower than in the control group. Treatment muscle weakness observed in 1 patient (250 U group). No other adverse events were observed in any patients. We conclude that 1,000 and 2,000 U BTX-B injection significantly improved the activity of RP and DUs in SSc patients without any serious adverse effects.