Preventive effects of topical washing with miconazole nitrate-containing soap to diaper candidiasis in the hospitalized elderly patients: A prospective, double-blind-controlled clinical study.

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The objective of this 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 (male and 23 female) who randomly assigned to receive treatment with either miconazole nitrate (n=28) or miconazole-nitrate-free placebo soap (n=27) were assessed microscopically after 4 weeks. In the miconazole-nitrate group the frequency of diaper candidiasis was significantly lower than in the placebo group (p<0.05). In the miconazole-nitrate group Candida was significantly lower than in the placebo group (p<0.05). There were no adverse effects in any patient. We conclude that miconazole nitrate-containing soap is effective and safe for the prevention of diaper candidiasis in elderly patients under long-term inpatient care.}

Is suction blister epidermal grafting a simple and reliable way to screen patients with large area vitiligo for ReCell treatment? T Liu1, W Li1, A Zheng1, PZ Meng1, NS Cheng1, CX Xu1, Y Yao2, Z Shen2, Z Zhang2 and Z Li1
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ReCell treatment is an autologous non-cellular epidermal cell suspension grafting. ANECSG is a method of choice for surgical treatments for large area and stable vitiligo, but not all ReCell treatments are effective and not all patients are fit for the treatment. Thus, a simple and reliable way to screen those suitable for ReCell treatment is urgently necessary and of importance. Objective: to explore if suction blister epidermal grafting (SBEG) is a simple and reliable way to screen patients with large area vitiligo for ReCell treatment. 49 patients with large area vitiligo were selected. Among which, 36(G1) have had successful ReCell, 13(G2) haven't had ReCell before treatment. Results were graded as excellent, good, fair and poor according to repigmentation rates. Repigmentation rates were evaluated in 6 months after ReCell treatment. Grades were excellent, good, fair and poor according to repigmentation rate >90%, between 71%-90%, 51%-70% and 50%, respectively. In G1,18 patients (50%) were excellent, 12(31.6%) were good, 5(13.9%) were fair, none were poor. In G2, 2(15.4%) were excellent, 12(31.3%) 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 scar.

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 Sekiguchi1, Y Date1, T Nakamura1 and O Ishikawa1
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Patients with systemic sclerosis (SSc) typically develop Raynaud's phenomenon (RP) and often develop 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 is 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 of 1,000 and 2,000 U BTX-B injection in treating RP and DUs in SSc patients. In the present study, a 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 U BTX-B injection. The injection was repeated up to 3 times. The patients were evaluated 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 higher treatment (all p<0.05). The benefits were stable for ≥6 months 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. There were no adverse events observed in any patients. We conclude that 1,000 and 2,000 U BTA-B injection significantly improved the activity of RP and DUs in SSc patients without any serious adverse events. This success suggests that BTA-B might have potential as a long-term preventive and therapeutic agent for RP and DUs in SSc patients.