025 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 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 (n=28) or miconazole-free placebo soap (n=27) were assessed for one month. The study population was divided into 4 groups; no treatment control group, and 3 treatment groups, using 250, 1,000 and 2,000 units of miconazole nitrate (in patients) in the 1,000- and 2,000-U-treated groups were significantly lower than in the control group. Transient muscle weakness was observed in any patients. We conclude that 1,000 and 2,000 U BTX-B injection is effective for Raynaud's phenomenon and digital ulcers in patients with systemic sclerosis: Single-blind, randomized trial
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027 Lichen sclerosus in pregnancy: A review of 33 cases
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We reviewed the English language literature for published cases of lichen sclerosus in pregnancy (LSP). The literature contained 33 cases. The mean age of 33 pregnant women was 28.8 ± 5.7 years. Twenty-nine (83%) were white and 4 (12%) were Asian. The median time of diagnosis was 21 weeks of 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 to 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 LVS, 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 LVS can deliver vaginally. In this cohort TCS requirements fell in the post-partum period. The data suggest that most pregnant women with LVS can deliver vaginally.

028 Is suction blister epidermal grafting a simple and reliable way to screen patients with large area vitiligo for ReCell treatment? Z Liu1, W Li1, A Zeng2, PZ Meng3, N6 Cheng, C Xue1, Y Yao1, Z Shen, S Zhang1 and Z Li1 1Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan and 2PUMC hospital, Beijing, China

The internalized stigma in acne vulgaris, vitiligo and alopecia areata patient populations. The mean ISS scores of AV (59.48 ± 29.34) for the whole scale was calculated as 0.91 for AV, 0.91 for vitiligo, 0.93 for AA. The mean rate of pseudohyphae/blastoconidia-positive patients, it significantly inhibited the positive conversion of pseudohyphae/blastoconidia compared with the placebo group (17.3% vs. 44.4%, respectively; p < 0.001). Other factors (smoking, obesity, hyperlipidemia, and polytrichosis) had no significant correlations with HS severity. Interestingly, the disease severities were positively related to the Soterius score, by using variance analysis. Patients who had more severe HS by analysis on the basis of the locations of the lesions (r = 0.6378, P = 0.01452). In conclusion, these data suggested that the backgrounds of Japanese HS patients are different from those of Western countries, 1) male dominant, 2) more cases of Hurley II and III, 3) more sev in patients with axilla lesion

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ReCell treatment (autologous non-cultured 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 (31 AV, 9 vitiligo, 9 AA) were consecutively enrolled. Among which, 36(G1) have had successful SBEG, 13(G2) haven't had SBEG before. Total area and disease duration were calculated, and 2 patients were enrolled in the treatment (G1) if they were larger than 200 cm2 and over 1 year. In G1, 22 patients (61.1%) were excellent, 10 (27.8%) were good, 4 (10.5%) were fair, none were poor. In G2, 2 (15.4%) were excellent, 3 (23.1%) were good, 4 (30.7%) were fair, 3 (23.1%) were poor. No complications such as infection and scar were observed in any patients. In conclusion, SBEG is a simple and reliable way to screen patients with large area and stable vitiligo for ReCell treatment.