The infodemiology of hyperhidrosis: Examining trends and seasonality in one public health concern worldwide has increased in recent years while also displaying a true seasonal pattern. Public interest in seeking hyperhidrosis information in the USA and patients who received adenotonsillectomy. A nationwide population-based retrospective study was performed using the Korean National Health Insurance database. A birth cohort (n = 2,347,591) from January 2002 to December 2006 was evaluated up to December 2019. Patients who received adenotonsillectomy within the first 9 years of life were matched with children who did not receive adenotonsillectomy. The incidence rate ratios (IRR) of alopecia areata, psoriasis, and vitiligo compared to the control group were calculated, and multivariable stratified Cox proportional hazards regression analysis was performed to evaluate the risks of target skin diseases after adenotonsillectomy. A total of 2,331,360 children were included in the study, and 73,637 subjects were identified as the study population.

Factors associated with in-hospital mortality in mycosis fungoides patients J A Kow, V Lee, FN Mirza, V Jami, JB Yu, HS Park, MGirardt, LD Wilson and Y An Mycosis fungoides (MF) is the most common cutaneous T-cell lymphoma. Early on, it is generally characterized by an indolent course, but over time can eventually become refractory to treatment. The 10-year survival rate can be as low as 20% for MF patients with advanced stage. We aim to characterize the factors associated with emergency department (ED) visits among MF patients in the United States from 2006-2015 in the Nationwide Emergency Department Sample (NEDS) and identified visits associated with an outcome of death. Baseline demographic, socioeconomic factors, and medical history were assessed in MF patients among NEDS visits using their visit using the chi-square test for categorical variables, and the Mann Whitney U or analysis of variance tests for continuous variables. Multivariate logistic regression was used to identify factors associated with in-hospital mortality. The same analysis of ED visits of all cancer types (ICD Clinical Classifications Software codes 1 to 4) was performed as well. A trend analysis was performed by comparing year categories in the multivariate. There was a total of 57,665 ED visits for MF from 2006-2015. The mean age of the cohort was 61.1 and 7.2% of the cohort died during their visit. On multivariable analysis, it was found that age (OR 1.76; 95% CI 1.38-2.23), Sex (OR 1.75; 95% CI 1.30-2.29), Seizure syndrome (OR 1.75; 95% CI 1.17-2.67), and age (OR 1.18; 95% CI 1.08-1.29) were associated with in-hospital mortality in MF patients. Female sex (OR 0.75; 95% CI 0.63-0.89) and neuropathy information were not statistically significant in multivariable analysis. The analysis of all cancer patients yielded similar results with the exception that neurotropia was not significantly associated with in-hospital mortality. There appears to be a decreasing trend of in-hospital mortality among MF patients and overall cancer patients presenting to the ED.

The association between adenotonsillectomy and alopecia areata in childhood: A nationwide population-based retrospective cohort study H Lee, S Cho, D Yu, D Kim and O Koo B Dermatology, Seoul National University College of Medicine, Seoul, Korea (the Republic of Korea); 2 Otorhinolaryngology-Head and Neck Surgery, Seoul National University College of Medicine, Seoul, Korea (the Republic of Korea); 3 Pediatrics, Yonsei University College of Medicine, Seoul, South Korea

Recent studies suggest that adenotonsillectomy may disrupt the development of a healthy immune system and lead to an increased long-term risk of autoimmune disorders. However, there is no literature on the association between the surgery and skin disorders. In the present study, we aimed to determine the risk of autoimmune skin disorders in pediatric patients who received adenotonsillectomy. A nationwide population-based retrospective cohort study was performed using the Korean National Health Insurance database. A birth cohort (n = 2,347,591) from January 2002 to December 2006 was evaluated up to December 2019. Patients who received adenotonsillectomy within the first 9 years of life were matched with children who did not receive adenotonsillectomy. The incidence rate ratios (IRR) of alopecia areata, psoriasis, and vitiligo compared to the control group were calculated, and multivariable stratified Cox proportional hazards regression analysis was performed to evaluate the risks of target skin diseases after adenotonsillectomy. A total of 2,331,360 children were included in the study, and 73,637 subjects were identified as the study population.

The clinical spectrum of primary cutaneous CD4+ small/medium-sized pleomorphic T-cell lymphoproliferative disorder: An updated systematic literature review and case series P Szumawicz, S Doherty, A Sivanand and N Parvinnejad 1 The George Washington University School of Medicine and Health Sciences, Washington, District of Columbia, United States; 2 West Virginia University School of Medicine, Morgantown, West Virginia, United States

Primary cutaneous CD4+ small/medium-sized pleomorphic T-cell lymphoproliferative disorder (SMPLPD) is a provisional entity within the 2016 World Health Organization classification of primary cutaneous lymphomas. The condition is currently classified as a lymphoproliferative disorder to emphasize its benign course and to discourage aggressive, systemic treatment modalities. Methods: We conducted an updated systematic literature review and a retrospective chart review of diagnosed cases of SMPLPD from two Canadian academic cutaneous lymphoma centers. Results: A total of 23 studies with 136 cases were extracted from the included studies; 36% of patients from 24 patients from the included chart review. SMPLPD proved relatively common accounting for 12.5% of all cutaneous T-cell lymphomas encountered in our cutaneous lymphoma clinics, second in frequency only to mycosis fungoides. The typical clinical presentation was that of an older individual (median age 59 years) with an asymptomatic solitary lesion on their upper extremity. The most common clinical differentials were cutaneous lymphoid hyperplasia, basal cell carcinoma, and lymphoma unspecified. T follicular helper markers were reliably detected. The main treatment modalities were topical or oral corticosteroids given the slowly progressive course to avoid aggressive systemic treatments. Practitioners should be aware of this condition and respond well to skin-directed therapies. The condition has an excellent prognosis and is associated with an overtly benign clinical course. The condition has an excellent prognosis and generally characterized by an indolent course, but over time can eventually become refractory to treatment. The 10-year survival rate can be as low as 20% for MF patients with advanced stage. We aim to characterize the factors associated with emergency department (ED) visits among MF patients in the United States from 2006-2015 in the Nationwide Emergency Department Sample (NEDS) and identified visits associated with an outcome of death. Baseline demographic, socioeconomic factors, and medical history were assessed in MF patients among NEDS visits using their visit using the chi-square test for categorical variables, and the Mann Whitney U or analysis of variance tests for continuous variables. Multivariate logistic regression was used to identify factors associated with in-hospital mortality. The same analysis of ED visits of all cancer types (ICD Clinical Classifications Software codes 1 to 4) was performed as well. A trend analysis was performed by comparing year categories in the multivariate. There was a total of 57,665 ED visits for MF from 2006-2015. The mean age of the cohort was 61.1 and 7.2% of the cohort died during their visit. On multivariable analysis, it was found that age (OR 1.76; 95% CI 1.38-2.23), Sex (OR 1.75; 95% CI 1.30-2.29), Seizure syndrome (OR 1.75; 95% CI 1.17-2.67), and age (OR 1.18; 95% CI 1.08-1.29) were associated with in-hospital mortality in MF patients. Female sex (OR 0.75; 95% CI 0.63-0.89) and neuropathy information were not statistically significant in multivariable analysis. The analysis of all cancer patients yielded similar results with the exception that neurotropia was not significantly associated with in-hospital mortality. There appears to be a decreasing trend of in-hospital mortality among MF patients and overall cancer patients presenting to the ED.