Intramuscular triamcinolone for acute hidradenitis suppurativa flares

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Hidradenitis suppurativa (HS) is a chronic, recurrent, immune-mediated follicular disease managed by wide-ranging therapies, including anti-inflammatory drugs. Among these modalities, and in particular, intramuscular (IM) therapy for HS is impractical in extensive disease. By contrast, intramuscular triamcinolone (IMTAC) has not been studied as an alternative treatment for severe, widespread HS flares. We evaluated the efficacy and patient experience associated with IMTAC therapy. A retrospective analysis and telephone survey focused on 35 patients who received both IMTAC and ILTAC at the Albert Einstein/Montefiore HS Center from January to November 2020. Mean age was 39.1±15.0 years, and approximately half were female (54.3%). Mean disease severity, using a 5-point scale for HS phase in Clinical Global Assessment (HS-CPGA), was 3.3±1.1, indicating severe disease, and was reserved for advanced disease. Telephone interviews revealed that most patients experienced no pain or discomfort during IMTAC injections (n=26, 74.3%). Moderate to significant improvements were observed in HS-CPGA for all patients (71.4% (n=25) as reported by patients, and 71.4% (n=25) as reported by providers). Moreover, three types of skin complications were investigated: burns, blisters, and folliculitis. The burn blisters were detected in 10 patients vs. 3 patients for BLEND and FDP+BLEND respectively (P value <0.001). No adverse effects were reported. Of 29 patients (82.8%) with follow-up visits (mean 7-week interval), a significant decrease was seen in both disease severity (mean initial HS-PGA 4.07 declined to 3.13, p<0.001) and pain (mean initial 10-point numerical rating scale of 5.76 declined to 2.81, p<0.001). Most preferred or were neutral about receiving IMTAC over ILTAC (31 [94.3%]). Overall, most (25 [71.4%]) reported moderate to substantial satisfaction and almost all (33 [94.3%]) would receive IMTAC injections again if clinically indicated. Our findings affirm an overwhelming positive response to IMTAC therapy for severe, multifocal, and anatomically extensive HS flares. This is the first report of IMTAC as a safe and favorable adjunct for acute HS management.

Dermatology consent form readability: A barrier to comprehension and inclusivity

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In this study, dermatologists were asked to rate the readability of consent forms used in their practices. Consents were requested from 27 patients at 27 academic dermatology programs. 11 programs declined to participate, did not respond, or were unable to supply consent forms. Consent forms were publicly available. Consent forms and their consent content were ultimately analyzed. Formatting was standardized and readability was assessed with Flesch Reading Ease Formula (FREE, range 0-100, high scores indicate easier readability) and Flesch-Kincard Grade Level (FKGL, correlates to educational grade level) through Microsoft Word. Average FREE was 34.4±9.9 and FKGL was 11.8±2.0, indicating that consent forms were very difficult to read. FKGLOG scores ranged from 0th to 7th grade reading levels. 100% of consent forms were over the American Medical Association’s (AMA) recommended 6th grade reading level. Our results demonstrate that consent forms content has a high degree of literacy, beyond that of the average American and the AMA's recommendations. Consent forms may be difficult to understand, especially for patients with limited health literacy such as those who are elderly, social or ethnic minorities, or those of a low socioeconomic status. Improved understanding improves patient adherence and outcomes, and there is a need for consent forms that promote inclusivity and understanding. More research is needed to develop clearer solutions for creating accessible consent forms for all patients.

Dipulapim improves health-related quality of life (HRQoL) in children aged 26–<12 years with severe atopic dermatitis (AD)

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Several studies have demonstrated an improvement in HRQoL with dupilumab in children. This study aimed to evaluate the effects of dupilumab+TCS vs. placebo+TCS on the HRQoL in children aged 26–<12 years with severe AD. This open-label, randomized, controlled study included 25 patients with severe AD and DLQI >16. 12 patients were randomly assigned to receive dupilumab+TCS and 13 patients received placebo+TCS. The doses of TCS and dupilumab were pre-specified. Overall, HRQoL was determined using the Children’s Dermatology Quality of Life Index (CDLQI) categories: 0=no, 1=small, 2=moderate, 3=large, 4=very large, 5=extremely large. The safety and efficacy of dupilumab were evaluated. The primary outcome was the change in CDLQI score from baseline to 24 weeks. The CDLQI decreased significantly from 14.9±4.5 to 5.9±2.0 (p<0.001) in the dupilumab+TCS group, and from 13.9±4.5 to 10.2±3.6 (p=0.002) in the placebo+TCS group at 24 weeks. The changes in the CDLQI were statistically significant. The study also demonstrated a significant improvement in AD severity. The secondary outcome of the study was the change in CDLQI score from baseline to 24 weeks. The CDLQI decreased significantly from 14.9±4.5 to 5.9±2.0 (p<0.001) in the dupilumab+TCS group, and from 13.9±4.5 to 10.2±3.6 (p=0.002) in the placebo+TCS group at 24 weeks. The changes in the CDLQI were statistically significant.

Comparison of patient satisfaction after the laser treatment of severe hirsutism: Low fluence or high fluence?

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Low fluence or high fluence techniques: high fluence (BLEND) and low fluence (FDP+BLEND). In this cross-sectional study, 396 women were enrolled from 2018 to 2020. The frequency of folliculitis was 48 patients vs. 11 patients for BLEND and FDP+BLEND respectively (P value <0.001). Moderate to significant improvements were seen after first dose and were sustained over 16 weeks. The safety profile in this study was consistent with the known dupilumab safety profile. Dupilumab+TCS significantly reduced total CDLQI as early as Week 2 (<30kg: q3w -6.9±4.0*, placebo -3.7±2.0; >30kg: q3w -9.5±6.0*, q4w -6.4±6.0*, placebo -3.9±6.0) and improved total CDLQI further at Week 16 (<30kg: q4w -10.7±6.0***, placebo -5.8±6.0***, q3w -14.0±7.0***, placebo -6.4±6.0). The safety profile in this study was consistent with the known dupilumab safety profile. Dupilumab+TCS treatment resulted in highly significant HRQoL improvements in children with severe AD. Improvements were seen after first dose and were sustained over 16 weeks.