Clinical utility and reliability of buccal mucosal biopsies for the diagnosis of ocular cicatricial pemphigoid in patients with isolated ocular disease

Ocular Cicatricial Pemphigoid (OCP) is a subset of the disease Mucous Membrane Pemphigoid (MMP), which is generally seen with mucosal involvement. Ocular cicatricial pemphigoid (OCP) is considered a chronic, autoimmune disease that affects the eye, causing conjunctivitis, superficial subepithelial fibrin, ocular keratinization, and if left untreated, blindness. The current diagnostic gold standard is conjunctival biopsy with direct immunofluorescence demonstrating linear deposition of one or more immunoreactants (IgA, IgG, or C3) at the epithelial basement membrane. However, sensitivity of conjunctival biopsy is variable and reported in the range of 50-80%. Buccal mucosal biopsy has been shown to be positive in patients with OCP, however its use has not been studied in patients with isolated ocular disease. This study aimed to evaluate and report the safety and reliability of IMTAC for OCP diagnosis in cohort of 35 patients presenting with cicatrising conjunctivitis where OCP with isolated ocular involvement is suspected. We observed 40% (14/35) positivity on the first buccal biopsy, with an increase to 60% (21/35) when 2 biopsies were performed, substantially at different time points (mean difference = 29 days). Additionally, 50% (7/14) of patients with a negative first buccal biopsy had a positive second biopsy. For patients with persistently negative (<2) buccal biopsies, conjunctival biopsies were positive in 75% (3/4). Serologic studies were largely negative, with less than 5 patients demonstrating autoantibodies via indirect immunofluorescence or ELISA. Therefore, multiple buccal mucosal biopsies done at separate points in time may be an effective alternative to conjunctival biopsy, offering a safer route for diagnosis of OCP in patients with isolated ocular involvement.

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

Dulupimab is an interleukin-4 receptor antagonist that specifically blocks the high-affinity IgE receptor on immune cells responsible for AD. Dulupimab was approved in 2018 for use in children aged 12 years and above. This randomized, double-blind, placebo-controlled, phase III, 24-week, dose-ranging study assessed the safety and efficacy of dulupimab in children aged 2–11 years with moderate to severe AD (mean baseline PASI 30–72). This interim analysis demonstrated that dulupimab was well tolerated and demonstrated measurable improvements in sign and symptom assessment as early as week 2, with improvements seen after first dose and sustained over 24 weeks (q2w), every 4 weeks (q4w), or placebo, for 16 weeks with concomitant medium-potency topical treatment. Dulupimab demonstrated significantly greater improvements compared to placebo at all time points across both dose groups studied. Dulupimab reduced total CDLQI as early as Week 2 (P=0.009). However, six months after the second dose, improvements were sustained over 16 weeks. Dulupimab significantly reduced total CDLQI as early as Week 2 (<30kg: q2w: -6.9; 95% CI: -10.5 to 0.6; placebo: -3.7; 95% CI: -6.7 to -0.6; q4w: -5.0; 95% CI: -8.4 to -1.6). Dulupimab-TCS significantly reduced total CDLQI as early as Week 2 (<30kg: q2w: -6.9; 95% CI: -10.5 to 0.6; placebo: -3.7; 95% CI: -6.7 to -0.6; q4w: -5.0; 95% CI: -8.4 to -1.6). Dulupimab-TCS improved total CDLQI further at Week 16 (<30kg: q2w: -10.7; 95% CI: -15.5 to -5.9; q4w: -7.8; 95% CI: -12.4 to -3.2; placebo: -4.6; 95% CI: -8.9 to -0.4). The safety profile in this study was consistent with the known dulupimab safety profile. Dulupimab-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.

Comparision of patient satisfaction after the laser treatment of female hirsutism: Low fluence or high fluence?

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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, two laser techniques have been recommended for HS: the 1550 nm dual wavelength erb:YAG (FDP+BLEND) and the 1927 nm neodymium:yttrium-aluminum-garnet (Nd:YAG) laser (FDP). The low fluence (FDP+BLEND) method of laser therapy has fewer complications and greater patient satisfaction.

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