Immune and barrier characterization of atopic dermatitis skin phenotype in Tanzanian patients

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Association between atopic dermatitis and headaches throughout childhood and adolescence — A longitudinal study

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New approaches and therapeutic modalities, and ultimately improve survival outcomes.

Focus on addressing these comorbidities to improve risk stratification, guide work-ups and therapy. Multiple agents with clinical failure. Two of the three patients with cutaneous CD received biologics with clinical course and management of cutaneous CD. Patients were young (mean age 31.2 years), most were men (81%), and 17% were Hispanic. Although ustekinumab is approved for treatment of moderate to severe CD and plaque psoriasis. In cutaneous CD, there is limited information regarding efficacy in the treatment of cutaneous CD. In a prospective cohort of 4125 patients with inflammatory bowel disease at a tertiary center, three patients with biopsy-proven cutaneous CD were identified. We sought to characterize the clinical presentation of cutaneous CD. Patients were young (mean age 30 years), two patients were female and one patient had a history of cardiovascular disease.

The skin phenotype of Tanzanian AD patients is consistent with that of African-Americans, exhibiting Th1/Th22-skewing, minimal dysregulation of terminal differentiation, and even broader attenuation of lipid metabolism-related products. These data highlight the unique characteristics of black individuals, as well as the need to develop unique treatments targeting AD patients in underrepresented populations.

Treatments for refractory cutaneous Crohn’s disease with ustekinumab

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Outcomes in hospitalized patients with cutaneous T-cell lymphomas

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Introduction: Studies suggest that hospitalization of patients with cutaneous T-cell lymphomas (CTCL) is common. However, reasons for hospitalization are unknown, bacteremia/sepsis and pneumonia are frequently observed in the nineties as infectious causes for hospitalization, and it has been described that patients with CTCL are at higher risk of having concomitant diseases known to lead to hospitalizations, such as cardiovascular disease. But there is a gap in knowledge ascertaining hospitalization characteristics and outcomes. Methods: Differences in demographics, clinical findings, and hospitalization course by in-hospital mortality and one-year post-discharge mortality among CTCL patients admitted to Moffitt Cancer Center and Tampa General Hospital between June 2016 to June 2020 were analyzed. Results: In our CTCL cohort, we observed 11.3% in-hospital mortality and 37.5% mortality one-year post-discharge. Most hospitalized patients were male (80.8%), Caucasian (73.1%), had advanced disease stage (96.2%), had low ECOG performance scores, and required intravenous antibiotics or serious infections as well as intensive care. The median length of stay was 8 days, with IQR 1-29. Higher body mass index (BMI) was associated with increased headaches. Persistent childhood AD was associated with headaches in adolescents.

Evaluation of the toxicity of glucocorticoids in patients with autoimmune blistering disease (AIBD) using the Glucocorticoid Toxicity Index (GTI)

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Background Glucocorticoids (GC) are a mainstay of treatment for autoimmune blistering diseases (AIBD), which are associated with a myriad of adverse effects (GCAE). There is no standardised scoring system used in trials and clinical settings to directly quantify and monitor GCAE. The Glucocorticoid Toxicity Index (GTI) is a newly developed, outcome-based GCAE monitoring instrument. However, the GTI has not been applied to real patients with AIBD in the clinical setting. Objectives: To apply the GTI to patients with AIBD for the first time and to investigate the clinical utility of the GTI score as a tool to quantify GC-induced toxicity accurately and specifically in this patient group. Methods: This cohort study included patients with confirmed diagnoses of AIBD and history of GC exposure. The parameters required for GTI calculation were collected at two visits with a minimum interval of three months. Patients were classified into two groups for statistical analysis based on the treatment: currently receiving GC (Group 1) or who had ceased earlier (Group 2). Results: Sixteen and Eleven Patients were included in Group 1 and Group 2, respectively. The GTI scores were linearly correlated with both cumulative and average daily PRED doses (P < 0.05). One-way ANOVA and Kruskal-Wallis analysis showed a significant difference in GTI scores between the two groups was found (p < 0.05). No significant correlation was found between the GTI scores and patients’ quality of life scores. Conclusion: The GTI sensitivity and specifically captured changes in GC exposure over time among AIBD patients, both improvement and worsening, while not being confounded by other factors. The GTI could be a feasible tool to be used in future clinical trials as a GC-induced toxicity outcome measure.

The molecular features of normal and atopic dermatitis skin in infants, children, adolescents and adults

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Although atopic dermatitis/AD often presents in infancy and persists into adulthood, a longitudinal, prospective characterization of AD skin among different pediatric age-groups is lacking. This study aimed to define skin biopsy profiles of lesional and nonlesional AD across different age-groups 0-5 y/o infants with disease duration <6 months, 6-11 y/o children, 12-17 y/o adolescents, 18 y/o adults versus age-appropriate controls. We performed gene expression analysis and RNA sequencing. The GTI is a standardised scoring system used in trials and clinical settings to directly quantify and monitor GCAE. The Glucocorticoid Toxicity Index (GTI) is a newly developed, outcome-based GCAE monitoring instrument. However, the GTI has not been applied to real patients with AIBD in the clinical setting. Objectives: To apply the GTI to patients with AIBD for the first time and to investigate the clinical utility of the GTI score as a tool to quantify GC-induced toxicity accurately and specifically in this patient group. Methods: This cohort study included patients with confirmed diagnoses of AIBD and history of GC exposure. The parameters required for GTI calculation were collected at two visits with a minimum interval of three months. Patients were classified into two groups for statistical analysis based on the treatment: currently receiving GC (Group 1) or who had ceased earlier (Group 2). Results: Sixteen and Eleven Patients were included in Group 1 and Group 2, respectively. The GTI scores were linearly correlated with both cumulative and average daily PRED doses (P < 0.05). One-way ANOVA and Kruskal-Wallis analysis showed a significant difference in GTI scores between the two groups was found (p < 0.05). No significant correlation was found between the GTI scores and patients’ quality of life scores. Conclusion: The GTI sensitivity and specifically captured changes in GC exposure over time among AIBD patients, both improvement and worsening, while not being confounded by other factors. The GTI could be a feasible tool to be used in future clinical trials as a GC-induced toxicity outcome measure.

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