The University of North Carolina at Chapel Hill School of Medicine
Department of Dermatology
Presents

The 36th Annual
Southeastern Consortium For CME in Dermatology

Immunological Diseases, Therapeutic Dilemmas, and What's New in 2012

Friday-Sunday, October 26-28, 2012

The William and Ida Friday Center
for Continuing Education
100 Friday Center Drive
Chapel Hill, North Carolina 27517

in Partnership with Greensboro AHEC

2012 SEC Accepted Abstract/Poster Presentations:

(in alphabetical order by corresponding author)

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18	Al-Dabagh, Amir, BS Axa499@case.edu	Case Western Reserve University	Medical Dermatology	Underuse of Early Follow-Up Visits: A Missed Opportunity to Improve Patients' Adherence
1	Al Dabagh, Bishr, MD Bishr.aldabagh@duke.edu	Duke University Medical Center	Procedural Dermatology	Mohs Surgery for Basal Cell Tumors in Patients Undergoing Treatment with Vismodegib
20	Rachel Blasiak, BS Rachel_blasiak@med.unc.edu	University of North Carolina at Chapel Hill	Medical Dermatology	Does Sunscreen Use Decrease the Incidence of Primary Cutaneous Melanoma in Caucasians: A Systematic Review
25	De Golian, Emily, BS emilydegolian@gmail.com	Medical College of Georgia	Medical Dermatology	Atypical Fibroxanthomas in an African American Patient with Xeroderma Pigmentosum
2	Ferrero, Natalie, BS Natalie_ferrero@med.unc.edu	University of North Carolina at Chapel Hill	Medical Dermatology	Skin Scan: A Demonstration of the Need for FDA Regulation of Medical Apps on iPhone
28	Glover, Mary, MD mglover@georgiahealth.edu	Medical College of Georgia	Medical Dermatology	The Full Spectrum of Cutaneous Manifestations in Homozygous Familial Hypercholesterolemia
19	Graves, Michael, MD migraves@georgiahealth.edu	Medical College of Georgia	Medical Dermatology	Doxycycline Therapy in the Treatment of Reticular Erythematous Mucinosis
13	Greenhaw, Bradley, MD greenhaw@musc.edu	Medical University of South Carolina	Medical Dermatology	Viral Associated Trichodysplasia: A Case in a Cardiac Transplant Patient
24	Hess, Jaclyn, BS Jaclyn_hess@med.unc.edu	University of North Carolina at Chapel Hill	Medical Dermatology	Psoriasis in the Elderly
26	Kinney, Megan, MD mkinney@wakehealth.edu	Wake Forest University	Medical Dermatology / Dermatopathology	An Unusual Variant of Indeterminate Cell Histiocytosis

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12	Lewis, Francesca, MD weissf@musc.edu	Medical University of South Carolina	Medical Dermatology	A Case of Infantile Hutchinson Gilford Progeria Syndrome
23	Lin, James, BS linjr@evms.edu	Eastern Virginia Medical School	Medical Dermatology	Malignant Melanoma in the Gallbladder – Primary or Metastasis?
3	Miedema, Jayson, MD jmiedema@unch.unc.edu	University of North Carolina at Chapel Hill	Dermatopathology	Malignant Metastatic Adnexal Neoplasm Consistent with Spiradenocarcinoma Occurring in an 8 Year Old Male
22	Morris, Kristyn, BS morriskd@evms.edu	Eastern Virginia Medical School	Medical Dermatology	Lichen Planus Colocalized with Depigmentation
8	Moye, Virginia, BS vamoye@med.unc.edu	University of North Carolina at Chapel Hill	Medical Dermatology	Delayed Diagnosis of Crusted Scabies in a Down's Syndrome Patient Receiving Methotrexate for Presumed Atopic Dermatitis
16	O'Neill, Jenna, MD jeoneill@wakehealth.edu	Wake Forest University	Medical Dermatology	Basal Cell Carcinoma Arising in a Congenital Linear Nevus Sebaceous
6	Ortega-Loayza, Alex MD Aortegaloayza2@mcvh-vcu.edu	Virginia Commonwealth University	Medical Dermatology	Diagnosing an Enlarging Facial Plaque: KOH a Familiar Diagnostic Tool
29	Paul, Joan, MD joannypaul@gmail.com	Eastern Virginia Medical School	Medical Dermatology	Paraneoplastic Lipoatrophy as the Initial Presentation of a Cutaneous Marginal Zone B-Cell Lymphoma
7	Portal, Christina, MS Cep2a@virginia.edu	University of Virginia	Medical Dermatology	Cutaneous Manifestations of Intravenous Drug Use
21	Roman, Carly, BS Cjr56@case.edu	Case Western Reserve University	Medical Dermatology	Skin Cancer Knowledge and Skin Self-Examinations in the Hispanic Population of North Carolina: The Patient's Perspective
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27	Shipp, Lyndsay, MD lshipp@georgiahealth.edu	Medical College of Georgia	Medical Dermatology	Your Manicure and the Risk for Cutaneous Malignancy
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10	Tcheung, Janet, MD j.tcheung@duke.edu	Duke University Medical Center	Medical Dermatology	Annular Lichenoid Dermatitis of Youth
11	Tcheung, Janet, MD j.tcheung@duke.edu	Duke University Medical Center	Dermatopathology	Histopathologic Features of 9 Cases of Pediatric head and Neck Melanoma
4	Vass, Audrey,BS vassas@mymail.vcu.edu	Virginia Commonwealth University	Medical Dermatology	Parchment-Like Membrane in a Newborn: A Case of a Collodion Baby
5	Yentzer, Brad, MD byentzer@wakehealth.edu	Wake Forest University	Other – Medical Economics	The Economics of Commuting for Phototherapy: Patient Incentives for Home-Based Phototherapy

2012 SEC Dermatology Poster Abstracts

Abstract 1:
MOHS SURGERY FOR BASAL CELL TUMORS IN PATIENTS UNDERGOING TREATMENT WITH VISMODEGIB

Bishr Al Dabagh (a), Justin Yu (b), Luke Perkocha (c), Sarah Arron (c)
Duke University Medical Center (a), St. Louis University (b), University of California – San Francisco (c).

Vismodegib (GDC-0449, Genetech) is a first in-class hedgehog pathway inhibitor and has been shown in human trials to reduce tumor burden in patients with advanced and metastatic BCC. We describe the histologic characteristics of three basal cell carcinomas in two patients with suspected and confirmed BCNs on Vismodegib chemotherapy. Both paraffin and frozen tissue slides were examined and no noteworthy differences were found between these BCCs and BCCs biopsied before treatment. The number of Mohs stages required for tumor clearance was similar between the pre and post drug BCCs and the Mohs frozen tissue histology was similar as well. No irregular or asymmetric features were noted and the tumors appeared contiguous.

Abstract 2:
SKIN SCAN: A DEMONSTRATION OF THE NEED FOR FDA REGULATION OF MEDICAL APPS ON iPHONE

Natalie Ferrero (a), Craig Burkhart (a), Dean Morrell (a)
University of North Carolina at Chapel Hill (a)

Background: Numerous applications are available to the public which claim to offer assistance in diagnosis and management with respect to multiple aspects of one's health, although the diagnosis and treatment advice offered may put one's health at significant risk. As a case in point, this study analyzed a specific application, Skin Scan, to determine its sensitivity for detecting melanoma.

Materials and Methods: Using the Skin Scan app, 93 photos of biopsy-proven melanoma were analyzed. Photos were obtained from Visual Dx, UpToDate, the National Cancer Institute, and Fitzpatrick's Dermatology in General Medicine.

Results Approximately 10.8% of biopsy-proven melanomas were reported as high risk lesions, 88.2% of the melanomas were reported as medium risk, and 1.2% of the melanomas were reported to be low risk lesions. The app was frequently "unable to analyze" lesions despite repeated attempts (11% of lesions in Visual Dx).

Conclusions The dismal sensitivity of Skin Scan to report melanoma as high risk, as well as the dangerous advice offered for lesion management, crystallizes why the FDA must protect the unknowing consumer and provide regulation.

Abstract 3:

MALIGNANT METASTATIC ADNEXAL NEOPLASM CONSISTENT WITH SPIRADENOCARCINOMA OCCURRING IN AN 8 YEAR OLD MALE

Jayson Miedema (a), Eric Burgon (a), Craig Burkhart (a), Karyn Stitzenberg (a), John Hipps (a), Daniel Zedek (a)
University of North Carolina at Chapel Hill (a).

We recently saw the case of an 8 year old male with histological findings of a malignant adnexal neoplasm consistent with spiradenocarcinoma. Malignant adnexal neoplasms in children are exceedingly rare and cases of spiradenocarcinoma in children are absent in the literature; unique to our case is the presentation of this rare lesion in a young child. He had an original biopsy of a chest lesion two years prior to his presentation at our institution which was interpreted as benign. However, when the lesion re-grew, a repeat biopsy was performed demonstrating ominous findings, prompting a re-excision. This re-excision demonstrated an area with significant necrosis, many mitoses, and cellular pleomorphism apparently arising out of a sharply demarcated adjacent lower-grade area. This patient's history as well as the histological features of his lesion were consistent with spiradenocarcinoma arising out of a pre-existing spiradenoma. Staging studies demonstrated multiple bilateral pulmonary nodules which were confirmed by thoracoscopic biopsy to be metastatic disease. In this age group, this tumor is fantastically rare.

Abstract 4:

PARCHMENT-LIKE MEMBRANE IN A NEWBORN: A CASE OF A COLLODION BABY

Audrey Vass (a), Sheila Krishna (a), Alex Ortega-Loayza (a), Erin Reese (a)
Virginia Commonwealth University (a).

The autosomal recessive congenital icthyoses (ARCI) are a rare group of inherited skin disorders. We herein report a case of this condition and discuss the revised nomenclature and classification of the inherited ichthyoses.

An African-American female was born with a collodion membrane. The child was born at term via spontaneous vaginal delivery to a 19 year-old primagravida with an uncomplicated pregnancy. There was no history of consanguinity or family history of skin disease. At birth, the infant was noted to be encased in a tight, transparent, parchment-like membrane with diffuse erythema with areas of fissuring. Other associated findings included ectropion, eclabium, and minor contractures of the hands, feet, ears. The nails and hair were normal. The infant was managed with emollients and prophylactic antibiotics.

Under the Revised Nomenclature and Classification of Inherited Ichthyoses established in 2009, the ARCI include congenital ichthyosiform erythroderma, lamellar ichthyosis, and harlequin fetus. These conditions all present as a collodion baby and require follow up once shedding of the membrane has occurred to determine the exact phenotype. In this patient, subsequent evaluation revealed a phenotype most consistent with congenital ichthyosiform erythroderma.

Abstract 5:

THE ECONOMICS OF COMMUTING FOR PHOTOTHERAPY: PATIENT INCENTIVES FOR HOME-BASED PHOTOTHERAPY

Brad Yentzer (a), Cheryl Gustafson (b), Steven Feldman (a)
Wake Forest University (a), Emory University (b).

Background: Although phototherapy is a safe and cost-effective treatment modality for psoriasis, economic disincentives discourage use, including both direct and indirect costs to the patient.

Purpose: To determine when it may be cost-effective for patients to purchase a home light unit versus driving to clinic for outpatient phototherapy sessions.

Methods: The estimated expenses associated with 3 months of outpatient phototherapy were determined and compared to the price of a home phototherapy unit. Factors examined included the cost of gasoline (based on the national average), fuel efficiency of the vehicle, cost of owning and operating a motor vehicle, lost wages, and copayments.

Results: The cost for a home unit is approximately $2500. Direct and indirect expenses imposed on patients increase with distance travelled to the dermatologist. If a patient lives 20 or more miles away from the dermatologist, the expenses associated with travel can total more than the expected out of pocket expense of purchasing a home phototherapy unit.

Conclusions: It may be beneficial for physicians to educate patients on the cost-burden of in-office versus home phototherapy, as patients can use these parameters to determine which option would be more cost-effective for them.

Abstract 6:

DIAGNOSING AN ENLARGING FACIAL PLAQUE: KOH A FAMILIAR DIAGNOSTIC TOOL

Alex Ortega-Loayza (a), Raj Agarwal (a), Julia Nunley (a), Calvin McCall (a)
Virginia Commonwealth University (a).

A 65 year-old male presented with a 10 month history of an enlarging facial plaque. A previous skin biopsy revealed folliculitis and abscess for which he was prescribed oral and topical antibiotics. Imaging revealed a pleural effusion and mass on the lingula; subsequent lung biopsy was concerning for tuberculosis. His providers considered scrofuloderma. Despite negative PPD and cultures, he was started on anti-tuberculosis therapy. Repeat skin biopsy and cultures indicated an acute and chronic folliculitis, candidiasis, and polymicrobial infection; fungal and AFB cultures were negative. An infectious disease specialist recommended a prolonged course of antibiotics and a dermatology consult. In our clinic a KOH preparation showed broad based, budding yeast suggestive of blastomycosis. Skin biopsy revealed pseudoepitheliomatous hyperplasia, neutrophilic abscesses, and yeast. Fungal culture confirmed *Blastomyces dermatitidis*. After one month of itraconazole therapy, the patient was improving clinically. The definitive diagnosis of blastomycosis requires a positive culture. However, the visualization of budding yeast on KOH prompted the initiation of therapy. When deep fungal infection is suspected, KOH is a quick, easy and inexpensive diagnostic tool.

Abstract 7:

CUTANEOUS MANIFESTATIONS OF INTRAVENOUS DRUG USE

Christina Portal (a), Amy Fox (b)
University of Virginia (a), University of North Carolina at Chapel Hill (b).

Intravenous drug use results in innumerable medical consequences. Cutaneous effects can be some of the first signs of addiction in a patient. Understanding and recognizing these dermatological sequelae are important in helping to treat this population. While these manifestations are dependent on the drug, preparation and severity of addiction, greater than three-quarters of drug users will have dermatological consequences.

We present two cases demonstrating distinct cutaneous sequelae of drug use.

21 yr old female with history of intravenous heroin use presented with subcutaneous nodules and ulcerations on the lower extremities at the site of venous access. Biopsy of a subcutaneous nodule revealed a foreign body granulomatous reaction. Tissue culture was negative for fungal or atypical organisms. This histological finding is consistent with an inflammatory reaction to containments often mixed with the drug.

52 yr old female presented with retiform purpura and necrosis with a history of cocaine use. The patient had classic clinical features of levamisole necrosis including involvement of helical rim and nasal tip. She had positive ANCA and ANA. Biopsy was consistent with small vessel thrombotic vasculopathy.

This poster will discuss the common dermatological manifestations of drug abusers and important diagnostic and treatment considerations.

Abstract 8:

DELAYED DIAGNOSIS OF CRUSTED SCABIES IN A DOWN'S SYNDROME PATIENT RECEIVING METHOTREXATE FOR PRESUMED ATOPIC DERMATITIS

Virginia Moye (a), Katherine Roy (a), Amy Fox (a)
University of North Carolina at Chapel Hill (a).

Sarcoptes scabiei, believed to infect 5% of the world's population, typically produces a pruritic eruption due to skin infestation by fewer than 100 mites. Crusted scabies is a severe and rare variant in which thousands to millions of mites are present. Given the high organism burden, crusted scabies is highly contagious, making early detection essential. Nonetheless, diagnosis is often delayed due to low clinical suspicion. We present a dramatic case of crusted scabies in a young male with Down's syndrome receiving treatment by a community dermatologist for presumed atopic dermatitis. On initial presentation, his mother reported a pruritic rash of ten years duration for which he most recently tried oral methotrexate without relief. He had no history of dermatitis before age 16. At his initial appointment, methotrexate was discontinued, and he was started on antibiotics, antihistamines, and topical steroids. He was then seen urgently in our clinic four weeks later because of a significant flare. Due to his highly atypical clinical presentation, the diagnosis of crusted scabies was considered and confirmed with a scabies prep.

Abstract 9:

A DECADE OF DERMATOLOGY CONSULTS: ANALYSIS OF INPATIENT DERMATOLOGY CONSULTS FROM 2001-2011

Lindsay Strowd (a), Alyssa Daniel (a)
Wake Forest University (a).

While most major academic institutions have some degree of inpatient dermatology consult service, many non-academic centers do not have reliable access to inpatient dermatologists. We sought to characterize the frequency and variety of inpatient dermatology consults seen over a ten-year period at Wake Forest Baptist Medical Center, an 885 licensed bed tertiary care hospital. We analyzed total number of consults seen each year and each month, percentage of consults that required skin biopsy for confirmation, and most common inpatient dermatology consult diagnoses. We reviewed over 3,500 consult cases from 2001 to 2011. The most common reason for dermatology consult was either for a drug eruption or cutaneous infection. The ten most common diagnoses when combined comprised greater than half of the total number of consults. We plan to further analyze this database to determine what percent of consults had a change in patient diagnosis due to an inpatient dermatology evaluation. This data helps support the importance of access to inpatient dermatology services for larger medical centers.

Abstract 10:

ANNULAR LICHENOID DERMATITIS OF YOUTH

Janet Tcheung (a), Maria Angelica Selim (a), Diana McShane (a)
Duke University Medical Center (a).

An 11 year old, otherwise healthy male, presented with a red plaque that had central lightening on the right lower leg. It had been present for at least 6 months and had mild pruritus. He had treated this plaque with clotrimazole, hydrocortisone, and econazole prior to presentation, without reprieve. KOH of the lesion was sparsely positive; therefore, Naftifine was initiated. Naftifine had minimized but not completely cleared the erythema of the outer rim. Terbinafine orally, subsequently, for 2 weeks was not helpful. He then had bacterial and fungal cultures, which were both negative. Biopsy revealed few necrotic keratinocytes at the quadrangularly-shaped rete ridges, vacuolar changes at dermo-epidermo junction, and bandlike lichenoid infiltrate in papillary dermis—these findings were consistent with Annular Lichenoid Dermatitis of Youth. Fluocinonide 0.05% ointment was initiated, and after use for 4 weeks, he had improvement, without recurrence for 10 months. This case highlights the importance of having this differential on one's radar and the difficulty in treatment, with recurrence likely.

Abstract 11:

HISTOPATHOLOGIC FEATURES OF 9 CASES OF PEDIATRIC HEAD AND NECK MELANOMA

Janet Tcheung (a), Kelly Nelson (a), Puja Puri (a)
Duke University Medical Center (a).

Although rare, malignant melanoma in children is steadily increasing and potentially lethal. Few studies have examined head and neck melanoma in the pediatric population, and even fewer have focused on the histopathologic features of melanoma within this anatomic region. To further the understanding of this entity, we examined pathology specimen from 9 subjects, under 18 years of age, with an original diagnosis of head or neck melanoma. The anatomic locations of these primary melanomas were as follows: face/nose (n=4), scalp/neck (n=4), and cutaneous ear (n=1). The cases included 7 superficial spreading melanomas, 1 possible nodular melanoma, and 1 melanoma in situ. The Breslow depth ranged from 0 to 2.9 mm (mean 1.3 mm, median 0.6 mm). Pagetoid scatter was found in eight cases. Other notable features included regression (n=5), ulceration (n=1), and associated melanocytic nevus (n=4). We did not observe any small cell variants; all 9 of our cases exhibited an epithelioid appearance. Additionally, we did not observe any melanoma-associated mortality at last follow up (mean 60.4 months, median 48 months, and range 2 to 174 months). These histopathologic features were consistent with adult-type melanoma, which is in agreement with other histopathologic studies of melanoma in children.

Abstract 12:

A CASE OF INFANTILE HUTCHINSON GILFORD PROGERIA SYNDROME

Francesca Lewis (a), Charles Darragh (a), Yekaterina Eichel (a), Kyle Radack (a), Bruce Thiers (a)
Medical University of South Carolina (a).

Hutchinson-Gilford Progeria Syndrome (HGPS) is a rare genetic condition with a reported incidence of 1 in 4-8 million births. Although HGPS is uncommon, there is much interest in the topic because of its potential implications towards understanding normal human aging. The typical onset of symptoms in HGPS occurs between 6 months and 1 year of age with skin changes and prominent scalp veins being among the earliest findings. We present a case of infantile HGPS confirmed with genetic testing positive for the Lamin A gene mutation. Our patient presented at 6 weeks of age with progressive tightness of the skin, inability to straighten the lower extremities, and prominent scalp veins, which was first noticed at 2 weeks of age. The patient was found to harbor the 1824 C>T mutation of exon 11 on the LMNA gene, diagnostic of HGPS. The patient is currently being followed by a multidisciplinary team and has been referred to the Progeria Research Foundation for treatment recommendations. Along with the case, we provide a brief discussion of the literature that has been published up to this point on HGPS.

Abstract 13:

VIRAL ASSOCIATED TRICHODYSPLASIA: A CASE IN A CARDIAC TRANSPLANT PATIENT

Bradley Greenhaw (a), Charles Darragh (a), Ross Pollack (a)
Medical University of South Carolina (a).

Viral Associated Trichodysplasia (VAT) is a scaly, erythematous, folliculocentric papular eruption that affects immunosuppressed patients with either solid organ transplants or hematolymphoid malignancies. VAT was first described in 1999 by Haycox et al, and since then fewer than 25 cases have been described in the literature. We report a case of a 26 year old African American man who presented nine months after a cardiac transplant for dilated cardiomyopathy with numerous erythematous and flesh-colored papules, some with central keratin plugs, coalescing over his entire face, along with alopecia of his eyebrows. He had similar papules scattered on his neck as well. At the time of presentation, our patient was being treated with prednisone, tacrolimus, and mycophenolate mofetil. Histopathology revealed dystrophic follicles with enlarged bulbs and trichohyaline granules, no hair shaft production, and keratin filling the follicles consistent with a diagnosis of VAT. Subsequently, our patient was treated with oral valganciclovir with modest clinical improvement. His dose ultimately had to be reduced due to agranulocytosis. This study describes the aforementioned case, provides a literature-based discussion of VAT, and explores the probable association with a newly identified polyomavirus.

Abstract 14:

KAPOSI SARCOMA IN A PREVIOUSLY UNDIAGNOSED AIDS PATIENT

Payman Kosari (a), Omar Sangueza (a), Daniel Teague (a), Joe Jorizzo (a)
Wake Forest University (a).

Kaposi sarcoma is a low-grade vascular neoplasm that has seen a resurgence in incidence since the HIV/AIDS epidemic began 30 years ago. Occurrence of lesions drastically increases as CD4 count drops. Although uncommon, Kaposi sarcoma can be a presenting sign of underlying HIV infection. We present a case of a 30 year old male that presented to Wake Forest Baptist Health with complaints of weakness, fatigue and loss of weight in the setting of multiple red-purple, indurated plaques in the oral mucosa and on the skin. Initial HIV test, 3 months ago, was negative. Repeat testing during his admission revealed that the patient was indeed HIV positive. His CD4 count was 140 cells/mL. A skin biopsy was taken and a human herpes virus-8 stain was performed confirming Kaposi sarcoma. Since the advent of highly active anti-retroviral therapy, Kaposi sarcoma has become an uncommon skin finding of HIV infection. Occasionally, it may be the presenting sign of an immunosuppressed state and must be considered in high risk individuals.

Abstract 15:

ACUTE GENERALIZED EXANTHEMATOUS PUSTULOSIS (AGEP) INDUCED BY EXEMESTANE

Patrick Rush (a), Stefanie Hirano (a), Antoinette Hood (a)
Eastern Virginia Medical School (a).

Acute generalized exanthematous pustulosis (AGEP) is an uncommon cutaneous eruption clinically characterized by a rapid onset of numerous sterile pustules within a background of diffuse edematous erythema, typically accompanied by peripheral leukocytosis and fever. It is often precipitated by acute infection or medication administration. Our patient is an 81-year-old woman with a history of invasive ductal carcinoma and recent metastasis, who developed a fever and new skin lesions several days after starting the new aromatase inhibitor, exemestane. Histologically there were subcorneal pustular bullae with adjacent spongiosis consistent with AGEP.
As molecular techniques advance we will continue to develop and use new hormonal therapies to treat breast cancer. In our patient, there was a temporal association with exemestane and AGEP. The rash resolved with the cessation of exemestane and administration of oral steroids.

Abstract 16:

BASAL CELL CARCINOMA ARISING IN A CONGENITAL LINEAR NEVUS SEBACEOUS

Jenna O'Neill (a), Eli Sprecher (b), Joseph Jorizzo (a)
Wake Forest University (a), Tel Aviv Sourasky Medical Center (b).

A 51 year old female presented with a linear nevus sebaceous with multiple overlying pearly telangiectatic papules in a Blaschkoid distribution on the left abdomen, back, and leg, which had been present since birth. She had a history of mental impairment and hypothyroidism. She had two pearly papules biopsied by an outside physician which were consistent with basal cell carcinomas, and were subsequently excised. Biopsy of a yellow plaque within the lesion revealed nevus sebaceous and congenital nevus, while biopsy of a pearly papule revealed changes consistent with basal cell carcinoma including collections of basaloid cells with peripheral palisading and clefting between tumor and stromal cells. The extensive congenital linear nevus sebaceous, along with the history of mental impairment, are clinically consistent with Schimmelpenning syndrome. Mutations in HRAS and KRAS have recently been associated with Schimmelpenning syndrome and may predispose individuals to development of secondary tumors within nevus sebaceous. The patient is currently undergoing further genetic work-up.

Abstract 17:

VITAMIN D DEFICIENCY IN THE OUTPATIENT SETTING: AN ANALYSIS OF US NATIONALLY REPRESENTATIVE DATA

Laura Sandoval (a), Karen Huang (a), Brandy-Joe Milliron (a), Scott Davis (a), Steven Feldman (a)
Wake Forest University (a).

Background: Vitamin D deficiency is a highly researched health concern of recent years. Many countries have implemented increased vitamin D testing, despite recommendations of the Institute of Medicine and Endocrine Society.

Purpose: To characterize outpatient visits in the US that resulted in a vitamin D deficiency diagnosis.

Methods: A nationally representative survey dataset of outpatient visits from 1993-2010 was queried for visits with vitamin D deficiency diagnoses. Trends in the diagnoses over time; demographic specific diagnosis rates; and visit characteristics were identified and reported. The proportion of patients that met the Endocrine Society's criteria for testing was also determined.

Results: From 2007 to 2010, the number of visits resulting in diagnoses has rapidly increased. Asian/Pacific Islander patients were diagnosed almost 4 times as often as Caucasian patients. Females and patients ≥ 65 years of age were diagnosed 2.5 times more often than their counterparts. Visits for fatigue and metabolic disorders were most commonly associated with a diagnosis of vitamin D deficiency. Only about one half of diagnosed patients met the criteria for being tested.

Conclusion: Demographic-specific diagnosis rates support findings of the general US population. These findings also suggest that the current testing guidelines may need to be re-evaluated.

Abstract 18:

UNDERUSE OF EARLY FOLLOW-UP VISITS: A MISSED OPPORTUNITY TO IMPROVE PATIENTS' ADHERENCE

Amir Al-Dabagh (a), Scott Davis (a), Xi Tan (b), Hsien-Chang Lin (c), Rajesh Balkrishnan (b)
Wake Forest University (a), University of Michigan (b), Indiana University (c).

Background: Adherence to dermatologic treatment improves around the time of office visits. Little is known about how soon physicians schedule follow-up visit.

Purpose: To characterize the timing of first follow-up visits in US dermatologic practice.

Methods: Patients with a diagnosis of psoriasis, acne, or atopic dermatitis were identified in the 2003-2007 MarketScan Medicaid database. Factors affecting the length of time before first follow-up were assessed using a Cox proportional hazards model.

Results: Median length of time to first follow-up visit were 55 days for adults and 43 days for children with psoriasis; 62 days for adults and 103 days for children with acne; and 55 days for adults and 95 days for children in atopic dermatitis. Black and Hispanic patients were less likely than whites to receive early follow-up in psoriasis and acne, but more likely in atopic dermatitis. Dermatologists were more likely to schedule early follow-up visits than non-dermatologists.

Limitations: The database includes only Medicaid patients. The rate of non-attendance at scheduled visits could not be determined.

Conclusions: Most physicians are missing the opportunity to maximize patient adherence by scheduling early follow-up visits. Contact by email or phone may be beneficial for physicians who cannot schedule early follow-up.

Abstract 19:

DOXYCYCLINE THERAPY IN THE TREATMENT OF RETICULAR ERYTHEMATOUS MICINOSIS

Michael Graves (a), Young Kwak (a), Daniel Sheehan (a), Loretta Davis (a)
Medical College of Georgia (a).

Increasingly recognized over the years, Reticular Erythematous Mucinosis (REM) is a rare cutaneous disease that classically affects middle aged women. The lesions are typically erythematous, reticulated papules and plaques on the midline of the chest and back. Histological overlap with lupus erythematosus tumidus does exist, with both conditions showing perivascular infiltrate, mucin deposition, absence of interface change and negative direct immunofluorescence. While antimalarial drugs are considered first-line therapy for this condition, topical and systemic corticosteroids, topical calcineurin inhibitors, and ultraviolet A and B therapies have also proven helpful. We report a case of REM on the lower back of an 86 year old male. The lesions were refractory to topical steroids. Doxycycline 100 mg BID cleared the eruption within one month. Discontinuation of the doxycycline led to a flare of the same process, and re-administration of the medication resulted in further improvement. This is the first reported case of REM successfully treated with doxycycline, both initially and upon re-challenge. Doxycycline therapy should be considered for treatment of REM in patients unable to use or intolerant of antimalarial medications.

Abstract 20:

DOES SUNSCREEN USE DECREASE THE INCIDENCE OF PRIMARY CUTANEOUS MELANOMA IN CAUCASIANS: A SYSTEMATIC REVIEW

Rachel Blasiak (a), Russell Harris (a), Anthony Viera (a)
University of North Carolina at Chapel Hill (a).

To update the 2008 USPSTF recommendations on sunscreen use for primary melanoma prevention MEDLINE, the Cochrane Library, and the U.S. Government Clinical Trials website were searched for articles from 11/01/2008 to 03/08/2012. Two reviewers independently screened 264 abstracts and 75 full-text articles using predetermined inclusion and exclusion criteria. Articles were independently appraised and only good to fair quality studies were included. One good quality randomized, controlled trial and one fair quality case-control study were included in the final data synthesis. Both found a decreased risk of melanoma associated with regular sunscreen use. The RCT found a borderline significant HR of 0.50 (95% CI: 0.24 - 1.02) for all melanoma and a HR of 0.27 (95% CI: 0.08 - 0.97) for invasive melanoma. The case-control study found an adjusted OR for regular sunscreen use versus never sunscreen use of 0.44 (95% CI: 0.23 - 0.86). All other types of sunscreen use, including use during outdoor activities, thickness, amount, and reapplication were not associated with melanoma risk. Included studies did not assess harms associated with sunscreen use or melanoma associated morbidity and mortality. Overall, we bestowed a grade I recommendation on sunscreen use for the prevention of melanoma due to insufficient evidence.

Abstract 21:

SKIN CANCER KNOWLEDGE AND SKIN SELF-EXAMINATIONS IN THE HISPANIC POPULATION OF NORTH CAROLINA: THE PATIENT'S PERSPECTIVE

Carly Roman (a), Nancy Thomas (b), Aída Lugo-Somolinos (b)
Case Western Reserve University (a), University of North Carolina at Chapel Hill (b).

Our objective was to determine the percentage of Hispanics that get a skin check by a physician and perform regular SSE and explore the reasons why they may not. Patients of Hispanic descent were recruited to complete a survey regarding their knowledge of skin cancer and SSE from the Piedmont Health Services in Carrboro, NC; the University of North Carolina Dermatology Clinics, and the Hispanic advocacy group 'El Pueblo' in Raleigh, NC. Of 273 (91%) subjects who do not get a regular skin examination, 32% of the participants felt that they did not have ample time with the physician and an additional 32% reported they did not think to ask or did not know to ask for a skin exam partly because a skin examination was not the primary reason for the visit. Of 236 (78%) who do not perform a SSE yearly, the majority responded that they were not told to do so (49%) or they did not know what to look for (29%). Our results stress the importance of education to this growing population as the majority of those surveyed reported they do not get a skin check by a physician or perform a SSE.

Abstract 22:

LICHEN PLANUS COLOCALIZED WITH DEPIGMENTATION

Kristyn Morris (a), Mildred Warren (a), Antoinette Hood (a)
Eastern Virginia Medical School (a).

Lichen planus is a relatively common skin condition that accounts for approximately 1.2% of new dermatology visits. Although an autoimmune etiology is most likely involved, familial susceptibility, coexistent hepatitis C infection, and environment triggers (including drugs) have been implicated. Associated hyperpigmentation is more common than hypopigmentation, and is histologically related to pigmentary incontinence with subsequent phagocytosis by dermal melanophages. However, cases of hypopigmentation associated with lichen planus are reported in the literature as well as rare cases of depigmentation in the form of vitiligo. A unique subset of patients with vitiligo have been reported to develop subsequent lichen planus only in areas of previous depigmentation. We present a patient with acrofacial vitiligo who developed colocalized lichen planus limited to areas of depigmentation on his bilateral dorsal hands. Multiple theories have been proposed to explain this unusual clinical phenomenon however the exact pathogenesis is not understood. Understanding the interrelationship of coexisting lichen planus and vitiligo may provide insight into our understanding of the two disorders.

Abstract 23:

MALIGNANT MELANOMA IN THE GALLBLADDER – PRIMARY OR METASTASIS?

James Lin (a), Robert Pariser (b)
Eastern Virginia Medical School (a), Pariser Dermatology (b).

We report a case of a 41-year-old woman who presented with a pigmented lesion on the mid back diagnosed on biopsy as malignant melanoma with Breslow depth of 0.45 mm and clear but close margins in April 2008. She underwent excision with 1.0 cm margins in June 2008 without evidence of residual tumor. In June 2011 she presented with symptoms of cholecystitis; subsequently found to have a malignant melanoma in the gallbladder without visceral involvement. Mutational analysis of the gallbladder melanoma showed the BRAF V600E mutation. A brain MRI in June 2011 showed no abnormalities and a whole body PET scan in July 2011 showed no evidence of metastatic disease.

The distinction between primary and metastatic lesions of malignant melanoma in the gallbladder can be difficult in terms of the histopathological features alone. The lack of disease on MRI and PET suggests a primary lesion in the gallbladder. The depth of the original cutaneous melanoma on the back is of low likelihood to metastasize. In addition, the fact that the solitary melanoma of the gallbladder was found three years after excision of her melanoma on her back makes metastasis much less likely.

Abstract 24:

PSORIASIS IN THE ELDERLY

Jaclyn Hess (a), Aída Lugo-Somolinos (a)
University of North Carolina at Chapel Hill (a).

Incidence of severe outcomes in psoriasis is hard to predict and this study has aimed to determine if there are differing outcomes in older patients, over 60 years of age, compared to their more prevalent younger counterparts. The prevalence of those over the age of 60 with psoriasis is expected to increase in years to come so a better understanding of disease progression is needed. A total of 134 patients completed the anonymous survey, 41 (30.6%) of which were over the age of 60. The mean age was 49.6 years old with 61% females and 39% males. Various factors were assessed such age of onset, past medications, specifically systemic treatments, current treatments, and demographics. We found that patients over 60 were less likely to be on current systemic treatment. Also, if they were using topicals they were less likely to have previous systemic treatment, 7% had previous systemic treatment compared to 40% of their younger counterparts. The family history and location of primary outbreak in conjunction with age of onset was found to differ from previous research. This information is relevant to doctors as they try to assess disease progression and indicates the need for more extensive research.

Abstract 25:

ATYPICAL FIBROXANTHOMAS IN AN AFRICAN AMERICAN PATIENT WITH XERODERMA PIGMENTOSUM

Emily de Golian (a), Loretta Davis (a)
Medical College of Georgia (a).

A 22 year old African American male with xeroderma pigmentosum (XP) presented on two separate occasions with atypical xanthofibroma (AFX), a fibrohistiocytic tumor of the dermis. This patient embodies a particularly uncommon constellation of findings. First, atypical xanthofibroma is a rare tumor seen most commonly in elderly white males, in contrast to the young African American male described in this case. Furthermore, although xeroderma pigmentosum does occur in African American patients, the incidence is significantly lower than that seen in white patients. Finally, that these two uncommon findings coexist in the same patient is unique, as only eight cases of AFX in the setting of XP have been reported in the literature. Skin malignancies representative of XP are epidermal in origin, chiefly basal cell carcinoma, squamous cell carcinoma, and melanoma, in contrast to the dermal tumor of AFX. A review of AFX and XP supports the unusual nature of this case.

Abstract 26:

AN UNUSUAL VARIANT OF INDETERMINATE CELL HISTIOCYTOSIS

Megan Kinney (a), Lee Miller (b), Saba Ali (a), Daniel Teague (a), Vivian Hathuc (a), Omar Sangueza (a), William Huang (a)
Wake Forest University (a), Scripps Clinic (b).

A 7 year old African-American female with past medical history atopic dermatitis returned to our clinic with small pruritic bullae on her lower extremities. These were previously diagnosed as arthropod bites. This visit, skin biopsy was performed given their unusual appearance and resolution with targetoid hyperpigmented patches. Results showed an unusual variant of indeterminate cell histiocytosis positive for S-100, CD68 and negative for CD1a. Clinically, no systemic manifestations were found and routine labs were within normal limits. Indeterminate cell histiocytosis is a rare condition that clinically presents as solitary to multiple red-brown papules or nodules. Histologically, these are composed of macrophages and Langerhans cells and can manifest with different variations of the above mentioned markers. While our patient did not demonstrate systemic manifestations, findings ranging from ocular symptoms to acute myeloblastic leukemia have been documented. Treatments include light, oral immunosuppressive therapy and even pravastatin. We present this case to remind clinicians that persistent bullae in atopic dermatitis patients may not always indicate the need for a exterminator, but warrant further investigation. If a diagnosis of indeterminate cell histiocytosis is found, detailed work up to rule out systemic manifestations is prudent and many documented treatment options are available.

Abstract 27:

YOUR MANICURE AND THE RISK FOR CUTANEOUS MALIGNANCY

Lyndsay Shipp (a), Catherine Warner (a), Frederick Rueggeberg (a), Loretta Davis (a)
Medical College of Georgia (a).

Background**:** Tanning beds have come under tremendous attention for contributing to photo-aging and increasing the incidence of skin cancer. More recently, nail salon use of ultraviolet light to cure nail polish has also come under scrutiny. Ultraviolet light used in nail salons might be a risk factor for skin cancer development. (1) A mathematical modeling to estimate the skin cancer risk in clients who frequent nail salons has also been developed. (2)

Purpose**:** This study evaluated the unweighted UVA/UVB irradiance of a variety of commercial nail drying lights in commercial nail salons.

Methods**:** A UVA/UVB portable ultraviolet radiometer was used to measure unweighted irradiance values of five commercial nail drying lights. Five readings were obtained from five different lights. Values were compared using the Kruskal-Wallis ANOVA on Ranks with pair-wise multiple comparisons made by the Tukey test (alpha 0.016)

Results**:** Median irradiance values ranged from a low of 6 M/m^2 to a high of 115 M/cm^2, and were within the range previously reported as common for these types of lights (115 W/m^2)(2).

Conclusions**:** A random selection of nail drying units in commercial use was found to have a low potential for SCC development.

Abstract 28:

THE FULL SPECTRUM OF CUTANEOUS MANIFESTATIONS IN HOMOZYGOUS FAMILIAL HYPERCHOLESTEROLEMIA

Mary Glover (a), Diana Murro (a), Loretta Davis (a)
Medical College of Georgia (a).

A 37-year-old Hispanic female was hospitalized for new onset congestive heart failure. Dermatology was consulted to examine the numerous yellow-brown papules and light orange plaques that were more concentrated in the intertriginous areas. The clinical findings were consistent with plane and tuberoeruptive xanthomas. Xanthelasmas and tendinous xanthomas were also found on the patient's eyelids and fingers, respectively. Lesion morphology and anatomic location led to a likely diagnosis of homozygous familial hypercholesterolemia (Frederickson type IIA hyperlipotroteinemia). Systemic findings include atherosclerosis of coronary arteries, which if left untreated can lead to myocardial infarction and congestive heart failure.

This patient reported first developing skin lesions in her early twenties but denies ever having a thorough skin examination. Her low-density lipoprotein (LDL) was found to be >280 mg/dL (normal high is 130 mg/dL), and heart catheterization revealed mutivessel coronary artery disease. If the pathognomonic cutaneous findings had been recognized earlier, the diagnosis could have been established and systemic sequelae would likely have been reduced. She is a mother of three young children, who should be closely monitored for manifestations of the heterozygous or homozygous states of familial hypercholesterolemia.

Abstract 29:

PARANEOPLASTIC LIPOATROPHY AS THE INITIAL PRESENTATION OF A CUTANEOUS MARGINAL ZONE B-CELL LYMPHOMA

Joan Paul (a), Shilpa Sawardekar (a), Kristyn Morris (a), Valerie Harvey (a)
Eastern Virginia Medical School (a).

Localized lipoatrophy is typically secondary to trauma, injections, pressure, or autoimmune connective tissue disorders. However, it can also be a rare manifestation of a cutaneous malignancy. We present the unique case of a 61-year-old female with a one-year history of lipoatrophy of the right buttock found to be secondary to cutaneous marginal zone B-cell lymphoma (CMZL). To our knowledge, there is only one other case report of CMZL presenting as localized lipoatrophy reported in the literature. This case highlights the importance of recognizing rare dermatologic manifestations of malignancies and including occult malignancy in the differential diagnosis of localized lipoatrophy.

Abstract 30:

BRISK IMPROVEMENT OF VON ZUMBUSCH GENERALIZED PUSTULAR PSORIASIS WITH INFLIXIMAB

Shilpa Sawardekar (a), Alexis Honingbaum (a), Antoinette Hood (a)
Eastern Virginia Medical School (a).

Acute generalized exanthematous pustulosis (AGEP) and generalized pustular psoriasis (GPP) are difficult to distinguish both clinically and histologically. We describe a case of an acutely sick 67-year-old female who presented to the emergency department with a generalized "burning" rash in acute renal failure. Two weeks previously, she had presented to the emergency department for evaluation of the same rash and had been discharged on an oral prednisone taper.

Her past medical history was notable for long-standing psoriasis, previously maintained (and clear) on adalimumab and topical steroids. Physical exam revealed large scaly pink patches and thin plaques, several studded with white pinpoint pustules primarily on her trunk but also including her extremities and face. Multiple laboratory abnormalities, including leukocytosis, hypocalcemia, hypoalbuminemia and elevated creatinine were also present.

Histology revealed collections of neutrophils in the stratum corneum and a dermal lymphohistiocytic infiltrate. Overall, her clinical presentation, histologic features and laboratory abnormalities are classic for the von Zumbusch variant of GPP, a type of generalized pustular psoriasis with high morbidity and mortality. She recovered rapidly with administration of infliximab.

University of North Carolina at Chapel Hill School of Medicine

Department of Dermatology

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General Information

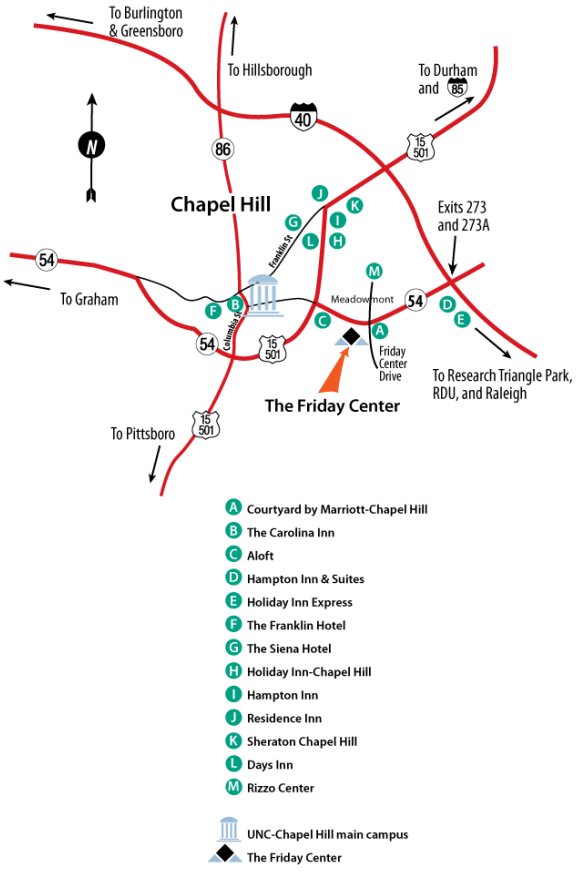
Friday and Saturday's sessions will take place at The William and Ida Friday Center for Continuing Education (The Friday Center), in the Grumman Auditorium.

Out of respect to our speakers and other attendees, please set pagers/phones on vibrate during the didactic sessions. Please wear badges to all sessions and session breaks. Posters and exhibits are open for viewing from 11:30 am Friday through 12:45 pm Saturday.

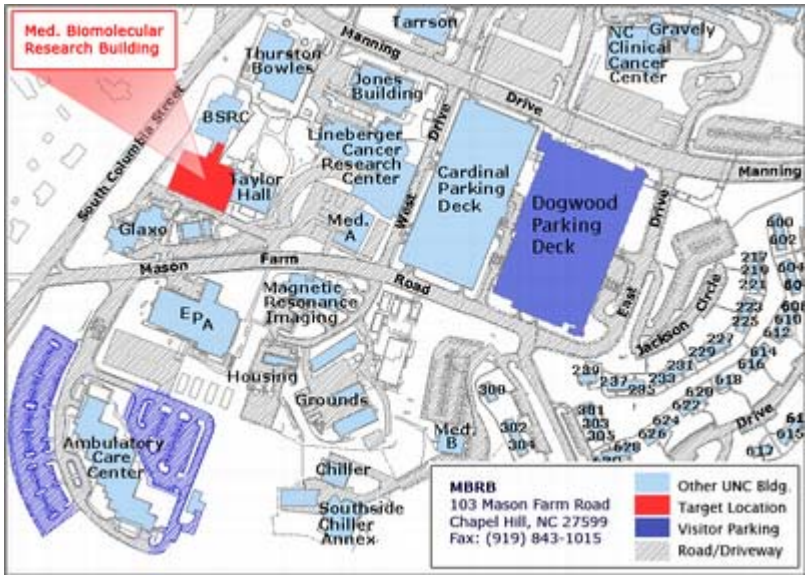
On Friday evening from 5:30-7:30 pm, please join faculty and other attendees at the reception, which will be held in the Atrium, just outside the Grumman Auditorium.

The Sunday morning session will be held on the UNC Campus from 7:45 am to 12:00 pm. Patient viewing will take place at the Ambulatory Care Center (ACC) at 100 Mason Farm Road from 8:30-10:00 am, preceded by breakfast/registration at 7:45 am. The patient discussion will take place in G202 Medical Biomolecular Research Building (MBRB) from 10:15 am – 12:00 pm. Signs will be posted.

Shuttle bus service to and from the Courtyard Marriott to the ACC will be available. Buses will depart at 7:20 am Sunday morning from the Courtyard Marriott. Return bus service is scheduled to depart from the ACC at 12:20 pm.



Complimentary parking is available at The Friday Center for the didactic sessions on Friday and Saturday, and complimentary parking is available on Sunday at the Ambulatory Care Center (ACC). Park on the left side of the ACC, to enter the building on the second floor. (in the below map, parking is the shaded area to the right of the ACC). The MBRB Building is a short walk across Mason Farm Road.



On Sunday, a continental breakfast will be provided.

CME certificates will be available once the online evaluations are submitted. Instructions on how to access the online evaluations and online certificates will be distributed at the conference.

Please check with the hotel staff regarding check out times on Sunday, as it may be necessary to check out prior to departure for the Sunday patient session.

Save the date!

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Disclosure Statement

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Professor, Dermatology

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