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**A retrospective chart review of the most common dermatologic diagnoses at a Hispanic-serving dermatology free clinic and efforts to increase supply order efficiency**



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**Background:** The Travis Park Dermatology Clinic was established in 2009 in an effort to treat dermatologic conditions in the homeless, indigent, and uninsured population of San Antonio, Texas. The clinic operates twice a month. San Antonio serves one of the largest Hispanic populations in the United States, with Hispanics making up around 63.6% of the city's population. Among Hispanics, and especially those who are homeless, uninsured, or underinsured, access to proper dermatologic care may be difficult, thus the clinic was established with the goal to reduce barriers to care.

**Objective:** To identify the most common dermatologic diagnoses among patients seen at the clinic from January 2017 to September 2018 with attention given to age, gender, and diagnosis. Data will be used to help identify prevalent dermatologic conditions in the Hispanic population and will serve as a resource when medications and treatment supplies are ordered for future clinics.

**Methods:** Patient charts from 43 dermatology clinics were reviewed and demographics and diagnosis were recorded.

**Results:** Overall, 724 patients, between the ages of 0-87 (average 51, mode 45) were seen. Demographically, 62% were female and 38% were male with 69% identifying as Hispanic, 17.4% Caucasian, and 5.8% African American/Black (7.8% did not disclose their race). A total of 417 diagnoses were recorded. The top diagnoses (per total number of patients) were: atopic dermatitis (18.3%), acne (9.2%), seborrheic keratosis (4.9%), epidermal inclusion cyst (4.8%), alopecia areata (4.8%), and with <5% frequency psoriasis, actinic keratosis, tinea infections, verruca vulgaris, and rosacea. In addition, the rate of malignancy was 3.31% with patients presenting with lesions suspicious for basal cell carcinoma (13), squamous cell carcinoma (5), melanoma (5) and dysplastic nevus (1).

**Limitations:** Diagnosis variability between attending dermatologists.

**Conclusions:** The most common diagnosis at the clinic was atopic dermatitis with 132 out of 724 patients presenting with this condition. Hispanics continue to account for more of the nation's overall population growth than any other race or ethnicity. Dermatologists will increasingly see conditions that are more prevalent in this population and must have an understanding about treatment for these conditions as well as cultural awareness of issues that may affect proper treatment. This chart review helps to better identify these conditions and will aid in decisions about medication and treatment supplies ordered for future clinics.

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**Summary:** A total of 3,135 cases were closed by a Mohs micrographic surgeon, while 86 cases were referred to a plastic surgeon. A combined total of 152 surgical cases closed by plastic surgery (76 cases) and matched controls closed by dermatologic surgery (76 cases) were included. Both cases closed by plastic surgery and by the Mohs surgeon had a mean pre-operative area of 1.01 cm<sup>2</sup>, while those closed by plastic surgery had a mean defect area of 2.54 cm<sup>2</sup> vs 1.8 cm<sup>2</sup> for the dermatologic surgery matched group. On average, cases closed by plastic surgeons were clear of malignancy after 2.07 stages vs. 1.42 stages in the group closed by dermatologic surgeon ( $P \leq .001$ ). Cases sent to plastic surgery were more of the aggressive types. Cases sent to plastics were also more likely to be recurrent in nature.

**Conclusion:** Cases performed via Mohs surgery and sent to plastics differ slightly compared with those closed by the dermatologic surgeon. Cases referred to plastics were more likely to have an increased number of stages and an increased defect size. The most likely explanation for this finding is (1) that cases sent to plastics are more aggressive in nature or more likely to be recurrent. One should also consider the possibility that (2) unconsciously the Mohs surgeon starts with a smaller layer for the plastics colleague and end up with a positive stage, leading to a higher number of stages and consequently a larger defect.

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**A retrospective review and comparison of Mohs micrographic surgical cases closed by dermatologic surgery (Mohs) versus plastic surgery services**



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**Background:** Mohs micrographic surgery is a specialized surgical technique using staged excisions and standard margins to treat cutaneous malignancies in difficult to treat or high-risk locations. Defect closure can be performed primarily by the Mohs surgeon or after referral to another surgical subspecialist.

**Purpose:** We sought to identify differences in the number of Mohs layers taken for cases that were eventually closed by plastic surgery compared with dermatologic surgery (Mohs) services.

**Design:** A retrospective review of 3,221 Mohs micrographic surgical cases performed between October 2014 and March 2017 of a busy private dermatology practice was performed. Closure by plastic surgery vs. dermatologic surgery was used to stratify cases into 2 groups. Cases referred to plastic surgery for closure were matched to dermatologic surgery (Mohs) closure cases based on pre-operative area  $\pm 0.1$  cm<sup>2</sup> and treatment site. Surgical characteristics including preoperative size, location, defect area, and number of stages were recorded.

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**A retrospective study of the association between cumulative doses of cyclosporine required for remission and IgE level in atopic dermatitis**



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The efficacy of cyclosporine in the treatment of atopic dermatitis has been well documented. However, there are no data covering therapeutic doses of cyclosporine according to serum immunoglobulin E (IgE) level in atopic dermatitis. The purpose of this study was to elucidate the correlation between cumulative doses of cyclosporine required for remission and IgE level in atopic dermatitis. We performed a retrospective analysis of 244 patients with atopic dermatitis who had been treated with cyclosporine in our clinic between October 2012 and July 2018. We conducted univariate analysis between IgE level and cumulative doses of cyclosporine required for remission. Multivariate analysis was additionally done in order to sort out the confounding factors. The cumulative doses of cyclosporine required for remission tended to increase as serum IgE level got higher and this relationship was statistically significant. In a multivariate analysis, serum IgE and EASI (Eczema Area and Severity Index) score were statistically related and both factors were appear to be positively related to cumulative doses of cyclosporine. We found that the positive relationship between cumulative doses of cyclosporine required for remission and IgE level in atopic dermatitis. Our results indicated that high level of initial serum IgE could be regarded as a poor prognostic factor at the beginning of cyclosporine therapy.

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