

## **PODIUM WINNERS**

### **1<sup>st</sup> Place**

#### **Prolonged Intradermal Support to Prevent Scar Spread in High Tension Wounds**

Kevin Kia, MD

#### **Abstract**

**Background:** Scars produced by excisions in high tension body areas (chest, shoulders, back) have a tendency to widen over time. This study was designed to assess the ability of a long acting suture to prevent scar spread in high tension surgical wounds.

**Design:** Prospective, Randomized, Controlled, Rater Blinded Trial **Setting:** Veterans Affairs Hospital **Patients:** 25 surgical wounds on the upper trunk.

**Intervention:** Split Wound Comparison of polglactin 910 (Vicryl) vs Poly-4-hydroxybutyrate (P4HB) (TephaFlex) as buried intradermal suture.

**Outcome measures:** Primary: scar spread in mm. Secondary: Subjective validated scar assessment [Visual Analog Scale (VAS), Hollander Wound Evaluation (HWE)]

**Results:** Two patients were lost to follow up by the 12 month study conclusion. Scar spread was decreased by a mean of 1.5 mm on the TephaFlex treated side compared to the Vicryl Side ( $P < 0.004$ ). Spitting stitches were found commonly found (34%) of the TephaFlex treated sides.

**Conclusion:** Prolonged intradermal support of high tension wounds does decrease scar spread. However, the presence of longer acting suture also increases the risk of foreign body reaction.

### **2<sup>nd</sup> Place**

#### **Delusions of Parasitosis**

Brent Loftis, DO

#### **Abstract**

Patients with delusions of parasitosis have a fixed, yet false belief of being infected with parasites. They typically appear in the dermatologist's office anxious and overwhelmed with a history of visits to multiple physicians. It is important for the physician faced with this patient to

listen and be compassionate, yet not to reinforce their delusional ideology. This disease, known as a monosymptomatic hypochondrial psychosis, has a female to male predominance of 2:1 and the mean age of symptom onset appears in the sixth decade of life. Patients often present with the “matchbox sign”, in which they have gathered specimens of parasites they have collected and want to have examined. Patients may resort to self-mutilation to rid themselves of these parasites, which may result in mild excoriations to large ulcers. A thorough skin exam must be performed to rule out any organic causes for the patient’s symptoms such as nutritional disorders, neurologic disorders, substance abuse, endocrine disorders, malignancy, and infectious disease. To break the cycle of tactile sensation leading to destruction, the ultimate treatment is to prescribe an antipsychotic medication. Most importantly, patients must be educated as to the cause of their condition and the importance of controlling their behavior.

### **3<sup>rd</sup> Place**

#### **An Unusual Case of Alopecia**

Rashid M. Rashid, MD, PhD

### **Abstract**

Hair shaft alterations and normal hair shaft variants can be difficult to diagnose and manage. We present a patient with hair fragility and diffuse mild alopecia. Our patient offered several potential pitfalls that can occur in the diagnosis of hair shaft clinical and histological evaluation. This case provides us an opportunity to discuss these subtle differences.

## **POSTER WINNERS**

### **1<sup>st</sup> Place**

#### **Capecitabine-Induced Cutaneous Lupus Erythematosus and Palmo-plantar Erythrodysesthesia**

Mika Yamazaki, M.D

## **Abstract**

Capecitabine (Xeloda®) is an emerging drug in the treatment of metastatic breast and colorectal cancers. This prodrug is converted to its active metabolite, 5-Fluorouracil (5-FU). Various dermatologic side effects have been attributed to capecitabine, often requiring cessation of this drug. We present a case report of capecitabine used in the treatment of metastatic breast cancer resulting in concurrent drug-induced cutaneous lupus erythematosus and palmo-plantar erythrodysesthesia. As the use of this chemotherapeutic agent becomes more prevalent, it is important to recognize the range of its cutaneous side effects.

## **2<sup>nd</sup> Place**

### **Safety, Tolerability, and Immunogenicity of Zoster Vaccine in Subjects With a History of Herpes Zoster (HZ)**

Vandana Madkan, MD

## **Abstract**

**Background:** This study evaluated safety and immunogenicity of zoster vaccine in individuals with a known prior HZ episode  $\geq 5$  years before vaccination. These data may be helpful to physicians deciding whether to administer zoster vaccine (ZV) to patients with an unclear HZ history.

**Methods:** One-hundred one HZ history-positive subjects  $\geq 50$  years old were randomized 1:1 to receive either ZV or placebo (P) in 2 strata determined by years since HZ episode (5 to 9 yrs;  $\geq 10$  yrs). The study used a crossover design. On Day 1, subjects received ZV or P; at Week 4, subjects received the alternate material. Subjects were followed for adverse experiences (AEs), exposure to varicella or HZ, or development of varicella/varicella-like or HZ/HZ-like rashes, for 28 days after each injection. Blood samples obtained immediately prior to vaccination, at Week 4, and at Week 8 were assessed for varicella-zoster virus (VZV) antibody titer by glycoprotein enzyme-linked immunosorbent assay (gpELISA).

**Results:** No serious side effects were reported within the 28 days following any vaccination. Although a higher percentage of subjects reported injection-site side effects after receiving ZV (46%) than P (4%), the proportion of subjects reporting systemic clinical side effects was similar for ZV (15%) and P (14%).

ZV increased VZV gpELISA antibody response at 4 weeks postvaccination.

**Conclusions :** In HZ history-positive adults  $\geq 50$  years old, ZV was generally well tolerated and VZV antibody GMT postvaccination was significantly higher after ZV than P.

### **3<sup>rd</sup> Place**

#### **Disseminated Mycobacteria haemophilum histologically mimicking multibacillary Hansen's disease in an immunocompromised host**

Neda Nostrati, MD

#### **Abstract**

Mycobacterium haemophilum is a ubiquitous atypical mycobacteria usually of low virulence. However, it has been recognized as a rare cause of cutaneous lesions in immunocompromised hosts, often presenting as a nodule or ulcer. Diagnosis of M. haemophilum often relies on a combination of PCR and special culture for determination of antibiotic sensitivities. Histology generally shows granulomas with giant cells, lymphocytes, and histiocytes; number of bacteria is normally low. A 22 year old male status post a cadaveric kidney transplant 19 years ago with previous tissue culture positive for M. haemophilum 2 months prior, presented to our clinic with new cutaneous lesions on his forearm, abdomen, and leg that had developed after initiation of therapy. AFB stains of culture material from all three sites were positive, but all cultures remained negative. Biopsy of the lesions revealed diffuse sheets of foamy dermal histiocytes, a Grenz zone and marked acid fast bacilli, some forming globi, consistent with multibacillary Hansen's. However, owing to the patient's history, a diagnosis of disseminated cutaneous M. haemophilum was entertained. He was started on appropriate antibiotics based on sensitivities from his previous growth of M. haemophilum with improvement in all lesions. PCR for M. leprae was negative and was positive for M. haemophilum. This case outlines that histologic findings alone for identification of mycobacteria is insufficient as disseminated atypical mycobacteria in an immunocompromised host can mimic lepromatous leprosy.