025

Preventive effects of topical washing with miconazole nitrate-containing soap to diaper candidiasis in the hospitalized elderly patients: A prospective, double-blind, placebo-controlled study

H Takahashi[2,1], N Oyama[2] and M Hasegawa[2] *1 Dermatology, JCHO Fukui Katsuyama General Hospital, Katsuyama-shi 911-8558, Japan and 2 Dermatology, Division of Medicine, Faculty of Medical Sciences, Fukui University, Fukui 910-1193, Japan*

The objective of the present randomized, double-blind trial was to evaluate the efficacy and safety of daily topical washing procedure with miconazole nitrate-containing soap for candidiasis at diaper-covered sites in elderly subjects under long-term inpatient care. We initially enrolled 75 elderly patients with a constant use of diapers, and of this cohort, 55 patients (32 male and 23 female) who randomly assigned to receive treatment with either miconazole soap (n=28) or miconazole-free placebo soap (n=27) were assessed microscopically for the existence of the pseudohyphae and/or blastoconidia of Candida spp. up to 4 weeks. Although washing with miconazole soap did not affect the baseline frequency of pseudohyphae/blastoconidia-positive patients, it significantly inhibited the positive conversion of pseudohyphae/blastoconidia compared with the placebo group (17.3% vs. 44.0%, respectively; $p<0.05$). Moreover, the frequency of patients positive for pseudohyphae/blastoconidia at 4 week was significantly lower in the miconazole group than in the control group (17.9% vs. 44.4%, respectively; $p<0.01$). These anti-Candida effects were not different between both sexes, and neither clinically-apparent diaper candidiasis nor severe adverse effects developed in either group. Patients with diarrhea and heart failure tended to be associated with the positive rate of pseudohyphae/blastoconidia. A daily washing with miconazole soap is easy and quick to perform, as a paramedical stuff work, and well-tolerated for anogenital skin in elderly. This prophylactic approach can inhibit the progressive conversion activity of genital Candida flora, enabling to maintain satisfactory genital hygiene in patients wearing diapers.

026

Nationwide investigation of hidradenitis suppurativa in Japan

K Hayama[1], H Fujita[1], T Hashimoto[2] and T Tadashi[1] *1 Division of Cutaneous Science, Department of Dermatology, Nihon University School of Medicine, Tokyo, Japan and 2 Department of Dermatology (South Building Lab), Osaka City University Graduate School of Medicine, Osaka, Japan*

Hidradenitis suppurativa (HS) is a chronic relapsing skin disease localized in the apocrine-gland-bearing areas of the body. Although HS affects QoL of the patient remarkably, there were no diagnostic and disease severity criteria in Japan. The purpose of this study is to investigate the actual picture of HS in Japan by performing a nationwide epidemiological investigation. Questionnaire-based study was performed at hospitals that provide dermatological training under the certification of the Japanese Dermatological Association. Questionnaire included patient's age, sex, disease duration, past history, family history, smoking status, disease severity (Hurley stage, Sartorius score, PGA score), treatments, comorbidities, and prognosis. As a result, three hundred cases were collected from 58 hospitals. Two hundred and nineteen out of 300 were male, 81 out of 300 were female, although female cases are dominant in Western countries. Average of disease duration was 91.0 (±7.58) months. Ten cases had family history of HS. The disease severity of the patients was classified as follows. PGA; mild : 100 (33.3%), moderate : 133 (44.3%), severe : 34 (11.3%), profound 29 (9.7%). Hurley stage; I : 69 (23%), II: 109 (36.3%), III : 121 (40.3%). Patients having diabetes showed more severe HS in comparison to those without diabetes ($\chi 2=10.977, P = 0.01185$). Other factors (smoking, obesity, hyperlipidemia, and polytrichosis) had no significant correlations with HS severity. Interestingly, the disease severities were positively related to the Sartorius score, by using variance analysis. Patients with symptoms in the axilla had more severe HS by analysis on the basis of the locations of the lesions ($\chi 2=8.6378, P = 0.03452$). In conclusion, these data suggested that the backgrounds of Japanese HS patients were different from those of Western countries; 1) male dominant, 2) more cases of Hurley II and III, 3) more sever in patients with axilla lesion

027

Lichen sclerosus in pregnancy: A review of 33 cases

Y Nguyen[1], J Bradford[2] and G Fischer[1,3] *1 Dermatology, The University of Sydney, Sydney, NSW, Australia, 2 Obstetrics and Gynaecology, University of Western Sydney, Sydney, NSW, Australia and 3 Dermatology, Royal North Shore Hospital, Sydney, NSW, Australia*

Vulval lichen sclerosus (VLS) is a chronic inflammatory skin condition affecting the anogential area in women. There are few published data on the course of vulval lichen sclerosus (VLS) in pregnancy. A case note review was undertaken of 33 pregnancies in 29 women with vulval lichen sclerosus (VLS). The authors' database was searched for patients with VLS who delivered children during treatment. Severity was assessed by visual grading of hyperkeratosis. Management was with continuous topical corticosteroid (TCS), sufficient to maintain normal skin. A potency grading system was devised to document total weekly TCS dose. Adequate control was defined as complete visual suppression of VLS. Good compliance was defined as always/mostly following treatment regimens. 12/33 (36%) had mild disease, 11/33 (33%) moderate, 8/33 (24%) severe, and 2/33 (6%) had very severe disease. 29 women had commenced treatment prior to pregnancy. Mean duration of management before conception was 28 months (range, 1-156 months). Four women presented in pregnancy. Average weekly TCS requirements were similar from preconception, through pregnancy to post-partum. Only one woman required clobetasol propionate 0.05%. Good compliance was strongly associated with good control. 27 (82%) had spontaneous vaginal births, two had instrumental deliveries (all for standard obstetric indications), and four had caesarean sections. Only one caesarean was performed for VLS, because of severe disease in a non-compliant patient. One perineal scar was complicated by lichen sclerosus. Perineal and abdominal scar healing was normal in all other women. Mean compliance rates fell in the post-partum period. The data suggest that most pregnant women with VLS can deliver vaginally. In this cohort TCS requirements in pregnancy did not change. No adverse effects from TCS were noted during pregnancy and all offspring were normal. Compliance is crucial to good outcomes, however reduced compliance post-partum requires careful surveillance.

028

Is suction blister epidermal grafting a simple and reliable way to screen patients with large area vitiligo for ReCell treatment?

Z Liu[2], W Li[4], A Zeng[2], PZ Meng[5], MS Cheng[5], C Xu[6], Y Tao[3], Z Shen[1], S Zhang[7] and Z Li[7] *1 Xinjundu vitiligo hospital, Urumuqi, China, 2 PUMC hospital, Beijing, China, 3 Huaxia Vitiligo hospital, Nanjing, China, 4 Tsinghua Changgung hospital, Beijing, China, 5 Borun vitiligo hospital, Chengdu, China, 6 Shengjing vitiligo hospital, Haerbin, China and 7 Kunming vitiligo hospital, Kunming, China*

ReCell treatment (autologous non-cultured epidermal cell suspension grafting, ANECSG) is a method of choice for surgical treatments for large area and stable vitiligo, but not all ReCell treatments are effective and not all patients are fit for the treatment. Thus, a simple and reliable way to screen those suitable for ReCell treatment is urgently necessary and of important significance. Objective: to explore if suction blister epidermal grafting (SBEG) is a simple and reliable way to screen patients with large area vitiligo for ReCell treatment. 49 patients with large area and stable vitiligo(lesion area $\geq$ 150cm^2,stable for $\geq$6 months) were selected. Among which, 36(G1) have had successful SBEG, 13(G2) havn't had SBEG before ReCell treatments. All lesion areas were dermabraded and treated with ANECSG. Phototherpies (Excimer laser,wavelength of 308nm) start 15 days after surgery, continue twice a week for 3 consecutive months. Repigmentation rate was evaluated at 6 months after ReCell treatment. Results were graded as excellent, good, fair and poor according to repigmentation rate >90%, between 71%-90%, 51%-70% and ≤50%, respectively. In G1,18 patients (50%) were excellent, 13(36.6%) were good, 5(13.9%) were fair, none were poor. In G2, 2(15.4%) were excellent, 3(23.1%) were good, 4(30.7%) were fair, and 4(30.7%) were poor. Total repigmentation rates $\geq$71% and >90% were both significantly higher in G1 than that in G2($P<0.01, P<0.05$). None in 2 groups presented complications such as infection and scarring. Conclusion: SBEG is a simple and reliable way to screen patients with large area and stable vitiligo for ReCell treatment.

029

Internalized stigma in acne vulgaris, vitiligo and alopecia areata

A Bilgic Temel[1], S Bozkurt[2] and E Alpsoy[3] *1 Dermatology and Venereology, Beysehir State Hospital, Konya, Turkey, 2 Biostatistics and Medical Informatics, Akdeniz University, School of Medicine, Antalya, Turkey and 3 Dermatology and Venereology, Akdeniz University, School of Medicine, Antalya, Turkey*

Internalized stigma, another aspect of the stigma, is the adoption of negative attitudes and stereotypes of the society regarding persons' illness. According to available current literature Internalized Stigma Scale (ISS) has not been applied to vitiligo and alopecia areata (AA) patients. The primary aim of this study was to investigate the internalized stigma state of AV, vitiligo and AA patients and to identify the factors influencing internalized stigma. 150 patients (50 AV, 50 vitiligo, 50 AA) who applied to outpatient clinic were consecutively enrolled in this study. Socio-demographic characteristics of the patients and other parameters which may influence internalized stigma were recorded. Also patients answered ISS, Dermatology Life Quality Index (DLQI), Perceived Health Status (PHS), General Health Questionnaire (GHQ) and Acne Quality of Life Scale (AQOL). In our study, the Cronbach's alpha coefficient for the whole scale was calculated as 0.91 for AV, 0.91 for vitiligo, 0.93 for AA. The mean total ISS scores was comparable with those obtained from psychiatric and dermatologic patient populations. The mean ISS scores of AV (59.48±15.40) and AA (59.46±15.82) were higher than vitiligo (51.68±14.34). In AV patients, a statistically significant correlation was found between ISS and DLQI ($r=.596$, $p<0.001$), GHQ ($r=.594$, $p<0.001$) and AQOL ($r=.587$, $p<0.001$). We found a significant correlation between ISS and DLQI ($r=.540$, $p<0.001$) in vitiligo patients. A statistically significant correlation was also found between ISS and DLQI ($r=.508$, $p<0.001$) and GHQ ($r=.329$, $p=0.024$) in AA patients. Our study indicate that AV, AA and vitiligo patients internalize the negative stereotype judgements of the society for themselves. High levels of internalized stigma in the studied patients presented a parallel trend to the negative quality of life. Therefore, internalized stigma may be one of the major factors *affecting quality of life* in these diseases.

030

Efficacy and safety of botulinum toxin B injection for Raynaud's phenomenon and digital ulcers in patients with systemic sclerosis: Single-blind, randomized trial

S Motegi[1], B Perera[1], A Sekiguchi[1], C Fujiwara[1], Y Date[2], T Nakamura[2] and O Ishikawa[1] *1 Department of Dermatology, Gunma University Graduate School of Medicine, Maebashi, Japan and 2 Clinical Investigation and Research Unit, Gunma University Graduate School of Medicine, Maebashi, Japan*

Patients with systemic scleroderma (SSc) typically develop Raynaud's phenomenon (RP) and persistent digital ischemia and often develop digital ulcers (DUs). Currently, there is no satisfactory treatment for RP and DUs in SSc. We recently demonstrated that botulinum toxin A (BTX-A) injection was effective for the treatment of RP and DUs in SSc patients. However, the efficacy of BTX-B injection has never been examined. The objective was to assess the efficacy and safety of BTX-B for treatment of RP and DUs in SSc patients. In the prospective, single-blind, randomized trial, total 45 SSc patients with RP were blinded and randomly divided into 4 groups; no treatment control group, and 3 treatment groups, using 250, 1,000 or 2,000 U of BTX-B injections in the hand with more severe symptoms. Four weeks after injection, the pain/numbness VAS and Raynaud's score (indicating the severity of RP in SSc patients) in the 1,000- and 2,000-U-treated groups were significantly lower than in the control group and 250-U-treated group. These beneficial effects were sustained until 16 weeks after the single injection. At 4 weeks after injection, skin temperature recovery in the 2000-U-treated group was significantly improved. The numbers of DUs in the 1,000- and 2,000-U-treated groups were significantly lower than in the control group. Transient muscle weakness occurred in 1 patient in the 2000-U-treated group, but no systemic or local adverse events were observed in any patients. We conclude that 1,000 and 2,000 U BTX-B injection significantly suppressed the activity of RP and DUs in SSc patients without any serious adverse events, suggesting that BTX-B might have potential as a long-term preventive and therapeutic agent for RP and DUs in SSc patients.