27143

Cryotherapy as an adjuvant in the treatment with vismodegib for local advanced nonsurgical basal cell carcinoma: A report of 8 cases

David A. Castillo Molina, MD, Funinderma; Jesus D. Fierro Lozada, MD, Funinderma; Ana María García C, MD, Funinderma; Manuela A. Molano Pérez, MD, Funiderma; Melissa Cantillo Avilez, MD, Funinderma; Laura Guerrero-Roncancio, MD, Funinderma; Sara Muñoz-Ordoñez, MD, Funinderma; Isabella Campo Slebi, MD, Funinderma; Nelson José Alvis-Zakzuk, Department of Economic Sciences, Universidad de la Costa-CUC, Barranquilla, Colombia; David E. Castillo Saavedra, MD, Funinderma; Diego M. Martinez Zuñiga, MD, Dermatology resident, Universidad Libre, Seccional Cali

Introduction: Basal cell carcinoma (BCC) is the most prevalent skin cancer worldwide. The most frequently used treatment for BCC is surgical resection. Lately, there are other options for nonsurgical BCC such as hedgehog pathways inhibitors, which is indicated in patients whose cancer is locally advanced and unresectable. We described the response of patients treated with vismodegib and cryotherapy as adjuvant management.

Materials and methods: We conducted an observational retrospective study in a dermatologic center in Bogota, Colombia. We included patients with BCC diagnosis and were treated with vismodegib and cryotherapy from January 2018 to August 2020. Variables included age, sex, phototype, lesion location, treatment duration, number of cryotherapies, months of follow-up, and histologic subtypes. Variables were analyzed using Microsoft Excel 2016.

Results: Of eight patients reviewed, four were female. Median age was 70 years old. Photoype III was the most frequent. Zone H was the most affected location. The mean number of cryotherapy sessions received during vismodegib treatment was 4.75, and the mean duration of treatment with the hedgehog inhibitor was 3.5 months. Patients were followed up for 15.57 months. Of the eight patients, four presented nodular pattern histology, in the rest the mixed subtype predominated.

Conclusion: In general, there was a good response to treatment with a notable decrease in the size and control of the lesions. No side effects were described during the follow-up time; however, the patients will continue to be under strict controls.

Commercial Disclosure: None identified.

27144

Patient expectations and willingness with teledermatology

Carey Kim, MD, New York Medical College; Abigail Cline, MD, New York Medical College; Yasaman Mansouri, MD, New York Medical College; Carlos Sarriera, MD, New York Medical College; Marian Russo, MD, New York Medical College

Background: The COVID-19 pandemic dramatically elevated the importance of telemedicine to the forefront of clinical care. To optimize health care delivery, our study investigated patients' expectation and willingness regarding teledermatology.

Methods: We analyzed 247 responses to a 31-question survey evaluating patient expectations and willingness regarding teledermatology. We analyzed responses by gender, race, age, and previous use of telemedicine/teledermatology to evaluate for statistical differences.

Results: Seventy-six percent of respondents reported a previous telemedicine visit, while 40% reported a previous teledermatology visit. Respondents were most willing to talk on the phone to discuss an existing dermatological problem and to email with a dermatologist. Respondents were least willing to send digital photos of their own or their childs' skin concern, or to start a new dermatologic medication for their child. Patients without prior teledermatology experience estimated shorter durations of telephone/video calls and were less willing to send digital images. Willingness statistically differed by gender and age ($P < .05$), but not ethnicity. Males estimated longer durations of video/telephone calls, and were more willing to send photos compared with females ($P < .05$). Older patients were more willing to start a new medication through teledermatology compared with younger cohorts ($P < .05$). Caucasians preferred in-office encounters and were less willing to conduct video conferences compared with skin of color patients ($P < .05$).

Conclusion: Insight into patient expectations and willingness for teledermatology is important as electronic telecommunication between patients and physicians expands. Understanding the differences amongst the varied patient demographics can improve health care delivery and clinical outcomes.

Commercial Disclosure: None identified.

27147

Antimalarials as pre-exposure prophylaxis for COVID-19: A retrospective matched cohort study

Nikolai Klebanov, MD, Massachusetts General Hospital, Department of Dermatology, Boston, MA; Vartan Pahalyants, Massachusetts General Hospital, Department of Dermatology, Harvard Medical School, Harvard Business School, Boston, MA; William S. Murphy, Massachusetts General Hospital, Department of Dermatology, Boston, MA; Harvard Medical School, Boston, MA; Harvard Business School, Boston, MA; Jordan T. Said, Massachusetts General Hospital, Department of Dermatology, Boston, MA; Harvard Medical School, Boston, MA; Nicholas Theodosakis, MD, PhD, Massachusetts General Hospital, Department of Dermatology, Boston, MA; Stacey Duey, Division of Research Information Science and Computing, Mass General Brigham, Boston, MA; R. Monina Klevens, DDS, Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Boston, MA; Evelyn Lilly, MD, Massachusetts General Hospital, Department of Dermatology Boston, MA; Maryam Asgari, MD, MPH, Massachusetts General Hospital, Department of Dermatology Boston, MA; Yevgeniy R. Semenov, MD, MA, Massachusetts General Hospital, Department of Dermatology, Boston, MA; Massachusetts General Hospital, Department of Population Medicine, Boston, MA

Introduction: Limited data is available on antimalarials' role as pre-exposure COVID-19 prophylaxis. Given their common use in management of chronic autoimmune disease, we investigated their effect on COVID-19 risk.

Methods: Retrospective study of 3,074 patients prescribed hydroxychloroquine, chloroquine, and quinacrine between July 1, 2019 and February 29, 2020 and 58,955 matched controls, cross-referenced with Massachusetts Department of Public Health data on COVID-19 infection and all-cause mortality from March 1 through June 19, 2020. Multivariable logistic regression was used to calculate the odds ratio (OR) of COVID-19 positivity between patients on antimalarials and controls, adjusting for age, sex, race, Charlson Comorbidity Index (CCI), median income, and local COVID-19 rate. Poisson regression was then used to compare all-cause mortality among COVID-19 positive cases.

Results: The patients in the two groups were on average 57.0 years old, 84.9% women, 80.9% white; mean age-adjusted CCI 3.72). There were 51 (1.7%) patients with COVID-19 and 3 deaths (5.9%) in the antimalarial group, and 973 (1.6%) patients with COVID-19 and 83 deaths (8.5%) in the control group. No protective effect against COVID-19 was observed among patients prescribed antimalarials (OR = 1.06, [0.80-1.40], $P = .70$) or against subsequent mortality (OR = 0.99 [0.31-3.17], $P = .99$).

Conclusions: Antimalarials did not change COVID-19 infection susceptibility or subsequent mortality, which does not support their use as prophylaxis.

Commercial Disclosure: None identified.

27154

Lichen planus pemphigoides in a patient recently started on lisinopril

Robert Spaulding, MD, University of Louisville, Division of Dermatology; Kristin Donovan, MD, University of Louisville, Division of Dermatology; Soon Bahrami, MD, University of Louisville, Division of Dermatology and Pathology; Jeffrey P. Callen, MD, University of Louisville, Division of Dermatology

Background: Lichen planus pemphigoides (LPP) is a rare autoimmune subepidermal blistering disorder with autoantibodies to BP180. Lesions of lichen planus (LP) are seen in combination with tense blisters most often involving sites not affected by LP. In contrast to bullous pemphigoid patients are generally younger and the clinical course is usually shorter and less severe.

Observation: A 54-year old woman with history of psoriasis, hypertension, COPD presented after being seen in an ER for presumed "psoriasis flare." She was being managed with apremilast and nbUVB and had noticed blisters on her lower legs for several months. Examination revealed tense blisters on the upper and lower extremities along with hyperpigmented scaly polygonal papules and plaques. Her current medications included: tiotropium bromide, clopidogrel, topiramate, apremilast, and most recently lisinopril (within last 3 months). Biopsy revealed a lichenoid dermatitis with rare eosinophils; Biopsy from the edge of a blister showed a vesicular dermatosis rich in eosinophils with areas suggestive of a subepidermal process. DIF, IIF, and ELISA were positive for linear C3, IgG in an epidermal pattern on human salt split skin, and BP 180 antibodies respectively. She was diagnosed with LPP and started on a 4-week prednisone taper, doxycycline, niacinamide and instructed to stop lisinopril. Treatment resulted in resolution of blisters and improvement in her papular lesions.

Comment: LPP has been reported to other ACE inhibitors (captopril, ramipril) and this case represents a possible association with lisinopril.

Commercial Disclosure: None identified.