

25907

### Actinic keratosis in Colombia: First approaches

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**Introduction:** Actinic keratoses (AK) are preneoplastic lesions secondary to chronic sun exposure, whose risk of becoming malignancy is greater than 20%. Prevalence studies of AK are uncommon. Here we describe clinical and epidemiologic characteristics of patients with AK assessed in a dermatology center from Bogota, Colombia.

**Materials and methods:** A descriptive retrospective study was performed. Data were collected from January 2014 to July 2020. These included age at diagnosis, sex, occupation according sun exposure (inside-job, outside-job and inside/outside-job), dwelling place, Fitzpatrick phototype, anatomical location, progression time, skin cancer (SC) history and development. We used relative and absolute frequencies to describe patients. Data analysis was performed in Epi Info.

**Results:** Of 820 patients, 61% were women. Mean age was 66 years (SD ± 12). Of all patients, 5.4 out of 10 were phototype III. The median progression time was 34 months. The 57% (n = 468) of patients had inside-jobs. The face was the most commonly affected area in 750 patients (91%). History of SC was observed in 27% of patients, and 2.56% (n = 21) developed SC, from which five cases were squamous cell carcinoma.

**Conclusion:** Actinic keratosis may evolve into SC in a considerable percentage conversely to our study. We found that most of the patients with AK had an inside-job, which might reinforce the impact of genetic load, artificial lights exposure and the effect of protection barriers on AK development. Further studies are needed to improve clinical characteristics knowledge associated with AK.

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25913

### Interest and exposure of premedical students to dermatology at a historically Black university

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Dermatology is an essential specialty in the medical field and the importance of proper care of skin conditions cannot be understated. There is a lack of diversity in dermatology, with only 4.2% of dermatologists identifying as Hispanic and 3% identifying as African American. A small pipeline of black students matriculating to medical school, late exposure to dermatology in medical school, a lack of mentorship, and an emphasis on standardized testing/Alpha Omega Alpha status are hypothesized to have contributed to this lack of diversity. Disparity also exists in terms of clinical practice and outcomes in dermatology. This can be seen with skin cancer outcomes, hospitalizations for psoriasis, and the disparate burden of atopic dermatitis; Hispanics, blacks, and people of lower SES suffer disproportionately. This study aims to discover attitudes and exposure that premedical students at a historically black university have towards dermatology and also assess what barriers they face. 152 survey results were compiled from Howard University undergraduate premedical students using SurveyMonkey. The results showed that the majority of the students demonstrated interest in dermatology but minimal exposure in the field of dermatology. Social media was a major source of exposure for many students; a minority had shadowing and mentorship experience. The majority of students expressed a desire to learn more about the field and stated interest in potential dermatologic events or dermatologic mentorship. Students also expressed frustration with the lack of representation in the field from both an academic and clinical standpoint.

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25912

### Multifocal granular cell tumor affecting skin and scrotum in a child

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**Introduction:** Granular cell tumors (GCTs) are soft tissue neoplasms of neural origin. Their most frequent location is in the dermis or subcutaneous tissue from head and neck, and the tongue. The most common presentation is as solitary painless nodules in adult patients. However, multifocal GCT has been described, most in children with genetic syndromes.

**Case report:** We present a 10-year-old boy suffering from 3 asymptomatic, slow-growing, subcutaneous lesions located on left arm, pectoral and thigh. A 5-cm diameter mass was also detected in the scrotum. The lesions had appeared 3 years before medical evaluation. Physical examination showed 3 nodules 1-cm in diameter with slightly brownish overlying skin and elastic consistency. The scrotal mass was a lesion of stony consistency, well defined, mobile and not adherent to testicles. After excision, a histologic report indicated a multifocal GCT without malignant features.

**Discussion:** Several cases of GCT affecting the scrotum have been described. They all presented as solitary painless nodules with benign clinical and histologic features. However, to our knowledge, this is the first case reported of multiple GCT affecting the skin and scrotum. Multifocal GCT is usually secondary to neurofibromatosis type 1 or Noonan syndrome. Our patient did not present any known mutation. The clinical relevance of GCT lies on the fact that nearly 2% present as malignant variants. Criteria for malignancy were proposed by Fanburg-Smith et al. Our patient did not present any of them. To date, no malignant GCT was reported in the scrotum, although surgical excision is recommended to confirm benignity.

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25925

### Travel burden for free dermatologic care in uninsured and homeless populations

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**Introduction:** The Travis Park Dermatology Clinic is a student-run free clinic that serves homeless and uninsured populations in San Antonio. Being one of the only dermatology free clinics in the Texas, our study aims to evaluate the geographic reach of our clinic and identify the extent of travel burden for dermatologic care within the populations we treat.

**Methods:** Patient charts from an electronic medical record (REDCap) at our student-run free clinic were reviewed to identify patient demographics and ZIP codes at time of visit. Travel burden was assessed by ZIP codes within a 5-, 10- and 25- mile radius of our clinic.

**Results:** From March 2018 to March 2020, 480 of the 570 patient records documented in the REDCap database had a residential address which could be correlated with a ZIP code at the time of their clinic visit. In this population, 100 of the 480 patients resided within a 5-mile radius of the clinic. Further expanding the geographic reach, 292 of the 480 patients resided within a 10-mile radius of the clinic. With 188 patients living outside a 10-mile radius from the clinic, there were 20 patients who lived outside a 25-mile radius from the clinic.

**Conclusion:** The findings at our clinic suggest that a majority of patients are unable to access dermatologic care near their residence and must travel further distances. This highlights the need to reduce the travel burden on patients by providing greater accessibility to dermatologic care for uninsured and homeless populations.

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