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ABSTRACTS

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The impact of dermatology consultations on antibiotic usage for suspected cases of cellulitis presenting to outpatient internal medicine offices

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There are many conditions that clinically mimic cellulitis. Dermatologist expertise in infectious and inflammatory skin diseases facilitates confirmation of diagnosis or identification and proper treatment of a clinical mimicker of cellulitis. Our study sought to determine if obtaining dermatology consultations in the setting of primary-care offices could assist in diagnosis of mimickers of cellulitis and therefore reduce the rate of antibiotic usage. The primary objective was to measure the rate of antibiotic usage in patients with suspected cellulitis who received a dermatology consultation versus those who received standard of care for cellulitis from their primary-care physician. This was a randomized controlled study performed in the outpatient internal medicine offices at Massachusetts General Hospital. The patient population of interest included all adult patients over the age of 18 presenting to primary care with possible cellulitis as determined by their primary-care physician. The intervention used was an on-site dermatology consultation. The primary outcome measured was the rate of antibiotic usage. This study enrolled a total of 25 patients, with 16 patients randomized to a dermatology consultation and 9 patients randomized to receive the standard of care for cellulitis. Of the 16 patients randomized to a dermatology consult, 3 patients received antibiotics and 13 did not. Of the 9 patients randomized to the standard of care, all 9 received antibiotics. This study was terminated prior to reaching the original enrollment target because interim analysis showed statistical significance. Fisher's exact test demonstrated a *P*-value of 0.0001. No adverse events occurred. In conclusion, this study was notable for demonstrating that the rate of antibiotic usage in patients with suspected cellulitis can be reduced by involving a dermatology consultation during a patient's visit to primary-care offices. We believe that the difference in antibiotic usage rates highlights the prevalence of conditions that mimic cellulitis and the potential benefit of early involvement of dermatology in the care of patients presenting with suspected cellulitis. As a result of this study, we have initiated a similar project to assess the impact of dermatologic consultation on the hospital course of patients who have been admitted for cellulitis.

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Treatment of refractory cutaneous dermatomyositis: an academic medical center's experience with intravenous immunoglobulin

Alisa N. Femia, A. Brooke Eastham, Christina Lam, Stephanie W. Liu, Henry B. Townsend, Joseph F. Merola, Abrar A. Qureshi and Ruth Ann Vleugels, *Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts, USA*

Dermatomyositis (DM) is a chronic inflammatory condition affecting both skin and muscle. Treatment can be difficult, and cutaneous manifestations may be particularly refractory to therapy. Antimalarials are considered first-line systemic agents, but are often insufficient, and literature on skin-directed therapy is limited. Previous studies on intravenous immunoglobulin (IVIG), including one small randomized-controlled trial, have evaluated patients treated primarily for muscle disease, but no study has aimed to assess patients treated specifically for cutaneous disease. Our goal was to investigate the role of IVIG initiated for cutaneous disease, particularly in DM skin disease recalcitrant to systemic agents. We utilized the Research Patient Data Registry, a centralized registry of the Partners Healthcare System, to identify all patients treated with IVIG specifically for cutaneous DM. We reviewed the medical records of 11 patients prescribed IVIG by a dermatologist, with the goal of improving cutaneous DM. Seven patients lacked clinical muscle involvement. The usual dose of IVIG was 2 $g\,kg^{-1}$ over 2 consecutive days every 4 weeks, and treatment duration ranged from 3 to 24 months. Clinical response (CR) was based on improvement in skin disease as determined by clinicians, defined as no CR, partial CR (<75%), marked CR (>75%), or complete CR. Six patients had complete CR, 2 had marked CR, and 3 had partial CR. Four patients had disease severity followed using the validated Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI). All patients improved within 1 month. All but one patient had cutaneous disease previously refractory to systemic medications other than hydroxychloroquine, 7 of whom were refractory to multiple systemic agents. Six patients were treated with oral corticosteroids prior to IVIG; all were able to taper or discontinue corticosteroids following IVIG. In addition, all patients with skin-limited disease were able to discontinue other immunosuppressive agents. Side effects were minimal, and consisted of headaches in two patients. IVIG may be effective in treating cutaneous DM, including refractory, skin-predominant DM, and may spare the need for immunosuppression. In our population, response was rapid and side effects minimal. This is the first study to demonstrate the effect of IVIG specifically as skin-directed therapy in patients with DM, including in patients lacking clinical muscle involvement.

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Changing incidence trends of cutaneous lymphoma

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The reported incidences of cutaneous T-cell lymphoma (CTCL) and cutaneous B-cell lymphoma (CBCL) have risen for more than 25 years. Improvement in detection by physicians and a real increase in the number of cases have been suggested as the etiologies. We sought to measure recent trends. Data for cutaneous lymphomas in the United States were acquired from 18 population-based cancer registries of the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute for 2000–2009, and from the 9 original cancer registries of the SEER program for 1973–2009. We used the 37-year data to measure long-term incidence trends and the 10-year data to measure recent trends. Consistent with previously reported data, incidence of CTCL (per million persons) increased steadily from 2.3 in 1973 to a maximal annual average of 10.5 in the period 2000–2004. However, the incidence rate has remained unchanged since then, with an annual average of 10.2 for 2005–2009. Incidence of CBCL (per million persons) may show a leveling off trend also; it has steadily increased from 0.63 in 1973 to an average annual rate of 3.66 for 2000–2004, and 3.76 for 2005–2009. In the past 15 years, CBCL incidence has doubled in whites while remaining unchanged in blacks. However, in the most recent period of 2005–2009, the increase in CBCL among whites was small. From 2000 to 2009, a total of 9,538 cases of cutaneous lymphoma were identified. The overall age-adjusted incidence was 11.9 per million persons. CTCL accounted for 73% of these (8.7 per million persons) while CBCL accounted for 27% (3.2 per million persons). Consistent with previous report, incidence was higher in men compared to women, with an incidence rate ratio (IRR) of 1.64 for CTCL and 1.64 also for CBCL. Incidence varied by race, with a black:white IRR of 1.28 in CTCL and 0.46 in CBCL. The latter indicates a decrease from previously reported data. Cutaneous lymphoma incidence has been increasing for decades. However, CTCL incidence has leveled off in recent years. In CBCL, incidence continues to increase in whites, although it may be leveling off as well, and it remains unchanged in blacks. The causes for these trends are not known.

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Association of discoid lupus with other clinical manifestations among patients with systemic lupus erythematosus

J.F. Merola[1,2], S.D. Prystowsky[3], C. Iversen[1], J.A. Gomez-Puerta[1], T. Norton[1], P. Tsao[1], E. Massarotti[1], P. Schur[1], B. Bermas[1] and K.H. Costenbader[1], [1]*Brigham and Women's Hospital, Harvard Medical School, Department of Medicine, Division of Rheumotology, Boston, Massachusetts, USA;* [2]*Brigham and Women's Hospital, Harvard Medical School, Department of Dermatology, Boston, Massachusetts, USA and* [3]*New York University Medical Center, Department of Dermatology, New York City, New York, USA*

Prior studies suggest cutaneous discoid lupus (DLE) among patients with SLE may be a marker for less severe disease, with low frequency of nephritis and end-stage renal disease (ESRD). These studies have not confirmed DLE diagnosis by a dermatologist or assessed medication effects. The objective of this study was to investigate associations between DLE and other specific SLE manifestations in a large validated SLE cohort. Our SLE registry contains data on 5,030 patients since 1970, involving rheumatologist confirmation of SLE by chart review, >4/11 of 1997 ACR classification criteria for SLE, >2 visits and >3 months of follow-up, and documented year of SLE diagnosis. Cases of DLE were confirmed by a dermatologist-rheumatologist review of dermatology notes and supported by histopathology and images, when applicable. Data collected included SLE manifestations, medications, and serologic data. Multivariable-adjusted logistic regression analyses were used to test for associations between DLE and, individually, each of the ACR SLE criteria and ESRD among SLE patients. Of the 1,043 SLE patients included, DLE ($n=117$) was significantly associated with the presence of photosensitivity, leukopenia, and anti-Smith antibodies. DLE was inversely associated with both arthritis and pleuritis. We found no significant associations between DLE and nephritis or ESRD. In conclusion, we found an increased frequency of photosensitivity, leukopenia, and anti-Smith antibodies among SLE patients with DLE and an inverse association of DLE with both pleuritis and arthritis. We did not observe the inverse associations of DLE with anti-dsDNA antibodies, lupus nephritis, or ESRD previously described in other studies. These findings have important implications for prognosis among SLE patients with DLE.

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