## LB765

**Pseudofolliculitis barbae in the barbershop: A survey of barbers and patients identifying needs and possible solutions**

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Pseudofolliculitis barbae (PFB) is an inflammatory condition with an incidence of up to 83% in Black men. Prior studies called for partnerships between dermatology and barbers. We aimed to understand population needs and identify opportunities for improving access. We recruited barbers and individuals affected by razor bumps and ingrown hairs (representing PFB) via social media to complete a survey. 1063 participants responded (77% male and 24% Black). 41% (n=389) experienced PFB in the past two years, of which PFB "sometimes" or "always" impacted their quality of life with symptoms related to physical (48%) emotional (40%) or function (43%). 68% of individuals reported seeking advice from doctors and 78% from barbers on how to treat PFB. Over 20% did not know dermatologists treat PFB. Of individuals treated by dermatologists, 92% were satisfied with care provided compared to 83% from primary care doctors and 46% from barbers. Barriers to seeking dermatology were: lack of knowledge of where to find a dermatologist (25%) and not having time to schedule (27%). Overall, 36% said they would interact with dermatologists on telehealth platforms, 30% would like a directory of local providers, and 23% would like PFB treatment recommendations. Barbers comprised 41% (n=421) of our study population. 17% did not know clients could see a dermatologist but 95% would refer clients to dermatology. Barbers prefer a personal connection with a dermatologist (48%), access to a directory (37%) or in-shop services or seminars (14%). Our findings demonstrate both needs and receptiveness to increased access to dermatologic care in the population with high incidence of PFB. Our results may prompt further exploration of potential means to bridge identified access barriers: namely, programming development based on barbers and individual needs, possible applications offering product recommendations, building connections to local dermatologists, and facilitated appointment scheduling.

## LB767

**A multicenter analysis of patients using telemedicine for dermatological conditions during the COVID-19 pandemic**

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The COVID-19 pandemic caused medical facilities to modify healthcare delivery and incorporate more telemedicine to reduce the spread of COVID-19. Multicenter studies assessing the impact of telemedicine in dermatology remains sparse. The aim of this study is to quantify the national impact of the pandemic on telemedicine utilization for common dermatologic conditions. A descriptive study was done using TriNetX, a national federated real time database of 69 million records. ICD-10 codes of the most common dermatologic diagnoses were determined a priori. The prevalence of common dermatologic conditions diagnosed via telemedicine encounters (TME) was assessed from 3/20/2020 to 3/19/2021 and compared to the preceding year. The number of TME across all dermatological conditions (ICD10:L00-L99) increased 805% from 150 to 1,358 per 100,000 of all healthcare encounters (HCE). Every dermatological disease assessed had a significant increase in TME when compared to the prior year. This increase was most significant for acne vulgaris (808%), psoriasis (792%), malignant skin neoplasms (716%), atopic dermatitis (609%), rosacea (566%) and contact dermatitis (529%). Others with increased TME include viral warts (497%), follicular cysts (415%), seborrheic keratosis (365%), actinic keratosis (351%), and benign skin neoplasms (275%). The most common dermatologic conditions seen via TME were seborrheic keratosis (146/100,000 HCE), actinic keratosis (106), malignant skin neoplasms (103), contact dermatitis (82), psoriasis (75), acne vulgaris (57), follicular cysts (48), benign skin neoplasms (42), atopic dermatitis (39), rosacea (39), and viral warts (31). Common dermatological diagnoses saw a drastic increase in telemedicine utilization from 2020 to 2021 compared to the prior year. Further research is warranted to determine whether these trends persist.

## LB769

**A report of Basal Cell Carcinoma hospitalizations: An analysis from the national inpatient sample database**

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There is a scarcity of national population studies on hospitalizations of Basal cell carcinoma (BCC) patients in the United States (U.S). This study aims to compare comorbidities of BCC to non-BCC hospitalizations and determine the most common reasons for BCC hospitalizations resulting in inpatient mortality. Data were obtained from the National Inpatient Sample (NIS) 2016-2018 databases, which contained about 105 million hospitalizations. The NIS is the largest inpatient database in the U.S. We abstracted data for adult hospitalizations, with any diagnosis of BCC, using ICD-10 codes. Analyses were performed using STATA,16. By using a "rank" command in STATA, diagnoses were placed in descending order of frequency. We compared comorbidities using chi-square test between BCC and non-BCC hospitalizations. A total of 30,345 hospitalizations had a diagnosis of BCC, of these 850 resulted in inpatient mortality. BCC patients had more comorbidities such as prior myocardial infarction (7.2% vs 5.5%), prior stroke (8.3% vs 6.5%), hypertension (40.7% vs 34.4%), congestive heart failure (19.6% vs 15.4%), peripheral vascular disease (4.4% vs 2.9%), smoking (41% vs 35.9%), coronary artery disease (23.1% vs 16.9%), vascular dementia (0.9% vs 0.5%), and Alzheimer's dementia (2.1% vs 1.3%) compared to non-BCC patients (p<0.0001).The most common principal diagnosis categories for BCC hospitalizations resulting in inpatient mortality were infections (27.1%), cardiovascular CV (17.1%), respiratory (15.3%), and hemato-oncological (14.1%). Sepsis (20%), acute kidney injury (2.9%) and inhalational pneumonitis (2.4%) were the most common specific diagnosis. The most common reasons for BCC hospitalizations resulting in inpatient death were infections, cardiovascular and respiratory diseases. CV risk factors, smoking, and dementia are more common in BCC hospitalized patients than non-BCC patients. Management of co-morbidities is important in reducing inpatient mortality.

## LB766

**Prevalence and adverse events of special interest among COVID19-vaccinated patients with chronic inflammatory skin diseases: An early look**

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Despite increasing rates of COVID-19 vaccination among those living in the United States, there is little known about the prevalence of vaccination among patients with chronic inflammatory skin diseases and if any significant adverse reactions have occurred within these groups. The goal of this study was to further analyze these trends. A retrospective analysis was conducted from December 2020 to March 2021 using TriNetX, a national federated, real time database of 69 million records. The prevalence of COVID-19 vaccination among patients with inflammatory skin diseases including psoriasis (Pso), atopic dermatitis (AD), and hidradenitis suppurativa (HS) was calculated. A 1:1 matched propensity score analysis was then conducted, adjusting for comorbidities and demographics, to generate adjusted risk ratios (aRR) with 95% CI. The outcome was any adverse event of special interest (AESI), as defined by the CDC and FDA, that occurred at any point after vaccination. In a sample of 301,878 patients who were vaccinated,1.5% had Pso, 1.4% had AD, and 0.3% had HS. After matching, cases had no significant differences compared to controls for any AESIs after either the first dose (Pso: 1.1[0.5-2.3], AD: 1.4[0.7-2.8], HS:1.0[0.4-2.4]) or second dose of vaccine (Pso: 1.4[0.7-2.7], AD: 1.0[0.6-1.7], HS: 1.0[0.4-2.4]). Matched subgroup analysis among the two major COVID-19 vaccine brands also revealed no differences in AESIs among Pso, AD, and HS patients. While preliminary, the current data reveals that patients with chronic inflammatory skin diseases are not at higher risk of any AESIs after receiving the COVID-19 vaccine. Further studies are warranted to continuously evaluate the trends in side effect profiles of these vaccines.

## LB768

**Adult and pediatric emergency department visits for dermatological conditions during the COVID-19 pandemic: A multicenter analysis**

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During the early phases of the COVID-19 pandemic, many emergency departments (EDs) across the United States experienced significant declines in patient volumes. The aim of this study was to quantify the degree to which COVID-19 impacted ED visits for adult and pediatric dermatological conditions. A descriptive study was performed using TriNetX, a national federated real time database of 69 million records. Common dermatological conditions were identified a priori via ICD-10 codes. The prevalence of adult and pediatric ED encounters (EDE) with each skin condition was assessed from 3/20/2020 to 3/19/2021 and compared to the preceding year. The number of EDE for any dermatological condition (ICD10: L00-L99) decreased 23% overall from 19,705 to 15,218 per 100,000 of all healthcare encounters (HCE). All dermatological disease categories assessed in both adult and pediatric patients showed a significant decrease in total EDE compared to the prior year. Diagnoses assessed included cellulitis (-38% and -53% for adult and pediatrics, respectively), other skin infections (-38%, -56%), bullous skin disorders (-46%, -53%), dermatitis/eczema (-40%, -61%), papulosquamous disorders (-35%, -64%), urticaria/erythema (-46%, -64%), radiation-related skin disorders (-44%, -38%), skin appendages disorders (-43%, -54%), and other skin disorders (-39%, -53%). Adult and pediatric ED visits for dermatological conditions significantly decreased during the pandemic compared to the prior year with decreases in pediatric ED visits being more notable. Further studies are necessary to determine if these patients received care in other settings (i.e. outpatient offices, telehealth), and associated outcomes. Future studies are also needed to examine the degree to which ED visits for dermatologic conditions resume and if COVID-19 has lasting impacts on the setting in which skin care is sought.

## LB770

**Analysis of pediatric Hidradenitis Suppurativa hospitalizations: A national population-based study**

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There is a scarcity of large national population-based studies on hospitalized pediatric hidradenitis suppurativa (HS) patients in the United States (U.S). This study aims to determine the most common reasons for hospitalizations of pediatric HS patients and compared baseline characteristics of HS and non-HS pediatric hospitalizations. We searched the 2016 Kids' Inpatient Database (KID), which contains about 7 million weighted discharges. The KID is the largest inpatient pediatric database in the U.S. We abstracted data for pediatric patients aged <21 years, with a principal or secondary diagnosis of HS, using the ICD-10 code "L732". Analyses were performed using STATA, version 16. By using a "rank" command in STATA, diagnoses were placed in descending order of frequency. The most common principal discharge diagnoses were divided into categories based on organ system, and the most common specific principal discharge diagnosis was recorded. We compared baseline socio-demographic characteristics and comorbidities between HS and non-HS hospitalizations using chi-square test. A total of 1,290 hospitalizations had a diagnosis of HS, of these 356 had a principal diagnosis of HS. HS patients were older (16.9 vs 4 years), had more females (72.6% vs 51.5%), African Americans (45.4% vs 14.7%), dyslipidemia (3.2% vs 0.2%), hypertension (8.7% vs 0.8%), hypothyroidism (3.5% vs 0.5%), Diabetes Mellitus type 2 (6.9% vs 0.2%), obesity (32.5% vs 1.4%), liver disease (1.9% vs 0.4%), smoking (7.9% vs 2.1%), and anemia (20.2% vs 3.9%) compared to non-HS patients (p<0.0001). The most common principal diagnosis categories of HS hospitalizations were "diseases of the skin and subcutaneous tissue" (50.7%), digestive (6%), mental and behavioral (5.2%), and endocrine (5.1%). HS (27.6%) was the most common specific principal diagnosis. Establishing multidisciplinary clinics with dermatologists and psychologists, screening for endocrine, metabolic, and other associated comorbidities may reduce unnecessary hospitalizations of pediatric HS patients.