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26775

Vancomycin-associated drug-induced hypersensitivity syndrome after IV therapy with vancomycin and implantation of a vancomycin-eluting spacer and absorbable beads

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Drug-induced hypersensitivity syndrome (DIHS) is a life-threatening severe cutaneous adverse reaction with multisystem involvement. DIHS usually occurs in the context of orally or intravenously administered medications, but can be reactivated with epicutaneous application of culprit medications. We present a case of a 31-year-old woman who developed vancomycin-induced DIHS after treatment of a prosthetic joint infection. Her total hip arthroplasty prosthesis infection was treated with removal of the prosthesis, IV vancomycin and implantation of a polymethyl methacrylate vancomycin-eluting spacer along with vancomycin-eluting absorbable calcium beads. 26 days after treatment, she developed a pruritic morbilliform exanthema along with malaise, nausea, dysphagia, neck-swelling, chills and was noted to have an AST of 389 and an ALT of 338. IV vancomycin was replaced with daptomycin and patient was started on 100mg of daily prednisolone. After initiation of prednisolone, she had rapid improvement of her neck-swelling and rash, but her AST and ALT remained elevated for 10 days despite treatment with corticosteroids. Given her persistently elevated AST and ALT, multidisciplinary discussions were held to consider removing the implanted vancomycin-eluting spacer. Surgery was deferred due to the patient's high dose corticosteroids, increased risk of infection and incremental clinical improvement. She continued to improve and eventually tapered off her steroids after discharge. This is the first reported case of DIHS in a patient treated with drug-eluting absorbable beads, implant and IV antibiotics. In conclusion, we recommend careful consideration of the relative risks and benefits along with close clinical monitoring before surgical revision in complex cases of DIHS.

Commercial Disclosure: None identified.



26780

Patient experiences with teledermatology during the COVID-19 pandemic: A survey

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Background: The COVID-19 pandemic has drastically changed the practice of dermatology as social distancing guidelines have led to a shift from in-office care to virtual telehealth (teledermatology). We aimed to determine patient satisfaction, perceived barriers, as well as indications for teledermatology appointments during the COVID-19 pandemic.

Methods: A survey was sent out via SurveyMonkey's online platform to patients of the George Washington Medical Faculty Associates' Dermatology department who attended telehealth appointments during the COVID-19 pandemic.

Results: Out of 894 invitations sent, 168 patients completed our survey. The most common reasons for making a telehealth appointment were for a new rash (11.6%), eczema (9.8%), and psoriasis (9.1%). The most common reasons respondents liked telehealth were because of time efficiency (81.1%), not requiring transportation (74.2%), and maintaining social distancing (73.6%). The most common reasons respondents did not like telehealth were due to lack of physical touch (26.8%) and feeling they received an inadequate assessment (15.7%). Very few patients reported that they were unlikely to undertake another telehealth visit (9.9%) or recommend a telehealth visit to others (6.9%).

Conclusion: Dermatology patients likely perceive telehealth visits as a convenient and safe method for quality care during the COVID-19 pandemic. The lack of physical touch, inability to provide close inspection and/or procedural intervention can be frustrating for patients and therefore meaningful selection of appropriate cases for telehealth visits can optimize the patient experience. Overall, telemedicine represents an effective and safe vehicle for delivering care, especially during a global pandemic.

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26777

HPV vaccination status and resolution of verruca in pediatric patients

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Purpose: Cutaneous viral warts are a common dermatologic complaint with an increased incidence within the pediatric population. The etiology of these warts is primarily from the human papillomavirus (HPV). There is little research on how a patient's HPV immunization status affects the response to treatment of recalcitrant warts. The purpose of this study is to investigate the relationship between HPV vaccination status and wart resolution.

Materials and methods: We conducted a retrospective chart review to investigate the relationship between response to routine treatment of verruca vulgaris and plantar warts (recalcitrant: failed 3 treatments and nonrecalcitrant) and a subject's HPV vaccination status. 182 patient charts were reviewed.

Results: There was no significant relationship found between HPV vaccination status and resolution of warts ($P = .797$). However, there was a significant positive correlation between having the HPV vaccine and number of treatment visits for the treatment of warts ($r = 0.180$, $P = .024$). All additional statistical analyses were insignificant, including the effect of gender on wart resolution and the effect of the quantity of warts on the number of treatment visits.

Conclusion: Our study did not show a significant correlation between HPV vaccination status and wart resolution, although there was a significant positive relationship between those immunized with the HPV vaccine and an increased number of treatment visits. Possible explanations for this unexpected correlation include suboptimal cryotherapy dose in children, vaccination habits and likelihood to attend office visits, and different formulations of the vaccine and varying immunization schedules.

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26808

A "mite-y" rash in a neonate

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Introduction: Scabies in a child, especially a neonate, has an unusual presentation compared with that seen in adults. Early identification and therapy are essential to prevent worsening of symptoms and transmission to others.

Clinical case: We present a case of a black 5 week-old female presenting with diffuse crusted papular and pustular rash of her face, trunk, and extremities for three weeks. The rash spared her buttock, groin, palms, and soles. She was previously treated for neonatal acne and eczema by her pediatrician without improvement. In the hospital, she received acyclovir for presumed herpes infection. Significant labs included peripheral eosinophilia. The parents denied pruritus and had no rash at that time.

Differential diagnosis: Upon examination, differential diagnosis of papular and vesicular rashes presenting in babies included, but was not limited to, eczema herpeticum, papular urticaria, and Langerhans cell histiocytosis. Workup included bacterial culture of the pustule with no growth, viral culture of the vesicle with no virus isolated, and two punch biopsy specimens. Mites were present in the stratum corneum, and scabies treatment and management included permethrin 5% cream reapplied in one week.

Discussion: Scabies in infants presents differently than in older children and adults. Infants, especially neonates, are not likely to exhibit signs that they itch, making this diagnosis more difficult. The importance of a thorough evaluation, broad differential, and evaluation of parents can help aid in this diagnosis. When necessary, a biopsy can help such as in this case. Recognition of diseases with similar presentation and how to differentiate them is critical in managing this patient population.

Commercial Disclosure: None identified.

