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**Palisaded and neutrophilic granulomatous dermatitis in a child**

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Palisaded and neutrophilic granulomatous dermatitis (PNGD) is a rare entity that occurs in conjunction with autoimmune diseases as systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), juvenile idiopathic arthritis, sarcoidosis, and mixed connective tissue disease. Autoimmune diseases in pediatric patients can be challenging to diagnose. We present the first pediatric case of PNGD associated with SLE. A 10-year-old girl with a history of atopic dermatitis, asthma, and a family history of SLE and RA presented to the ED with palpable purpura of the lower extremities and arthralgias and was diagnosed clinically with Henoch-Schoenlein purpura. She was treated conservatively, and her rash resolved, but she continued to have arthralgias which were attributed to "growing pains." Six months later she presented to the dermatology clinic with a new papular rash on the elbows and knees as well as photosensitivity. She was found to have an ANA of 1:2560 and dsDNA antibodies of 109, anti-SSA/anti-SSB were negative. Biopsy of a papule on the elbow revealed PNGD. While the patient's biopsy was being processed, she acutely developed worsening arthralgias, muscle weakness, and fatigue and was admitted to the hospital where she was found to be hypertensive. During this admission, patient met criteria for diagnosis of systemic lupus erythematosus and renal biopsy revealed class IV lupus nephritis. Patient was started on IV solumedrol, amlodipine, and rituximab infusion, and improvement was seen in her systemic and cutaneous symptoms.

*Commercial Disclosure: None identified.*

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**Impact of COVID-19 on patient willingness to seek in-person dermatologic care**

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The coronavirus-19 (COVID) pandemic has hindered health care provider operations, and its impact on patient willingness to seek in-person dermatologic care lacks extensive study. Understanding how a pandemic may influence patient motivation to consult a dermatologist may facilitate efficient allocation of health care provider resources both during and after COVID. Participants (n = 416) were recruited through Amazon Mechanical Turk, a web-based survey platform. Subjects were randomized to one of fourteen groups, each entailing a pre-COVID or during-COVID hypothetical scenario of a socially stigmatized skin condition: scalp psoriasis, herpes labialis, acne vulgaris, rosacea, tinea faciei, melanoma, or a benign nevus. Subjects rated their willingness to schedule an in-person dermatology appointment on a 5-point Likert scale (ie, willingness score). Sociodemographic data were collected. Herpes labialis, tinea faciei, and melanoma prompted higher willingness scores during COVID (3.94; 4.03; 3.54) compared with pre-COVID (3.81; 4.0; 3.32); scalp psoriasis, acne vulgaris, rosacea, and benign nevi prompted lower willingness scores during COVID (3.33; 2.88; 3.67; 3.07) compared with pre-COVID (3.93; 3.19; 4.21; 3.7). The benign nevus group displayed the largest decrease in willingness scores from pre-COVID (3.7) to during COVID (3.07). Patients reported higher willingness to seek in-person evaluation for conditions associated with stronger social stigmas, such as scalp psoriasis and herpes labialis, during COVID. We did not control for subject familiarity with each skin condition, and perceived degree of disfigurement was not measured. Patient willingness to seek treatment during COVID may be changing rapidly and, at this time, does not appear to be largely affected by the pandemic.

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**Squamous eccrine ductal carcinoma of the nose requiring extensive resection and reconstruction**

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A 69-year-old male presented to dermatology with a 1-year history of an enlarging 3-cm ill-defined, indurated, sclerotic, and ulcerated mass on the nasal tip. Shave biopsy demonstrated squamous cell carcinoma (SCC) with atypical squamous cells exhibiting epithelioid and infiltrative patterns. Tissue from the Mohs debulk demonstrated a poorly differentiated carcinoma diffusely infiltrating the dermis with perineural invasion. Tumor cells were predominantly epithelioid cells with clear to eosinophilic cytoplasm forming cords, nests with occasional lumen, and focally diffuse sheets that exhibited positivity for CK5/6, CK7, p40, p63, EMA, Lu-5, D240, and CEA. Histologic and immunohistochemical features were consistent with squamous eccrine ductal carcinoma (SEDC). The peripheral margin and majority of the deep margin were cleared with Mohs surgery. Due to invasion into the nasal septum, further excision and repair was done by ENT Facial Plastics. Clear margins were obtained. CT imaging was negative for intracranial metastasis, neck masses, or regional lymphadenopathy. SEDC is a rare subtype of eccrine carcinoma with approximately 60 reported cases since initial description in 1997. Lesions appear as ulcerated nodules or plaques on sun exposed skin. Histologic features include superficial atypical squamous proliferation with deeper eccrine ductal differentiation and immunohistologic positivity indicative of eccrine origin. Lack of characteristic ductal features in the superficial portion of the tumor has led to initial misdiagnosis as SCC in shallow biopsies. SEDC has a 13% rate of metastasis with 1 reported death and multiple reports of local recurrence after wide excision. Outstanding clinical and histologic images will be presented.

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**The impact of adalimumab on the intimacy of hidradenitis suppurativa patients: Experience of a dermatology unit in Portugal**

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**Background:** Hidradenitis suppurativa (HS) has a major impact on quality of life, particularly on patients' sexual health. Adalimumab is approved for moderate-to-severe HS unresponsive to conventional therapy. We aimed to evaluate the effect of adalimumab on the intimacy of HS patients.

**Methods:** We present a series of 6 patients from a Portuguese HS consultation treated with adalimumab. Data collected included demographics, body mass index (BMI) and relationship status. The impact of HS on intimacy was assessed with an adapted Dermatologic Intimacy Scale (DIS) at baseline and 6-month follow-up visits. Quality of life was determined using DLQI. Disease severity was measured by the Physician Global Assessment (HS-PGA) and Hurley scores.

**Results:** Two-thirds of the patients were male. The mean age was 36.5 years, mean BMI was 27.1, and 66.6% were in a relationship. DIS score showed a significant positive correlation with DLQI. A significant decrease after 6 months of treatment was seen in HS-PGA. However, comparison of baseline with month six DIS score failed to show statistically significant improvement. There was no association between DIS and sex, BMI, relationship status, disease severity nor anogenital involvement.

**Conclusions:** Our results are in agreement with the modest gain in DLQI reported for adalimumab in HS patients. This is further supported by the lack of correlation between the severity of cutaneous lesions and the intimacy score. Incomplete disease control and associated scarring might contribute to this maintained distress. We underline the need for attention on the impact of HS on intimacy when treating those patients.

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