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Dermatofibrosarcoma protuberans in a pediatric patient

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Introduction: Dermatofibrosarcoma protuberans (DFSP) is a rare cutaneous soft tissue sarcoma of intermediate malignancy whose incidence peaks between the fourth and sixth decades of life. This neoplasm is infrequent in the pediatric age, with an estimated incidence of one per million. In children, the clinical appearance may be heterogeneous and a higher index of suspicion is necessary to make an early diagnosis and reduce the morbidity associated with its treatment. We report a case of DFSP in a 13-year-old patient.

Case report: A 13-year-old girl was referred to our department due to the appearance of a tender subcutaneous nodular lesion in the suprapubic region. Physical examination revealed an erythematous macule in the lower right part of the lesion and absence of pubic hair on the affected area. Cutaneous ultrasound showed a hyperechogenic, fibrous-looking tumor with no doppler activity expanding the dermis and affecting the subcutaneous fat. A skin biopsy was performed and the histopathologic analysis disclosed a proliferation of spindle cells in the deep dermis, arranged in a storiform pattern, and deeply infiltrating the subcutaneous cellular tissue. The neoplastic cells were monomorphic, elongated, with scant cytoplasm and remarkably mild atypia. Mitosis could be observed occasionally. Immunohistochemical study showed tumor cells to be positive for CD34 and BCL2 and negative for factor XIIIa, actin, and CD117. Bringing all the previous data together, the diagnosis of a dermatofibrosarcoma protuberans was confirmed. The patient underwent Mohs micrographic surgery and is currently free of disease.

Discussion: DFSP is a fibrohistiocytic tumor of intermediate malignancy that is extremely rare in the pediatric population. Recently, several case series have been published with the objective of describing the incidence, demographic factors, different forms of presentation and prognosis of this neoplasm in pediatric patients. The incidence of this tumor is highest among black children and those over 10 years of age. Congenital cases of DFSP have also been described. Its most frequent location is the trunk and its clinical presentation may be heterogeneous, with sclerotic, atrophic, macular or nodular forms having been described. Overall prognosis is favorable with prolonged survival and low rate of metastasis. It is exceedingly important to recognize the varied clinical manifestations of DFSP in the pediatric population to avoid delay in diagnosis and minimize complications associated with surgical treatment, such as functional disability, mutilation and poor cosmetic results.

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Dermatologic applications of sodium sulfacetamide

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Introduction: Sodium sulfacetamide has various uses in the field of dermatology due to its antiinflammatory and antibacterial properties.

Objectives: To review the mechanism of action, pharmacology, clinical uses, adverse effects, and contraindications of sodium sulfacetamide in dermatologic conditions.

Methods: A literature review was performed using pubmed.com up to July 2017 regarding studies on sodium sulfacetamide and its clinical applications.

Clinical uses: Sodium sulfacetamide has been proven to be an effective treatment for conditions such as papulopustular rosacea, acne vulgaris, seborrheic dermatitis, and perioral dermatitis. In rosacea, sodium sulfacetamide 10%–sulfur 5% lotion was compared with metronidazole 0.75% gel and found to be more effective in the reduction of erythema, pustules, and overall severity. The use of both medications in conjunction has been shown to increase efficacy in the treatment of rosacea. Twice daily use of sodium sulfacetamide for 12 weeks has shown an 80.4%–83% reduction in inflammatory acne lesions. Sodium sulfacetamide lotion was an effective treatment in 89% of patients with scalp seborrheic dermatitis and 68% of patients with glabrous skin involvement. The use of topical sodium sulfacetamide along with oral tetracyclines has been demonstrated to consistently clear lesions in most patients with perioral dermatitis. There have been no well controlled trials to compare the efficacy of sodium sulfacetamide to other topical therapies for this condition.

Adverse effects: Adverse effects from sodium sulfacetamide are rare and generally limited to mild cutaneous reactions such as dryness, erythema, pruritus, discomfort, and conjunctival irritation with periocular use. It also may produce an offensive smell with sulfur preparations as well as discoloration of clothing when combined with benzoyl peroxide.

Contraindications: Sodium sulfacetamide is a pregnancy category C drug and is contraindicated in patients with a known hypersensitivity to sulfonamides or sulfur. It should be used with caution in nursing women as systemic sulfonamide antibacterials can cause kernicterus in neonates.

Conclusion: Sodium sulfacetamide is an effective treatment of common dermatologic conditions such as rosacea, acne, seborrheic dermatitis, and perioral dermatitis. Its effectiveness in multiple conditions may make this treatment option advantageous in patients with a combination of the above disorders.

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Dermatologic considerations in transgender care

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Background: Transgender individuals experience unique dermatologic concerns from severe acne associated with testosterone therapy in transmen to hair removal in transwomen. Currently, only 1 survey study and 2 brief reviews have addressed the dermatologic care of transgender individuals.

Objective: To assess the dermatologic considerations in transgender individuals and the role of dermatologists in their care.

Methods: The Pubmed and Medline databases were reviewed in May 2017 using key words, such as transgender, procedures, hair removal, laser, and hormone therapy.

Results: In total, 43 relevant publications addressing dermatologic care in transgender patients were reviewed. According to the literature, there are several critical categories to consider in relation to hormone therapy, facial procedures, and post-surgical care. Cross-sex hormone therapy serves a fundamental role in the gender transition process but results in hormone specific changes to the skin. Neurotoxins and cosmetic fillers serve as a temporary option to feminize or masculinize the face. Lastly, post-surgical care represents a major category of dermatologic need in transgender patients. Specifically, laser hair removal, full body skin checks, HPV-related genital lesions, and scar management are essential considerations. **Implications:** In transwomen, estrogen and antitestosterone therapy alone are not sufficient to eliminate body and facial hair. Additional laser treatment is necessary for permanent hair removal. In contrast, testosterone therapy in transmen sufficiently increases facial and body hair but triggers acne and male pattern baldness. However, treatment of hair loss and acne raises several concerns, including the lack of guidelines for proper dosing of finasteride for transmen and limitations of the current binary gender format on iPLEDGE for isotretinoin use. For facial augmentation, injectables serve as a relatively affordable and accessible therapy. However, the prevalence of illicit silicone injection use in this populations has resulted in serious complications including ulcerative granulomas, cellulitis, and lymphedema of the face.

Conclusion: Because dermatologists have the privilege to improve the health care of transgender patients, they must understand the common and unique concerns of transgender individuals and encourage further research to promote an overall inclusive environment for transgender patients and their care.

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Dermatologic depictions in animated movies

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Dermatology is a uniquely situated field of medicine because most pathologic processes and normal variations are easily observed, which can add an additional level of psychologic angst to those living with skin disease. Dichotomous depiction of skin in heroes and villains could be one factor contributing to negative stigmas surrounding skin disease. To determine if differential skin depictions exist in animated movies, we examined major characters from the top 50 highest grossing animated movies and compared skin findings among four groups of characters. Traditional protagonists and hidden antagonists were compared with traditional antagonists and atypical protagonists. In the animated films included in the study, 76.5% of antagonists and atypical protagonists had one or more dermatologic findings compared with 25.9% of protagonists and hidden antagonists that displayed skin conditions or lesions ($P < .0001$). The data, after statistical analysis, revealed the difference between these two groups to be significant ($P < .0001$). The mean findings per character were also examined and revealed a significant difference between antagonists and atypical protagonists, who on average had 1.56 findings per character, compared with protagonists and hidden antagonists, who had 0.37 ($P < .0001$). This data demonstrates that characters with evil roles or negative associations (antagonists and atypical protagonists) are more likely to have dermatologic findings than characters meant to appear good (protagonists and hidden antagonists), and to have more findings on average per character. The authors call for further research into dermatologic depictions in film and strategies that movie producers can utilize to help destigmatize skin disease.

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