

independent role of the patient's sex in initiating such therapy. The psoriasis severity was defined as a time-varying variable.

The results showed that men had more severe psoriasis than women according to the Psoriasis Activity and Severity Index (PASI), regardless of age at enrolment, and throughout the study period. The analysis of the multiple Cox regression show that age, psoriasis severity and psoriasis arthropathy were relevant factors for initiating biological therapy, whereas sex is not.

Although as many women as men are believed to suffer from psoriasis, men seem to be more severely affected by psoriasis. The asymmetry in allocation of biological therapy thereby probably reflects the differing disease activity between the sexes, and is not a discrimination of women per se.



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cause prominent follicular plugging, follicular cysts and milias, and hyperkeratotic skin reactions. Local retinoids and acitretin have been used to control these side-effects with good results in case studies. The new MEK inhibitors, such as trametinib (Mekinist®), which is FDA approved for advanced melanoma, can be used together with B-RAF inhibitors. This combination causes less dermatological side-effects in trials when compared to B-RAF single drug treatment.

However, trametinib and other MEK inhibitors cause an EGFR inhibition and can cause the same side-effects as EGFR inhibitors.



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Danish Association of Dermatology Residents & Cardiovascular Risk Assessment in Patients with Severe Psoriasis vs. Severe Atopic Dermatitis

Danish Association of Dermatology Residents: A brief history of the Danish Association of Dermatology Residents were presented and the current status of the organisation and important goals were mentioned. All this is covered in detail in the latest issue of Nordic Forum of Dermatology and Venereology (Forum for Nord Derm Ven 2013; 18: 44–45).

Cardiovascular Risk Assessment in Patients with Severe Psoriasis versus Severe Atopic Dermatitis: Psoriasis is a common inflammatory disease of the skin and joints with a characteristic inflammatory pathogenesis based on a T-helper (Th)-1, Th-17 and Th-22 cell-mediated mechanism. Severe psoriasis is thought to be a systemic inflammatory disease linked to a range of comorbidities. A link between severe psoriasis and atherosclerotic disease has been proposed and the body of literature on the area is rapidly expanding.

Atopic dermatitis is another common inflammatory skin disease. In atopic dermatitis the inflammatory response seen during flares seems to be driven primarily by a Th-2 response. In a subset of patients with severe disease, there is a lifelong constant inflammatory response in the skin with evidence of systemic inflammation as well.

In this current study we utilise the technique of coronary computed tomography to assess the risk of cardiovascular disease in patients with severe psoriasis and severe atopic dermatitis. Non-invasive coronary computed tomography is a well established method of risk assessment and a diagnostic tool in suspected coronary artery disease.

Young Dermatologists

Update on Dermatological Side-effects of Novel Targeted Cancer Therapies

Many new targeted biological cancer therapies have recently come to market. They offer better efficacy, longer survival and fewer side-effects in general. Many of the targeted cancer therapies have a lot of specific dermatological side-effects.

The most common dermatological side-effect of the EGFR-inhibitors erlotinib (Tarceva®), gefitinib (Iressa®), panitumumab (Vectibix®), cetuximab (Erbix®) and lapatinib (Tyverb®) is an acneiform papulopustular eruption, which can be managed with tetracyclines, local antibiotics, hydrocortisone and emollients. The eruption has an early start and it usually fades away in a few months, leaving hyperpigmentation and telangiectasias. New studies show that a prophylactic treatment with tetracyclines, hydrocortisone and sunscreen use is much more effective than reactive use of the same medications. Cetuximab and panitumumab cause the most severe rash and when using those medications prophylactic treatment is advised.

B-RAF inhibitors vemurafenib (Zelboraf®) and dabrafenib (Tafinlar®) used for advanced melanoma are known to cause squamous cell carcinomas and keratoacanthomas. They also

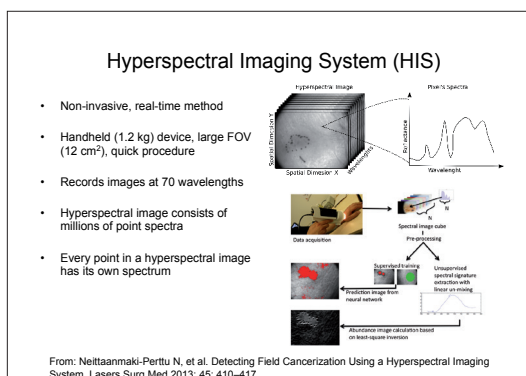
The study is still ongoing. Due to this, final results of the study were not ready for publication at the time of the congress, but examples and preliminary results were shown.



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Detecting Field Cancerization using a Hyperspectral Imaging System

Field cancerization denotes subclinical abnormalities in a tissue chronically exposed to UV radiation. These abnormalities can be found surrounding the clinically visible actinic keratoses. In our study we used a handheld hyperspectral imaging system (HIS) to detect field cancerized areas for early treatment of the subclinical actinic keratosis (AK).



Fifty-two clinical AKs in 12 patients were included in the study. HIS detected all clinically visible 52 AKs and numerous subclinical lesions surrounding them. Results were confirmed by histopathology. A specific diffuse reflectance spectrum of an AK and healthy skin was defined. The hyperspectral imaging system offers a new, non-invasive method for early detection of field cancerization. The large field of view (12 cm²), the light (1 kg) hand-held device and the quick procedure make HIS a feasible tool for clinical practice.



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Contact Dermatitis

Summary of the Contact Dermatitis Session

Kristiina Aalto-Korte, Helsinki, Finland: Contact Allergy to Epoxy Compounds. In Germany an alarming increase in prevalence of epoxy allergy has been observed in the building industry, especially in young workers. Pipe relining with epoxy is a rapidly increasing trade with extensive risk of skin exposure. Prevention of epoxy contact allergy is of great importance. Not all important epoxy hardeners are available as commercial patch test substances.

Heidi Søsted, Copenhagen, Denmark: Contact Dermatitis to Hair Dye Ingredients. p-Phenylenediamine (PPD) is the primary patch test screening agent for hair dye contact allergy, while 100 different hair dye chemicals are allowed. But is PPD an optimal screening agent for diagnosing hair dye allergy? 2,939 consecutive European patients were patch-tested with 27 hair dye ingredients. A positive reaction to PPD was found in 4.5%, 2.8% reacted to toluene-2,5-diamine. 5.3 % reacted to one or more of 5 commercial available hair dye patch test allergens. Dying hair was the most frequently reported cause of the allergy (55.4%). p-Methylaminophenol gave reactions in 2.2%. PPD identifies the majority of positive reactions, but not all, which justifies additional test with hair dye ingredients from the used product.

Jussi Liippo, Turku, Finland: Lichen Allergy – Sensitisation and Contact Dermatitis from Nature and Cosmetics. In a group of 18 patients the face, upper body and hands were most often affected. Many patients reacted to oak moss or fragrance mix I without evident fragrance-related problems. Most patients were females and had atopic background.

Kristian F. Mose, Odense, Denmark: Heterogenous Distribution of Methacrylate Allergens Throughout Petrolatum in Commercially Available Patch test Preparations. Fresh patch test syringes of methyl methacrylate (MMA) and 2-hydroxyethyl methacrylate (2-HEMA) test were divided in 5 equal segments and samples were analyzed by high-performance liquid chromatography. A decreased concentration of MMA was observed in the initial segments of all 6 patch test preparations, whereas 4 of 6 2-HEMA syringes were in accordance with the stated concentrations.

Flemming Andersen, Odense, Denmark: Elicitation Study on Oak Moss Absolute. A new quality of oak moss absolute with lowered atranol and chloroatranol content caused significantly less elicitation of dermatitis than the classic formulation using repeated open application (ROAT) in volunteers known to be sensitised; neither formulation elicited contact dermatitis in control persons.

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