

Table 1: Results.

	2020	2019	p
Referral centre			
Thessaloniki (Hospital for Venereal and Skin Diseases)	91 (21.5%)	108 (20.7%)	NA
Sex			
Male	81 (89%)	92 (85.2%)	0.425
Female	10 (11%)	16 (14.8%)	
Sexual Preference			
Heterosexual	25 (27.5%)	49 (45.4%)	0.034
Homosexual	51 (56%)	45 (47.1%)	
Bisexual	15 (16.5%)	14 (13%)	
Nationality			
Greek	76 (83.5%)	92 (85.2%)	0.746
Other	15 (16.5%)	16 (14.8%)	
Syphilis	72	85	0.943
Primary	43 (59.7%)	59 (69.4%)	0.205
Latent	29 (40.3%)	26 (30.6%)	
Gonorrhoea	19	23	0.943

NA: not applicable.

evident. Despite of the different magnitude of the reported trends, data from all countries converge to the conclusion that considerably fewer STDs were diagnosed in 2020 as compared with 2019.

The reduced number of newly diagnosed STDs could be attributed to various reasons. Limited access or unwillingness of patients to visit a hospital in the fear of COVID-19 transmission is a potential explanation. Social distancing and fear of physical contact that might enhance transmission as well as banned entertainment activities that facilitate casual sex further contribute to the reduction in STDs.

Considering potential long-term consequences of undiagnosed STDs and the significant impact they might have on social health, the authors results, along with those from other countries, highlight the need of uninterrupted testing and treatment of STDs during a pandemic course. ■

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Treatment of Facial Cutaneous Leishmaniasis with Photodynamic Therapy

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Disclosure: The authors have declared no conflicts of interest.

Keywords: Cutaneous leishmaniasis (CL), daylight-activated photodynamic therapy, leishmania, photodynamic therapy, reflectance confocal microscopy (RCM).

Citation: EMJ Dermatol. 2021;9[1]:57-59. Abstract Review No. AR4.

BACKGROUND

Leishmaniasis is a widespread protozoan zoonosis transmitted by sandflies that can cause a wide range of clinical manifestations. Cutaneous leishmaniasis (CL) is the most common form, usually presenting as a small papule on an exposed skin area that enlarges and finally ulcerates. Therapies for CL are limited, and the systemic treatments available are hampered by toxicity and parasite resistance. As an alternative, photodynamic therapy (PDT) has been reported to be a safe and effective treatment for CL.^{1,2}

CASE REPORT

A female in her 60s presented with a solitary violaceous papule on her left cheek that had progressively enlarged over the previous 4 months (Figure 1A). Travel history was significant for a trip to Peru, in urban areas, 1 year prior to the current chief complaint. Dermoscopy examination

showed comedo-like openings and few focused telangiectasias (Figure 1B). Reflectance confocal microscopy (RCM) revealed dilated follicular openings in the epidermis, marked adnexal structures, and prominent horizontal vessels in the superficial dermis. Histological examination showed non-necrotizing granulomas and intracytoplasmic structures compatible with amastigotes, confirming the diagnosis of CL (Figure 1D-F). The patient was treated with three courses of photodynamic therapy. A CO₂ fractional laser was used as a drug delivery technique.³ After the third session, the lesion showed complete clinical response with excellent cosmetic results (Figure 1C). To confirm treatment response, RCM was performed demonstrating a regular honeycomb pattern, an unremarkable dermoepidermal junction, and normal dermal features 2 months later. The patient has not presented a relapse of the lesion during follow-up.

DISCUSSION

Although CL is usually a self-limited infection, treatment is advised to avoid ulceration, scarring, or disease progression. CL may constitute a therapeutic challenge, since evidence for an optimal treatment is ambiguous.⁴ Systemic drugs have potential adverse effects, and the risks and benefits of the available therapies should be discussed with every patient. In recent years, PDT has been introduced as a safe and effective alternative therapy for CL, with only mild side effects and excellent cosmetic outcomes.^{1,5} It has been reported as a successful treatment for CL in at least 75 cases, some with complex CL due to facial involvement. PDT protocols for treating CL have not yet been standardised. In most reported cases, topical 5-aminolevulinic acid or methyl aminolevulinate were applied as photosensitisers, followed by incubation and red-light irradiation, with 3-8 weekly sessions. Despite the limitation of in-depth evaluation, RCM can help to rule out common tumours of the face as it can show findings more suggestive of CL such as dilated linear and comma-shaped vessels, follicular plugging, and the presence of multinucleated giant cells in the superficial dermis.⁶ RCM, along with dermoscopy, could be a useful, non-invasive tool, not only to provide an *in vivo* diagnosis, but also to monitor

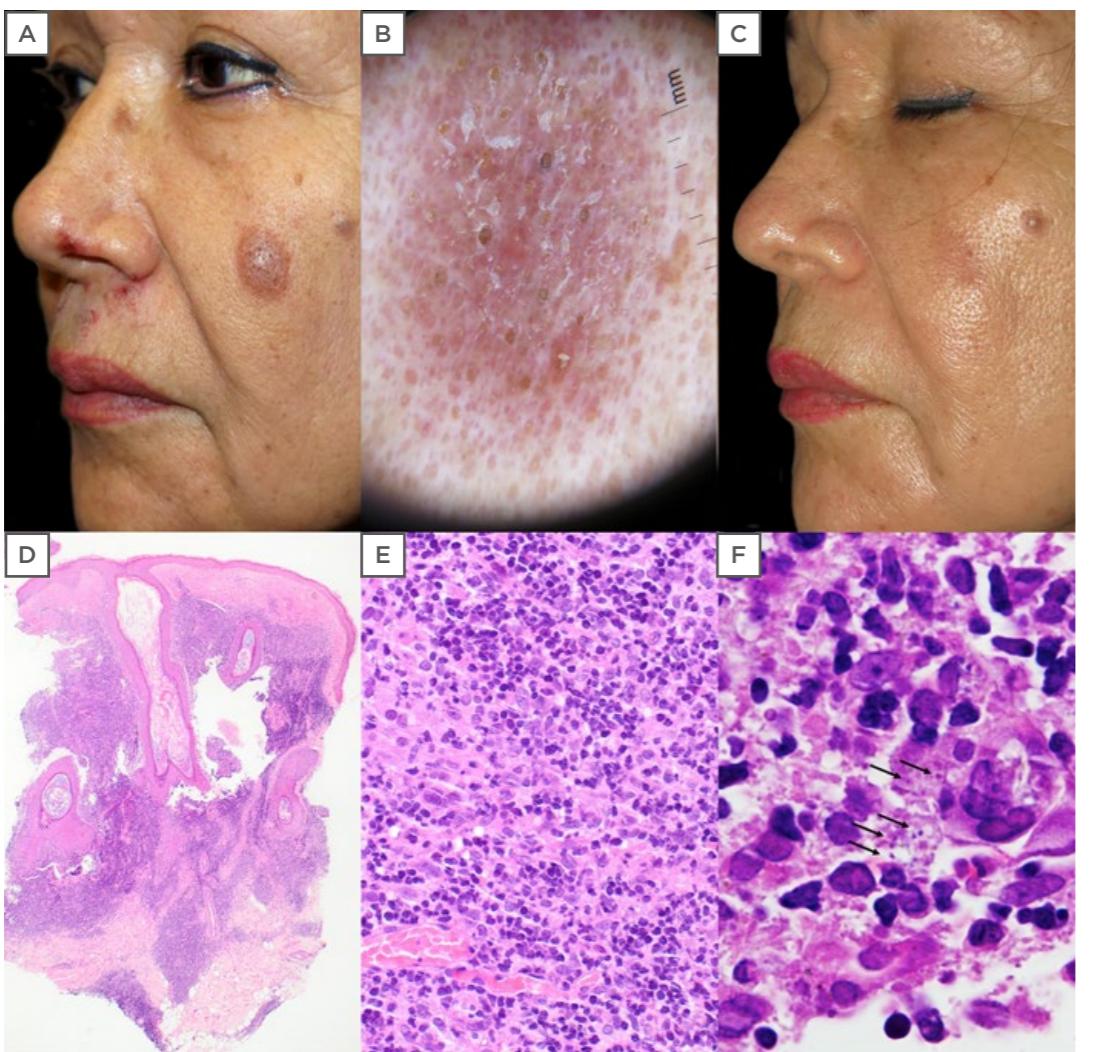


Figure 1: **A**) Initial clinical presentation showing a violaceous plaque on the left cheek. The patient also presented with multiple grouped erosions with superficial crusts on her upper lip and surrounding her left nasal meatus consistent with a *Herpes Simplex* recurrence; **B**) dermoscopy revealed superficial scales, orange comedo-like openings and white interfollicular structures over an erythematous background (DL100, 3Gen, California); **C**) clinical resolution after three sessions of photodynamic therapy, leaving a residual hypopigmented superficial scar; **D**) lesional biopsy specimen. Histological findings of flattened epidermis, with marked dilation of the follicular infundibulum and a mixed dermal inflammatory infiltrate with sparing of the papillary region (H-E, x2); **E**) inflammatory infiltrate consisting primarily of lymphocytes, plasma cells, and histiocytes in the dermis (H-E, x40); **F**) scattered intracytoplasmic structures (arrows), consistent with *Leishmania* amastigotes (H-E, x100). H-E: haematoxylin and eosin stain.

healing, avoiding unnecessary biopsies or additional PDT sessions.

CONCLUSION

PDT is an effective and well-tolerated therapeutic option for the treatment of simple CL. The use of fractional CO₂ lasers as a drug-delivery method could improve the results and shorten the number of PDT sessions needed. Further studies are needed to evaluate its use in cosmetically

relevant regions and establish the optimal PDT protocol for treating CL. RCM is a promising complementary tool in the diagnosis and follow-up of patients with CL. ■

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Defining 'Freedom from Disease' in Plaque Psoriasis: Preliminary Outputs Using Delphi Methodology, Involving Nurses, Physicians, and People with Psoriasis

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Disclosure: This study was sponsored by Janssen. Deprez received consulting fees from Janssen. Bewley received ad hoc honoraria or travel grants from AbbVie, Almirall, Eli Lilly, Galderma, Janssen, LEO Pharma, Novartis, Sanofi, and UCB.

Acknowledgements: The authors would like to thank all other members of the Delphi consensus panel: Ilse van Ee, Alexander Egeberg, Matthias Augustin, Curdin Conrad, Valeria Corazza, Ludovica Donati, Jo Lambert, Rozalina Lăpădatu, Anette Meyer, Carle Paul, Rebecca Penzer-Hick, Karen Stephen, and Jim van der Zon.

Support: Medical writing and editorial support were provided by Cello Health Communications (Europe), sponsored by Janssen.

Keywords: Delphi consensus, health-related quality of life, psoriasis.

Citation: EMJ Dermatol. 2021;9[1]:59-60. Abstract Review No. AR5.

BACKGROUND

Psoriasis is a chronic disease associated with high disease burden, and its impact on well-being and health-related quality of life is often underestimated.^{1,2} On top of well-known skin symptoms, psoriasis can also affect mental health, daily social activities, and work. Most outcome measures used in psoriasis focus primarily on skin symptoms. Although scales such as the Dermatology Life Quality Index (DLQI) may capture some aspects of psoriasis-related impact on health-related quality of life, they do not capture the full experience of people living with psoriasis, and individuals with psoriasis may have different criteria for judging their treatment success. With the advent of highly effective psoriasis medications, there has been a growing interest in the complete clearance of skin symptoms but less attention to what complete 'freedom from disease' means for people with psoriasis.

METHODS

The ongoing study discussed in this abstract review aims to build a unified consensus on the definition of 'freedom from disease' supported by both people with psoriasis and their healthcare providers. This will be achieved using a modified Delphi consensus method involving a consensus panel comprising six people with psoriasis, three nurses, and six dermatologists from different European countries (Figure 1).

RESULTS

The panel performed a literature review and held a planning meeting to identify the main