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Dermatologic Clinics



FDA NEWS RELEASE

FDA Approves First Medication to Help Reduce Allergic Reactions to Multiple Foods After Accidental Exposure

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For Immediate Release: February 16, 2024

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Today, the U.S. Food and Drug Administration approved [Xolair](#) (omalizumab) injection for immunoglobulin E-mediated food allergy in certain adults and children 1 year or older for the reduction of allergic reactions (Type I), including reducing the risk of anaphylaxis, that may occur with accidental exposure to one or more foods. Patients who take Xolair must continue to avoid foods they are allergic to. Xolair is intended for repeated use to reduce the risk of allergic reactions and is not approved for the immediate emergency treatment of allergic reactions, including anaphylaxis.

A retrospective review of outcomes after hyperbaric oxygen therapy for the treatment of calciphylaxis



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Background: Calciphylaxis is a thrombotic vasculopathy characterized by painful necrotic ulcerations. There are no Food and Drug Administration approved therapies despite high mortality.

Objective: To compare mortality and wound healing outcomes in patients treated with hyperbaric oxygen therapy (HBOT) in addition to intravenous sodium thiosulfate (IV STS) versus patients who received IV STS only. Findings were stratified by dialysis status and modality.

Methods: 93 patients were included, with 57 patients in the control group (IV STS) and 36 patients in the treatment group (HBOT + IV STS). Mortality data were analyzed with traditional survival analyses and Cox proportional hazard models. Longitudinal wound outcomes were analyzed with mixed effects modeling.

Results: Univariate survival analyses showed that full HBOT treatment was associated with significantly ($P = .016$) longer survival time. Increasing number of HBOT sessions was associated with improved mortality outcomes, with 1, 5, 10 and 20 sessions yielding decreasing hazard ratios. There was also a significant ($P = .042$) positive association between increasing number of HBOT sessions and increased wound score.

Limitations: Data collection was retrospective.

Conclusion: HBOT may have a role in the treatment of calciphylaxis with benefits demonstrated in both mortality and wound healing. Larger prospective studies are needed to identify which patients would most benefit from this intervention. (J Am Acad Dermatol 2024;90:45-51.)



A



Posterior

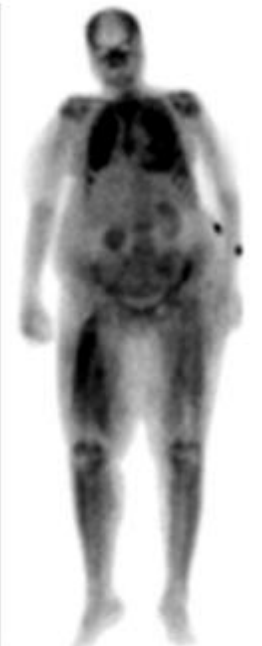


Anterior

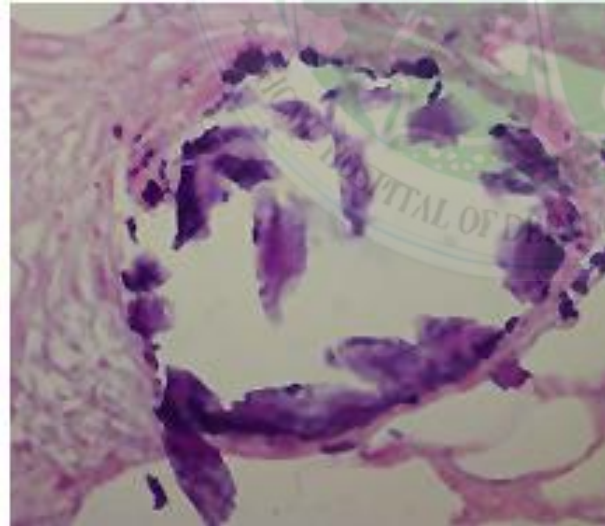
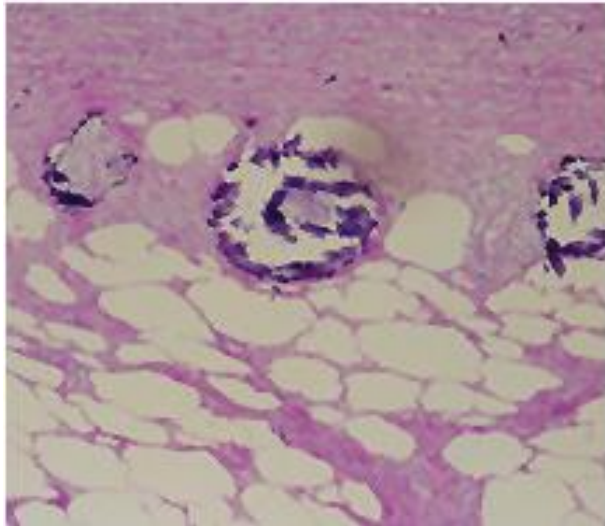
B



Posterior



Anterior



- **Treatment** – Our approach to treatment of calciphylaxis, which is based upon data from observational studies and our clinical experience, involves multidisciplinary management for all patients with calciphylaxis regardless of the severity of the disease, as follows (see ['Initial treatment for all patients'](#) above):
 - **Wound care and pain management** – A dedicated wound care team should be involved in the selection of dressings and chemical debridement agents and in the administration of negative pressure wound therapy. Repetitive local trauma to skin should be avoided or minimized. Consultation of a pain management service is frequently needed. (See ['Wound care and pain management'](#) above.)
 - **Infected wounds** – The treatment of suspected wound infections includes antimicrobial therapy and surgical debridement. Wounds with heavy necrotic burden that are at a high risk for infection should also be debrided. Empiric antibiotic therapy for suspected wound infections should include drugs with activity against streptococci, methicillin-resistant *Staphylococcus aureus*, aerobic Gram-negative bacilli, and anaerobes (**Grade 2C**). In patients with calciphylaxis, it is typically not possible to identify a specific culprit organism. (See ['Treatment of infected wounds'](#) above.)
 - **Calcium, phosphorus, and parathyroid hormone abnormalities** – For patients with calciphylaxis and hyperphosphatemia (serum phosphate >4.5 mg/dL [1.45 mmol/L]), we suggest treating with non-calcium-containing phosphate binders, such as [sevelamer carbonate](#) or [lanthanum carbonate](#), rather than calcium-based phosphate binders (**Grade 2C**). We target a serum phosphate between 3.5 and 4.5 mg/dL (1.13 to 1.45 mmol/L). (See ['Treatment of calcium, phosphorus, and parathyroid hormone abnormalities'](#) above.)

In patients who have secondary hyperparathyroidism, we initiate treatment when the PTH level is >300 pg/mL and target a level between 150 and 300 pg/mL. We suggest treatment with [cinacalcet](#) rather than vitamin D analogs or surgical parathyroidectomy (**Grade 2C**). For patients with resistant hyperparathyroidism (PTH level >600 pg/mL) in spite of cinacalcet, we suggest surgical parathyroidectomy (**Grade 2C**). (See ['Treatment of calcium, phosphorus, and parathyroid hormone abnormalities'](#) above.)

- **Dialysis optimization** – We optimize the dialysis prescription to achieve the National Kidney Foundation-Kidney Disease Outcomes Quality Initiative (NKF-KDOQI) goals of dialysis adequacy. We do not intensify dialysis beyond the goals of dialysis adequacy, except in cases of refractory hyperphosphatemia. (See ['Dialysis optimization'](#) above.)
- **Medication adjustment** – We discontinue, if possible, all medications that may contribute to calciphylaxis, including vitamin D, calcium supplements, [warfarin](#), and iron. Kidney transplant patients who have progressive or persistent calciphylaxis lesions may require adjustment of their immunosuppressive therapy with specific attention to avoiding agents that delay wound healing. (See ['Medication adjustment'](#) above.)
- **Sodium thiosulfate** – For patients with calciphylaxis, we suggest a trial of intravenous [sodium thiosulfate](#) (STS) (**Grade 2C**). Among patients who respond, we extend the duration of STS therapy until wound resolution. We stop STS in patients who fail to respond to STS within the first two to four weeks. (See ['Trial of sodium thiosulfate'](#) above and ['Dosing'](#) above and ['Duration of treatment'](#) above.)
- **Monitoring** – The response to therapy is evaluated by assessing for changes in pain intensity and the size, number, and morphology of the lesions. Improvement is suggested by resolution of reticulate purpura or induration, decline in the intensity of pain, or formation of new granulation tissue. Conversely, an increase or new appearance of ulceration, erythema, discharge, or pain suggests disease progression. (See ['Monitoring the response to therapy'](#) above.)

Achieving the minimum pain experience by buccal nerve and superficial cervical plexus blocks in radiofrequency treatment

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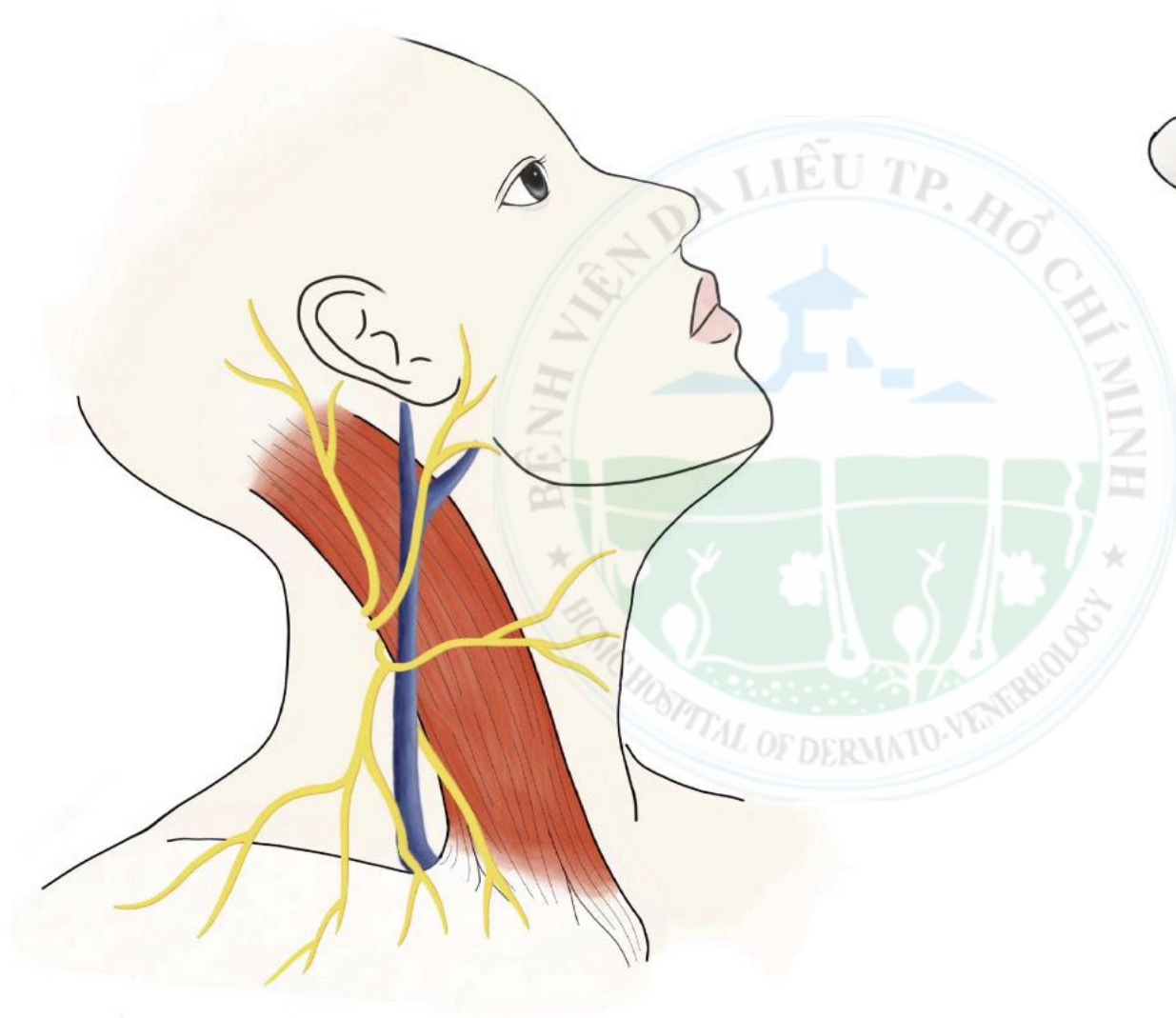
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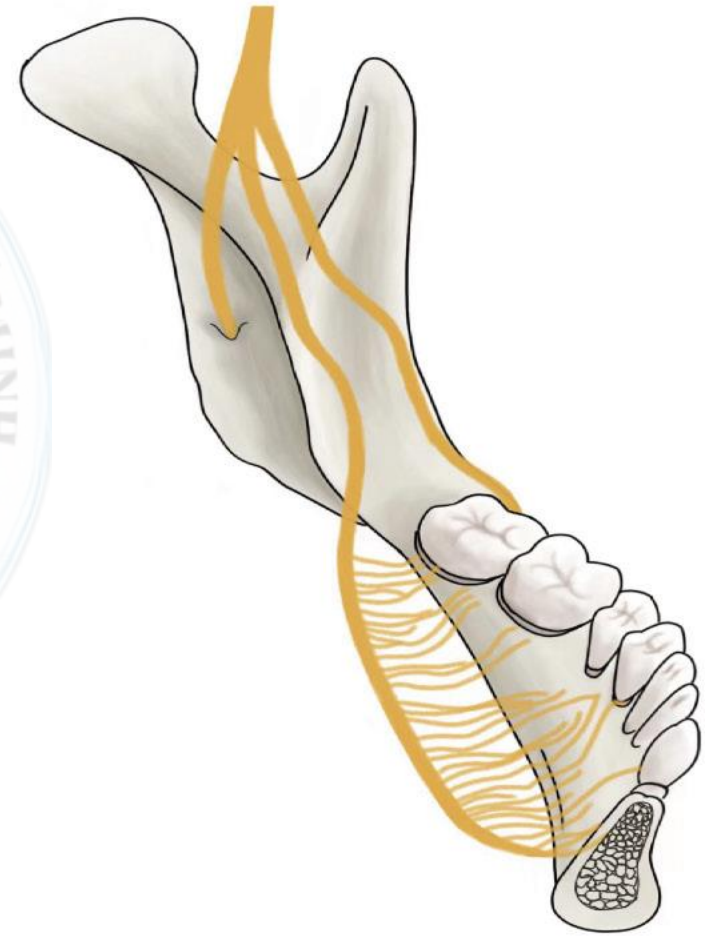
Abstract

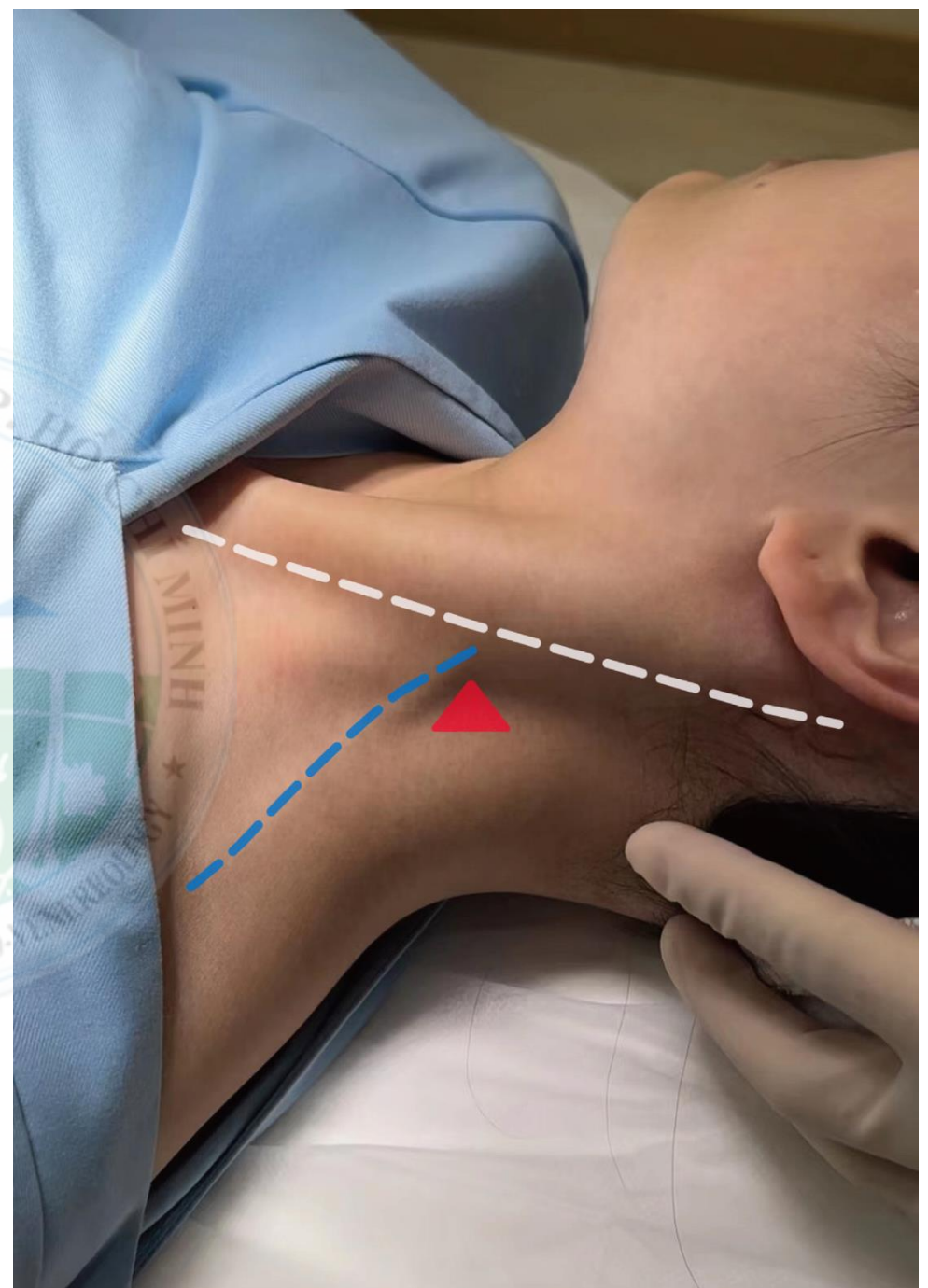
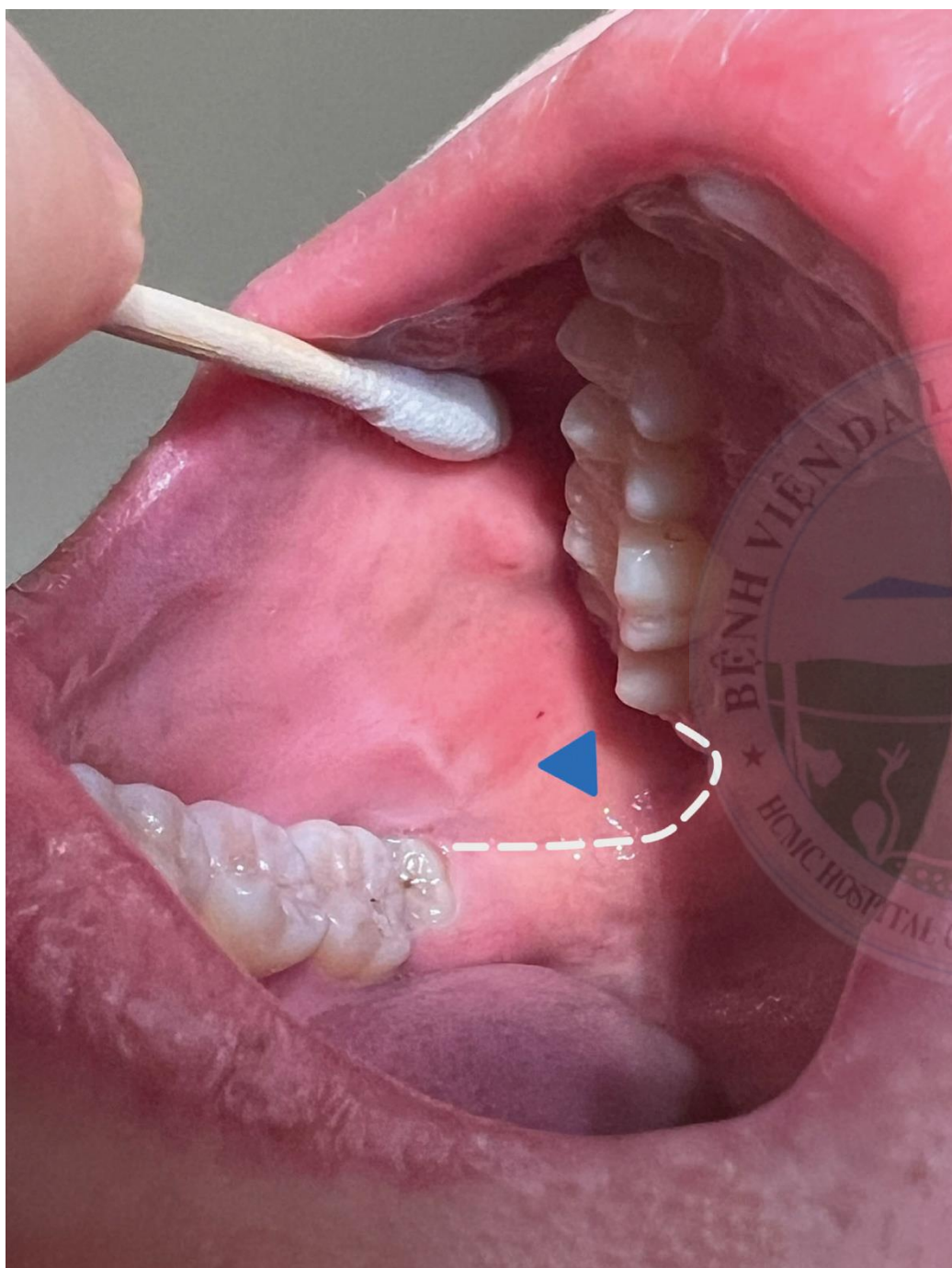
Background: Thermage is a monopolar radiofrequency (RF). It has become an indispensable part of facial and body youthful methods. Although the current device is constantly improving in epidermal cooling techniques and even automatically measures the local impedance value, applying surface anesthesia can take some of the pain away caused by thermage, and the patient's severe pain in the jaw and neck areas is still difficult to resolve.

(A)



(B)





Clinical efficacy of intense pulsed light combined with low-dose intralesional corticosteroids in treating noninfectious granulomas after mesotherapy: A case series analysis

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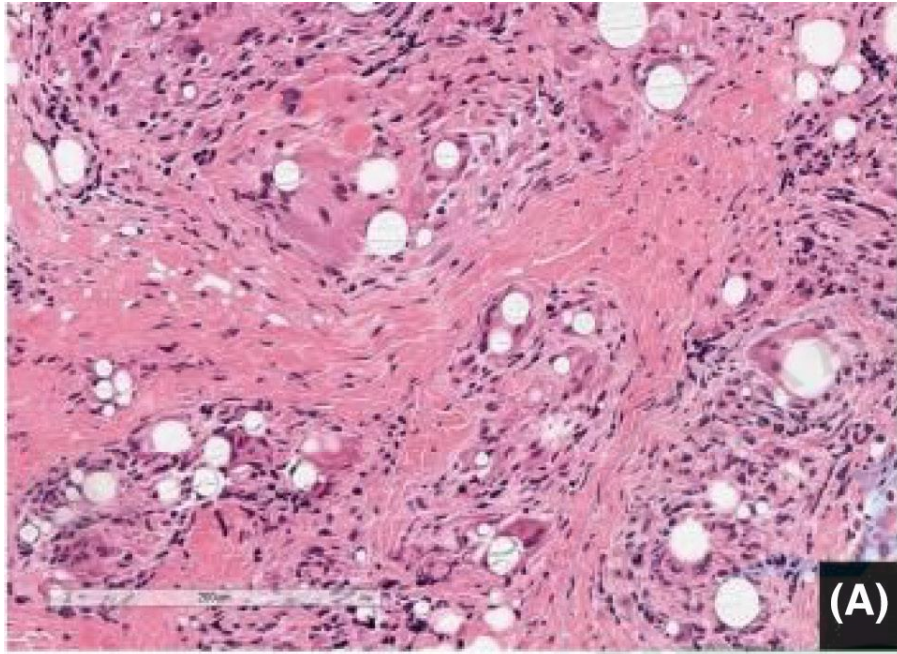
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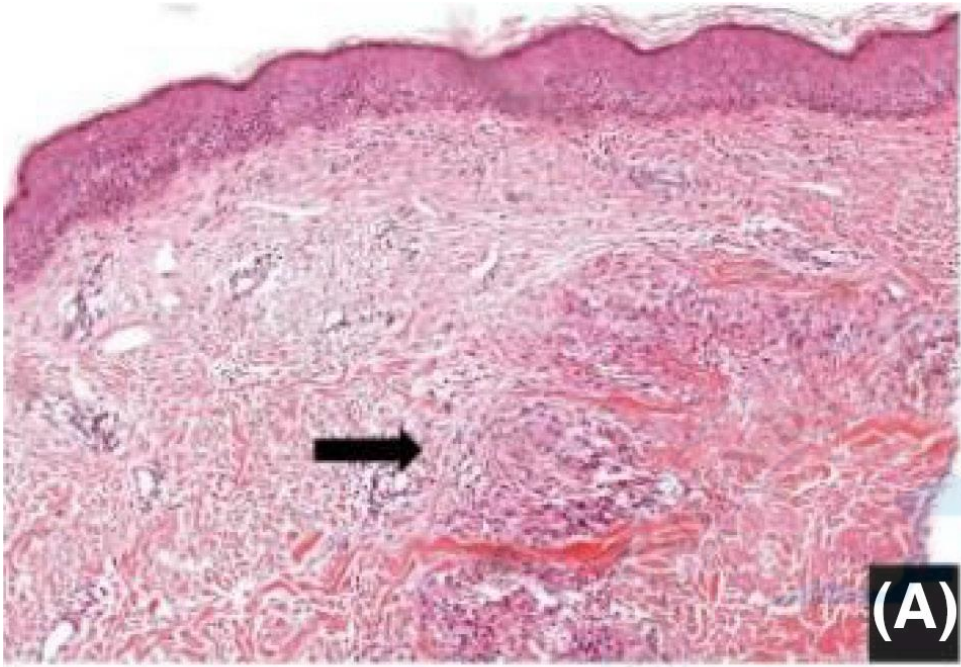
Abstract

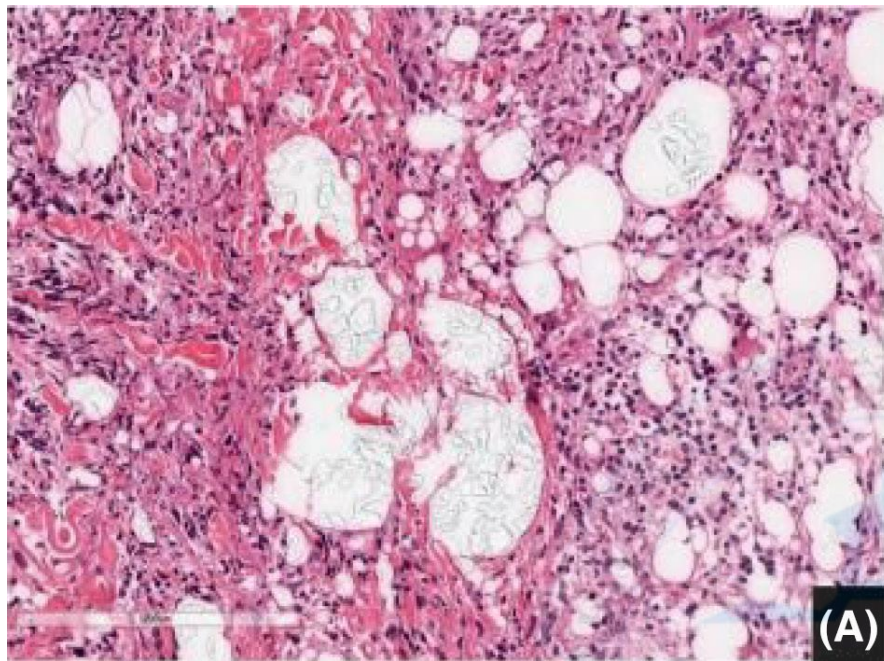
Background: Mesotherapy is a popular cosmetic procedure for localized delivery of substances. However, due to the lack of standardized processes, there are potential risks of adverse reactions. Granulomas formation is one of the chronic reactions which impose significant physical and mental burdens on patients.

Objectives: The aim of this analysis is to evaluate the safety and feasibility of combining intense pulsed light (IPL) with intralesional corticosteroids for treating noninfectious granulomas after mesotherapy.









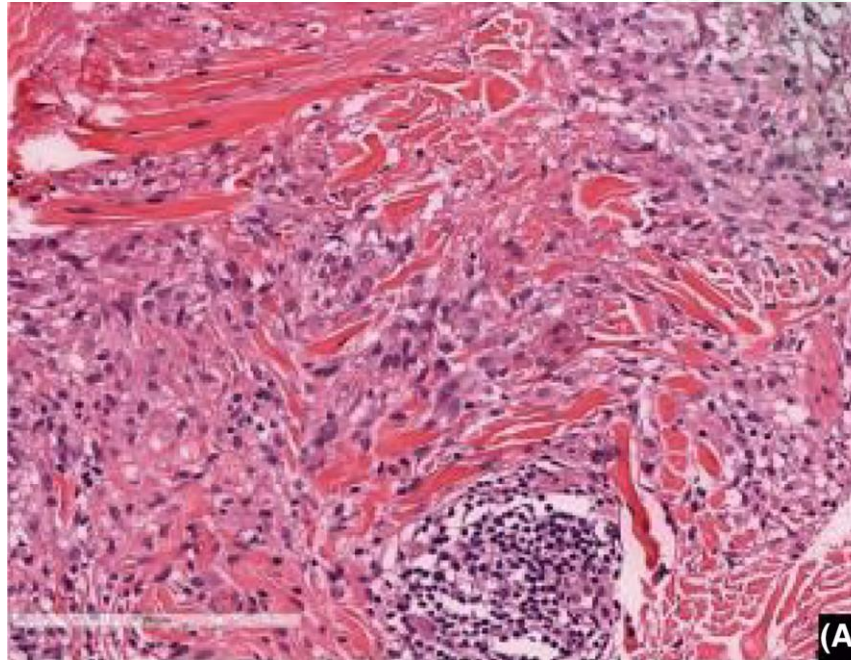
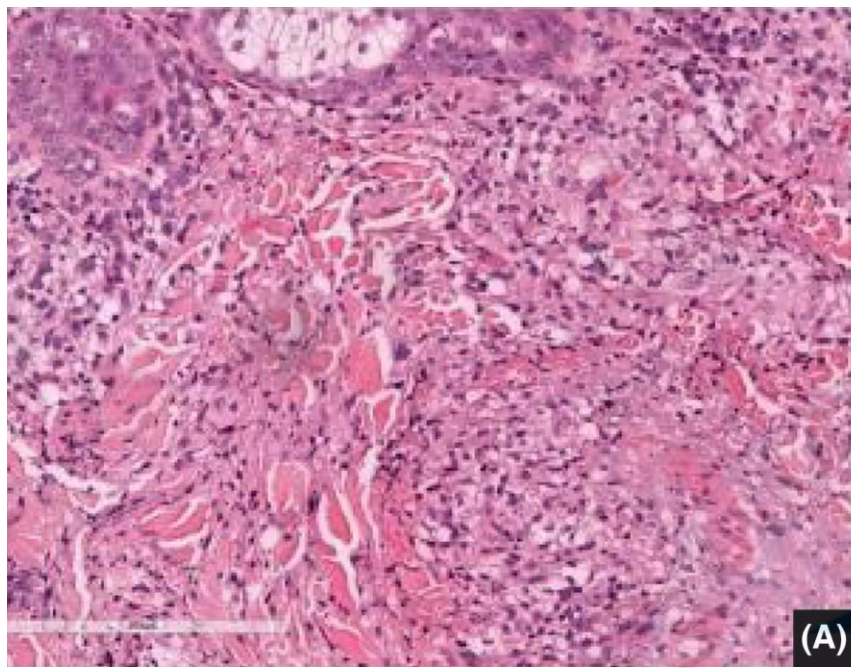


TABLE 2 Summary of patient information and assessments.

Patients	Age	Sex	Type of injection material	Fitzpatrick skin types	Number of combined treatment	Patient satisfaction score	Efficacy evaluation score
Patient 1	34	F	Silicone, mixed	III	Two	5	5
Patient 2	32	F	Mixed	III	Three	5	5
Patient 3	30	F	Mixed	III	Four	4	4
Patient 4	32	F	Unknown	III	One	5	4
Patient 5	31	F	Mixed	III	Two	5	4
Patient 6	29	F	Unknown	II	One	4	4
Patient 7	32	F	Unknown	III	Two	5	4

Best practices in the treatment of melasma with a focus on patients with skin of color



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Background: Melasma is a chronic hypermelanosis of the skin that affects approximately 1% of the global population, predominantly affects women, and is more prevalent in skin of color. Melasma is a common driver for patients with skin of color to seek out a dermatologist for treatment, and ensuring the right approach for these patients is important because some treatments may be associated with adverse side effects. Because of the chronicity of the disease and established psychosocial and emotional impacts, there is a large need to ensure care follows the best available evidence on the treatment of patients with melasma.

Objective: Here, we summarized current available topical treatments for melasma with considerations dermatologists should have for their patients with skin of color.

Table I. Skin-lightening agents^{25,32-38}

Therapeutic agent	Mechanism of action	Clinical data	Side effects
FDA-approved fixed-dose triple-combination cream for melasma (4% HQ, 0.05% tretinoin, and 0.01% fluocinolone acetonide)	HQ—tyrosinase inhibitor; tretinoin—stimulating cell turnover and promoting epidermopoiesis; fluocinolone acetonide—may reduce irritation and inflammation ^{25,36}	>5 randomized controlled trials demonstrating efficacy and safety; 1 long-term safety (>12 mo continuous use) ²⁵	Erythema, irritation, exogenous ochronosis
Compounded HQ Azelaic acid	Competitive tyrosinase inhibitor ²⁵	No clinical studies found Small clinical trials showing improvement in melasma ²⁵	Erythema, irritation, exogenous ochronosis ²⁵ Stinging, burning, itching, dryness ²⁵
Corticosteroids	May reduce irritation and inflammation ³⁶	No clinical studies found	Telangiectasias, epidermal atrophy, steroid-induced acne, striae, hypopigmentation ²⁵
Retinoids	Various pathway targets, which impact melanin synthesis and dispersion, can include inhibiting tyrosinase transcription and melanin synthesis; possible enhancement of transepidermal penetration when combined topical therapies ²⁵	No clinical studies found for monotherapy ²⁵	Irritant reaction, dryness, hyperpigmentation ²⁵
Tranexamic acid	Antifibrinolytic agent targeting melanocyte—keratinocyte interaction and angiogenesis ²⁵	Clinical studies demonstrating reduction in melasma ²⁵	Oral: GI discomfort, allergic skin reactions, alopecia; topical: erythema, scaling, dryness ²⁵
Heliocare (Polypodium leucotomos)	Systemic photoprotective agent ²⁵	Small clinical trials showing reduction in melasma ²⁵	Mild GI upset ²⁵

FDA, Food and Drug Administration; GI, gastrointestinal; HQ, hydroquinone.

Table II. Cosmeceutical treatment of melasma^{38,42,56}

Agent	Mechanism of action	Clinical data	Side effects
Azelaic acid	Antioxidant; free radical scavenger, tyrosinase inhibitor ^{38,42,56}	Small clinical trials showing improvement in melasma ^{38,42,56}	Stinging, burning, itching, dryness ³⁸
Botanical-based therapies (eg, arbutin)	Decreases melanogenesis; inhibits melanocyte maturation ⁵⁶	Small clinical trials showing improvement in hyperpigmentation ^{38,56}	Skin irritation ³⁸
Cysteamine	Antioxidant; free radical scavenger ³⁸	Multiple clinical trials showing improvement in melasma ³⁸	None reported
Ferulic acid	Antioxidant properties ⁵⁶	Small clinical trials showing improvement in melasma ⁵⁶	None reported
Kojic acid	Decreases melanogenesis; antioxidant properties ⁵⁶	Small clinical trials demonstrating some improvement in melasma ^{38,42,56}	Contact dermatitis, irritation, erythema, redness, stinging ^{38,42}
Licorice root	Anti-inflammatory; decreases melanogenesis ^{38,42,56}	Multiple clinical trials demonstrating improvement in melasma ^{38,56}	None reported
Niacinamide	Antioxidant, inhibits melanosome transfer ^{38,56}	Small clinical trials showing improvement in hyperpigmentation ⁵⁶	Burning, erythema, pruritus, irritation ^{38,56}
Resorcinol	Decreases melanogenesis ⁵⁶	Small clinical trials showing improvement in hyperpigmentation and melasma ⁵⁶	Mild stinging, burning, pruritus, erythema ⁵⁶
Retinol	Inhibits oxidative stress; inhibits melanosome transfer; regulates keratinocyte differentiation and increases exfoliation ⁵⁶	Small clinical trials showing improvement in hyperpigmentation ^{38,56}	Erythema, scaling, and hyperpigmentation ^{38,56}
Thiamidol	Decreases melanogenesis ⁵⁶	Small clinical trials showing improvement in hyperpigmentation ⁵⁶	No adverse events reported ⁵⁶
Vitamin C	Decreases melanogenesis; antioxidant properties ^{42,56}	Multiple clinical trials demonstrating decrease in melasma and increase in QoL ^{38,42,56}	Stinging, burning, erythema, pruritus, irritation, scaling ⁵⁶

Table III. Procedural, mechanical, and energy-based procedures

Procedural

- Superficial chemical peels
- Microneedling
- Intralesional tranexamic acid
- Intralesional platelet-rich plasma

Use with caution; recommended for those with experience in treating darker skin tones

Energy-based

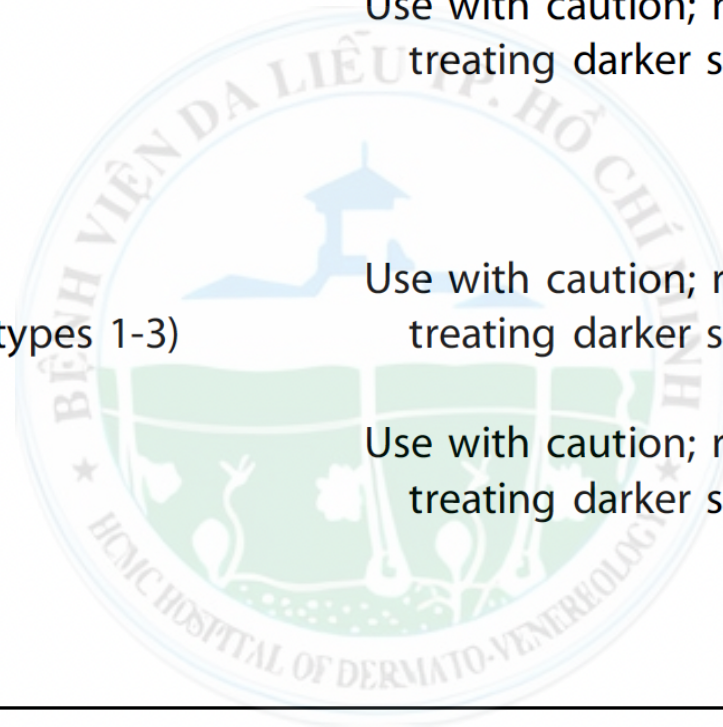
- Intense pulse light (lighter skin tones, types 1-3)
- Radiofrequency microneedling

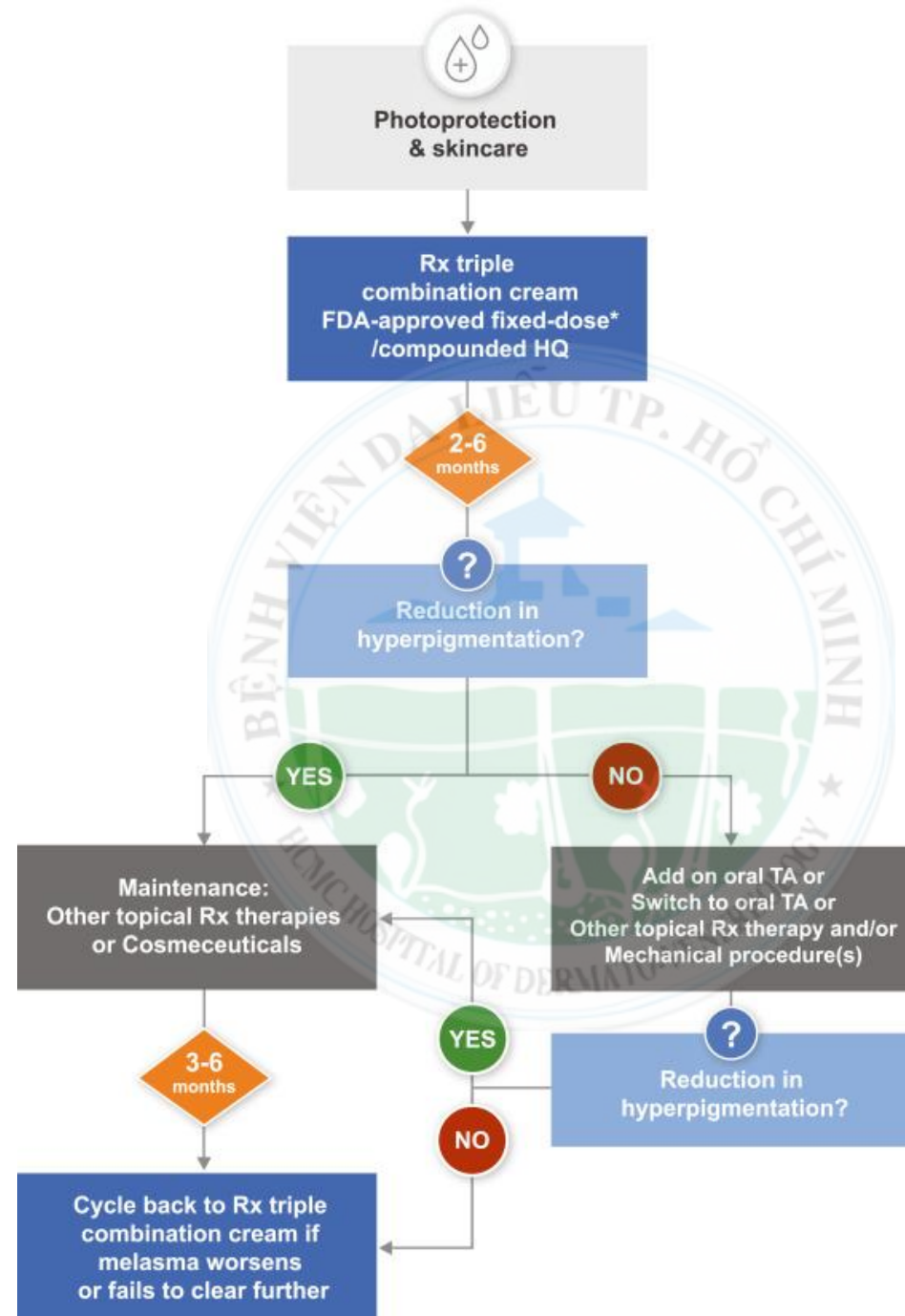
Use with caution; recommended for those with experience in treating darker skin tones

Lasers

- Nonablative fractional laser
- Low-fluence Q-switched Nd:YAG laser
- Pulse dye laser
- Picosecond laser

Use with caution; recommended for those with experience in treating darker skin tones





Guidelines of care for the management of acne vulgaris

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Jonathan S. Weiss, MD,^{b,o} Peggy A. Wu, MD, MPH,^p Andrea L. Zaenglein, MD,^q
Jung Min Han, PharmD, MS,^r and John S. Barbieri, MD, MBA (Co-Chair)^s

Background: Acne vulgaris commonly affects adults, adolescents, and preadolescents aged 9 years or older.

Objective: The objective of this study was to provide evidence-based recommendations for the management of acne.

Methods: A work group conducted a systematic review and applied the Grading of Recommendations, Assessment, Development, and Evaluation approach for assessing the certainty of evidence and formulating and grading recommendations.

Results: This guideline presents 18 evidence-based recommendations and 5 good practice statements. Strong recommendations are made for benzoyl peroxide, topical retinoids, topical antibiotics, and oral doxycycline. Oral isotretinoin is strongly recommended for acne that is severe, causing psychosocial burden or scarring, or failing standard oral or topical therapy. Conditional recommendations are made for topical clascoterone, salicylic acid, and azelaic acid, as well as for oral minocycline, sarecycline, combined oral contraceptive pills, and spironolactone. Combining topical therapies with multiple mechanisms of action, limiting systemic antibiotic use, combining systemic antibiotics with topical therapies, and adding intralesional corticosteroid injections for larger acne lesions are recommended as good practice statements.

Limitations: Analysis is based on the best available evidence at the time of the systematic review.

Conclusions: These guidelines provide evidence-based recommendations for the management of acne vulgaris. (J Am Acad Dermatol <https://doi.org/10.1016/j.jaad.2023.12.017>.)

Management of Acne Vulgaris

Adults, adolescents, and preadolescents (≥ 9 years) with acne vulgaris

Baseline Evaluation

SEVERITY ASSESSMENT:

- Acne objective severity should be assessed consistently, using the Physician Global Assessment (PGA) or other scales
- Assess satisfaction with appearance, extent of scar / dark marks, treatment satisfaction, long-term acne control, and impact on quality of life.

Routine microbiological and endocrine testing are not indicated

Mild

Moderate to severe

TOPICAL TREATMENTS

Multimodal therapy combining multiple mechanisms of action is recommended

- Topical retinoids
- BP
- Topical antibiotics
 - Monotherapy is not recommended
- Topical antibiotic & BP
- Topical retinoid & BP
- Topical retinoid & antibiotic
 - Concomitant use of BP can prevent the development of antibiotic resistance.
- Clascoterone
- Salicylic acid
- Azelaic acid

Multimodal Topical Therapy

Fixed-dose combinations

PHYSICAL MODALITIES

- Pneumatic broadband light added to adapalene

SYSTEMIC ANTIBIOTICS

Limit systemic antibiotic use when possible to reduce the development of antibiotic resistance and other antibiotic-associated complications.

Use concomitant BP and other topical treatment

- Doxycycline
- Minocycline
- Sarecycline
- Doxycycline over azithromycin

HORMONAL AGENTS

- Combined oral contraceptives
- Spironolactone
 - Potassium monitoring is of low usefulness in patients without risk factors for hyperkalemia (e.g., older age, medical comorbidities, medications).
- Intralesional corticosteroids
 - Adjuvant treatment for larger acne papules or nodules at risk of acne scarring or for rapid improvement in inflammation and pain.

ISOTRETINOIN

- Isotretinoin
 - Patients with psychosocial burden or scarring should be considered candidates for isotretinoin.
 - We recommend monitoring only LFT and lipids
 - Population-based studies have not identified increased risk of neuropsychiatric conditions or inflammatory bowel disease with isotretinoin.
 - For persons of pregnancy potential, pregnancy prevention is mandatory.
- Daily dosing over intermittent dosing
- Either lidose-isotretinoin or standard isotretinoin

Key:

- Strong recommendation in favor of the intervention
- Conditional recommendation in favor of the intervention
- Strong recommendation against the intervention
- Conditional recommendation against the intervention

Abbreviations: BP: Benzoyl peroxide
LFT: Liver function test

Use of a rubber fingerstall to dress wounds after a nail surgery



Yi Wu, MD, Yeqin Dai, MD, Mengying Duan, MD, and Jianzhong Peng, MD

Key words: bleed; digit; fingerstall; ischemia; nail removal; surgical gloves.

SURGICAL CHALLENGE

It can be challenging to place an appropriate pressure dressing on surgical wounds after various types of nail surgery. Residual nail bed wounds can bleed extensively following nail removal, and dressing this wound and applying appropriate hemostasis can be difficult. While gauze is frequently used to wrap the injured digits, in this context, the hemostatic effects of this dressing strategy are limited and the gauze may be easily loosened. Coban may represent a promising choice for digit pressure dressings, yet it may not be readily accessible.¹



A modified technique of subcision to prevent intraoperative spurt of blood



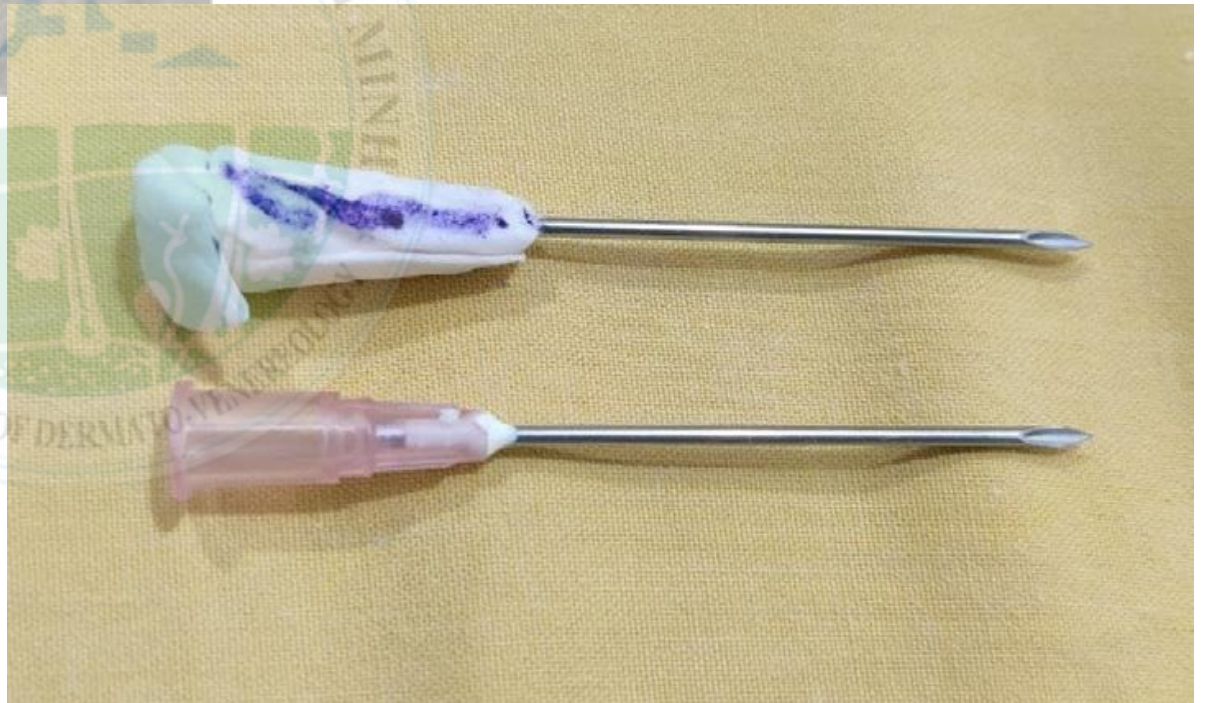
Bhavya Swarnkar, MD, Mohammed Thalha, MBBS, and Somesh Gupta, MD

Key words: blood; intraoperative spurt; modified technique; subcision.

CHALLENGE

Subcision is one of the treatment modalities for atrophic scars. During the procedure, there is a spurt of blood from the hub of the needle. This makes the surgical field messy and the procedure difficult because of the blurring of the surgical field. This causes disruption, prolonged time of surgery, and the need for an assistant to help clean the area for proper subcision and postsubcision evaluation of scars. To prevent blood spillage, Afra et al¹ used sterile cotton and cyanoacrylate glue to plug the needle hub. Although this technique is quite effective, cyanoacrylate glue is expensive.

In addition, for effective subcision, the beveled end of the needle should face upward. If the needle turns upside down inside the skin, subcision may become difficult.



Application of needle holder for assisting hemostasis



Chun-Yu Cheng, MD,^{a,b,c} and Yi-Teng Hung, MD^a

Key words: dermatologic surgery; hemostasis; needle holder.

CHALLENGE

Hemostasis plays an important role in optimizing outcomes and preventing complications in dermatologic surgeries. There are many strategies to achieve hemostasis during the surgical procedure, such as direct manual compression, electrosurgery, and suture techniques.¹ However, it is sometimes difficult to locate the bleeding point to perform hemostasis when the amount of bleeding is large.



Use of a permanent magnet to control surgical sharps



Le Zhuang, MD, Fu Qiang Chen, BA, and Qing Sun, MD

Key words: infection; instrument management; occupational injury; permanent magnet; surgical sharps; surgical safety.

CLINICAL CHALLENGE

The non-standard placement of surgical sharps during an operation is an inconvenience during surgical procedures and increases the occupational injury risk of surgeons. Pathogens, such as hepatitis B virus and human immunodeficiency virus, can be transmitted to surgeons through accidental sharps injuries when operating on infected patients.¹ To address this problem, disposable magnetic drapes can be used; however, their use increases the cost of surgery.



A



B

Using a toothpaste tube squeezer to make the best use of medical ointments



Yuanyuan Zhao, MM, Ling Jiang, MD, Chuhan Fu, MM, Qinghai Zeng, MD, and Jing Chen, MD

Key words: economic; ointment; toothpaste tube squeezer; tube.

CHALLENGE

Many seemingly empty tubes of medical ointments, which were dropped off at our hospital by patients, had residual content. The content of the gel or paste inside the tubes was not optimally used. Such waste of expensive topical ointments may add a financial burden for long-term users.



Body dysmorphic disorder among Lebanese females: A cross-sectional study

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Abstract

Background: Body dysmorphic disorder (BDD) is a mental health disorder characterized by an excessive preoccupation with perceived flaws or defects in one's appearance. This study aimed to assess the prevalence of BDD, identify the predictors of BDD, explore the associations of BDD with social anxiety and social phobia, and examine the effect of social media on BDD.

Methods: In this cross-sectional study that was conducted between January and March 2023, Lebanese adult females completed an online survey that included questions about sociodemographic characteristics, cosmetic interventions, BDD, social media use, and Social Interaction Anxiety Scale (SISA-6)/Social Phobia Scale (SPS-6). The collected information was analyzed using descriptive statistics and regression analysis. Statistical significance was set at p value <0.05 .

Evaluation of systemic oxidative stress in patients with melasma

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Abstract

Background: The significance of oxidative stress has been assessed and proven in the etiopathogenesis of many cutaneous disorders, but there are few studies that evaluated the role of only some factors involved in oxidative stress in patients with melasma.

Objective: This study aimed to examine the role of oxidative stress in melasma and assess the relationship between systemic oxidative stress and the severity and extension of this disease.

Assessment of prevalence of sunscreen use and related practices among people living in Saudi Arabia: A cross-sectional survey-based study

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Abstract

Background: The use of sunscreen significantly reduces the risk of skin cancer and helps maintain skin health; however, improper use can decrease its effectiveness. This study aimed to investigate the prevalence and factors associated with sunscreen use in Saudi Arabia as well as identifying areas of weakness in sunscreen practices.

Research Article

The Relationship between Eating Styles and the Severity of Psoriasis: A Cross-Sectional Study in Thailand

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Summary

1. FDA Approves First Medication to Help Reduce Allergic Reactions to Multiple Foods After Accidental Exposure
2. A retrospective review of outcomes after hyperbaric oxygen therapy for the treatment of calciphylaxis
3. Achieving the minimum pain experience by buccal nerve and superficial cervical plexus blocks in radiofrequency treatment
4. Clinical efficacy of intense pulsed light combined with low-dose intralesional corticosteroids in treating noninfectious granulomas after mesotherapy: A case series analysis
5. Best practices in the treatment of melasma with a focus on patients with skin of color
6. Guidelines of care for the management of acne vulgaris
7. Use of a rubber fingerstall to dress wounds after a nail surgery
8. A modified technique of subcision to prevent intraoperative spurt of blood
9. Application of needle holder for assisting hemostasis
10. Use of a permanent magnet to control surgical sharps
11. Using a toothpaste tube squeezer to make the best use of medical ointments



Save the date!

LIÊN CHI HỘI DA LIỄU TP.HCM

HỘI NGHỊ KHOA HỌC THƯỜNG NIÊN LẦN THỨ 20

“Cải tiến chất lượng trong chăm sóc và điều trị bệnh da liễu”

Thời gian: Chủ nhật, ngày 26 tháng 5 năm 2024

Địa điểm: Khách sạn Sheraton, TP.HCM