

Objective: Our goal was therefore to initiate an updated Belgian registry, BePso, while considering different factors including comparability, phenotype variability, pharmacovigilance, patient-centered care and multidisciplinary approach.

Materiel and method: The establishment of BePso required several steps. At first, we combined existing clinical research forms (CRFs) with an extensive review of literature.

Thereafter, a first inclusion was performed. Collected data included socio-demographic factors, psoriasis disease and the treatment characteristics as well as associated diseases and patients' quality of life.

Result: A total of 131 patients were included.

The most frequent phenotype is the Chronic small plaque (n = 67, 51,1%). The most frequent systemic comorbidities are cardiovascular (n = 66, 50,4%). The mean PASI and DLQI are respectively 5,1 ($\pm$ SD 5,7) and 5,6 ($\pm$ SD 5,8). The most frequently prescribed treatments are topical ones (n = 64, 48,9%) and biotherapies (n = 47, 35,9%).

Conclusion: This pilot study is the first step to establish a Belgian psoriasis registry that may increase understanding of the disease, comorbidities, pharmacovigilance, definition of phenotypes and reimbursement policy conditions.

LINE-FIELD CONFOCAL OPTICAL COHERENCE TOMOGRAPHY OF INFLAMMATORY SKIN CONDITIONS: A PILOT STUDY

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Introduction: The gold standard for the confirmatory diagnosis of inflammatory skin conditions is represented by histopathological confirmation. However, biopsies are invasive procedures that are not always well tolerated by patients. Line-field confocal optical coherence tomography (LC-OCT) is a new non-invasive imaging technology that allows high-resolution imaging of the skin in the vertical plane, similarly to histopathology. Imaging of inflammatory skin conditions by means of LC-OCT is yet to be described. The aims of this study were (i) to identify LC-OCT features of the three main groups of inflammatory skin conditions met in dermatology, namely spongiotic, interface, and psoriasiform dermatitis; and (ii) to examine their correlation with histopathological findings.

Methods: This was a prospective study performed in the Department of Dermatology of the Hôpital Erasme (ULB, Brussels, Belgium). Patients with inflammatory skin lesions were consecutively enrolled for LC-OCT evaluation. A punch biopsy was performed in the same area of the imaging for those cases in which the presumptive diagnosis was unclear. Based on histopathological "Pattern Analysis Method" and criteria adapted from reflectance confocal microscopy, LC-OCT images were analyzed and compared to corresponding histopathological images.

Results: Thirty-two patients with inflammatory skin conditions were included. Of these, 17 had spongiotic dermatitis, 5 interface dermatitis and 10 psoriasiform dermatitis. The main LC-OCT patterns were: for spongiotic dermatitis, spongiosis, vesicles formation

and epidermal disruption; for interface dermatitis, altered dermal-epidermal junction; for psoriasiform dermatitis, papillomatosis, acanthosis, hyperkeratosis and parakeratosis.

Conclusions: This pilot study described LC-OCT criteria for spongiotic, interface and psoriasiform dermatitis for the first time. Potentially, LC-OCT could be a new method for non-invasively diagnosing common inflammatory skin conditions. Larger studies are needed to validate this hypothesis.

PROSPECTIVE STUDY OF BELGIAN GENERAL PRACTITIONERS' PIGMENTED SKIN LESION DIAGNOSTIC ACCURACY AND MANAGEMENT: REFRESHER TRAINING SESSIONS MAY BE NEEDED

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General practitioners (GPs) are first-line actors in early melanoma diagnosis, but their abilities in this field are reported to be suboptimal. We conducted a study in order to shed light on French-speaking Belgian GPs' pigmented skin lesion (PSL) diagnostic accuracy and management. We also wanted to assess their short- and long-term competences after a training in melanoma diagnosis. GPs attended a 1-hour training session on naked-eye melanoma diagnosis and PSL management. Prior to training, GPs were asked to complete a three-section questionnaire: Section A collected their socio-demographic data, Section B investigated their melanoma diagnostic practices, and Section C evaluated their diagnostic accuracy and management through 10 PSL images. To assess the competences acquired during training, GPs completed Section C two times more, immediately after training, and one year later. In total, 89 GPs completed the questionnaire prior to and immediately after training. As expected, the number of GPs who appropriately managed $\geq 50\%$ of the melanoma cases increased after training ($P < 0,001$). One year later, only 27 (30%) GPs filled in the questionnaire. This number of participants was too low to obtain significant figures but the GPs' mean overall score of appropriately managed clinical cases was much lower than in the immediate post-test. This is in line with other studies which showed that the skills acquired in training improved for up to 6 months, before rapidly regressing thereafter. This study underlines the need to train GPs in melanoma diagnosis. Although our training improved their short-term competences, GPs do not seem to have maintained these competences in the long term. Further studies should assess whether refresher training sessions are able to sustain acquired diagnostic and management skills.

MORE THAN 400 PATIENTS WITH HIDRADENITIS SUPPURATIVA IN ERASME: WHO ARE THEY?

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Introduction: Hidradenitis suppurativa (HS), or acne inversa, is a chronic, inflammatory, recurrent, debilitating skin disease that usually presents after