recently developed to overcome those disadvantages, named line-field confocal OCT (LC-OCT): it features isotropic resolution just above 1µm, penetration depth up to 0,5mm and tridimensional exploration of the skin (both vertical and horizontal planes are explored). Recently, LC-OCT based criteria for basal cell carcinoma were described. The goal of the study is to assess the existence and the degree of correlation between LC-OCT and histopathology for BCC.

LC-OCT images and histopathological slides of all BCCs imaged and excised in our department between February 2019 and January 2020 were retrospectively collected and are currently being compared by means of objective (checklist of criteria) and subjective (degree of general resemblance) evaluations by three evaluators with different experience in LC-OCT.

Parameters of objective and subjective correlation of LC-OCT with histopathology, as well as of interobserver agreement will be reported for each BCC subtype and overall, in order to evaluate whether this correlation exists and whether it is more difficult to achieve for particular BCC subtypes.

METASTASIZING AND NON METASTASIZING THICK MELANOMAS: CLINICOPATHOLOGICAL PREDICTORS

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Background/Purpose: Cutaneous melanoma (CM) is the most aggressive form of skin cancer and its worldwide incidence rises faster than that of any other cancer. The most powerful prognostic marker to predict outcome of a melanoma patient is Breslow thickness. The risk of metastasis increases proportionally with the thickness of the CM. Nevertheless, Breslow thickness fails to stratify the prognosis in two groups of patients: on the one hand, the metastasizing thin melanomas and, on the other hand, the thick melanomas that do not metastasize. This prompted us to study the specific clinical and histopathological features of thick metastasizing CM and thick non-metastasizing CM in order to better stratify the outcome and prognosis of patients with thick melanoma.

Materials and methods: We retrospectively selected 215 patients who met the following inclusion criteria: (1) > 18 years, (2) CM with Breslow ≥ 2mm, (3) 5 year follow up. Clinical and pathological characteristics were analyzed against a defined outcome (thick metastasizing and thick non-metastasizing CM). Univariate analysis was employed to examine the individual effects of each clinical and pathological parameter on outcome (thick metastasizing CM and thick non-metastasizing CM). Multivariate logistic regression was performed to identify clinical and pathological predictors of outcome in CM, which had been adjusted by the known prognostic variables (gender, age, ulceration, mitosis, Breslow thickness, and localization).

Results: The present study showed no significant association in the univariate analysis between development of metastasis within five years and the clinicopathological factors. In addition, we did not observe a significant correlation in the multivariate analysis between occurrence of metastasis and histopathological variables such as histological subtype, regression, microsatellites, TILs and vascular invasion, after adjustment for gender, age, Breslow thickness, ulceration, mitosis and location.

Discussion: Understanding the factors affecting clinical outcome in thick CM is still not achieved. Interestingly, all well-known prognostic variables in melanoma were not significantly associated with outcome in this specific group. We plan to study this group of thick melanomas with molecular techniques in order to discover markers that predict outcome in thick (> 2mm) melanoma.

PITYRIASIS RUBRA PILARIS SUCCESSFULLY TREATED WITH RISANKIZUMAB

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Pityriasis rubra pilaris (PRP) is a rare chronic inflammatory skin disease associating an erythemato-squamous eruption and palmo-plantar keratoderma. An erythrodermic evolution is frequent and characterized by the persistence of preserved islets of healthy skin. PRP can be very disabling, with intense thickening and desquamation of the skin, diffuse inflammation and frequent pruritus. The pathophysiology remains poorly understood and the main differential diagnosis is psoriasis. Moreover, management remains difficult. Oral retinoids (acitretin, isotretinoin or alitretinoin) remain the first-line treatment, but with often slow and incomplete clinical response. Methotrexate, PUVA therapy, azathioprine and ciclosporine are also proposed but with inconsistent responses. Biological treatments active in psoriasis, such as anti-TNF and anti-IL-12/IL-23 have recently shown encouraging results. We report 3 cases of erythrodermic PRP, resistant to acitretin and successfully treated with risankizumab, an anti-IL23. The dosage usually proposed in psoriasis was adapted/improved in all 3 cases: two 75mg subcutaneous injections were administered at week 0, week 4, and week 8 then every 8 weeks. One patient had received an anti-TNF treatment, adalimumab, for 3 months before it was stopped due to lack of efficacy. Two of the three patients continued acitretin (25 to 30mg/day) in combination with the risankizumab. In all 3 patients, a decrease of erythroderma and desquamation was observed as early as 2 months after initiation of risankizumab. The improvement persisted after 10 months. Unfortunately, for PRP this treatment is not reimbursed in Belgium and therefore remains difficult to access. However, biotherapies represent a major therapeutic perspective in the management of PRP.

AN INITIAL PROPOSAL FOR A BELGIAN PSORIASIS

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Background: Psoriasis is an inflammatory chronic skin disease and is associated with systemic comorbidities. Its treatment has recently greatly progressed by the emergence of biotherapies with simultaneous establishment of registries in various countries, while Belgium is lacking one.