puberty with painful, deep-seated, inflamed lesions in the apocrine gland-bearing areas of the body, most commonly the axillary, inguinal and anogenital regions.

The European Registry for Hidradenitis Suppurativa (ERHS) has been used since 2015. It includes, for each patient, a first visit questionnaire and follow-up questionnaires. It permits collection and follow-up of socio-demographic data, medical history, history of HS, physical examination findings and outcome of therapeutic interventions.

These questionnaires have been updated several times, the latest version includes all the items necessary for the calculation of the main severity scores (including Hurley, Sartorius, IHS4 and many others) and phenotypes.

Material and methods: The data from our registry, from 2015 to 2021, have been extracted in a way to present descriptive statistics. Those data are encoded in an opensource software: OpenClinica was used until 2019, followed by RedCap.

For the purpose of this abstract, we present data from our last extraction, in December 2020. For the BDD poster, we will make another extraction in February 2021.

Results: The ERHS currently (Dec 2020) contains 413 patients, including 262 (61%) women and 161 (39%) men. The mean age is 39,2 years. Most patients are overweight (mean BMI is 28,3kg/m^2).

Concerning comorbidities: 42,4% suffer or had suffered from depression, 27,5% had a history of pilonidal sinus, 25,3% were diagnosed with arthritis, 8% with psoriasis and 6,4% with inflammatory bowel disease. In addition, 35,8% of our patients reported familial HS. Our patients receive various treatments for HS; up to 35% of patients are treated with biological therapy. The Hurley stage has been calculated for 363 patients: 91 (25,1%) of them were Hurley I, 211 (58,1%) Hurley II, and 61 (16,8%) Hurley III.

The other main scores and the phenotypes will be calculated and presented for the BDD poster.

Conclusion: Though the ERHS, we present descriptive data from our patients who are suffering from hidradenitis suppurativa. This database automatically calculates various severity scores and the phenotypes using the descriptive data uploaded. In the future, it will offer the possibility to evaluate the therapeutic response of each patient._

TWO CASES OF PURELY CUTANEOUS ROSAI-DORFMAN DISEASE

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Introduction: Cutaneous Rosai-Dorfman disease (CRD) is a rare entity characterized by histiocytic proliferation in the skin. Clinical features include painless bilateral massive cervical node enlargement, fever, leukocytosis with neutrophilia, elevated erythrocyte sedimentation rate, anemia, and hypergammaglobulinemia. Skin involvement may be secondary to the disease (CRD-S), but cases of purely cutaneous Rosai-Dorfman disease (P-CRD) have been described and defined as cutaneous lesions in the absence of lymphadenopathy and/or extra-cutaneous disease.

We report 2 observations of purely cutaneous Rosai-Dorfman disease.

Observation 1: A white, 43-year-old man, presented with an asymptomatic skin lesion on the posterior face of the left shoulder that appeared 8 months previously. Clinical skin examination revealed an erythematous, infiltrated and inflammatory plaque, topped by multiple papular and nodular lesions.

Observation 2: A black 29-year-old man, consulted for an asymptomatic skin lesion on his left shoulder that appeared 1 year previously. Clinical skin examination revealed a large infiltrated nodular lesion with some satellite papules.

Both patients had no significant medical history and their complete clinical examinations were otherwise normal. Histology and immunohistochemistry of skin biopsies confirmed the diagnosis of Rosai Dorfman disease in both cases. No abnormalities were revealed on PET-CT, cranio-encephalic MRI and complete blood tests, confirming the purely cutaneous form of the disease.

Discussion: The purely cutaneous Rosai-Dorfman disease (P-CRD) presents as asymptomatic red or orange papules, nodules or plaques. Diagnosis can be suspected clinically, but remains difficult and must be supported by histology ("emperipolesis") and immunohistochemistry. The pathophysiology remains unknown, but the role of bacterial or viral infection has been suspected. The prognosis is usually good. Lesions may regress spontaneously or after treatments. In the two cases reported, surgical resection was performed.

Conclusion: The purely cutaneous form of Rosai-Dorfman disease is frequently misdiagnosed clinically and should be confirmed by histology and immunohistochemistry. To exclude visceral localizations of the disease, complete systemic assessment is required.

LINE-FIELD CONFOCAL OPTICAL COHERENCE TOMOGRAPHY IN THE DIFFERENTIAL DIAGNOSIS OF COMMON NODULAR LESIONS

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Introduction: Line-field confocal optical coherence tomography (LC-OCT) is a newly developed non-invasive imaging technique combining high penetration, high resolution and tridimensionality. Nodular basal cell carcinoma (nBCC), sebaceous hyperplasia (SH) and dermal/compound nevi are common nodular lesions for which differential diagnosis is not always easy. Our goal was to identify/describe LC-OCT criteria to differentiate the above-mentioned lesions.

Methods: We retrospectively included nBCCs, SHs, and dermal/compound nevi for which both histopathological and LC-OCT images were available. LC-OCT criteria were identified/described based on the existing OCT-based literature and corresponding histopathological images.

Results: Overall, 31 nBCCs, 12 SHs, and 7 dermal/compound nevi were included. The presence of lobular structures in the dermis was the main LC-OCT finding for the three categories of nodular lesions. The