AC rule, but knowledge alone may not allow discrimination between benign and malignant skin lesions.  

Conclusions | Future studies of MTD could benefit from targeting partner-assisted SSEs, increasing the number of SSEs to generate more lesions submitted for telediagnosis, assessing the effect of dermatologists’ feedback between SSE rounds, and submitting lesion location photographs. The process of lesion selection decision making using MTD or other lesion selection aids merits further investigation.

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Critical revision of the manuscript for important intellectual content: All authors.

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Administrative, technical, or material support: Janda, Banan, Horsham.

Study supervision: Janda, Soyer.

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Perniosis is a local inflammatory disorder caused by prolonged exposure to nonfreezing cold. 1 The pathogenesis of this disorder is not fully understood but is likely of microvascular origin. 2

We describe a novel method to evaluate cutaneous blood flow in a typical patient with perniosis, a woman in her 20s who was referred to the dermatology clinic with a 10-day history of painful purple discoloration on her toes that began shortly after running in cold weather. She had no lesions on her fingers and no systemic symptoms except for fatigue. Her family history was negative for autoimmune disease. The results of a workup that included complete blood cell count, antinuclear antibody cryoglobulins, and cold agglutinins were negative except for a slightly decreased white blood cell count and 8% atypical lymphocytes, which later normalized. She was placed on a regimen of nifedipine (10 mg twice daily). Her skin symptoms resolved during 3 months but recurred when exposed to cold and when stopping nifedipine.

Methods | This study was approved by The Pennsylvania State University institutional review board. Both written consent and verbal consent were obtained from the participants. Measurements were obtained weekly for 4 weeks during the course of treatment. The protocol was repeated in a healthy age- and sex-matched individual.

The patient donned a water-perfused suit that covered the entire body 3 and was instrumented with thermocouples on the dorsomedial, lateral, and mid-right foot for measurement of skin temperature. A laser Doppler flowmetry probe in a local heater was placed on the left foot in an area unaffected by ulcerations. Blood pressure was measured continuously throughout the protocol.

First, 33°C water was perfused through the suit for thermoneutral measurements, and then 48°C water was perfused to increase the mean skin temperature and stimulate cutaneous vasodilation. A laser-speckle contrast image (LSCI) (mooFLPI; Moor Instruments) was obtained of the right foot to visualize cutaneous blood flow throughout the protocol. The patient was returned to thermoneutral, and the local heater on the left foot was increased to 42°C to induce local endothelial nitric oxide synthase-dependent vasodilation. 4 Laser Doppler flux under the local heater was measured throughout local heating. Cutaneous vascular conductance (CVC) was calculated as an index of skin blood flow using the following equation: CVC = Flux/MAP, where MAP indicates the mean arterial pressure.

Results | Figure 1 shows an LSCI and the mean skin temperature of the right foot of a healthy control subject (left pan-
els) and the patient with perniosis at baseline (middle panels) and following 4 weeks of nifedipine treatment (right panels) during thermoneutral (A) and warming (B) conditions. No appreciable differences were observed between the patient and the control subject at thermoneutral. The patient had reduced cutaneous vasodilation and lower skin temperature in her foot during whole-body warming.

Discussion

This case highlights the LSCI as a novel method for assessment of cutaneous blood flow in patients with cold-related disorders. In the patient with perniosis, cutaneous blood flow of the foot assessed with an LSCI was reduced, and microvascular reactivity to an endothelial nitric oxide syn-

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Figure 1. Laser-Speckle Contrast Images

- Laser-speckle contrast images and the mean skin temperature (T<sub>s</sub>) of the right foot of a healthy control subject (left panels) and the patient with perniosis at baseline (middle panels) and following 4 weeks of nifedipine treatment (right panels) during thermoneutral (A) and whole-body warming (B) conditions. No appreciable differences in skin blood flow measured by laser-speckle contrast were observed between the patient and the control subject at thermoneutral. The patient had reduced cutaneous vasodilation and lower skin temperature in her foot during whole-body warming. Low blood flow and high blood flow are given as arbitrary perfusion units.

Figure 2. Cutaneous Blood Flow Response to Local Heating

- Representative tracing of cutaneous blood flow (cutaneous vascular conductance [CVC]) response to local heating (A) and plateau in CVC due to local heat data from the left foot of a healthy control subject and the patient with perniosis at baseline and following 4 weeks of nifedipine treatment (B). The patient had a lower cutaneous vasodilation response to local heating at baseline. Cutaneous vasodilation responses were increased following 4 weeks of treatment. CVC is given as laser Doppler flux divided by the mean arterial pressure. Time is in minutes, with each hash mark on the x-axis representing 10 minutes.
that microvascular responses to systemic and localized heat stimuli were decreased. Quantitatively, these microvascular responses to systemic and localized heat stimuli were decreased. Quantitatively, these microvascular responses were decreased.

Cutaneous vasodilation responses to heating stimuli have been used to assess microvascular function in the forearm skin of humans with varying preclinical vascular disease. The new, noninvasive LSCI technology presents the opportunity to comfortably and easily examine regional variation in cutaneous perfusion, rendering its clinical application in assessment of cutaneous vascular pathologic conditions. Further research is warranted to determine if an LSCI can predict the occurrence of ulcerations in patients with perniosis. Our data suggest that the LSCI can be used to examine cutaneous blood flow and to assess the efficacy of interventions in dermatology patients.

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Results | The diet & acne app was newly downloaded to 5507 devices in 98 different countries. Updates to the IRB-approved version of the app from the previously downloaded version totaled 2232. A total of 110 people who downloaded the app completed the survey. Self-reported characteristics of survey respondents are summarized in Table 1. Forty-one respondents (37.3%) reported that they had not seen a physician for their acne, and 96 (87.3%) reported acne duration greater than 1 year. A total of 105 respondents (96.3%) found the app by searching the iTunes app store with varied terms, the most common being acne. After the app was made available, the institutional review board (IRB) at Northwestern University approved it along with a link within the app that takes users aged 18 years or older to a voluntary, anonymous survey. Survey items were developed to assess patient characteristics and patient interaction with the app. Data regarding app downloads and survey responses were collected via iTunes and Web Survey Creator, respectively, for a 5-month period starting April 1, 2013, and ending August 31, 2013.

Methods | Based on observations of patients inquiring about dietary influence on acne, but lacking an accessible and credible mobile reference, we created a mobile app that systematically reviews current medical evidence on the topic. English language publications available online prior to March 15, 2013, were identified via PubMed literature search using search terms diet and acne and diet and nutrition. The peer-reviewed literature was systematically formulated into a mobile app, which was made available in English for download free of charge via the iTunes app store (Apple Inc) under the title “diet & acne.” After the app was made available, the institutional review board (IRB) at Northwestern University approved it along with a link within the app that takes users aged 18 years or older to a voluntary, anonymous survey. Survey items were developed to assess patient characteristics and patient interaction with the app. Data regarding app downloads and survey responses were collected via iTunes and Web Survey Creator, respectively, for a 5-month period starting April 1, 2013, and ending August 31, 2013.