bidity (n=13), 10% reporting 2 (n=7), and 3% reporting 3 comorbidities (n=2).

Fatigue was the most frequently experienced symptom (n=41; 55%) (Table), followed by pain (n=24; 32%) and itch (n=16; 22%). Forty-six patients experienced at least 1 of the 3 symptoms (62%), while 27 patients reported at least 1 severe symptom (VAS >50 mm) (36%). Most patients with generalized morphea (n=15; 94%) and eosinophilic fasciitis (n=9; 75%) reported fatigue. Pain and itch were experienced most often by patients with eosinophilic fasciitis.

Fatigue, itch, and pain were significantly related to a lower disease-related quality of life (r=0.62, r=0.44, and r=0.43, respectively) (P < .01). Fatigue and pain, but not itch, were significantly associated with greater self-reported disease severity (r=0.39 and r=0.37, respectively) (P < .01). Fatigue was significantly related to a shorter duration since diagnosis of the sclerotic disease (r=0.27) (P < .05).

Comment. Fatigue, pain, and/or itch were experienced by 62% of patients (n=46). Fatigue was the most commonly reported symptom. Correlations with the DLQI, disease severity, and duration indicate that the physical symptoms were consequences of skin disease and might be particularly relevant in the early stages. Most patients with generalized morphea and eosinophilic fasciitis reported fatigue, and a substantial proportion of patients noted severe fatigue. Patients with eosinophilic fasciitis particularly reported pain and itch. In eosinophilic fasciitis, the sclerosis is more extensive and deeper than it is in localized morphea, and it is associated with peripheral eosinophilia. These facts may explain why patients with eosinophilic fasciitis experienced more pain and itch than other patients.

The study has several limitations, such as absence of a control group and small sample sizes, thus limiting comparison possibilities. Also, more detailed assessments of comorbidities and medications would be worthwhile. The disease severity was based on patient assessment rather than physician assessment. The questionnaires were not necessarily completed during a stage of active disease; thus, the presence and severity of symptoms might have been underestimated.

This study describes the high impact of fatigue, pain, and to a lesser extent itch in patients with localized scleroderma and eosinophilic fasciitis. Physicians should be encouraged to assess these symptoms and, where appropriate, focus treatment on them.

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Author Contributions: Drs Kroft, de Jong, and Evers had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: Kroft, de Jong, and Evers. Acquisition of data: Kroft, de Jong, and Evers.

Analysis and interpretation of data: Kroft, de Jong, and Evers. Drafting of the manuscript: Kroft, de Jong, and Evers. Critical revision of the manuscript for important intellectual content: Kroft, de Jong, and Evers. Statistical analysis: Kroft. Administrative, technical, and material support: Kroft, de Jong, and Evers. Study supervision: Kroft, de Jong, and Evers.

Financial Disclosure: None reported.

results were viewed jointly by both of us, but we independently assessed and categorized them. In cases of disagreement, final categorization of the video was made after a brief discussion and eventual agreement.

Results. All video results for each search phrase were reviewed by both authors (N=534). Seventy-two videos were relevant to the study. Of these, 39 were professionally made videos (54%), and 33 were amateur videos (46%).

Forty-nine videos took an overall positive position on tanning (68%) and 17 were negative (24%). Six videos were neutral, all of them discussing sunless tanning without mentioning tanning bed use (8%).

Of the tanning benefits cited in the 49 positive videos, 47 included appearance (96%). Two videos mentioned vitamin D as another benefit of tanning (4%).

The most common adverse events mentioned were burns (53%; n = 9) and skin cancer (47%; n = 8). Other adverse effects cited were wrinkles (18%; n = 3); lack of cleanliness of tanning salons, booths, and/or beds (18%; n = 3); and detriment to appearance (6%; n = 1).

Twenty-five videos were advertisements for specific tanning salons (35%), while another 10 were advertisements for apartments or condominiums that had an onsite tanning bed (14%). We reviewed 1 American Academy of Dermatology–sponsored video that specifically mentioned skin cancer, burns, and wrinkling as adverse effects of tanning bed use.

Comment. Ultraviolet radiation is a known carcinogen; a recent systematic review linked ever-use of tanning beds with risk of melanoma and squamous cell carcinoma. Furthermore, tanning beds cannot be recommended to enhance vitamin D levels. Despite this information, our study showed that most of the videos on YouTube portrayed tanning positively and that most videos appealed to appearance. There were more advertisements for tanning salons than total number of videos surveying the dangers of tanning. Tanning salon owners have been aggressive in their marketing and have more rapidly adopted YouTube than has the dermatology community. Our search found but one video sponsored by the American Academy of Dermatology. Making additional videos to post on YouTube would be inexpensive, and exposure would be instantaneous. This may be an effective and economical way to broadcast accurate information and educate the public regarding the dangers of tanning.

It is important to recognize the Internet and Web sites such as YouTube as increasingly important and readily available sources of information to the public. Our patients may be using YouTube or other unreliable sources of information about tanning bed use. The dermatology community may be able to use these venues for broadcasting safer skin practices.

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Author Contributions: Study concept and design: Hossler and Conroy. Acquisition of data: Hossler and Conroy. Analysis and interpretation of data: Hossler. Drafting of the manuscript: Hossler. Critical revision of the manuscript for important intellectual content: Hossler and Conroy. Administrative, technical, and material support: Hossler.

Financial Disclosure: None reported.


VIGNETTES

Efalizumab-Associated Guillain-Barré Syndrome

We report a case of Guillain-Barré syndrome associated with efalizumab therapy for chronic plaque psoriasis.

Report of a Case. A 31-year-old Hispanic man with a medical history significant for psoriasis, Down syndrome, hypertension, and adult-onset insulin-dependent diabetes mellitus presented with lower extremity weakness of approximately 2 weeks’ duration, urinary incontinence, and a recent fall associated with the subsequent inability to either stand or ambulate. The patient had begun efalizumab treatment approximately 2 years prior to presentation to treat worsening plaque psoriasis in the absence of arthritic symptoms. His treatment regimen was continuously maintained at a dose of 1 mg/kg/wk with significant improvement of his psoriasis. Other medications regularly taken prior to admission included risperidone, insulin, metformin, lisinopril, sucralfate, and pantoprazole. The patient’s last dose of efalizumab was approximately 4 days prior to the onset of his neurologic signs and symptoms. Significantly, neither the patient nor his family reported any recent upper respiratory tract or gastrointestinal infections, vaccinations, or surgical procedures. There was neither a personal nor family history of neurologic disorders, including multiple sclerosis.

On physical examination, marked lower extremity weakness and positive bilateral Babinski signs were noted. The patient remained able to raise his upper extremities. Magnetic resonance imaging of the thoracic and lumbar spine revealed T6/T7 and T7/T8 disc herniations. A computed tomographic scan of the cervical spine showed no evidence of cord compression or disc herniation. A demyelinating process was suspected. Examination of the