

according to the sociodemographic and clinical features, early disease onset and PASI were found to be risk factors for the development of scalp psoriasis ($p = 0.003$, $p < 0.001$, respectively).

Conclusion: Scalp was the most commonly affected skin area. Clinical severity and a younger age may increase the risk of the development of the scalp involvement.

Disclosure of Interest: None declared.

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ApoE isoforms in patients with psoriasis

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Introduction: Psoriasis is a chronic inflammatory skin disease affecting 2–3% of the world population. Patients with psoriasis (Ps) have higher prevalence of lipid disorders when compared to unaffected individuals. These patients, especially those with severe and prolonged disease, have an increased morbidity and mortality from cardiovascular events. Apolipoprotein E (ApoE), a protein involved in lipid metabolism, cholesterol and phospholipid transport, has functionally relevant gene variants. It has been described that the $\epsilon 4$ allele may increase the risk to develop atherosclerosis, and the $\epsilon 2$ allele has been associated with hyperlipoproteinemia type III. An increased risk of psoriasis among persons with these two alleles has also been reported. Nevertheless, the role of ApoE in Psoriasis remains controversial.

Objectives: The aim of this work was to investigate the relationship between APOE- $\epsilon 2/\epsilon 3/\epsilon 4$ variants and psoriasis in a Portuguese population.

Materials and Methods: A cohort of 178 unrelated (74 females, 104 males) severe psoriatic patients [according to the Psoriasis Area and Severity Index (PASI)] from Centro Hospitalar do Porto/Hospital de Santo António and 285 ethnically-matched healthy controls were studied. Genotyping of APOE was performed using a Polymerase chain reaction restriction fragment-length polymorphism (PCR-RFLP) assay.

Results: The frequency of the $\epsilon 4$ allele was significantly higher in patients than in controls [(11.5% vs. 7.6%), $p = 0.044$, OR=1.57 (1.01–2.45)].

Conclusion: The ApoE $\epsilon 4$ isoform could be a risk factor for psoriatic disease in this population. Our result is in agreement with previous studies in a Spanish population that associated the $\epsilon 4$ isoform with severe psoriasis. These results support the hypothesis that ApoE has a modulatory role in inflammatory conditions.

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State of vaccinations in psoriasis patients

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Introduction: The relations of infections to psoriatic disease are manifold. Infections may either exacerbate the skin disease or may be predisposed by immunomodulatory treatment. Accordingly, appropriate vaccinations are advised for patients either before initiating disease or during treatment course.

Objectives: To determine the state of vaccinations in psoriatic patients and their consequences on disease course.

Materials and Methods: Four hundred and one patients with psoriasis were contacted with a written questionnaire asking for individual vaccinations, their timely application and consequences on the course of psoriatic disease.

Results: Hundred and seventy one questionnaires (42.2%) were returned with very heterogeneous states of recommended vaccinations like tetanus, diphtheria and poliomyelitis. In many cases vaccination courses had not been applied properly or were much outdated and needed booster injections. 45 patients were vaccinated against classical influenza, 11 against swine flue. Among the latter, one patient reported a relapse of psoriasis, one a deterioration, nine no alterations at all. Among the other vaccinations (rubella, hepatitis B, typhoid) eight patients reported either deterioration or relapse of their disease.

Conclusion: The state of vaccinations among randomly selected psoriasis patients is very heterogeneous and low-level with regard to appropriate protection against individual infections. The state of vaccinations should regularly be checked within relevant documents when available. Necessary and recommended vaccinations should be applied before initiating any systemic immunomodulatory treatment as well as appropriately be boosted during further disease course.

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Management of psoriasis among militaries: our experience in military hospital of Tunis

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Introduction: Psoriasis is a frequent dermatosis, its prevalence is estimated between 2 and 3%. We present here results of treatment and care for militaries in Military Hospital of Tunis.

Objectives: We conducted a retrospective study on 69 cases of psoriasis collected and hospitalized between 2008 and 2012. We included patients with all type of psoriasis.

Materials and Methods: During the study period, 1633 cases were hospitalized and 69 militaries suffered from psoriasis (4.2%). The patients' ages ranged from 19 to 46 years, the mean age was 28.7 years old with clear male predominance (64 men, 5 women). Patients had: plaque psoriasis ($n = 63$, 54.8%), Guttate psoriasis ($n = 16$, 14.7%) pustular psoriasis ($n = 14$, 12.8%), palmoplantar keratoderma psoriasis ($n = 8$, 7.3%), erythrodermic psoriasis ($n = 6$, 5.5%) and inverse psoriasis ($n = 2$, 1.8%). Mean of the extent psoriasis lesions was 67.2%. Local treatment with topical corticosteroids or a Vitamin D derivative alone or associated with systemic treatment was recommended in respectively 77.6 and 9.2% of cases. The administration of general treated relied on methotrexate was required in 32.3% of cases, UVB therapy in 36.2% of cases, systemic retinoid in 11.6% of cases. Progression was usually good and it was in 85.5% of cases. Among the 69 soldiers suffering from psoriasis, five militaries (5.4%) were hospitalized to determine the military service capacity. four of them were not fit for military service.

Results: Psoriasis is a common, noticeable, inflammatory lifelong chronic skin disease that can have a real impact in everyday life. Even if it's benign its treatment is binding especially the topical ones. In addition to the physical impact, psoriasis significantly affects mental and emotional functioning. Our therapeutic management is to hospitalize usually these militaries, isolate them from stress conditions and try to treat them by topical or systemic treatment (UVB, Methotrexate, systemic retinoid) even if their psoriasis is moderate or not very extended. Psoriasis, its complications, and its therapies can interfere with concentration, mission accomplishment and compliance with safety equipment use and may have a specific and significant impact that cannot allow psoriatic militaries to fit their service. Therefore, psoriasis is a dermatological disease that should be taken seriously in militaries compared to other people.

Conclusion: Care of psoriasis among militaries can differ from other psoriatic patients by its real impact on their military service.

Disclosure of Interest: None declared.