

always aim to reach the fascia, regardless of the melanoma's depth (including in situ). However, for invasive melanoma overlying deep subcutis, 70.2% preferred excising to the same depth as lateral margins rather than reaching the fascia. When asked whether fully excised early melanomas (stage 1A) always require a subsequent WLE, 78.7% agreed.

Responses regarding WLE depth to three melanoma thicknesses in three differing scenarios will be presented.

The findings highlight considerable heterogeneity in WLE depth preferences, despite the procedure's ubiquity.

Further standardisation of surgical practice would be of benefit informed by the current evidence available.

Nil conflicts of interest.

Surgical Attire Survey Amongst Dermatologists in New Zealand Undergoing Dermatological Surgery

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We identified significant variation in surgical attire and personal protective equipment (PPE) used in dermatologic surgery. A responsive questionnaire was created in Google Forms collecting baseline demographics and tailoring questions based on whether respondents were Mohs surgeons or performed flap/graft repairs. It was distributed twice in March–April 2025 to the NZDSI membership.

We received 29 responses. Most respondents were consultant dermatologists (96.5%), modal age-group 35–39 years (24.1%), with 55.2% being male. 11/29 were Mohs surgeons. For diagnostic biopsies, 26/29 (89.7%) used clean examination gloves and 10.3% sterile gloves. Clothing varied and some options were selected multiply suggesting variation in attire at times; modally 51.7% selected wearing a clean scrubs set alone, 37.9% normal work clothes. 48.3% wore no cap, 13.8% a reusable cap; 37.9% no mask, and 10.3% used a reusable mask. For direct-closure excisions there were 28 responses: 67.9% used sterile gloves, 32.1% clean gloves, and 75.0% wore clean scrubs alone. 18/28 undertook flap and graft repairs, with 16/18 using the same attire as direct-closures. Among Mohs surgeons, 72.7% used clean gloves for tumour extirpation, all wore clean scrubs alone. For Mohs reconstruction (including complex), 63.6% used sterile gloves. Across scenarios, eye-protection varied: 18.2%–42.9% used personal glasses, while loupe-use seemed higher in Mohs surgery (72.7%–90.1%) than in other procedures (10.3%–28.6%).

This questionnaire highlights heterogeneous attire/PPE practices in dermatologic surgery. These findings prompt reflection regarding maintaining excellent patient outcomes and clinician

safety, whilst balancing institutional norms, cost, and environmental sustainability.

Nil conflicts of interest.

Itching for Answers: The Cost of Atopic Dermatitis Hospitalisations Pre-Upadacitinib

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Aim/Introduction: Atopic dermatitis is a common and often debilitating disease that can lead to acute flares necessitating hospitalisation. At Auckland City Hospital, an admitting Dermatology service provides care for inpatients. We conducted an audit on the proportion of dermatology admissions accounted for by atopic dermatitis and to examine the characteristics of these patients, prior to the availability of upadacitinib.

Method: Patients admitted under Dermatology from 1st May 2024 to 30th April 2025 were identified using electronic clinical records. Data collected included reason for admission, demographics, total length of stay, number of prior admissions, psychiatric comorbidities, and dermatological history.

Results: During the 12-month period, 55 patients accounted for 74 inpatient admissions related to atopic dermatitis. The median duration of admission for atopic dermatitis was 7 days (range 2–30). The total cost was estimated at \$1.4 million. A significant proportion of admitted patients had a history of substance use (8/55, 14.5%) and mood disorders (18/55, 32.7%). Ten patients admitted were overdue for a follow-up appointment (median time overdue: 4.5 months; range 0.25–11 months), four were overdue for a First Specialist Appointment (median time overdue: 5 months; range 0.5–7 months).

Conclusion/Discussion: Inpatient management of atopic dermatitis in Auckland is costly in both time and resources. Timely access to dermatological care remains a challenge. The findings of this audit may serve as a baseline comparator to evaluate whether the recent introduction of upadacitinib leads to a reduction in admissions and associated costs.

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Rethinking Alopecia Areata: A Practical Guide for NZ Dermatologists

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Alopecia areata (AA) is an autoimmune form of non-scarring hair loss affecting approximately 2% of the population, with significant psychosocial impact—particularly among children and adolescents. While the precise pathobiology of AA remains incompletely understood, it is widely thought to involve immune-mediated collapse of the hair follicle's immune privilege.

Although evidence-based treatments for AA have been historically limited, recent international consensus guidelines stress the importance of early and targeted therapy. Emerging treatments—ranging from topical agents and intralesional