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Continuing along the path of improvement

This is my first article as President of the European Academy of Dermatology and Venereology. First and foremost, I would like to express my gratitude to the EADV Office, the Committees, the Task Forces and the Speakers who contributed to the outstanding and record-breaking Congress in Amsterdam, Netherlands, in September. Your efforts, commitment and hard work produced the most successful EADV

Congress to date and the fantastic results could not have been achieved without your invaluable support, professionalism and dedication, thank you.

Continuing to enhance our Academy

As President, I have commenced my term by continuing along the path of improvement. Facilitating a balanced evolution with the provision of

adequate support to both the scientific work and professional output of the EADV Office is my current objective.

In addition, I am looking to support the realisation and offer of more educational school events to attract our younger and more knowledge-hungry members. As a result, not only will attendees benefit from education on different topics, but they will also have an opportunity to

Continuing along the path of improvement

make new contacts and friendships for the future, which is crucial for the success and wellbeing of younger colleagues.

Furthering collaboration

In parallel, we continue the work of existing projects, namely our collaboration with the European Dermatology Forum (EDF) with the vision of creating our own EADV EDF Guidelines, as well as supporting existing advocacy projects on behalf of the dermatovenereological community.

The newly created Dermatovenereology and Patient Advocacy Task Force, together with the support of external stakeholders, will advocate for dermatology and venereology, ultimately benefitting patients. In addition to supporting ongoing and successful strategies, we envisage that the energy created by this new comprehensive group, representing the many aspects of dermatology and venereology, will gain influence and more attention from politicians.

Equal healthcare for all

One of my goals, that is particularly close to my heart, would be the ability

to successfully offer similar, if not the same, healthcare to patients in geopolitically and economically diverse countries. This could ultimately be achieved through supporting projects that seek to reduce inequity in patient care whilst at the same time promoting high standards of education and support to countries where access to medicine and education is limited.

Looking to the future

Without adding too much more, I take this opportunity to wish all the success to my existing and newly appointed colleagues on the Executive Committee (EC) with whom I have discussed and shared this vision... and in the words of my predecessor, we will continue the hard work and have fun whilst doing so!

On behalf of the entire EADV, I wish you and your families a happy holiday season and a prosperous start to 2025!



Branka Marinović

EADV President
(2024–2026)

“One of my goals would be the ability to successfully offer similar healthcare to patients in geopolitically and economically diverse countries.”



< Photo on the cover page
The new Executive Committee 2024-2026 (left to right):
Erkan Alpsoy (TR), Carmen Salavastru (RO), Branka Marinovic (HR), Marie-Aleth Richard (FR), Margarida Gonçalo (PT), Alexander Katoulis (GR), Menno de Rie (NL).
Not Photographed: Martin Röcken (DE)

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Editorial

The most important developments in medicine in 2024

As the end of the current year approaches, let us look back at some of the major developments in our profession in 2024.

The use of telemedicine has increased, with many patients preferring to visit doctors virtually. More emphasis is being placed on involving patients in the decision-making process to ensure that treatments meet their specific needs.

Advances in genomic research are helping a more individualised treatment of diseases, supported by the fact that the cost of genetic sequencing has continued to fall.

Artificial intelligence (AI) is increasingly being used to support diagnoses, analyse medical images and develop personalised treatment plans. It also enables personalised learning.

However, the discussion about ethical issues and the need for data protection is increasingly important.

In the treatment of cancer and immunological diseases, immunotherapies are being further developed and refined to increase efficacy and minimise side effects. Intensive work is being done on tailored therapies based on the specific genetic mutations of tumours. The development of combination therapies has increased efficacy and reduced tumour cell resistance. The use of checkpoint inhibitors has proven to be very effective and work is continuing to improve and expand their application.

Dermatology research has gained in importance because skin tumours and immunological/inflammatory skin diseases, such as hidradenitis suppurativa, serve as models for

the development of new systemic therapies.

Medicine is on its way to fulfil people's dreams of better health. Let us hope that international politics will also fulfil people's dreams of peace and prosperity. Season's greetings to you and your families!



**Prof Dr med Prof honoraire
Dr hc Christos C. Zouboulis**

Editor

A report on our best-ever-attended EADV Congress

The EADV Congress was held this year in the beautiful city of Amsterdam, Netherlands, between 25 and 28 September 2024. It was one of the biggest dermatology happenings in 2024 and attracted over 17,400 participants from over 130 countries and saw 3,694 accepted abstracts.

The EADV Congress had a four-day outstanding programme including keynote lecturers from all over the world, focus sessions on various subspecialty areas of dermatology which ran on Wednesday and

Saturday afternoon, interactive expert fora, along with late-breaking news sessions, residents track and workshops. The [on-demand content](#) from the Congress remains available for the three months after the event. As always, subspecialty meetings were held just before the main opening and dermatologists enjoyed participating in deep discussions about their topics of interest.

Opening in style

This year, the EADV Congress officially opened with a highly intriguing presentation by Dr Bertrand Piccard on "Renewable Energy and Clean Technologies: The New Medication for Our World." Dr Piccard urged us, as dermatologists, to rethink our roles as leaders and innovators and to actively contribute to a more sustainable future. He emphasised that sustainability is not just a





responsibility, but also an opportunity to leave a legacy and lead the way forward.

A wide range of topics

EADV Congress provided excellent presentations by renowned experts on various topics including novel therapeutic options for hidradenitis suppurativa, alopecia, vitiligo, atopic dermatitis and many other skin conditions. Better understanding of disease pathogenesis was mentioned as the main aim for identifying potential targets paving the way to disease-modifying therapies. Advancing our imaging techniques was also emphasised as the key milestone for more precise diagnostics and personalised treatments.

There were also focused workshops where you could learn and interact with world experts in the field which

Top attended topics

- ★ Dermoscopy non pigmented lesions
- ★ Dermoscopy pigmented lesions
- ★ Nail and hair dermoscopy
- ★ Paediatric dermatology
- ★ Atopic dermatitis
- ★ Late breaking news
- ★ Focus on Hidradenitis suppurativa
- ★ Chronic urticaria



EADV Congress

were particularly appreciated by young dermatologists. The Scientific Committee, led by Prof Michel Gilliet, is to be greatly congratulated for the excellent programme this year.

Supporting tomorrow's specialists

EADV also provided a great number of scholarships to support attendees, as always, which is in line with our

mission to support healthcare and health professionals.

Follow @eadv for more highlights from the Congress and news of other EADV activities.

Looking forward to see you in the annual EADV Symposium, Prague, Czechia, 22-24 May 2025.



Assoc. Prof. Asli Bilgic

Private Dermatology Clinic, Antalya, Turkey



Prof Dedee F. Murrell

Department of Dermatology,
St George Hospital, Sydney, Australia.
Faculty of Medicine, University of
New South Wales, Sydney, Australia



EADV hosted 16 hands-on workshops during the Amsterdam Congress, providing attendees with practical training and interactive learning experiences.

Dr Piccard addressing the audience on "Renewable Energy and Clean Technologies: The New Medication for Our World."



EADV Awards Ceremony

The EADV Awards Ceremony took place during the EADV Congress in Amsterdam, Netherlands, as part of the President's Dinner at the National Maritime Museum. Members of the Executive Committee presented the awards to the distinguished recipients.

The EADV Scientific Achievement Award

The EADV Scientific Achievement Award honours individuals who have made extraordinary contributions to dermatology and venereology through their research, innovation and clinical advancements. This prestigious award reflects the commitment of EADV to recognise and celebrate excellence in scientific discovery and its application in improving skin health globally.

Winner: **Brigitte Dréno** (France)
Presented by Branka Marinovic

The EADV Clinical Care Award

The EADV Clinical Care Award recognises dermatologists and venereologists who have demonstrated exceptional dedication and innovation in clinical practice, significantly improving patient care and outcomes in dermatology and venereology. This award highlights EADV's commitment to advancing the highest standards of care in the field.

Winner: **Rein Willemze** (the Netherlands)
Presented by Menno de Rie

The EADV Distinguished Service Award

The EADV Distinguished Service Award is a prestigious honour that celebrates individuals who have made outstanding contributions to the field of dermatology and venereology through leadership, advocacy, education or service. This award reflects EADV's commitment to recognising

those whose work extends beyond clinical or research achievements and has had a lasting impact on the community.

Winner: **Jana Tresnak Hercogova** (Czechia)
Presented by Branka Marinovic

The EADV International Award

The EADV International Award recognises individuals or organisations outside the European region for their significant contributions to the advancement of dermatology and venereology on a global scale. This award underlines EADV's commitment to fostering international collaboration and excellence in skin health.

Winners: **Hans Peter Soyer** (Australia), **Rashmi Sarkar** (India), **Jeffrey Callen** (USA)
Presented by Alex Stratigos, Margarida Gonçalo and Carmen Salavastru

The ILDS International Achievement Award

The ILDS (International League of Dermatological Societies) International Achievement Award is a prestigious honour that recognises individuals or organisations for their exceptional contributions to global dermatology. This award highlights achievements that have a significant impact on improving skin health and advancing the field internationally.

Winner: **Erwin Tschachler** (Austria)
Presented by Henry Lim (ILDS President)





Introducing the EADV Games

The inaugural edition of the EADV Games took place at the 2024 EADV Congress in Amsterdam, Netherlands, offering an exciting educational experience aimed at fostering learning and camaraderie among dermatology professionals through interactive, gamified content.

Participants engaged in quizzes, challenges and team competitions focused on dermatology knowledge, clinical case studies and recent advancements. Open to residents, the event saw participants from 18 European countries competing in a thrilling quiz covering a range of dermatology topics. Some 500 delegates packed room with cheers and enthusiasm.

A word from the winners – France!

Preparing for the EADV Games

Our team, *Dermolympic Peau'wer*, representing France, was thrilled to participate in the EADV Games. Our preparation was fairly straightforward. Instead of following a rigorous training schedule, we opted for a more relaxed approach by reviewing key

chapters from our national dermatology textbook. Each of us focused on areas where we felt the need for a quick refresher, relying on the textbook to cover fundamental concepts. Since we didn't follow a structured study plan, our preparation was more about reinforcing our existing knowledge rather than intense cramming. This laid-back method allowed us to remain calm and focused as the event approached, with confidence in the solid foundation we had built throughout our studies and careers.

Our overall experience

The EADV Games were an unforgettable experience! From the excitement



EADV Congress

of meeting teams from all over Europe to the rush of being on stage under time pressure, every moment was thrilling. We appreciated the diversity of questions, which challenged our clinical knowledge, decision making, and teamwork. Despite the competitive nature, the atmosphere was collegial and it was fantastic to compete with fellow dermatologists from different backgrounds. Participating in such a dynamic, international competition strengthened our bond as a team!

Advice for future teams

For future teams considering joining the EADV Games, our best advice is to play to your strengths and make sure everyone has a defined role based on their expertise. But don't forget to have fun along the way! During the event, time management is key, so practice answering questions under pressure and in a concise manner. And finally, don't hesitate to engage with other teams—you will learn so much from your fellow dermatologists. The Games are not just a test of knowledge, but an opportunity to grow as clinicians and as a community.

Team France:

Dr Robin Zagala,
Dr Berin Sila Birgen,
Dr Samy Belkaïd,
Dr Emmanuel Ribereau-Gayon

Recollections of second-place winners Poland

"When we first heard about the EADV Resident Games, our reactions ranged from excitement to sheer panic. We quickly realised that the key to success was not some rigorous study regime, but assigning "specialties" to keep us from losing our minds. Our "preparations" were often chaotic, less about dermatology and more about trying to keep each other from having a meltdown. By the time we arrived in Amsterdam, I had perfected



my "team pep talk," which mostly involved making sure no one lost their mind (or their boarding pass). We got there, slightly sleep-deprived and hyped on coffee, ready to face whatever the Games threw at us. And trust me, they threw some curveballs. There were questions we didn't even know existed in dermatology! Our secret weapon? Our mentors. Professors Szepietowski, Lesiak, Reich and Owczarczyk-Saczonek were like our personal cheerleading squad. Honestly, I think they were more nervous than we were! In the end, we managed to pull off a second-place finish – way beyond our initial goals of "just one point" or "dancing for third place." It wasn't just about knowing dermatology, though that helped; it was about teamwork, a lot of laughter and not taking ourselves too seriously. And maybe a little bit of luck. So, what advice do we have for future teams? Remember: it's about having fun. If you can survive the preparation, the Games are a breeze... mostly!" –

Team Poland:

Dr Aleksandra Stefaniak,
Dr Marta Kasproicz-Furmańczyk,
Dr Kamil Grabowski,
Dr Ewelina Mazur

A word from the brain behind EADV Games

"One word to define my feelings about the EADV Games is Joy. Why? Because the games were a mixture of knowledge and fun and studying and entertainment can produce pleasure. Usually, knowledge is something

boring since you need to have a serious approach, and you are not allowed to say whatever comes to your mind. In the EADV Games, knowledge was a competition with the excitement related to the contest. Moreover, when residents were looking for a diagnosis, they had to mobilise information in a short period of time, and it was like a duel with ideas and responses. Even though the EADV Games were a matter of up-to-date significant dermatological knowledge, the atmosphere of the session was fun. What I will remember from these inaugural EADV Games is the smiles on the faces of the residents, the screams of the Polish supporters – their team came in second (see below) and "We are the champions" song by Queen during the awards ceremony.

"I am looking forward to hosting the second edition of these EADV Games in Paris with my partner, Prof Dedee Murrell who is the perfect presenter combining knowledge, humour, gaiety, tactfulness and attention. I would like to thank Prof Michel Gilliet, the members of the Scientific Programming Committee and Prof Markus Starink for providing questions and helping us to organise this inaugural EADV Games."

Prof Frédéric Caux

EADV Scholarship Ceremony Celebrates 76 Awardees at the 2024 EADV Congress

On 26 September 2024, during the EADV Congress in Amsterdam, Netherlands, EADV hosted our prestigious Scholarship Ceremony. The Honours and Awards Committee recognised the exceptional achievements of more than 70 scholarship recipients - elite young dermato-venereologists, trainees and scientists involved in dermato-venereology. These individuals were recognised for their outstanding scientific and research contributions in the field. Over the coming issues of EADV News, we will feature an interview with various award winners to understand what impact the EADV scholarship will have on their professional development.

This year's awards for the EADV Congress included:

- **23 Michael Hornstein Memorial Scholarships:** Awarded to one successful candidate from each Central, Eastern, Western and Northern European country.
- **16 John Stratigos Memorial Scholarships:** Awarded to one successful candidate from each Southern European and Mediterranean country.
- **30 Imrich Sarkany Non-European Memorial Scholarships:** Awarded to 30 candidates from non-European countries.

An exceptional response

The 2024 EADV Scholarship Programme saw an exceptional response, with 449 applications from 72 countries, resulting in over 70 winners. This demonstrates a growing global interest in dermato-venereology, especially among young professionals. In addition to these scholarships, special agreements allowed for three

awardees from the USA and Canada, as a result of EADV's partnership with the American Academy of Dermatology (AAD), and three recipients from Mexico, through an agreement with the Colegio Ibero-Latinoamericano de Dermatología (CILAD).

Building passion

During the ceremony, the success of the winners was celebrated together

with the distinguished members of the Honours and Awards Committee and special guests. Notable speakers included Prof Branka Marinovic, President of EADV, Prof Margarida Gonçalo, Secretary General Elect, Prof Erkan Alpsoy, newly elected Board Representative to the Executive Committee, and Prof Dr Dedee Murrell, Chair of EADV's Communication Committee. They all encouraged the scholars to remain curious, stay passionate about dermatology, build strong professional networks and, most importantly, stay actively connected with EADV. By engaging with the Academy, they can fully benefit from the wealth of resources, opportunities for professional growth and the invaluable support that EADV offers its members. Staying involved will help them thrive in their careers and contribute meaningfully to the field of dermatology.

Sharing experience

The event concluded with a keynote speech by Dr Luca Potestio, this year's Best Researcher Award recipient. Dr Potestio, from Italy, shared his professional journey and research endeavours, inspiring the audience with his dedication and commitment to dermatology. The Best Researcher Award is the highest honour bestowed annually by the Honours and Awards Committee during the Congress.



Honours and Awards Committee 2023-2024 (left to right) Prof. Dr. Jan-Christoph Simon (DE), Assoc. Prof. Svetlana Popadic (RS) - Co-opted, Prof. Asja Prohić (BA) Chairperson, Prof. Aleksandra Lesiak (PL), MD, PhD Pawel Piotr Pietkiewicz (PL)

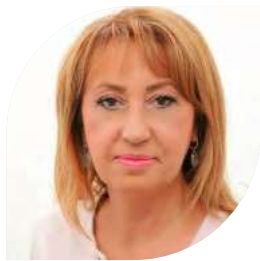
Enrique Rodriguez-Lomba (ES) Junior Co-opted (not Photographed)

Dr. Evelina Buinauskaitė (NO) (not Photographed)

A bright future

I am delighted to confirm that the success of the scholarship programme reflects the strong interest in scientific engagement and professional growth among emerging talents in dermatology. EADV is proud to support these promising professionals and looks forward to future contributions to the field.

For more information and to stay updated on future opportunities, please visit the [EADV Scholarship webpage](#).



Prof Asja Prohić

Honours and Awards Committee
Chairperson



Igor Salatic | Serbia | Michael Hornstein Memorial Scholarship

How will this scholarship influence your next steps in research or practice?

This scholarship gave me the opportunity to attend my first EADV Congress, where I witnessed the vast size of the EADV community. I had the chance to meet peers from across Europe, and I believe that working and learning alongside young

dermatologists and dermatology residents throughout Europe is one of the most crucial steps toward building a path to becoming an expert, like our mentors are today.

What advice would you give to dermatologists or researchers who are just starting out and want to achieve similar recognition?

I believe there are many different

aspects and opportunities for young dermatologists or researchers to grow professionally and academically. I think they should explore various fields, discover which one appeals to them the most, and channel their motivation and hard work into that area.

How has participating in the EADV Congress influenced your perspective on dermatology or your future work?

The EADV Congress, along with its many interesting sessions, highlighted several areas I should explore further. I believe it is always enlightening to see how dermatologists in different countries and circumstances approach similar challenges and problems.



**Diana Milagros Narvaez Quiñonez | Paraguay |
Imrich Sarkany Non-European Memorial Scholarship**

What areas of dermatology are you most excited to explore further?

I have special interest on dermoscopy, skin cancer, dermatologic surgery including nail and Mohs surgery.

What drives your passion for dermatology, and what keeps you motivated to continue contributing to the field?

My main motivations are my patients and improving the dermatological practice in my country. I think that acquiring more knowledge and professional skills influences directly on patients health. All this makes me feel

deeply committed to continuous education on the field of dermatology.

What are the key takeaways or lessons you have gained from attending the EADV Congress and how will they shape your career?

The very first plenary session was very inspiring. My takehome message would be that there are no limits and no impossible things to achieve. It might be very difficult, but it won't be impossible. Having an open mindset is the key to developing new things in life and it also contributes to breakthroughs in the field of dermatology.



Evdoxia Panou | Greece | John Stratigos Memorial Scholarship



What areas of dermatology are you most excited to explore further?

I am due to start working as an academic fellow in psoriasis. This is very exciting since psoriasis is an evolving field in terms of new treatments which can have a big impact in patients' lives. I am also very excited to explore aesthetic dermatology on my private practice.

What advice would you give to dermatologists or researchers who are just starting out and want to achieve similar recognition?

It is really important to become a member of EADV in order to keep up with conferences, have access to the JEADV and all the great courses and webinars that it offers. It feels great that you are a part of a huge community of dermatologists and venereologists from all over the world. Every EADV conference is

highly anticipated and it feels like a feast of knowledge and innovative learning.

How has participating in the EADV Congress influenced your perspective on dermatology or your future work?

It was a unique opportunity to learn about all the latest updates in every field of our specialty and to exchange knowledge with colleagues from all over the world.

As always, after the conference I feel confident and strong to deal more effectively with complicated cases.



PRAGUE
22-24 MAY 2025

Diversity in dermatological care

In recent years, the intersection of migration and health has highlighted unique challenges within dermatology and venereology. Migrant populations often face significant barriers to accessing healthcare, driven by cultural, socioeconomic and systemic factors. Skin conditions, which may present differently across diverse skin tones, as well as sexually transmitted infections (STIs), can go undiagnosed or be mismanaged due to limited resources, stigma and cultural misunderstandings. Additionally, climate change, migration-related trauma and the use of complementary medicine further complicate care for migrants.

Sessions at the EADV Symposium, in May 2024, underscored the need for a culturally competent and inclusive approach to dermatological care. By focusing on diverse skin representations in medical education, increasing awareness of STI stigma and recognising the impacts of violence and climate change, the sessions aimed to inform healthcare providers of the essential strategies for providing equitable care to migrants.

The summary below captures key insights from these sessions, underscoring the importance of comprehensive, sensitive and accessible dermatological care for migrant populations.

Cultural sensitivity during STI consultation

Sexual history taking is essential for accurate diagnosis and treatment. Sexual history should be obtained with sensitivity, avoiding assumptions about behaviours or preferences. Online consultations can sometimes encourage more honest disclosures, particularly among younger patients. Confidentiality ensures that patient information is kept confidential. When consulting, be sure to understand local legal requirements and use same-sex chaperones, if needed. Respect socio-cultural and religious beliefs, which can affect patients' comfort and openness during consultations. Address and mitigate stigma related to STIs, which can affect patients' willingness to seek care and adhere to treatment. Awareness of

internalised and anticipated stigma is crucial for effective patient support.

Inclusion of skin colour images in education

Dermatological training often lacks diversity, with images predominantly showing lighter skin. This gap can lead to diagnostic challenges, as conditions may present differently in darker skin. The lack of representation of diverse skin tones in dermatological resources can impact clinical education and care. A more inclusive approach to medical training materials is needed to ensure accurate diagnosis and treatment across different skin types.

Combining conventional and traditional medicine

Complementary and alternative medicine (CAM) is used alongside or instead of Western medicine in many cultures. It includes practices such as traditional Chinese, Malay and Indian medicine. People may choose CAM for various reasons, including dissatisfaction with conventional treatments or accessibility. CAM, including practices like cupping and Ayurveda, can be beneficial for managing chronic conditions. Research into CAM's efficacy and safety is ongoing, and open dialogue with patients about their preferences is essential for holistic care. This is a new step towards integrative dermatology.

Diagnostic Challenges in Patients with Skin Color

Variations in skin color affect skin texture and sensitivity, which can complicate dermatological diagnoses. Darker skin may present differently for conditions like vitiligo or psoriasis, leading to diagnostic challenges.



Dermatologists must be aware of these differences to provide accurate diagnoses and equitable care. Understanding varied presentations and adapting diagnostic approaches are crucial for effective patient management.

STIs in migrants

HIV in migrant populations

The World Health Organisation (WHO) European region reports about 2.3 million people living with HIV, with high rates in Eastern Europe and among migrants. Migrants often face late diagnoses and higher infection rates. Europe has about 203,000 people on PrEP (pre-exposure prophylaxis), with significant gaps in access for migrants. Efforts to achieve the 95-95-95 targets for HIV diagnosis, treatment and viral suppression are ongoing, but progress is uneven.

STI in refugees and migrants

Migrants, including those from conflict zones such as Syria, may face an increased risk of sexually transmitted infections (STIs), including syphilis and chlamydia, due to experiences of sexual and gender-based violence (SGBV) during displacement. While the overall prevalence of STIs and HIV among Syrians remains low, factors such as sexual violence, limited access to healthcare, and disrupted surveillance systems in conflict settings can contribute to heightened vulnerability. Strengthening testing and screening programs, formalizing safe migration routes, and enhancing healthcare access can play a critical role in addressing these challenges and supporting the health of migrant populations.

Public health interventions

Project SSKAPP (Skin and Sexually transmitted Infections Knowledge, Attitude and Practice survey and health promotion strategy using mobile and digital technologies in migrant populations).”, between Malta and Lebanon and funded by EADV, and Project REACHOUT are initiatives that

focus on enhancing skin and sexual health assessments for migrants, training healthcare providers and increasing awareness. Migrants from low- and middle-income countries show higher STD prevalence, underscoring the need for effective community testing and outreach.

Climate change and migration

Climate change impact

Climate change drives migration and affects skin health due to altered temperature regulation and increased infection risks. The WHO and International League of Dermatological Societies (ILDS) work to address these health challenges, with a focus on skin conditions influenced by environmental factors.

Cutaneous leishmaniasis, epidemic fungal infections and scabies infestations

Climate change affects the epidemiology of cutaneous leishmaniasis, necessitating research into vector control and treatment options. Managing resistant strains like *Trichophyton indotineae* and *Candida auris* requires effective diagnostics and infection control measures. Scabies is more common in the dry season in the Southern Hemisphere. Effective control strategies are essential for managing this neglected tropical disease.

Skin signs of violence and torture

Assessing skin signs of torture

[Istanbul Protocol](#) provides guidelines for documenting torture-related injuries. High prevalence of violence-related scars highlights the need for specialised training in forensic dermatology.

Impact of sexual and gender-based violence (SGBV)

Affects health and wellbeing, with significant physical and psychological impacts. Addressing this involves comprehensive support and intervention strategies.



Rape as a weapon of war and human trafficking

Conflict-related sexual violence (CRSV) has severe immediate and long-term effects. Identifying signs of human trafficking, including STIs and traumatic injuries, is crucial for providing appropriate care and support.



Dr Valeska Padovese

Consultant dermatology and venereology, and leading clinician at the Genitourinary Clinic, Mater Dei Hospital, Malta



Ibrahim Awar

Medical student at the Medical University of Łódź



mpox

What's new in mpox infections?

outbreaks, limited to a few households or communities. New sub-clade 1b (reported April 2024) was detected in Democratic Republic of the Congo (DRC). Outside Africa, one case was detected in Sweden in a patient who had travelled to an endemic area.

- **Clade II**, which is endemic in West Africa, is theoretically less severe. A sub-clade IIb emerged in Nigeria in 2017 and is responsible for the 2022 global outbreak that continues now.

Some sub-clade mutations are linked to virus adaptation that have favoured the rapid spread of mpox into non-endemic countries.

As of 15 October 2024, a total of 106,310 laboratory confirmed cases, including 234 deaths, have been reported to the World Health Organization (WHO) from 123 states across 6 regions¹. The number cases reported monthly has declined substantially from the global peak of cases observed in August 2022. Nevertheless, in the past months Europe has experienced an increase in the number of cases.

The general factors that may contribute to a decline in the Western countries 2022 epidemic cases include: increased education and awareness of the disease, behaviour change among the most affected group (gay, bisexual and other men who have sex with men – GBMSM-), increased vaccination efforts and

rising immunity in the sexually active MSM which could limit the virus's ability to spread.

There are two clades for mpox virus (mpoxv):

- **Clade I** is theoretically more virulent, is endemic in Central Africa and for decades caused small

How to suspect a case?

Mpox virus enters the body through any route (oropharynx, nasopharynx or intradermal). It replicates at the inoculation site, spreads to nearby lymph nodes and then additional organs follow an initial viremia. Mpox symptoms usually appear 6 to 13 days after infection.

Unlike outbreaks before 2022, current outbreaks are thought to mainly spread through close contact, causing predominantly localized lesions. When seeking evaluation, most patients have: few lesions in the inoculation area, affecting only genital, perianal, oral areas or the face,

with single or multiple (but less than 20) lesions. Not all patients report systemic symptoms which may in turn delay detection.

These lesions are well circumscribed, deep seated, often develop umbilication, take weeks to heal completely, are quite painful, are commonly accompanied by surrounding edema and are usually associated with regional lymphadenopathy. And may be more severe and necrotic in immunosuppressed patients.

Early lesions can mimic several common STI. Moreover, co-infection with STIs is frequent and a high percentage of patients have risk factors for STI. So, in these patients, STI screening should be conducted in mpox patients and even if another STI is diagnosed, mpox should not be excluded.

At the time of attending, most patients explain extracutaneous symptoms (most frequently are fever, fatigue, headache, myalgia and regional lymphadenopathy), but not all.

A few days after the appearance of the first lesions in the inoculation area, a secondary eruption of small macule-vesicle-pustule-crust can take place. These lesions are described as pruritic, take days to heal completely and frequently not all lesions are in the same stage of development.

Complications and outcome

Some patients may develop complications:

- Secondary bacterial infections (most frequent).
- Mucositis (quite frequent): proctitis with intense anorectal pain and perianal edema associated or not with visible lesions on the perianal area, sore throat and difficulty

swallowing associated with visible ulcerative lesions on the palatine tonsils or the pharynx, or the presence of penile lesions associated with preputial edema, resulting in paraphimosis.

- Ocular involvement: patients may have conjunctivitis, blepharitis, papules on the eyelids, corneal ulcers, eyelid edema and periorbital cellulitis. These require management with ophthalmology.
- Other (uncommon) complications: parotiditis, otitis, mastoiditis, myopericarditis, bronchopneumonia, meningoencephalitis and even low mood with suicide.

During the 2022 global outbreak, few hospitalisations were reported, mainly due to provision of adequate pain management, to treat complications or for the purpose of isolating the patient.

Not counting Africa, in the actual outbreak, the case fatality rate remains low. The difference between the mortality in different world regions may be due to the different median age at presentation, different clade, different nutritional status, different access to medical care and that in some places mild cases probably remained undetected and unreported.

For most individuals, mpox is a self-limited disease with the symptoms lasting from two to four weeks. Patients are contagious from the time that the first symptoms appear until all scabs have fallen off and the epidermal layer has been fully restored.

How to confirm a case?

The presence of virus is confirmed by nucleic acid amplification test (NAAT) using a polymerase chain reaction (PCR) test alone or in combination with sequencing for clade determination.

Point-of-care tests have also been developed. Their use remains limited, but these techniques are promising.

How to treat a case?

Treatment is primarily symptomatic and supportive: Gentle wound care, pain management and supportive treatment and oral antihistamines for itch. It is important to advise patients to seek medical attention for worsening local pain, redness or purulent discharge suggestive of superinfection.

Tecovirimat is the only antiviral drug licensed by the European Medicines Agency (EMA) for mpox. Nevertheless, clinicians should consider the risks and benefits of initiating a specific treatment. Antivirals are commonly used in severe cases, such as: immunocompromised, paediatrics, pregnant and breastfeeding women and patients suffering from lesions complicated or that can be severe (mouth, eyes).

According to case reports, tecovirimat can reduce severity, duration and respiratory shedding of mpox. A phase 3 clinical trial is currently being conducted in the USA to evaluate the efficacy of tecovirimat for mpox (NCT05534984).

Since 22 July 2022, the third generation non-replicating smallpox vaccine (Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN)) was authorised in the EU for protection against mpox in adults. Earlier generation smallpox vaccines are associated with severe side effects and are no longer licensed in the EU. Since September 2024, the vaccine is also authorised for use in adults and adolescents aged 12 to 17 years.

The vaccine effectiveness of two pre-exposure vaccine doses is estimated as 82%, while even one dose

provides effectiveness of 76%. Vaccination also can attenuate the severity of illness and reduce hospitalization. There is protection against the vaccinia virus at two years after a primary course vaccination, but the protective effect of smallpox vaccination wanes with time and the duration of protection against mpox infection is unknown. There are still limitations: Equitable access, vaccine coverage with a lack of second dose and lack of information in some countries.

For references, please contact communication@eadv.org.

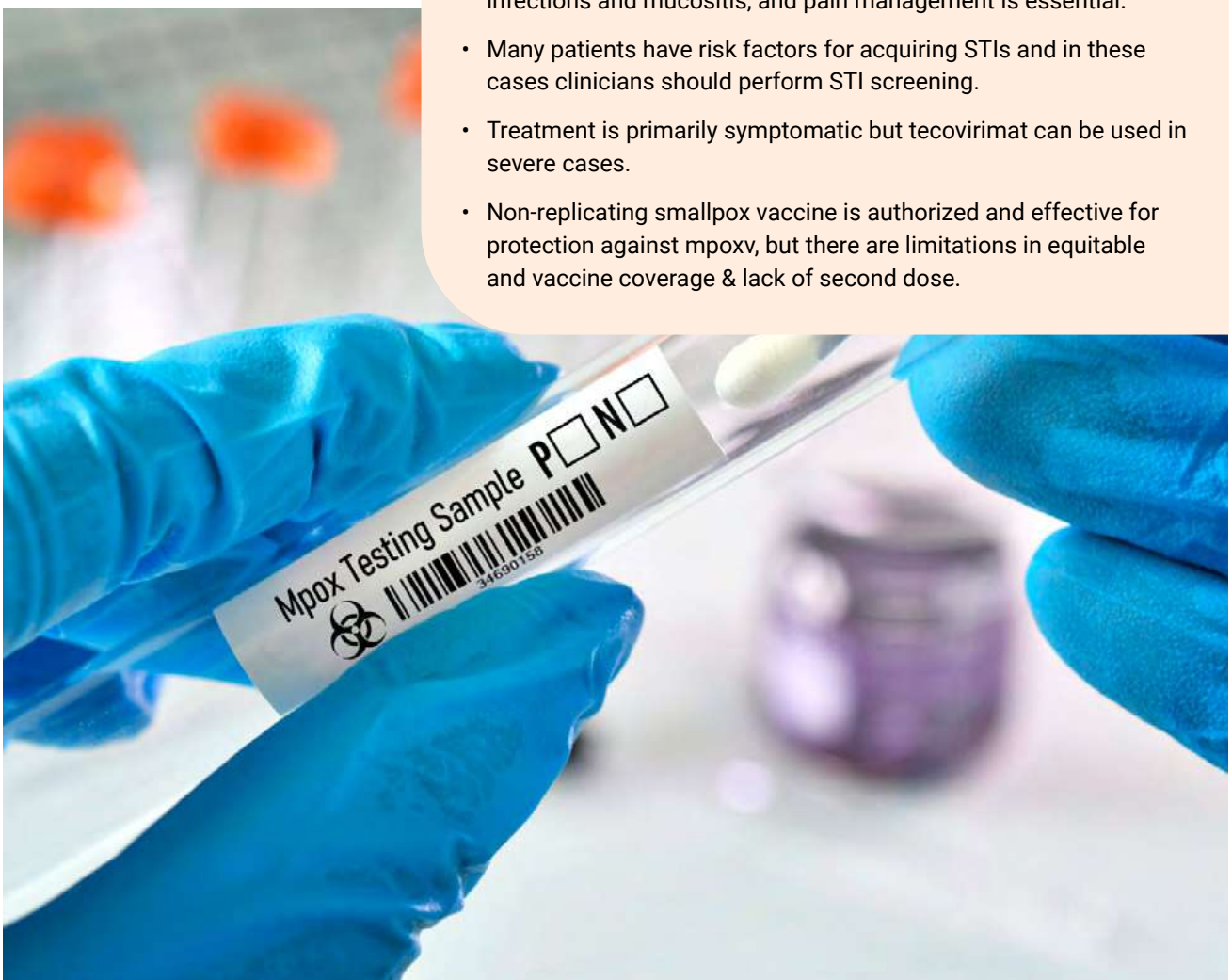


Alba Català, MD PhD

Sexual Health Clinic & Dermatology
Hospital Clínic, Barcelona, Spain

Key points about mpox

- Community transmission continues to occur in Europe.
- Lesions in the inoculation area are usually present in the genital, perianal or facial area and are quite characteristic but not specific.
- Systemic symptoms are frequent but not always present.
- Complications are common, especially secondary bacterial infections and mucositis, and pain management is essential.
- Many patients have risk factors for acquiring STIs and in these cases clinicians should perform STI screening.
- Treatment is primarily symptomatic but tecovirimat can be used in severe cases.
- Non-replicating smallpox vaccine is authorized and effective for protection against mpoxv, but there are limitations in equitable and vaccine coverage & lack of second dose.



5 Essential tips for winter skincare

Winter can be a challenging season for your skin. Cold air, indoor heating and harsh winds can strip your skin of moisture, leading to dryness and irritation. To keep your skin healthy and hydrated during the colder months, follow these five essential tips.



1 Choose hydrating facial cleansers

As temperatures drop, it is crucial to switch your foaming or exfoliating facial cleansers for gentle, hydrating options. Look for cream-based or oil-based cleansers that nourish and protect the skin barrier. These cleansers help remove dirt and impurities without stripping your skin of its natural oils.

2 Opt for lukewarm showers and moisturise immediately

While a hot shower might sound inviting during winter, it can exacerbate dryness. Instead, take lukewarm showers and switch to a shower oil or wash cream to maintain your skin's natural moisture. After showering, gently pat your skin dry – rather than rubbing it – to avoid irritation. Immediately apply a rich, cream-based moisturiser containing glycerine, hyaluronic acid, shea butter, ceramides, urea or oat extracts. These ingredients restore hydration and strengthen the skin barrier.



3 Don't forget your lips and hands

Your lips and hands need extra attention in winter to prevent chapping. Use regular lip balms to keep your lips hydrated and apply hand creams frequently throughout the day. For added moisture retention, consider wearing cotton gloves overnight to lock in hydration, ensuring your skin remains soft and supple.

4 Use a humidifier

Indoor heating can significantly lower humidity levels, leading to dry, itchy skin. To combat this, use a humidifier in your home. A humidifier adds moisture back into the air, which helps maintain your skin's hydration levels and prevents dryness. This simple addition can make a noticeable difference in how your skin feels during the winter months.

5 Gentle exfoliation and overnight care

To keep your skin looking its best, gently exfoliate once a week to remove dead skin cells. Choose a mild chemical exfoliator, such as glycolic or lactic acid, followed by a moisturiser. If your skin still feels dry, you can use a petrolatum-based ointment or other occlusive overnight. This will help lock in hydration while you sleep, leaving your skin softer by morning.

By incorporating these tips into your winter skincare routine, you can keep your skin healthy, hydrated and glowing all season long. Consistency is key, so make these practices a regular part of your daily regimen to combat winter's effects on your skin.

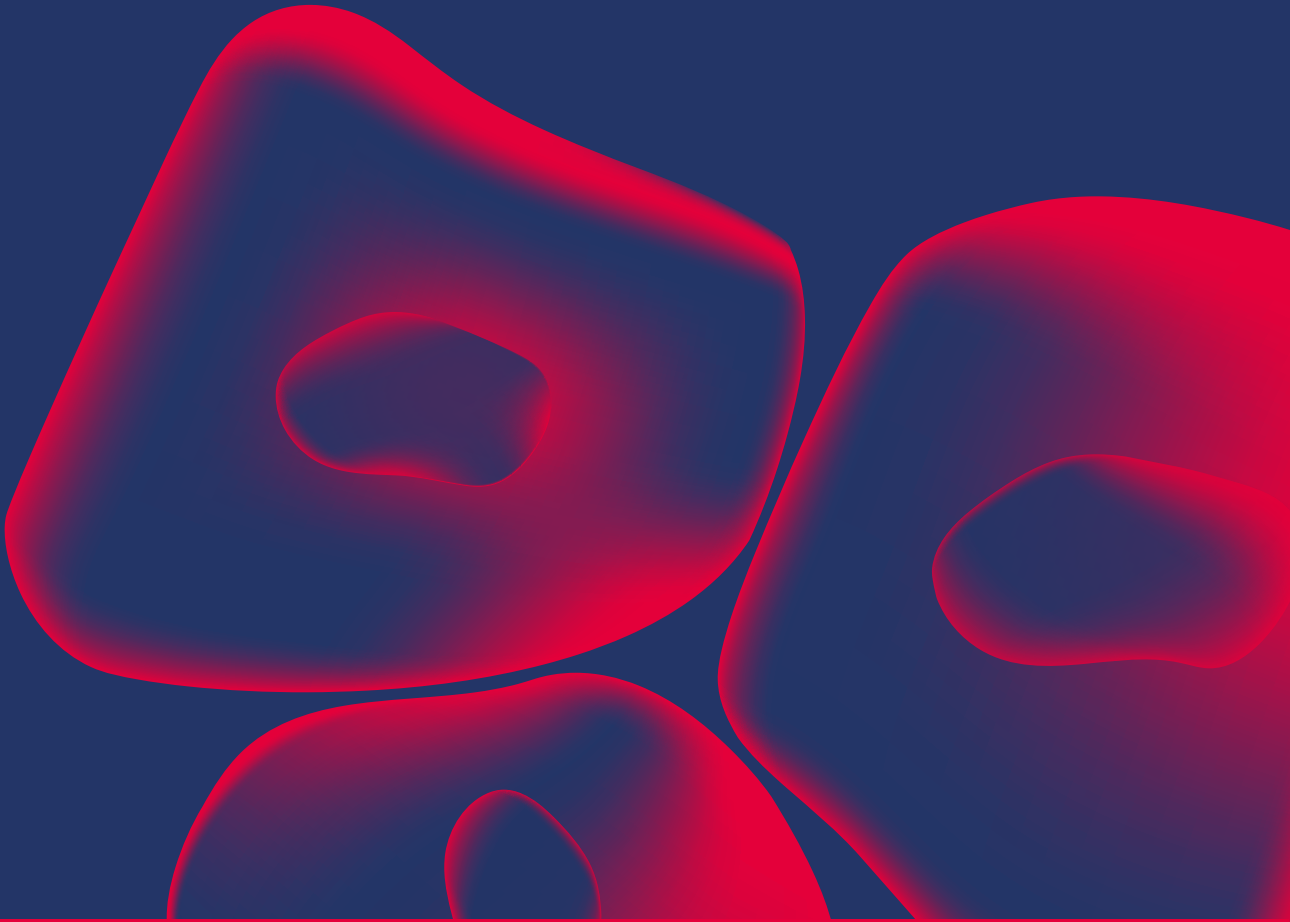


Dr Karlijn Clarysse
Dermo Medical Center Paris, France

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History of Dermatology Task Force

Hans Melin



1925–2009
Sweden

Lapland is the official home of Santa Claus and a part runs through Sweden. Scandinavian nights are traditionally cold, even with global warming. They must be, for Santa's sleigh to work. The region's cold, dark winter nights keep people indoors and therefore may have been conducive to the inquisitive mind of Dr Hans Melin, the first person to describe diabetic shin spots, better known as diabetic dermopathy.

Dr Melin was born on 28 February 1925 in Stockholm, Sweden, in the Oscar Parish¹ as the son of Elias and Margit Melin. The Parish Church had been built 22 years earlier in 1903 and named after the Swedish King Oscar¹. Hans grew up in Uppsala, where his father was a Professor of Physiologic Botany at Uppsala University. It was here that he studied medicine¹. A position at Umeå, about 500km north of Uppsala, represented his next move. There, he developed a keen interest in diabetes and appears to have been the first to obtain a doctorate at the newly formed medical faculty at Umeå¹. His doctorate focused on diabetic dermopathy or diabetic shin spots and was successfully defended in 1964¹⁻³. He was married to Kersten for 60 years and they had no children.

Dr Melin moved, with his wife, to Härnösand and, with a surgical colleague Göran Gerdes, helped lay the foundation for a very reputable hospital and taught generations of physicians. He was known to be very warm and a real "people" person, with his unassuming personality endearing

him to many. Clinical impressions of patients were paramount to him and his description of diabetic shin spots, together with the histopathologic and immunofluorescent features of the disorder, remain valid today^{4,5}.

His work was regarded as the first description of this disorder and a "classic on diabetic dermopathy"⁶. Today, 60 years after his initial description, we honour Dr Hans Melin

for his work and propose the eponym "Melin Spots" for this disorder.

Hans Melin died on 03 February 2009, just shy of his 84th birthday.

As Santa prepares his gifts for the holiday season, perhaps this eponym is one he will grant dermatology.

L.C. Nwabudike,
MBBS, PhD, FRCP

L.C. Parish MD, MD (Hons.),
FRCP (Edin)

With special thanks to

Charlotte Wikholm,

Assistant Editor of the *Journal of Internal Medicine*, for all her supportive effort.

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The fight against occupational skin cancer continues

On 10 September 2024, the 3rd Multi-Stakeholder Summit, entitled '*Occupational Skin Cancer: The Sleeping Giant*', took place in Brisbane, Australia. The event was organised as part of the 6th International Conference on Ultraviolet Radiation and Skin Cancer Prevention and the 5th Global Advances and Controversies in Skin Cancer, and was jointly hosted by EADV, Australasian College of Dermatologists (ACD), International Commission on Occupational Health (ICOH), International League of Dermatological Societies (ILDS), and GlobalSkin. The meeting follows on from the first two summits, which were held in Paris, France, in 2019 and at the EADV Congress 2023 in Berlin, Germany

Again, representatives from many countries, including Australia, Austria, Canada, China, Denmark, Germany, New Zealand and Sweden convened at this event to engage in the discourse on current developments and deliberate the need for preventive action, screening and compensation for affected workers. Prof Swen Malte John, chair of the EADV Task Force Occupational Skin Diseases and Prof Craig Sinclair, Cancer Council Victoria, Australia, had jointly organised the event.

Risk factors for cancer mortality

Ultraviolet radiation (UVR) is already known to be the most important risk factor for nonmelanoma skin cancer (NMSC) in outdoor workers.¹ The World Health Organization (WHO) and the International Labour Organization (ILO), according to their latest joint estimates, claim that one in three deaths from NMSC is caused by occupational sun exposure. Unprotected UVR exposure associated with outdoor work is now the

third most prevalent work-related risk factor for cancer mortality on a global scale.² These findings were presented at the summit by Dr Emilie van Deventer from WHO.

Spreading the word

In the light of this, a series of presentations by the stakeholders from politics, patient organisations, scientific institutions, social partners and UN-Institutions (WHO, ILO) were delivered at the 3rd Multi-Stakeholder Summit, support on behalf of EADV was offered by Prof Myrto Trakatelli, EADV Advocacy Group.

Underreporting

A further significant issue that emerged from the meeting was the lack of reporting of NMSC to cancer registries which is linked to the lack of recognition of NMSC as an occupational disease. This remains a challenge in numerous countries. Global reporting of NMSC is essential to support policy change and the accurate cost assessment of the economic burden of occupational skin cancer that this requires. In his presentation on the European experiences, Prof John highlighted that recognition of solar UVR as an occupational carcinogen is increasing in the realm of the EADV's "healthy skin@work campaign" (slogan: Your skin. The most important 2m² of your life!); recently Switzerland, Romania, Belgium and Austria



Delegates at the event which was jointly hosted by the Australasian College of Dermatologists (ACOD), European Academy of Dermatology and Venereology (EADV), International Commission on Occupational Health (ICOH), International League of Dermatological Societies (ILDS), and GlobalSkin at the occasion of the 6th International Conference on Ultraviolet Radiation and Skin Cancer Prevention (6iCUSP) and Global Advances and Controversies in Skin Cancer 2024 (5GAC-SC) in Brisbane, Australia.

WHO claims: "One in three deaths to NMSC is due to occupational solar radiation and emphasizes the need for prevention."



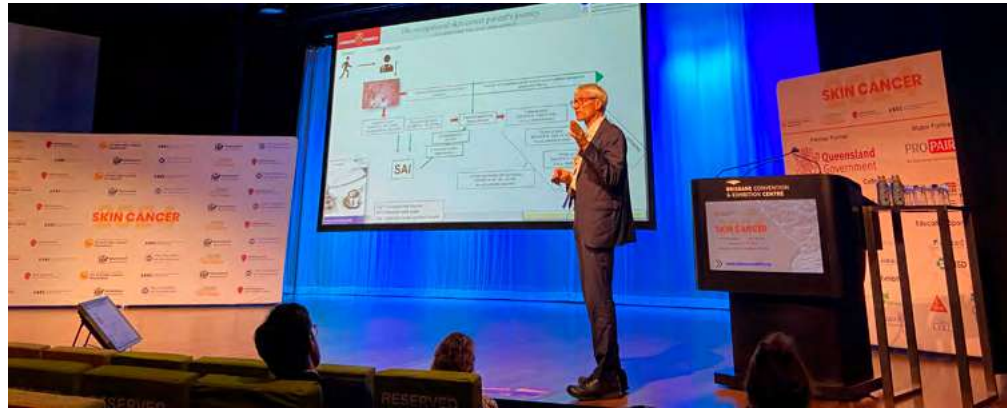
EADV - EUROPREVENTION
CAMPAIGN: HEALTHY SKIN@WORK

established legal acknowledgement. However, underreporting still remains a significant challenge. This absence of reporting results in an underestimation of the true prevalence of NMSC among workers. Hopefully, ICD 11 with its new coding options regarding occupational disease causation will help to alleviate this current dilemma.

The necessity of prevention

The event concluded with a wrap up of the key points, which highlighted the necessity of prevention and the education of outdoor workers as the principal means of halting the skin cancer epidemic, the role of climate change should not be underestimated in this context either. However, the practical implementation of this knowledge is proving to be a challenge. Despite the commendable efforts of Australia in promoting sun protection behaviour, there is still a pressing need for global action, as evidenced by the continued relevance of the recent Call to Action, one of the major outputs of the 2nd summit at the EADV Berlin Congress 2023.³

The summit, which has now convened for the third time, has already achieved a great deal for the fight against occupational skin cancer, including to put it on UN-Institution's agenda. The regular meetings of different countries and organisations proved to be an effective forum for the exchange and discourse of different perspectives and experiences with the aim of improving the prevention, diagnosis and treatment of occupational skin cancer. It was therefore decided that the next meeting should be convened without



Prof Swen Malte John, co-organiser and lead of the ILDS WHO Occupational Health Subcommittee, delivering his lecture

delay. The 4th Multi-Stakeholder Summit on Occupational Skin Cancer will take place from 3rd-5th April 2025 as part of the 11th World Congress on Melanoma and the 21st European Association of Dermato-Oncology (EADO) Congress in Athens, Greece.



Prof Dr med. Swen Malte John

Department of Dermatology, Environmental Medicine, Osnabrueck University, Institute for Interdisciplinary Dermatological Prevention and Rehabilitation (iDerm), Lower Saxony Institute of Occupational Dermatology (NIB), Germany

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A milestone achievement for our community with Romania leading the way

I am thrilled to share with you some truly exciting news: at the closing of the membership year on 28 September 2024, our community reached an outstanding 11,361 members! When I began my term as Secretary General in 2021, I set the ambitious goal of reaching 10,000 members in 2025. Thanks to the hard work, dedication and support of each one of you, we have not only met this goal but exceeded it, well ahead of schedule. This achievement is a proof of the strength and passion of our community, and I could not be prouder of what we have accomplished together.

Romania leading the way

As a proud Romanian dermatologist, I am particularly honoured to highlight Romania's continued top ranking and consequent role in EADV's growth. Since 2012, the Romanian delegation has consistently held the largest membership. Today, 12 years after the first time Romania was at the head of the ranking, it still leads with the highest number of EADV members.

This is a moment of celebration and of immense pride for all of us in the Romanian delegation. I feel that this reflects an extraordinary commitment to the Academy's community and I am deeply proud to be part of this effort, witnessing our country's vital role in EADV's success.

Romanian voices: celebrating together

Happiness is even greater when shared and I am pleased to share with you some testimonials from fellow colleague Romanian EADV members, who are as excited as I in celebrating EADV's evolution.



Being part of EADV is an immense opportunity, especially for young members. I am so proud to be part of this beautiful community and I strongly encourage each of you to sign up for the EADV adventure, filled with access to research resources, networking and learning opportunities and options for both your personal and professional development. This is the place to push your limits either by traveling to a face-to-face course, participating in challenges like the EADV Games or having the time of your life during an EADV fellowship! The door is open!

Dr Anastasia Abaitancei
Junior Resident



Being part of the EADV community connects me with a vast network of dermatology professionals across Europe, offering unparalleled access to cutting-edge research, collaborative opportunities and continuous professional development. EADV fosters a culture of innovation and excellence that enhances both clinical practice and patient outcomes.

Dr Beatrice Bălăceanu-Gurău
Junior Resident



Ever since I became a dermatologist, I have noticed and appreciated the fact that there is a large national and European family of specialists in this field. The exchange of ideas, research and experience, and teaching partnerships, are necessary and fundamental tools that EADV facilitates and cultivates. Human and inter-institutional relationships allow the homogenization of information and ideas. EADV is a continental platform for disseminating information and its two annual conferences provide an opportunity for thousands of specialists who speak a common language, that of caring for our patients, to meet.

Dr Daniel Octavian Costache
Fellow Member

Romania's active participation

This large community translates into active participation in the Academy's life. As the calendar year slowly draws to an end and it is time to take stock of EADV accomplishments, I am excited to share with you an overview of the Romanian community's contribution in 2024.

The Spring Symposium in Malta hosted 221 Romanian attendees, with 78 submitted abstracts and four speakers. The Annual Congress held in Amsterdam, Netherlands, at the end of September, witnessed the presence of 657 Romanian attendees with 114 abstracts and seven speakers.

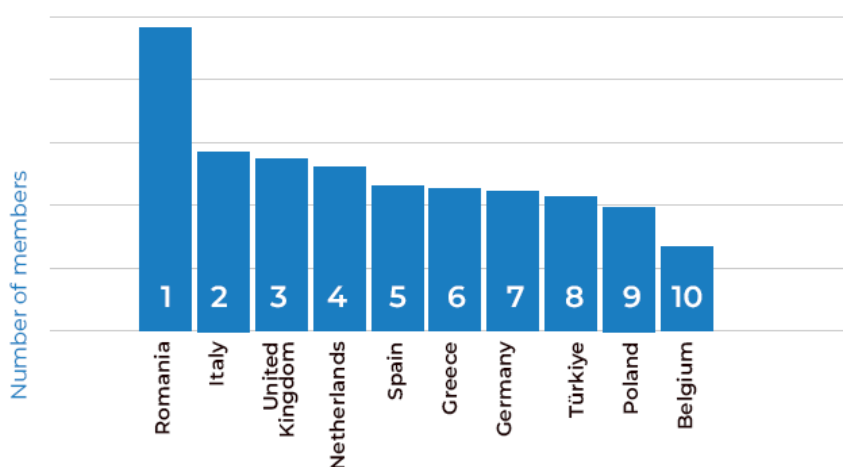
Participation in Education Committee events is also proof of Romania's energy with 97 participants in face-to-face courses, 417 in online courses and 176 in webcasts.

Romanian nationals also contributed to *JEADV* and *JEADV Clinical Practice* with the submission of numerous manuscripts including the submission of a guideline which was accepted and published in December 2024.

Evolution of the numbers of the Romanian members



EADV Members | Top 10 countries



Two Clinical Fellowships and two Mohs Surgery Fellowships were awarded and two Scholarships granted to Romanian members in 2024.

I am also pleased to mention that the Academy currently includes five Romanian elected leadership members: myself as Secretary General



As a Romanian dermatologist, I am honoured to be a member of EADV. The EADV's dedication to excellence, fostering collaboration and advancing dermatological care inspires me to constantly strive for the highest standards in my practice. Being part of this vibrant community empowers me to learn from the best, share my expertise, and ultimately make a meaningful difference in the lives of my patients.

Dr Alexandra Maria Dorobantu
Junior Fellow



In 2001, I started to work as an independent dermatologist. Immediately after my residency, I got a scholarship from EADV to attend EADV's Munich Congress. EADV has always supported me and has been the stimulus and reason for my professional evolution. I have since attended courses and been a communicator and reviewer for congresses. I am also an author and reviewer for JEADV and have been a member of the Statutes Development Committee (SDC). EADV has also offered the opportunity to meet the psychodermatology "family" and build strong friendship inside the Quality of Life Task Force and the SDC. EADV is a guiding light for doctors across generations.

Dr Liana Laurentia Manolache
Fellow Member



As a dermatology resident, joining the EADV community has provided me with invaluable access to the latest advancements and research in dermatology and venereology. Being part of this network allows me to connect with leading experts, expand my knowledge, and contribute to the ongoing improvement of patient care in the field.

Dr Iulia-Elena Negulet
Junior Resident

Membership renewals are now open!

Make sure your dues are credited to the EADV by 31 January 2025



Secretary General

is built on the active participation of all members, and renewing the membership ensures that we can continue to grow and thrive together.

Please take a moment to check that your membership is up to date and encourage others to do the same.

Looking ahead: EADV together for better!

Once again, thank you all for your unwavering dedication. Together, we are not only exceeding our goals, but we are building a stronger, more vibrant future. Let us continue this journey of growth and unity—**the best is yet to come!**



Prof Carmen Salavastru
EADV Secretary General

and two Board Members representing Romania. In addition, one of the Board Members was elected to the Education Committee in 2022 and the Ethics Committee and Nomination and Election Monitoring Committee also include one Romanian EADV member each ([Leadership and Committees](#)). EADV Task Forces also testify an active contribution with 17 members across 38 Task Forces.

A decade of growth

It is a pleasure to witness EADV's membership grow steadily over the past decade, from 4,368 to 11,361 members. Joining EADV means becoming part of a dynamic

global community of dermatologists, venereologists and allied healthcare professionals dedicated to advancing skin and venereal health. Members gain access to unparalleled resources, cutting-edge education and a network of experts driving progress in the field. By fostering the adoption of best practices and validating new advancements, EADV membership plays a vital role in shaping the future of dermatology and venereology.

A gentle reminder

As we celebrate these incredible milestones, I would also like to remind everyone of the importance of [renewing your membership](#). EADV's success



I joined EADV to grow professionally. Yet my experiencing of – and in connection with – EADV have provided more than I bargained for by way of important life experiences. The real challenge now is to process them such that they become the precious gems that life bestows on us all.

Dr Lawrence Chukwudi Nwabudike
Fellow Member



For me, choosing to be part of EADV has been an important step in my journey as a resident. This community offers opportunities for mentorship, exposure to diverse perspectives and hands-on learning that will help me refine my clinical skills and deepen my understanding of dermatology. EADV gives me the tools and knowledge I need to grow professionally and contribute meaningfully to the future of patient care.

Dr Ana-Maria Preda
Junior Resident Member



I chose to be a part of the EADV community in order to stay updated on the latest advancements in dermatology and venereology through its educational resources, journals, and conferences. Being a member of the EADV also offered valuable networking opportunities with international peers and experts, enhancing collaboration and professional growth.

Dr Alina Suru
Fellow Member

EADV Executive Committee



Executive Committee

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EADV Board of the Representatives



Board of the Representatives

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* Serving on the Executive Committee

CEO

Kimberley Zimmermann

Meet the EADV Board



Dr Florian Anzengruber
Board representative of Switzerland

2024–2027

I began my journey in medicine at the University of Graz in Austria, later specializing in dermatology with training stints in Erlangen, Germany, and Zurich, Switzerland.

During my residency, I focused on inflammatory skin diseases such as psoriasis. The passion for researching and understanding dermatological conditions led me to a research fellowship at Harvard Medical School and ultimately, in 2020, to my habilitation at the University of Zurich.

Currently, I lead a dedicated team at the Cantonal Hospital of Graubünden, and I have returned to academia as a student at Cambridge University, where I am pursuing an Executive master's degree in Business Administration (EMBA).

Joining the EADV community is an exciting opportunity to connect with colleagues who share a commitment to advancing dermatology. I founded the Swiss Board Exam Preparation Course, which has since become an annual event. I am particularly passionate about promoting educational initiatives for both residents and board-certified members. As technology continues to transform our field, I am eager to collaborate with like-minded professionals to develop strategies for integrating these advancements into our daily practices.

I am honored to represent Switzerland on the EADV Board and am committed to driving positive change for the benefit of our beloved speciality.



Dr Magdalena Claesson
Board representative of Sweden

2024–2027

I am honoured to serve as Sweden's representative on the EADV Board. My experience in dermatology includes working in Sweden, Germany and Australia, which enables me to bring an international perspective to my clinical practice and research. My primary research interest lies in registry-based research, particularly focused on melanoma, a condition we recognise as a significant concern due to its increasing incidence and the associated healthcare implications.

Currently, I work as a consultant dermatologist at Sahlgrenska University Hospital and as an associate professor at the Sahlgrenska Academy, University of Gothenburg, Sweden. I strive to balance clinical care with academic responsibilities, contributing to both patient care and education. My experience also includes a post-doctoral research fellowship in Brisbane, Australia, where I expanded my knowledge in skin cancer epidemiology. Additionally, I hold leadership roles such as deputy chair of the Swedish Society of Dermatological Surgery and Oncology and serve on the steering group of the Swedish Melanoma Registry.

Education has always been a core part of my professional life. I have served as a residency programme director and course director for medical students, while trying to foster an engaging and motivating learning environment. In my new role as an EADV Board representative, I aim to leverage my international experience to strengthen collaboration in research and education, ultimately improving patient care in dermatology across Europe.

To help EADV members get to know our Academy's Board Members and better understand their background and experience, as well as their motivation for being part of the EADV Board, in each edition of EADV News, we'll feature the profile of four Board Members (in no particular order).



Dr Loredana Ungureanu
Board representative of Romania
2024–2027

I have been a dermatology specialist since 2011, the same year I began teaching at the

Department of Dermatology of Iuliu Hațieganu University of Medicine and Pharmacy in Cluj-Napoca, Romania. Currently, I am an associate professor in the same department and also practice dermatology at a university hospital. Additionally, I serve as the Executive Director of the Romanian Society of Dermato-Oncology and I am a board member of the Romanian Society of Dermatology.

Since my first year of residency, I have been a member of EADV, driven by my passion for staying informed in the field. Consequently, it is a great honour for me to represent the large Romanian member community on the EADV Board. As an associate professor and board member of both societies, I am committed to fostering collaboration between national organisations and EADV. My mission is to create a cooperative environment that emphasises education, advocacy and service to advance the field of dermatology.

My objectives include enhancing dermatologic education, advocating for improved healthcare policies and promoting collaboration among professionals. I aim to engage young Romanian dermatologists with EADV, increase access to educational opportunities for emerging dermatologists and raise the recognition of Romanian dermatologists within the Academy. I firmly believe that collaboration and innovation are essential for transforming dermatology, and I am grateful for the opportunity to be part of this transformation.



Prof. Soner Uzun
Board representative of Türkiye
2024–2027

After graduating from Ege University Faculty of Medicine in İzmir, Türkiye, in 1988, I completed my

dermatology residency at Çukurova University Faculty of Medicine, Department of Dermatology in Adana in 1994. Following two years of service as a dermatologist at a state hospital in Elazığ, I began my academic career in 1996 at Çukurova University Faculty of Medicine, Department of Dermatology. I was promoted to professor in 2005. Since 2011, I have been working as a professor at Akdeniz University Faculty of Medicine, Department of Dermatology. Between 2019 and 2022, I served as Chair in the same Department and Chief Editor of the *Turkish Journal of Dermatology*.

As an active member of both the Turkish Dermatology Association and EADV for approximately 35 and 15 years, respectively, I believe I possess the requisite knowledge and experience to effectively contribute to the mission of enhancing cooperation, particularly in educational and scientific activities, between Türkiye and EADV.

It is a great honour for me to serve EADV, one of the largest dermatology organisations globally, and to represent my country as a Board Member. As a member of the EADV Board, one of my primary objectives will be to contribute to the development and maintenance of high-quality standards in dermatovenereology residency programmes and post-graduate fostering and training courses across Europe. I firmly believe that by fostering collaboration and sharing best practices, we can elevate the standards of dermatovenereology education and practice throughout Europe.

Face-to-face activities

2025



2024

DECEMBER

Mycology

Ditte Marie Saunte

12-14 December 2024
Copenhagen, Denmark

Rare Skin Disorders

Christine Bodemer

19-21 December 2024
Paris, France

2025

JANUARY

Dermoscopy in Clinical Practice

Ahmed Sadek, Harald Kittler

17-18 January 2025
Vienna, Austria

FEBRUARY

Cutaneous Lymphoma

Marie Beylot-Barry

3-5 February 2025
Bordeaux, France

Skin Pigmentation in Universal Dermatology

Rūta Gancevičienė, Christos C. Zouboulis

10-11 February 2025
Vilnius, Lithuania

MARCH

Non-Invasive Imaging in Dermatology

Elisa Cinotti, Mariano Suppa

17-19 March 2025
Siena, Italy

APRIL

Therapeutics in Hair Loss and Hair Transplant

Sergio Vañó Galván, David Saceda Corralo,

2-4 April 2025
Madrid, Spain

Confocal Microscopy: Integration in Clinical Practice

Salvador González

3-5 April 2025
Madrid, Spain

Injectables: Toxins and Fillers

Zekayi Kutlubay

12-13 April 2025
Istanbul, Türkiye

MAY

Masterclass - Infectious diseases in dermatology: New challenges and paradigms

Marie-Aleth Richard

24 May 2025
Prague, Czech Republic

JUNE

Understanding and Treating Nail Disorders

Bertrand Richert

5-7 June 2025
Toulouse, France

Dermoscopy Summer Workshop

Marija Buljan, Sanja Poduje

23-27 June 2025
Vis, Croatia

JULY

Basic Surgery

Myrto Trakatelli

3-5 July 2025
Thessaloniki, Greece

Mohs Surgery in Vivo

Pedro Rodríguez

10-12 July 2025
Madrid, Spain

SEPTEMBER

Body Modifications

Christa De Cuyper

Aneta Szczerkowska-Dobosz
3-5 September 2025
Gdansk, Poland

Parasitologic Dermatology

Antoine Bertolotti

3-5 September 2025
Antwerp, Belgium

Peelings from A-Z

Fotini Bageorgou

26-28 September 2025
Santorini, Greece

OCTOBER

Leg ulcers: Hands-on training

Elena Conde Montero,

Catherine van Montfrans

15-17 October 2025
Madrid, Spain

Genital HPV from Paediatric to Mature Age

Marco Cusini

28-30 October 2025
Turin, Italy

NOVEMBER

The Art of Injectables

Brunilda Bardhi

6-8 November 2025
Tirana, Albania

Advanced STIs

Henry de Vries

19-21 November 2025
Amsterdam, Netherlands

DECEMBER

Wound Healing

Marco Romanelli

2-4 December 2025
Pisa, Italy

Check our [website](#) for information about courses for 2025





Our junior members take advantage of a reduced fee of 50€ for residents and 75€ for young dermatologists and venereologists



EXCLUSIVE BENEFITS AWAIT YOU

Join the EADV Community today
and connect with more than 11,000 professionals!

EADV membership is open to board-certified dermatologists, venereologists, and residents in these specialties. Nurses and students with an interest in dermatology and venereology are also warmly welcomed

EDUCATION

Extensive range of **face-to-face and online courses**, offering continuous medical education.

JEADV

Leading international peer-reviewed **journal** with globally-recognized editorial board.

JEADV CLINICAL PRACTICE

Open access peer-reviewed **journal** with cutting-edge clinical content of a more practical and hands-on-nature.

GUIDELINES

Over 30 **task forces** focused on issuing guidelines for the prevention, diagnosis and treatment of skin and venereal diseases.

FUNDING

A range of opportunities including **scholarships, grants, research funding and fellowships** in prestigious hospitals.

EVENTS

Benefit from **exclusive prices** to join the biggest dermatology and venereology events in Europe.

EADV SYMPOSIUM



EADV CONGRESS

PARIS
17-20 SEPTEMBER 2025

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Applications and renewals for **2025** are open!
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Questions? Contact us at membership@eadv.org



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EUROPEAN
ACADEMY OF
DERMATOLOGY &
VENEREOLOGY

Calendar of Events

2025

Skin of colour Training Conference 2025

22–24 January 2025 | London, UK

[Continue reading >](#)

14th Conference of the European Hidradenitis Suppurativa Foundation (EHSF) e.V.

2–14 February 2025 | Vilnius, Lithuania

[Continue reading >](#)

36th Nordic Congress of Dermatology & Venereology (NCDV 2025)

6–9 May 2025 | Helsinki, Finland

[Continue reading >](#)

EADV Symposium

22–24 May 2025 | Prague, Czech Republic

[Continue reading >](#)

24th ESPD Congress

29–31 May 2025 | Brussels, Belgium

[Continue reading >](#)

105th Annual Meeting of the British Association of Dermatologists

1–5 July 2025 | Glasgow, Scotland

[Continue reading >](#)

34th EADV Congress

17–20 September 2025 | Paris, France

[Continue reading >](#)

UEMS European Board of Dermatovenereology Diploma Examination

26 September 2025 | Frankfurt, Germany

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