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photo: EPP Group / Stavros Tzovaras

Advocacy in action: Elevating skin health on the European agenda

Over the past months, EADV has strengthened our advocacy presence at the European level, ensuring that skin health remains firmly positioned within public health discussions and policy development. Through strategic engagement at the European Parliament and collaboration with patient organisations and institutional stakeholders, we have continued to amplify the message that skin diseases are not superficial conditions,

but major health challenges with profound medical, psychological and social consequences.

Bringing atopic eczema to the forefront

In January, I participated in an exhibition on atopic eczema organised at the European Parliament by the European Federation of Allergy and Airways Diseases Patients' Associations (EFA). The event provided an important platform to engage

directly with individuals living with atopic eczema and to hear their testimonies first hand.

The personal accounts shared during the exhibition highlighted the daily burden of a disease that remains underestimated and insufficiently addressed within the EU policy framework. Listening to patients speak about the physical discomfort, sleep disruption, social stigma and mental health impact of atopic

Advocacy in action

eczema reinforced the urgent need for stronger recognition of chronic inflammatory skin diseases at policy level.

Speaking on behalf of EADV, I emphasised the historic milestone represented by the World Health Assembly (WHA) Resolution recognising skin diseases as a global health priority. This resolution provides a powerful foundation for advancing skin health within national and European health strategies. However, resolutions must translate into implementation. The event concluded with a shared commitment to move from awareness to action and to [#BreakTheInvisibleBurden](#) faced by those living with atopic eczema.

Spotlight on rare and severe skin diseases

In February 2026, advocacy efforts continued with participation in the event **“Courage and Strength”**, organised by DEBRA International, the world’s leading EB patient advocacy and support network, at the European Parliament. The meeting focused on epidermolysis bullosa, a rare and devastating genetic skin disorder.

Hearing directly from patients and families once again underscored the resilience of those affected and the urgency of improving recognition, research investment and equal access to care for rare severe skin diseases. These testimonies are essential in shaping informed and compassionate policies. They also serve as a powerful reminder that behind every statistic is a human story.

“More than Just Skin”

The following day, EADV proudly supported European Parliament



photo: EPP Group / Stavros Tzavaras

Vice-President Ewa Kopacz and MEP Elżbieta Łukacijewska at the conference **“More than Just Skin”**. This high-level discussion focused on the implementation of the WHA Resolution and on concrete steps to elevate skin health within the EU agenda.

The conference brought together patient representatives, leading dermatology organisations and policymakers, including contributions from GlobalSkin and International League of Dermatological Societies (ILDS), alongside representatives of the European Commission. The diversity of perspectives provided a comprehensive understanding of the challenges ahead and the opportunities for coordinated action.

A unified voice for skin health

Across these engagements, one message resonated clearly: Skin health is not merely a cosmetic concern. It is intrinsically linked to dignity, mental wellbeing, gender equality, social inclusion and quality of life. Chronic and severe skin diseases can affect education, employment and interpersonal relationships, and can be potentially life threatening, generating a burden that extends far beyond the clinic.

EADV’s advocacy strategy is built on partnership. By working in synergy with patient organisations, European institutions and international stakeholders, we ensure that scientific expertise informs policy decisions while patient voices remain central to the conversation. This dual perspective of clinical excellence and lived experience strengthens the credibility and impact of our advocacy efforts.

The momentum generated in recent months reflects a growing recognition at European level that skin diseases require structured and sustained attention. The WHA Resolution has created a unique window of opportunity. It is now our collective responsibility to ensure that its principles are translated into concrete measures: Improved prevention strategies, equitable access to treatment, investment in research and integrated care pathways.

EADV will continue to engage actively with policymakers, support patient-led initiatives and advocate for evidence-based solutions that improve outcomes for people living with skin diseases across Europe and beyond. We are also increasingly active in the European Parliament. At the same time, mindful that our members come from many different European countries and not only from EU Member States, we aim to focus on initiatives and activities that are relevant and applicable across all countries.

Skin health is fundamental to overall health. Our commitment to advancing it scientifically, clinically and politically remains unwavering.



Branka Marinović

EADV President
(2024–2026)



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Editorial

Ancient Athens and dermatology

In May 2026, we will be in Athens for the 21st EADV Spring Symposium. Athens is a city where medical thinking was well established in ancient times. The father of rational medicine, Hippocrates of Kos (460-270 BC), is credited with helping Athens fight a devastating plague (430-426 BC) during the Peloponnesian War by advocating for environmental and sanitary measures.

Although dermatology was only born at the late 18th century, ancient Athens has made some surprisingly thoughtful contributions to our specialty. Skin conditions were studied as part of broader medicine. Physicians in the tradition of Hippocrates considered diseases, including skin disorders, to have natural causes rather than to be divine punishment. They used the humoral theory, which held that health depended on the balance of

four bodily fluids (blood, phlegm, yellow bile, black bile). Skin diseases were often interpreted as visible signs of internal imbalance. Treatments were practical and were based on natural substances, such as herbal ointments, minerals, public bathing and hygiene and diet modifications to rebalance the humours.

Physicians in ancient Athens emphasised clinical observation (skin colour, texture, lesions), linked lifestyle and environment to skin health and recognised that some conditions were chronic or recurring. So, while their theories (such as humours) were incorrect, their method of careful observation laid groundwork for later dermatology.

During your stay in Athens, you may visit the National Archaeological Museum, where ancient surgical tools and artifacts are displayed, or

the Andreas Syggros Dermatological Museum, where one of the most important dermatology collections in the world is located, originally used to train physicians and teach about skin conditions.



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

Editor

The history of dermatology-venereology in Greece

The history of dermatology–venereology (DV) in Greece represents a continuous process of development, closely linked to the evolution of medical education and the healthcare system in the modern Greek state. Its origins can be traced back to the establishment of the University of Athens in 1837, which for many decades remained the country’s sole academic institution and the main hub for scientific advancement. In its early years, dermatology and venereology were not independent disciplines, but were taught fragmentarily by professors of other specialties.

The true foundation of the specialty was laid in the early 20th century. The first appointed professor was Georgios Photinos, who assumed the chair position of dermatology-venereology at the National and Kapodistrian University of Athens in 1910. That same year marked the inauguration of the Hospital for Venereal and Skin Diseases “Andreas Sygros,” established thanks to a donation from Andreas Sygros and set up according to his will by his wife and philanthropist Ifigeneia Sygrou. Designed by architect Anastasios Metaxas, the hospital became the first organised centre for dermato-venereology care, replacing earlier institutions, where conditions were often inadequate and limited.

Developing a highly specialised centre

Prof G. Photinos is regarded as a founding figure of Greek dermatology-venereology, transforming Andreas Sygros Hospital into a highly

specialised centre with European standards. In 1912, he established the Museum of Wax Models, comprising more than 1,600 exhibits created for educational purposes, authored original dermatological textbooks and promoted scientific dissemination through the journal “Archives of Andreas Sygros Hospital,” first published in 1937.

Until the 1950s, venereology dominated the field due to the high prevalence of syphilis, leading many physicians to identify themselves as “syphilidologists.” The introduction of penicillin radically transformed the epidemiological landscape and allowed dermatology to expand as a broader discipline. However, progress was not linear; sociopolitical instability as well as internal conflicts within the dermatological community slowed development.

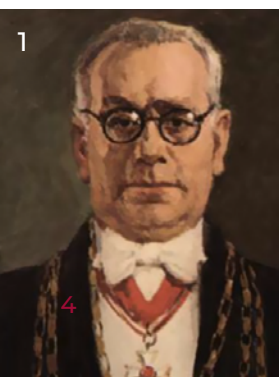
Reshaping the scientific identity

Renewal came through the influence

of key figures. Prof Ioannis Kapetanakis in Athens and Prof Konstantinos Kanitakis in Thessaloniki reshaped the scientific identity of the specialty, strengthening collaboration and academic rigour. Ioannis D. Stratigos further modernised the “A. Sygros” Hospital, establishing specialised units (including dermato-oncology, immunology, photobiology and laser applications), and organising the largest HIV/AIDS unit in Greece during the epidemic of 1980s. At the same time, prominent dermatologists such as Profs A. Varelzidis, A. Katsambas, N. Stavrianeas, MA Xtenidou, F. Chrysomallis, I. Hatzis, A. Tosca, D. Tsambaos and others made significant contributions to clinical practice, education and research in their respective institutions.

University affiliations

The development of university-affiliated dermatology-venereology centres progressed gradually and expanded geographically. Important milestones include the establishment of the first department of dermatology at Aristotle University of Thessaloniki (1943), as well as similar departments in Patras and Ioannina (1988), Crete (1989) and Larissa (1999). More recent academic institutions with significant contributions include the second department of dermatology-venereology of the National and Kapodistrian University of Athens at “Attikon” Hospital (first chair: N. Stavrianeas), the third department of dermatology-venereology of the Aristotile University of Thessaloniki at Papageorgiou Hospital (first chair: D. Sotiriadis), and the department of dermatology-venereology at Alexandroupoli (first chair: K. Kouskoukis). Additional departments



1

2

4



were developed within the national health care system in institutions such as Andreas Sygros Hospital, the Dermatology-Venereology Hospital of Thessaloniki, the “Evangelismos” General Hospital and “Agia Varvara” Hospital, playing a crucial role in the clinical and educational progress of our specialty.

Establishing a national society

The professional organisation of the specialty was expressed through the establishment of the Hellenic Society of Dermatology-Venereology (Greek acronym EDAE). The original society was founded in 1914 by G. Photinos. In 1968, a new unified society with an elected board was established, forming the basis of the modern Hellenic Dermatological and Venereological Society. Important reforms followed in 1987 (under Dr Emmanouil Aronis), in 1997 (under Prof J. Stratigos) and in 2013 (under Prof D. Rigopoulos), contributing to its organisational development. Currently EDAE is presided over by Dr Sotirios Theocharis, (Secretary General Prof Zoi Apalla) and comprises 1,355 members.

Internationalising Greek dermatology-venereology

The internationalisation of Greek dermatology-venereology marked a major milestone. Greece contributed to the founding of the European Academy of Dermatology and Venereology (EADV) in 1989 (founding members: Prof John Stratigos

and Dr N. Parisis) and hosted its second Congress in Athens (1991), reinforcing its international presence and contributing to the early development of the Academy. Greek dermatologists have held—and continue to hold—leading roles in international organisations: A. Katsambas and A. Stratigos have served as EADV presidents, while D. Ioannidis (former Treasurer of the EADV), A. Katoulis (current EC member), E. Nicolaidou and M. Trakatelli (current EADV Board members), E. Lazaridou (Chair, Ethics Committee), K. Krasagakis (ESDR Board member) and A. Lallas (President of the IDS) hold key positions within leading European and international dermatologic societies. Many others are serving in crucial positions in scientific and international committees, task forces and consortia.

Moving to a modern, internationally recognised medical specialty

Today, dermatology–venereology in Greece is a modern and dynamic specialty encompassing a wide spectrum of fields, including dermatologic oncology, immunodermatology, paediatric dermatology, imaging, dermatologic surgery and aesthetic dermatology, chronic inflammatory diseases and sexually transmitted diseases. Contemporary academic and clinical centres, ongoing research activity and active participation in international networks and congresses highlight Greece’s strong and growing presence in the European

and global dermatological community. Overall, the evolution of dermatology–venereology in Greece reflects a transition from marginalisation and fragmented knowledge to a modern, internationally recognised medical specialty, shaped by influential figures, institutional development and continuous adaptation to scientific, medical and societal challenges.

Dr Alexander J. Stratigos

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Dr Sotirios Theocharis

President, Hellenic Society of Dermatology and Venereology

Figures

1. George Foteinos, the first Chairman of Dermatology – Venereology at Andreas Sygros Hospital
2. Prominent members of EADV and international colleagues during the Second EADV Congress in Athens 1991 - at the main entrance of Andreas Sygros Hospital
3. A map showing current clinical and academic training centres of dermatology-venereology in Greece (2026 update)
4. The current Board of the Hellenic Society of Dermatology-Venereology (2025-2027)

Looking forward to another inspiring EADV Symposium

This year's symposium will take place in Athens, Greece, and once again the Scientific Programming Committee (SPC) has devised an informative and engaging programme. Over the three days, we highlight the most recent advances in dermatology across a wide range of clinical areas, featuring more than 25 sessions and over 100 distinguished speakers. The opening day will include two keynote lectures: "From novel mechanisms of ageing to new therapeutic interventions" presented by Nektarios Tavernarakis, Professor of Molecular Systems Biology at the Medical School of the University of Crete, and "Beauty and dermatology practices in Ancient Greece" presented by Lydia Trakatelli, from the Acropolis Museum in Athens.

Three thematic tracks

The programme is organised into three thematic tracks, each offering a distinct educational format:

- Track One will focus on in depth "Focus on" sessions, dedicated this year to hair disorders and paediatric dermatology.
- Track Two will present "What's New" sessions, covering recent developments in bullous diseases, atopic dermatitis, acne, skin cancer and sexually transmitted infections. The joint session with the International Union Against Sexually Transmitted Infection (IUSTI) on the final day will be a particular highlight.
- Track Three will offer interactive, case-based learning through quiz style sessions, allowing participants to test their diagnostic and clinical reasoning skills in dermoscopy, trichoscopy, aesthetics, inflammatory dermatoses and others. The popular "Local residents

quiz the international faculty" session will once again challenge experts with complex clinical scenarios prepared by dermatology residents.

Scientific session spotlights

[Symposium 2026: Plenary session](#)

Prof Marinović and Prof Rudnicka chair the plenary session. Two outstanding lectures from Prof Nektarios Tavernarakis (Heraklion, Greece) and Dr Lydia Trakatelli (Athens, Greece) will be highlights of the meeting.

[Joint EADV-IUSTI-EU session on venereology](#)

Prof Marinović and Prof Tiplica chair a joint session by EADV and IUSTI on venereology: PCR in syphilis, neglected balanitis and gonorrhoea resistance.

[Focus on paediatric dermatology: Therapeutics](#)

Discover the latest paediatric dermatology therapeutics, including off-label treatments, biologics and

JAK inhibitors for inflammatory and autoimmune skin diseases in children. Expert-led sessions focus on safe prescribing, innovative therapies and improved patient outcomes.

[Bullous diseases](#)

From underlying mechanisms and diagnostic approaches to emerging entities and therapeutic strategies, this session aims to deliver a concise overview of the latest developments shaping clinical practice.

[Prevention of sexually transmitted infections \(STIs\)](#)

This presentation will provide a clinically focused and evidence-based overview of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis), including indications, eligibility assessment, baseline investigations, follow-up protocols and safety monitoring.

[Atopic dermatitis](#)

This session explores the latest approaches to managing atopic dermatitis, including lifestyle measures, prevention strategies and advances in systemic and biologic treatments. Experts will also discuss long-term safety data, emerging therapies and how early, integrated care may help modify disease progression.



Lidia Rudnicka,
Chair of the SPC

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Artificial intelligence in dermatology – from promise to practice

Artificial intelligence (AI) is rapidly moving from concept to clinical reality in dermatology, with increasing integration into daily practice. Over recent years, advances in machine learning and image analysis have enabled AI systems to achieve high levels of performance in lesion classification, particularly in dermoscopy. However, the true transformation lies not only in isolated diagnostic tools, but in the broader integration of AI across multimodal imaging and clinical workflows.

In this context, non-invasive imaging is emerging as a key domain where AI can add significant value. Techniques such as dermoscopy, high-frequency ultrasound and line-field confocal optical coherence tomography (LC-OCT)

generate large volumes of complex data that are ideally suited for AI-assisted analysis. Recent work has shown how combining dermoscopy with high-frequency ultrasound can enhance diagnostic precision¹, while

AI-assisted LC-OCT analysis is opening new perspectives in the assessment of basal cell carcinoma². These approaches illustrate a shift towards integrated, data-driven dermatology, where AI supports clinicians in interpreting increasingly sophisticated imaging datasets.

Importantly, AI is already influencing clinical practice beyond diagnosis. It is contributing to improved workflow efficiency, supporting decision-making and facilitating earlier detection of skin cancers. In dermatology, where timely and accurate diagnosis is critical, these tools have the potential to optimise patient pathways and reduce delays to treatment.

Looking ahead, the impact of AI in dermatology will depend on how effectively it is integrated into clinical practice. While the opportunities are substantial, challenges remain, including ensuring data quality, maintaining clinical oversight and avoiding over-reliance on automated systems. AI should be viewed as an adjunct to, rather than a replacement for, clinical expertise.

Ultimately, the successful adoption of AI will require a balanced approach, embracing innovation while preserving the central role of the dermatologist. Used appropriately, AI



has the potential to enhance diagnostic accuracy, improve efficiency, and contribute to better patient outcomes.

To learn more about how AI is shaping dermatology, join Prof Mariano Suppa's session at the EADV Symposium in Athens (Thursday, 7 May 2026, 15:00 – 15:20 EEST).



Prof Mariano Suppa,

Consultant Dermatologist and Dermatologic Surgeon, Hôpital Erasme - Cliniques Universitaires de Bruxelles, Brussels, Belgium, and Chair of the EADV Communication Committee

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SCAN TO LEARN MORE

Supporting tomorrow's specialists together with the Scottish Dermatological Society

Each year, EADV, together with several national dermatological societies, offers a number of grants to support young specialists and trainees in dermatology. These opportunities help early-career professionals take part in key dermatology meetings, gain international experience and continue developing their skills, while also strengthening connections within the wider dermatology community.

In this edition of *EADV News*, we highlight one of our long-standing initiatives organised in partnership with the Scottish Dermatological Society (SDS). For more than 20 years, this programme has enabled young dermatologists and trainees from Eastern Europe to attend the Society's Annual Meeting. Offering valuable opportunities to learn, meet colleagues from across Europe and exchange ideas and experiences, the partnership has proven to be an important step in broadening participants' perspectives on clinical practice and building professional relationships that support their future careers.



About the SDS

The SDS has a proud history and was founded in 1924. Its aim is to promote, for the public benefit, the knowledge, teaching and practice of dermatology.

SDS and EADV

In May 2025, the SDS hosted its highly anticipated annual meeting in Glasgow, UK, at the Royal College of Physicians and Surgeons, bringing together clinicians, researchers and trainees from across Scotland and beyond. This year's gathering highlighted not only advances in



Past President Prof Richard Weller and current Secretary Dr Alison Honan

dermatological science and patient care but also the society's longstanding tradition of international collaboration. A central theme of the meeting was the enduring partnership between the SDS and EADV. For more than two decades, this relationship has fostered mutual exchange, shared learning and professional growth. A hallmark of this collaboration is the SDS fellowship offered to EADV members; a programme that has supported generations of dermatologists seeking to deepen their clinical experience within Scottish dermatology departments.

During the 2025 meeting, we were delighted to welcome EADV



Commemorative photo from the 2025 SDS Meeting at the Royal College of Physicians and Surgeons in Glasgow; Prof Richard Weller, SDS President, and Dr Alison Honan, consultant dermatologist, with the scholarship recipients.

fellowship recipients to Scotland, noting how the fellowship has enriched clinical practice, strengthened academic networks and encouraged innovation. The Glasgow event provided an ideal platform to reaffirm this partnership, showcasing research initiatives, shared educational goals and a continued commitment to excellence. As the SDS looks ahead, its collaboration with the EADV remains a cornerstone of its mission, ensuring that Scottish dermatology continues to thrive within an international community of practice.



Gordon Hale,
Asst Secretary SDS

Dorota Purzycka-Bohdan



It was a great honour to receive the SDS grant. Participation in the SDS Annual Meeting in May 2025 in Glasgow, UK, proved to be an exceptionally valuable experience from both scientific and clinical perspectives. The meeting featured a high-quality academic programme, including lectures delivered by editors of leading dermatology journals. From a research standpoint, these sessions offered valuable insights into the expectations of high-impact journals and provided practical guidance for preparing future scientific publications. Equally important were the comprehensive discussions on diagnostic and therapeutic strategies across a wide range of dermatological diseases, which were highly relevant to daily clinical practice.

The meeting also provided an excellent platform for professional networking. I had the opportunity to meet many inspiring and approachable dermatologists, enabling meaningful academic exchange and potential future collaborations. Overall, I strongly encourage early-career dermatologists to apply for the SDS grant, as it offers a unique opportunity to broaden knowledge, gain practical insight and build international professional connections.



The auditory landscape of aging:

How sound and noise shape geriatric dermatology

Sound is a mechanical wave, a form of energy that propagates through vibrations in air, water and solids. For humans, the typical hearing range spans from 20Hz to 20,000Hz. However, as we age, these physiological limits narrow, often dropping below 15kHz. In geriatric medicine, this auditory environment is far from a neutral background; it is a clinical determinant of health. Understanding the duality of sound, as both a therapeutic music therapy and a pathological noise pollution, is essential for a holistic dermatological approach.

The harmony of healing: Music therapy

When used correctly, sound becomes a potent medical intervention known as music therapy. Its benefits for the elderly are multi-dimensional:

- **Psychoneuroimmunology:** Relaxing music reduces anxiety and suppresses cortisol levels. By modulating the stress response, it can mitigate the neurogenic inflammation that fuels many geriatric skin conditions.
- **Pain and sleep:** Music therapy has demonstrated analgesic properties in pain clinics and significantly improves sleep quality, reducing the systemic inflammation associated with chronic insomnia.
- **Cognitive and social belonging:** From assisting in stroke rehabilitation to fostering community through choir activities, music combats the social isolation that

often accompanies chronic illness in senior patients.

The discord of noise: A cutaneous threat

Conversely, noise pollution, the second leading cause of DALY (Disability-Adjusted Life Year) loss in Europe, poses a severe threat to the aging body. Beyond auditory damage and irreversible tinnitus, chronic exposure to loud noise (from transportation or occupational sources) triggers a cascade of physiological distress:

- **Systemic impact:** Noise influences hemodynamics, oxidative stress and autonomic tone, leading to hypertension and ischemic heart disease.
- **The cutaneous connection:** Intriguingly, environmental noise and hearing impairment are associated with the activation of allergic diseases like atopic dermatitis and autoimmune conditions such as



vitiligo. This suggests that noise-induced stress acts as a systemic catalyst for skin flares.

- The cycle of decline: Hearing loss in the elderly is often gradual and subtle. It starts with losing high-pitched sounds but leads to a devastating chain of events, such as social withdrawal, depression, accelerated cognitive decline and an increased risk of dementia and falls.

Clinical imperatives for the dermatologist

Hearing impairment affects over 360 million people globally, yet it remains under-diagnosed. Since age-related hearing loss cannot be cured but only managed via hearing aids or cochlear implants, the clinical focus must shift toward:

- **Environmental modification:** Encouraging noise reduction in living spaces.
- **Education:** Reducing the stigma of hearing aids to maintain social autonomy.
- **Holistic screening:** Recognising that a patient’s recalcitrant skin flare may be linked to the stress of a

noisy environment or the isolation of hearing loss.

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The impact of sound and noise on geriatric health: From therapeutic benefits to dermatological and systemic risks

Category	Therapeutic Effects (Music Therapy)	Pathological effects (noise exposure)
Physiological impact	<ul style="list-style-type: none"> • Lowers cortisol (stress hormone) • Enhances analgesic effects • Promotes relaxation and reduces heart rate 	<ul style="list-style-type: none"> • Increases blood pressure and heart rate • Triggers oxidative stress and inflammation • Disrupts autonomic tone and hemostasis
Cognitive and mental health	<ul style="list-style-type: none"> • Strengthens focus and concentration • Aids cognitive rehabilitation (stroke/injury) • Improves mood and reduces depression 	<ul style="list-style-type: none"> • Impairs memory and learning ability • Accelerates cognitive decline and dementia risk • Increases irritability, anxiety and frustration
Dermatological and immune links	<ul style="list-style-type: none"> • Potential reduction in stress-induced skin flare-ups through cortisol regulation 	<ul style="list-style-type: none"> • Activation of allergic skin diseases (e.g. atopic dermatitis) • Possible links to autoimmune triggers (e.g. vitiligo)
Sleep and circadian rhythm	<ul style="list-style-type: none"> • Improves sleep quality • Reduces insomnia risk 	<ul style="list-style-type: none"> • Disrupts sleep patterns and architecture • Causes frequent awakenings and daytime fatigue
Social and functional outcomes	<ul style="list-style-type: none"> • Improves coordination and motor skills • Fosters social belonging (e.g. choirs) 	<ul style="list-style-type: none"> • Social withdrawal and isolation • Impaired driving ability and communication loss
Geriatric specifics	<ul style="list-style-type: none"> • Enhances expression of emotions in patients with communication barriers 	<ul style="list-style-type: none"> • Irreversible hearing loss (often >15 kHz limitation) • Increased risk of falls and hospitalisation

Paediatric dermatology: Early intervention for a lasting impact

Paediatric dermatology is an essential component of dermatology and requires a thoughtful, age-specific approach, as children exhibit distinct skin physiology, disease patterns and therapeutic needs, and many dermatoses present uniquely or originate early in life. Infant and child skin is thinner, more permeable and still developing, influencing disease expression and systemic absorption of topical treatments. As a result, medications considered safe in adults may carry different risks in paediatric patients.

Early diagnosis is critical

Many common paediatric conditions - such as atopic dermatitis, vascular anomalies, genodermatoses and inflammatory dermatoses - benefit from timely recognition and appropriate management to prevent complications, scarring and long-term morbidity. In some cases, cutaneous signs serve as early indicators of systemic, genetic or immunologic disease, where prompt diagnosis can be life-saving or alter long-term outcomes.

Paediatric dermatology management

Management in paediatric dermatology requires specific expertise in drug safety, dosing and long-term risk assessment, as well as careful consideration of growth and development. Equally important is the recognition of the psychological and social impact of skin disease on children and their families, affecting self-esteem, schooling and family dynamics. Paediatric dermatology therefore extends beyond treating the skin to addressing the broader consequences of disease, encompassing a

long-term vision of skin health and wellbeing.

Prevention and medical education initiated in childhood, including sun protection, infection prevention, allergen avoidance and early control of various inflammatory dermatoses, can significantly reduce disease burden across the lifespan.

Looking ahead

The field is entering a period of even more rapid evolution. Advances in genetics, immunology, targeted and biologic therapies, early-life disease modification, artificial intelligence and neonatal skin care are reshaping paediatric dermatologic practice. Increased focus on quality of life, global health equity and expanded subspecialty training will further strengthen care for children worldwide.

Advocating for patient rights

The EADV Task Force on Paediatric Dermatology aims to present a specific strategy on "European Standards of Care in Paediatric Dermatology", which will focus on minimum standard of care for paediatric patients, access to advanced therapies,



referral pathways improvement and training requirements in the field, therefore becoming a landmark EADV document.

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On behalf of the EADV Task Force for Paediatric Dermatology.

EA CONGRESS
DV 2026

VIENNA
30 SEP - 3 OCT

TOGETHER FOR BETTER



15th Conference of the European Hidradenitis Suppurativa Foundation (EHSF)

The 15th Conference of the European Hidradenitis Suppurativa Foundation (EHSF) was held in St Julians, Malta, between 4 and 6 February 2026 and welcomed a record 815 registrants from 45 countries, with a total of 249 abstracts accepted. The conference was titled 'From Gene to clinic in HS' and the programme focused on genetics, with updates on basic research, pathogenesis, diagnosis and management.

Keynote lectures included "Rethinking Inflammation in the Era of Immune Archetypes" by Dr Brendon Scicluna, "From Genetic Susceptibility to Clinical Reality: Charting the Course for HS" by Prof Nikolai Pace from the University of Malta and "Disease Evolution" by Prof Haley Naik from the University of California, USA.

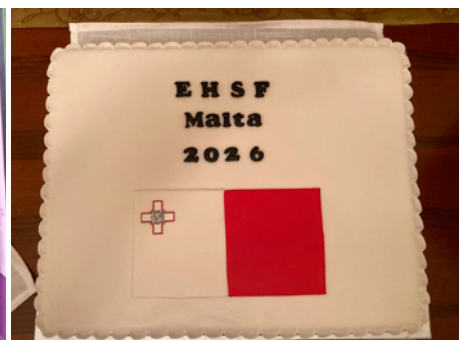
Other highlights included, for the first time, an ultrasound workshop organised by Prof Ximena Wortsman, Santiago, Chile, in which live ultrasound examinations were demonstrated on Maltese HS patient volunteers (conducted in conformity with local regulatory requirements). The poster sessions followed the

successful 'Poster Walk' format used in previous EHSF conferences, giving presenters the opportunity to briefly present and answer questions on their work. There were also nurse and patient representative sessions.

The conference networking dinner was held in the historic Sacra Infermeria in Valletta. The conference organisers gratefully acknowledge the support of industry sponsors and exhibitors that contributed to a successful event.

Delegates were warmly welcomed by the Maltese Dermatology community (Fig. 3).

The conference networking dinner was held in the historic Sacra Infermeria, the old hospital of the



Knights of St John, in Valletta. The conference ended with an awards session for the best scientific contributions and the best presentations by young researchers (Fig. 4).

The next EHSF conference will be held in Zagreb, Croatia, 3–5 February 2027 under the Presidency of Prof Branka Marinovic.

EADV combined (residents and specialists) course on HS

The EHSF conference was preceded by a successful EADV HS course for 27 residents and specialists, chaired by Prof Christos C. Zouboulis and Dr Michael Boffa. It was held at the Old University of Malta campus in Valletta. The course followed the usual two-day format and included, for the first time, a genomics workshop on clinical interpretation of genomic findings in different clinical scenarios with special relevance to HS. Further learning objectives were the recognition of the disease and application of its classification and outcome

measures and the administration of therapeutic options according to the new S2k European guidelines. The course received an overall rating of 98% from participants. Speakers included Dr Michael Boffa, Dr Dillon Mintoff, Prof Dr Nikolai Pace, Prof Dr Errol P. Prens, Prof Dr Francesca Prignano, Prof Dr Thrasyvoulos Tzellos and Prof Dr Christos C. Zouboulis



Dr Michael Boffa

15th EADV Conference President

- 1 15th EHSF Conference
- 2 Break and poster walks
- 3 Malta's dermatology community sweet welcome of the EHSF
- 4 Award winners at the Closing Ceremony together with, from left, Thrasyvoulos Tzellos, Ditte Marie Saunte, Michael Boffa, Vincenzo Bettoli, Katerina Liakou and Christos Zouboulis
- 5 Participants and speakers during the work
- 6 Group photography of participants and speakers at the historic University of Malta building venue



4



5



6



Talking Point

EADV is delighted to introduce Talking Points, a new series within *EADV News* exploring key dermatology and venereology issues across Europe. In each issue, we spotlight a country-specific topic, shaped by insights gathered through dialogue with national dermatology associations and experts engaged with regulatory and safety bodies. Offering concise yet meaningful perspectives, this series aims to connect the European dermatology community through the issues shaping practice today and invites discussion amongst dermatologists on key topics aiming to shape the future of dermatology as a collective.

In this edition, we focus on acne, isotretinoin and the regulatory mismatch across Europe.

Acne, isotretinoin and the regulatory mismatch across Europe

Acne remains one of the most commonly treated dermatological conditions across Europe, and isotretinoin continues to represent the gold standard for moderate-to-severe disease, particularly where there is a risk of permanent scarring. Despite its well-established efficacy and favourable safety profile relative to many systemic therapies, it remains subject to stringent, and at times notably inconsistent, regulatory oversight across the continent.

Prescribing across Europe is guided by the European Medicines Agency (EMA); in the United Kingdom, regulation falls under the Medicines and Healthcare products Regulatory Agency (MHRA). Although broad alignment exists on core safety principles, particularly regarding teratogenicity and the mandatory Pregnancy Prevention Programme (PPP), important differences remain in clinical implementation, especially around mental health monitoring and day-to-day prescribing practice.

The question of isotretinoin and mental health risk

In the UK, isotretinoin prescribing has become increasingly structured, with a strong emphasis on documentation and psychiatric risk assessment. Current MHRA



guidance requires comprehensive pre-treatment counselling, explicit evaluation of baseline mental state and ongoing monitoring throughout the full course of treatment. Particular caution is advised in patients with a history of psychiatric illness, and close collaboration with mental health professionals is actively encouraged where any clinical concerns arise. Until early 2026, UK guidance also required agreement from two independent dermatologists before initiating isotretinoin in patients under 18 years of age. This generated considerable debate within the dermatology community, with concerns about equitable access to care and the growing burden of defensive practice. Following sustained professional advocacy, the requirement has now been withdrawn, though enhanced mental health documentation remains firmly in place.

By contrast, EMA guidance similarly mandates risk minimisation strategies (including PPP measures and awareness of potential neuropsychiatric effects) but implementation across EU member states is generally more flexible. Dermatologists retain greater clinical autonomy, facilitating timely and appropriate access to isotretinoin where clinically indicated, without evidence of increased harm. The question of isotretinoin and mental health risk sits at the heart of this divergence. Early case reports raised concerns regarding depression and suicide; subsequent large-scale studies have offered more nuanced findings. A Swedish cohort study (Sundström et al., BMJ, 2010) found that while suicide attempts were elevated in patients with severe acne, risk peaked before treatment and declined following isotretinoin initiation. A French national study (Droitcourt et al., JEADV, 2020) found no significant increase in suicide risk, and a large global cohort (Kridin et al., JAAD, 2023) reported lower rates of depression among isotretinoin users

compared with those receiving oral antibiotics. Taken together, these findings suggest that the psychological burden of severe acne itself may be a more significant driver of psychiatric morbidity than the treatment. Nevertheless, regulatory bodies (particularly in the UK) continue to adopt a precautionary stance.

This raises an important question for the dermatology community: **Does the current level of regulatory scrutiny reflect the best available evidence or are we witnessing defensive medicine applied to a highly effective and generally safe therapy?**

Achieving the right balance between patient safety, clinical autonomy and timely access to treatment remains a shared challenge across Europe - and one that warrants continued discussion.



Prof Mariano Suppa,
Consultant Dermatologist and Dermatologic Surgeon, Hôpital Erasme - Cliniques Universitaires de Bruxelles, Brussels, Belgium, and Chair of the EADV Communication Committee



Dr Sweta Rai,
Consultant Dermatologist and Dermatologic Surgeon, King's College Hospital, London, UK, and member of the EADV Communication Committee



My first months as Secretary General

Introducing myself to EADV members

In September 2025, during the EADV Congress in Paris, I had the honour of beginning my mandate as Secretary General of EADV. Stepping into this role is both a privilege and a profound responsibility. Having served the Academy in different capacities over the years I am deeply aware of the trust that this position carries and of the importance of continuity, stability and forward-looking vision for our community.

A long association with EADV

My relations with EADV began more than thirty years ago, in 1989, the year I attended the very first EADV congress in Florence, Italy, while I was still only a resident in dermatology. In 1991, at the second congress in Athens, Greece, I presented my first study on photosensitivity from piroxicam. Since then, I have contributed scientifically to almost all EADV congresses. In return, I benefit greatly from the high scientific content of each event. In 2017 I was co-opted to the Scientific Programming Committee, aiming to enrich the programme of congresses and symposia, particularly in the area of cutaneous allergology.

I also had the pleasure of collaborating with Prof Johannes Ring, for three years, as JEADV Section Editor for allergology.

In collaboration with Prof Magnus Bruze, we organised three EADV educational courses on contact dermatitis in Malmo, Sweden, and a more recent course in Coimbra, Portugal, my home city. In 2018, I was elected as the Board Member representing Portugal, in 2022 as Board Representative to the Executive Committee and in 2023 as Secretary General-Elect.

Embarking on a new journey

As I embark on this new journey as EADV Secretary General, I would like to extend my sincere gratitude to my fellow colleagues on the Executive Committee and to all elected members of the [leadership](#) for their trust, collegial spirit and dedication. In this regard, a special thank you goes to Prof Carmen Salavastru, immediate former Secretary General, for her invaluable guidance during my term as Secretary General-Elect and for



the smooth and successful handover which was also ensured thanks to the Office of the Secretary General and CEO.

My first leadership engagement as Secretary General was the Annual General Meeting in Paris on 19 September 2025. It was a true privilege to address the Academy's members, share record-breaking membership figures (the Academy had recently recorded more than 13,000 members) and the success of a Congress that also reached record-breaking figures, surpassing 20,000 registered participants. Celebrating the continued success and growth of EADV was a powerful reminder of what we can achieve as a united scientific community, but also an enormous responsibility to keep up the high standards and strengths of the Academy.

Strengthening collaboration

Since Paris, the rhythm has been intense and demanding, however also inspiring and motivating. October and November were dedicated to fully assuming the responsibilities of the role and strengthening collaboration with our staff, in particular with our CEO and the Membership Affairs Department, as well as further reinforcing the ties with the Office of the Secretary General. Building strong internal relationships is essential to ensuring that our governance processes remain efficient, transparent and member oriented.



Continuing to grow

In October 2025, EADV opened the membership renewal period for 2026. I experienced this process for the first time as Secretary General. Following the renewal deadline of 31 January 2026, more than 9,000 members renewed their membership – setting a new record. Membership continues to grow with new applications being processed on a daily basis and former members reactivating their status even after the deadline. I give particular importance to these figures as I consider them more than simply statistics; they reflect trust, engagement and a shared belief in the Academy's mission.

Securing fairness and transparency

On February 2026, the first Board Member Call for Nominations of my mandate was launched, covering vacancies in ten countries. Ensuring fair, transparent and well-organised [elections](#) is a cornerstone of our governance and a responsibility that I approach with the utmost care.

Moreover, in accordance with our [Statutes](#) and in relation to the main responsibilities of the Secretary General, I have also started to work more closely with the key bodies that support and offer advice to the Secretary General in election-related matters, namely the Nomination and Election Monitoring Committee and the Academy's legal advisor.

The Secretary General also functions as a central communication link between the elected leadership and acts as the custodian of the Academy's regulations. Consequently, I have had the privilege of starting to interact more intensely with the Statutes and Development Committee as well as with other

Committees, with the Task Force Facilitator and with other colleagues holding various elected positions. This "switchboard" function is one of the most enriching aspects of the role, as it offers a comprehensive perspective on the Academy's many ongoing initiatives.

A dynamic workload

The volume of activity is considerable, yet it is sustained by an active and committed [Executive Committee](#) and a team of professionals with whom I share the commitment to serve our members and advance dermatology and venereology across Europe and beyond.

These first few months have been a rewarding and energising beginning. They have confirmed my conviction that EADV's strength lies in its people; in the dedication of its elected and appointed members, the professionalism of its staff and the engagement of its members. I look forward to the next four years with enthusiasm and a strong sense of responsibility.

Last but not least, I hope to meet many of you in Athens, Greece, in May 2026 for the [EADV Spring Symposium](#), where we will continue to exchange knowledge, ideas and inspiration for the future of our specialty. I also take this opportunity to invite you not to miss out on the registration to this year's [EADV Congress in Vienna](#).

Registration for both events are open – check out the EADV website.

EADV Together for better



Professor Margarida Gonçalo
EADV Secretary General

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UZUN Soner (TR)

VOLOSHYNOVYCH Marian (UA)

WOLF Peter (AT)

CEO

ZIMMERMANN Kimberley

Dimitrie Gerota

1867-1939



Lymphoedema results from multiple factors, one of which could be a failure of lymphatic drainage through the lymphatic channels, which has relevant implications in dermatology. Their structure and function can be assessed with the use of a number of modern techniques including lymphangiography, lymphoscintigraphy and magnetic resonance lymphography. These methods would have been so much more difficult, if not impossible, to realise without the results from many forerunners in the field, one of who would have the esteemed Romanian anatomist, surgeon and erstwhile pioneer radiologist, Prof Dimitrie Gerota.

Dimitrie Gerota was born in Craiova on 17 July 1867 to the Romanian Orthodox priest Dimitrie Constantin Gerota and his wife Maria, who had eight children^{1,2}. Very early on, he demonstrated a bent for study, which was supported by his father². Dimitrie was admitted in 1886 to study

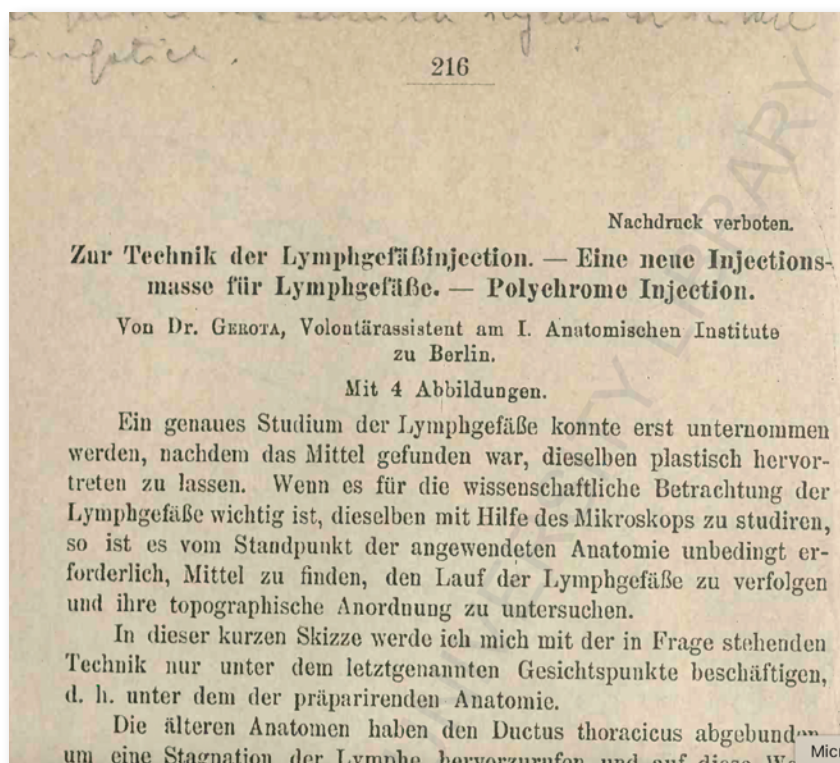
medicine at the Faculty of Medicine at Bucharest, Romania, from which he graduated in 1892. He was subsequently employed as a regimental physician, a short-lived appointment as he received a scholarship from Ministerul Instrucțiunii Publice (Ministry of Public Instruction) that

took him to Paris, France, and Berlin, Germany, to study².

Upon his return in 1897, he took up a teaching appointment at the Școala Națională de Arte Frumoase (National School of Fine Arts) in Bucharest, where he taught anatomy. Dimitrie Gerota's research covered different fields, including anatomy, surgery and radiology. While still at Berlin, he developed a method for the visualisation of lymphatic channels, which carries his name today³. The relevant paper was published on 20 May 1896³.

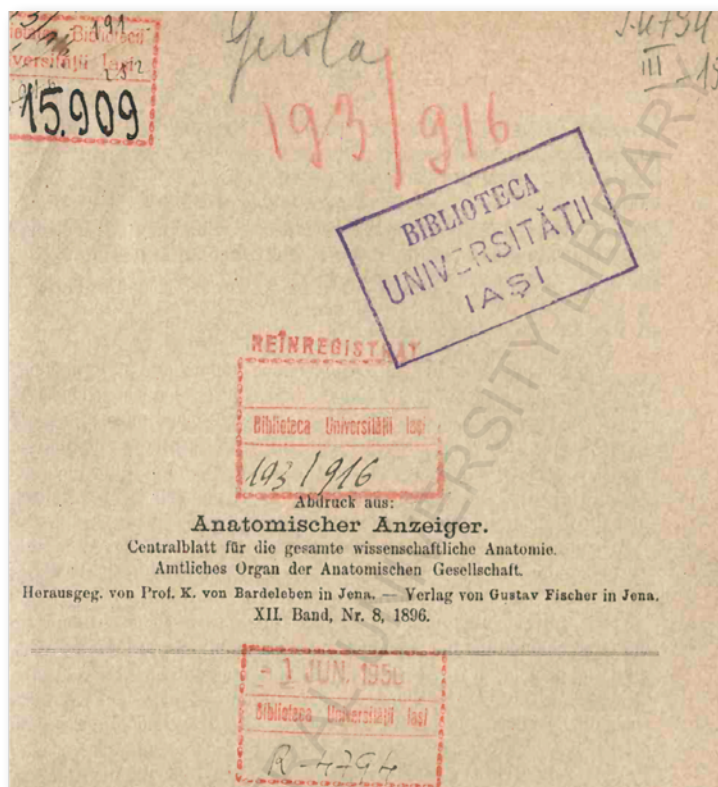
Dimitrie Gerota did not discover lymphatics, nor was he the first to use techniques to visualise them. The priority for the discovery of lymphatics is historically attributed to the Italian anatomist and surgeon Gaspare Asseli (1581-1625)^{4,6} who accidentally discovered them while attempting to demonstrate the mesenteric nerve in a dog⁶.

Gerota's method was also not the first. Earlier methods utilised mercury and began with the designated founding father of histology, Marcello Malpighi (1628-1694)^{7,8}. Professor Dimitrie Gerota's method is novel and unique as it involves the use of dyes, thereby avoiding the toxicity of the earlier methods. It is still in use today⁹. The anterior renal fascia is



First page of Dimitrie Gerota's seminal article on his method of lymphatic mapping.

Inner cover page of journal in which Dimitrie Gerota's article was published.



eponymously named Gerota fascia. Gerota is considered the founding father of Romanian radiology and radiotherapy^{1,2}. Sadly, radiation-induced cancer led to a hand amputation. A military hospital in Bucharest is named after him, as are streets in Bucharest and Craiova.

Dimitrie was married to Maria Draghicescu, daughter of a pioneering Romanian physician and they had one son, Dimitrie, named after his father. Gerota died in Bucharest on 3 March 1939.

Lawrence Chukwudi Nwabudike

MBBS, MD, PhD, FRCP

Lawrence Charles Parish, MD, MD

(Hon), FRCP (Edin)

Leonard J. Hoenig, MD

Acknowledgement

Heartfelt thanks to Ecaterina Radu of the "Carol I" Central University Library of Bucharest for her strong support, especially with finding ancient literature regarding Prof Gerota.

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Meet the EADV Board



Prof Dr Igor Bartenjev
Board representative for Slovenia
2025–2028

After completing my medical studies at the Faculty of Medicine, University of Ljubljana, Slovenia, and completing one year of military service, I began my journey in dermatovenerology. In 1991, I became a specialist in dermatovenerology. My desire for new knowledge led me to the University Clinic in Munich, Germany, where I spent eight very educational months.

After that, in 1992, I started working at the teaching unit at the Faculty of Medicine in Ljubljana and in 2007 I obtained the title of professor and became head of the department of dermatovenerology at the faculty.

During my professional career, of which I am at the tail end, I have been president of the Slovenian society of dermatovenerology, representative for Slovenia in the European Union of Medical Specialists (UEMS) for many years, a visiting professor at the Faculty of Medicine of the University of Skopje (North Macedonia) and an honorary member of the Dermatological Association of the Baltic Republics and the Macedonian, Serbian, Bulgarian professional association. I am also a co-editor of the dermatological Journal *Acta dermatovenerologica APA*.

Despite my many accolades, I deal with the specific problems of my patients on a daily basis. My special areas of clinical activity are dermatosurgery, dermatooncology and cosmetic corrective treatment methods.

I have been a member of EADV for several decades and a board member since 2025, having been elected by my colleagues. I am honored to represent Slovenia and my Slovenian colleagues in our common EADV family for the coming three years.



Prof Giuseppe Micali
Board representative for Italy
2024–2027

I am Full Professor of Dermatology at the University of Catania, Italy, where I earned my doctorate and completed my residency in dermatology.

I have collaborated frequently and for a long time with different universities in the United States (University of Illinois, Northwestern University, New Jersey University, Miami University) facilitating student exchanges and the publication of several papers and international textbooks.

I am member of the European Dermatology Forum (EDF) and the American Dermatologic Association (ADA) and an Honorary member of the German Society of Dermatology and the Vietnamese Society of Dermatology. I was part of the executive committee of SIDeMaST (Italian Society of Dermatology) for three terms.

My main areas of professional interest include acne, rosacea, seborrheic dermatitis, hidradenitis suppurativa, non-melanoma skin cancer and, most importantly, non-invasive imaging techniques and their applications in dermatology.

I am very pleased to be part of the EADV family. My tasks include increasing visibility of EADV among Italian dermatologists, residents in dermatology and study group/associations to encourage them to join EADV and enhance the involvement of the Italian dermatologic community in educational initiatives promoted by EADV, promoting research collaboration between Italy and other European countries based on common scientific interests. In this regard, it would be interesting to create a European map indicating the main areas of research/expertise (either clinical or laboratory) of any participating academic/hospital centre. I am also looking to create new opportunities for student exchanges within Italy, with other European countries and with underserved countries.

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 Mirna Šitum
Board representative
for Croatia
2024–2027

I am honoured to represent Croatia on the EADV Board and to contribute to the advancement of

dermatology across Europe. My professional journey has been deeply rooted in both clinical excellence and academic leadership. I graduated from the School of Medicine, University of Zagreb, Croatia, in 1985 and have since devoted my career to dermatology, with a special focus on dermatologic oncology.

Currently, I serve as Head of the Department of Dermatovenereology at Sestre Milosrdnice University Hospital Centre and at the School of Dental Medicine, University of Zagreb. I also teach at several faculties within the University of Zagreb and serve as a visiting professor at medical faculties in Osijek and Mostar. Over the years, I have led numerous scientific and educational initiatives, including more than one hundred national and international congresses, and have published extensively in peer-reviewed journals.

As a founder and head of three national reference centres (for melanoma, dermoscopy and chronic wounds) my mission is to advance research, diagnostics and patient care in dermatologic oncology. Furthermore, I am a Board Member of EADO (European Association of Dermato-Oncology) and have been the Chair of EuroMelanoma for Croatia since 2008. I am also proud to chair the Croatian Society of Dermatooncology within the Croatian Medical Association and the Central South Eastern European Melanoma Expert Group.

As an EADV Board Member, I aim to strengthen European collaboration in dermatologic oncology and education, promoting innovation and the exchange of expertise for the benefit of our patients and our profession.



Dr Tiina Toomson
Board representative
for Estonia
2025–2028

I am honoured to represent one of Europe's smallest countries, Estonia, on the EADV

Board. I work as a general dermatovenereologist in Pärnu, with a special interest in inflammatory skin diseases and mycology. I believe the skin often serves as a canvas for internal medicine and that precision medicine must be linked with shared decision making and a multidisciplinary approach.

I am currently serving my third term on the Board of the Estonian Society of Dermatovenereologists, organising congresses and collaborating with governmental institutions to improve access to novel therapies. I am also one of the authors of the guidance book on biological therapies and small-molecule treatments. In addition, I contributed to the introduction of e-consultations in dermatovenereology and to the establishment of the BioDermEST registry.

My journey with EADV began in 2010 when I received the Michael Hornstein Memorial Scholarship to attend the Cavtat Spring Symposium. Since then, I have taken part in most EADV congresses and many courses, meeting inspiring colleagues from across the world. EADV's educational platforms, expert opinions and consensus documents greatly support clinicians in smaller countries where national guidance may be limited. Most Estonian dermatovenereologists are EADV members and regularly attend EADV congresses. As a Board Member, I aim to further involve Estonian colleagues in EADV activities and encourage their contribution to upcoming events and projects.

Communities such as EADV help to build a better future for our patients and together we can navigate the evolving landscape of our beloved specialty with greater awareness.

Face-to-face activities

2026



2026

MAY

**Hair Transplantation
Hands-on workshop**
Krystallia Kyparissou

21–23 May 2026
Athens, Greece

**An introduction in phlebology
with hands on training**
Liselot Vink

21–22 May 2026
Rotterdam, the Netherlands

JUNE

Mature Skin
Carmen Salavastru

3–5 June
Bucharest, Romania

**Mohs micrographic surgery,
a tool in skin cancer
treatment**
Mihaela Leventer

5–7 June 2026
Bucharest, Romania

Tropical Dermatology
Markus Starink

10–12 June 2026
Amsterdam, the Netherlands

**Bases of Bioinformatics for
Physician-Scientists:
From Clinical Questions to
Multi-Omics Integration**
Summer Workshop
Giovanni Damiani

17–19 June 2026
Milan, Italy

**Dermoscopy: from diagnosis
to treatment**
*Caterina Longo,
Giovanni Pellacani*

25–27 June
Rome, Italy

JULY

**Intermediate surgery
for residents**
Myrto Trakatelli

2–4 July
Thessaloniki, Greece

SEPTEMBER

**Fillers and Botulinum -
Advanced course**
Christopher Rowland Payne

5–6 September
London, UK

Supportive Oncodermatology
Azael Freites-Martinez

10–12 September
Naples, Italy

OCTOBER

**Updated approach to
alopecia diagnosis**
Alexander Katoulis

15–17 October
Athens, Greece

The Art of injectables
Brunilda Bardhi

16–18 October
Tirana, Albania

NOVEMBER

Social media crash course
Catherine van Montfrans

26–27 October
Rotterdam, The Netherlands

**Intermediate - Advanced
surgery on pigs**
Elena Rossi

5–7 November
Rome, Italy

**Genital Dermatology and
Genital Infections**

George-Sorin Tiplica

11–12 November
Bucharest, Romania

DECEMBER

**Bacterial infections of
the Skin**

Olivier Chosidow

10–12 December
Paris, France

**Rare Skin disorders in
Pediatric Dermatology
(Part II)**

Christine Bodemer

10–11 December 2026
Paris, France

Check our [website](#)
for information
about courses for
2026





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EADV CONGRESS
2026

SEE YOU IN **VIENNA**

30 SEPTEMBER - 3 OCTOBER

Registrations
are open

eadv.org/congress



Calendar of Events

2026

2nd International Conference on Tropical Dermatology

11-13 March 2026 | Colombo, Sri Lanka

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22nd EADO Congress

11-13 March 2026 | Colombo, Sri Lanka

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25th ESPD Congress

28-30 April 2026 | Padova, Italy

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55th Annual ESDR Meeting

9-12 September 2026 | Heidelberg, Germany

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11st MEIDAM International Congress

24-26 September 2026 | Dubai, UAE

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International Society of Dermatopathology XLV Symposium

24-26 September 2026 | London, UK

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The UEMS European Board of Dermatovenereology Diploma (EBDVD) Examination

25 September 2026 | Frankfurt am Main, Germany and remote

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AI in Dermatology Summit 2026

29 September 2026 | Vienna, Austria

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EADV Congress 2026

30 September-3 October 2026 | Vienna, Austria

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27th IUSTI World Congress

14-17 October 2026 | Prague, Czech Republic

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34e Congrès International de l'ADF

5-7 November 2026 | Beyrouth, Lebanon

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2027

7th World Congress of Dermoscopy 2027

12-15 May 2027 | Lyon, France

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26th World Congress of Dermatology

21-26 June 2027 | Guadalajara, Mexico

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EADV Congress 2027

22-25 September | Amsterdam, the Netherlands

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