



Abstract N°: 221

Rapamycin trial in a historical case of Maffucci syndrome

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Introduction & Objectives:

Angiochondromatosis or Maffucci syndrome is a very rare, constitutional, non-hereditary condition of unknown etiology. Classically defined by the association of multiple enchondromatosis of the bony metaphyses and diaphyses, as well as soft-tissue hemangiomas

Materials & Methods:

a case of Maffucci syndrome described 34 years ago by O.Boudghene Stambouli et al, to highlight both the progressive nature of the disease and the satisfactory response to Rapamycin.

Results:

a case of Maffucci syndrome described 34 years ago by O.Boudghene Stambouli et al, to highlight both the progressive aspect of the disease and the satisfactory response to Rapamycin.

The evolution was marked by multiple ray amputations.

Amputation of the first and second radii of the left hand and left big toe was performed because of their massive involvement in the tumoral process, with excision of multiple enchondromatosis and hemangiomas lesions of the proximal phalanx of the left ring finger, wrist and foot. Other rays were also involved, but to a lesser extent.

Histological examination of the surgical specimens revealed no evidence of mitotic activity or tumour necrosis associated with sarcomatous degeneration.

Significant shortening of the upper and lower left limbs occurred progressively, leading after many years to flagrant inequality of the limbs, resulting in a significant scoliotic attitude and a genu valgum, further impairing our patient's quality of life.

Current skin involvement is characterized by significant painful swelling; sometimes hard, firm, protruding and flesh-coloured, and sometimes soft, bluish and tortuous in appearance. These lesions correspond respectively to enchondromas and hemangiomas, located with predilection on the hands and feet, asymmetrical and clearly more pronounced on the left hemisphere.

Our observation is characterized by a rich and diverse cutaneous and orthopedic semiology, with serious repercussions on the patient's mobility, but without the occurrence of any underlying neoplastic event.

Rapamycin (Sirolimus®) is an inhibitor of the mammalian target of Rapamycin (mTOR) pathway involved in cell cycle regulation, proliferation, angiogenesis and apoptosis (4). Initially used as an immunosuppressive agent, Rapamycin has since been attributed other powerful effects, such as anti-proliferative or anti-angiogenic effects through inhibition of the growth factors involved in the vascular malformations widely present in Maffucci syndrome.

The use of Rapamycin in this indication is all the more interesting as it reduces the risk of neoplasia emergence, as reported by Alberu et al (5) in kidney transplant patients receiving Rapamycin.

The use of Rapamycin at 2.5 mg/m² body surface area produced a clinical benefit in our patient, with almost complete disappearance of pain and reduction in the size of vascular lesions, as well as the onset of improvement in the function of the left hand, after 20 days of treatment. And with no signs of intolerance. The treatment will be continued for several more months

Conclusion:

Follow-up of patients with Maffucci syndrome is crucial, and should aim for early detection of associated neoplasia as well as sarcomatous degeneration of vascular and cartilage lesions.

The case reported above demonstrates a satisfactory response to Rapamycin from the very first days of treatment, but the lack of hindsight does not allow us to conclude on the definitive efficacy of the molecule in our patient

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Abstract N°: 278

Fulminant cutaneous leukocytoclastic vasculitis with gangrene necessitating bilateral below-knee amputation in a patient with mild COVID-19 infection: An Atypical Presentation

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Introduction:

COVID-19, caused by SARS-CoV-2, has been associated with a wide array of extrapulmonary manifestations, with cutaneous involvement reported in 1%–6% of patients. One rare but potentially severe dermatological complication is COVID-19-associated cutaneous leukocytoclastic vasculitis (cLCV), a small vessel vasculitis characterized by palpable purpura, hemorrhagic lesions, bullae formation, and potential ischemic complications leading to tissue necrosis.

Objectives:

To emphasize the necessity of continuous monitoring and deeper exploration of the mechanisms driving COVID-19-associated vasculopathies.

Materials & Methods:

An atypical case of Fulminant cutaneous leukocytoclastic vasculitis in a patient with mild covid infection is reported.

Results:

We present a case of a middle-aged Caucasian woman who developed a diffuse, bilateral rash that progressively spread across her body, culminating in gangrenous lesions. After ruling out potential thromboembolic events and other vasculitis in the setting of a positive SARS-CoV-2 reverse transcription– polymerase chain reaction without evident respiratory symptoms, and with a confirmatory skin biopsy demonstrating leukocytoclastic vasculitis (LCV), the patient was diagnosed with COVID-19-associated cutaneous LCV. Despite management, the extensive gangrenous progression necessitated bilateral below-knee amputation.

Conclusion:

While mild vasculitic presentations have been reported in COVID-19, progression to full-blown gangrenous lesions is an exceedingly rare occurrence. This case highlights the potential for severe and devastating dermatological manifestations associated with SARS-CoV-2 infection, underscoring the need for continued vigilance and further elucidation of the pathogenic mechanisms involved in COVID-19-related vasculopathies.





Abstract N°: 510

Rapidly Progressive Aggressive Kaposi Sarcoma with Cutaneous and Parotid Gland Involvement in an HIV-Negative Immunocompetent Patient: A Case Report

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Introduction & Objectives:

Kaposi sarcoma (KS) is a vascular neoplasm associated with human herpesvirus 8, affecting blood and lymphatic vessels. Clinically, it generally presents as painless, erythematous violaceous cutaneous lesions but can also manifest as vascular nodules in internal organs, particularly in the gastrointestinal system. While head and neck involvement is frequently observed in patients with human immunodeficiency virus (HIV) infection or those who are immunosuppressed, parotid gland involvement is exceedingly rare.

Materials & Methods:

This case report presents an HIV-negative, immunocompetent male patient diagnosed with Kaposi sarcoma due to parotid gland involvement, with additional cutaneous lesions detected upon systemic examination.

Results:

A 75-year-old male presented to the otolaryngology outpatient clinic with a two-month history of progressive swelling in the left cervical region. No significant comorbidities or regular medications were documented in the patient. Neck ultrasound initially suggested malignancy and a fine needle aspiration biopsy was subsequently performed. The patient was referred to the dermatology outpatient clinic for the assessment of cutaneous involvement, further systemic examination, and to confirm the diagnosis. To confirm the diagnosis and determine disease extent, HIV serology, magnetic resonance imaging and 18F-FDG positron emission tomography/computed tomography were planned. Systemic examination revealed a purplish nodular lesion on the lateral left foot and papular lesions on the medial right foot and dorsum of the left hand. HIV serology was negative. Imaging demonstrated bilateral parotid gland involvement, along with right submandibular lymph node, abdominal mesenteric adipose tissue and right inguinal lymph node involvement. During follow-up, progressive growth and bleeding of cutaneous lesions were observed. KS involvement was detected in the excised right inguinal lymph node, leading to paclitaxel therapy initiation by medical oncology. HIV positivity remained undetected in subsequent evaluations.

Conclusion:

Classical Kaposi sarcoma is generally a chronic, slow-progressing disease. In HIV-negative and immunocompetent patients, visceral organ involvement is rare, with parotid gland involvement being an exceptionally rare occurrence. In the literature, the presentation of parotid involvement or involvement with lymph nodes in cases exhibiting atypical clinical presentations is limited. In these cases, cutaneous lesions have generally not been observed or, when present, have remained quite limited. During the follow-up of these patients, no significant deterioration of the cutaneous lesions was observed and the disease did not exhibit further progression. Thus, rapid progression of classical KS is unexpected in HIV-negative, immunocompetent individuals.

This case is notable for rapid cutaneous progression, rare parotid involvement, and lymph node metastasis in an HIV-negative, immunocompetent patient with classical KS. It underscores that, although rare, classical Kaposi sarcoma can exhibit rapid progression and present with atypical clinical presentation, including visceral organ involvement, which differs from the typical course of the disease. Therefore, the clinical course of patients should be closely monitored and appropriate imaging techniques should be employed from the time of diagnosis to assess the systemic spread of the disease.

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**Abstract N°: 1170****Buerger's disease: successful management of acute cutaneous features and achieving disease remission with pentoxifylline.**

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Buerger's disease or Thromboangiitis obliterans is a nonatherosclerotic inflammatory disease that affects the small and medium-sized arteries in the extremities. It is strongly related to tobacco use, and is considered to be due to an autoimmune reaction causing hypersensitivity to collagen types I and III, elevated serum antiendothelial cell antibody titres and impaired peripheral vasculature. Common clinical features include paresthesia, intermittent claudication and neuropathic pain. Significant ischaemia can lead to loss of pulses, superficial phlebitis or ulceration and necrosis of tissue.

We describe a 46-year-old man with Buerger's disease, who achieved regression of acute ulceration of his lower limbs and remission of his disease with pentoxifylline. He had an over 25 pack-year smoking history, however quit in 2019. Prior to commencing medical management, he had undergone a right below-knee and left fifth toe amputation due to his disease. In 2020, he was admitted with significant progressive superficial ulcerations of his left lower leg. He was commenced on prednisolone 12.5mg daily weaned over 2 weeks, aspirin 100mg daily and pentoxifylline 400mg twice daily, and achieved remission of his disease with this combination. In August of 2024, he ceased his pentoxifylline having had a number of years symptom free. However, he quickly developed a flare of his lower limb ulcerations as a result. He was recommenced on pentoxifylline 400mg twice daily in October of 2024 and once again gained control of his disease.

This case demonstrates successful management of acute lower limb ulceration and remission of Buerger's disease with the use of pentoxifylline. Pentoxifylline is a methylxanthine derivative that improves peripheral blood flow by enhancing red blood cell flexibility, reducing blood viscosity and inhibiting platelet aggregation. Usually thought to just improve pain-free walking distance, our case demonstrates that it may in fact improve the acute cutaneous features and progression of Buerger's disease.





Abstract N°: 1355

An acrosyndrome yes, but which one?

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Introduction & Objectives:

There are many acrosyndromes, the most frequent and common is Raynaud's phenomenon. They are most often triggered by cold and are not very severe. In rare cases, these acrosyndromes can be serious, complicated by infectious trophic disorders and even have a functional and vital prognosis. Through this observation, we report the case of a severe acrosyndrome occurring in a young girl with disastrous aesthetic and functional consequences.

Materials & Methods:

M.I a young patient who has seen her life turned upside down since 2023 at the age of 18.

Results:

The onset of symptoms began with a sensation of heat and burning in the distal extremities of the lower limbs without triggering factor or notion of trauma. The patient immersed her feet in ice water. A few days later, there was very rapid onset of redness, edema and sensation of cooking, heat, moreover the patient presents with Raynaud's phenomenon in the hands. She received local care, massage and drainage sessions, topicals without effectiveness. She even had a skin graft a year later without success. 3D angio-tomosintigraphy revealed a very active bilateral osteoblastic rearrangement more marked on the right foot, with significant bone and soft tissue involvement with rearrangements of interline spaces compatible with algodystrophy. Lymph scintigraphy revealed moderate lymphatic insufficiency. In the absence of etiological treatment, the patient sees her condition worsen, with diagnostic and therapeutic impasses despite various collegial medical expertise. The clinical aspect two years later is in favor of a probable severe permanent "erythralgia" accompanied by maceration and dyschromia due to the skin graft with significant aesthetic damage, a limitation in walking, a cessation of all physical activity and a very deep impact on the psychological state of our young patient.

Conclusion:

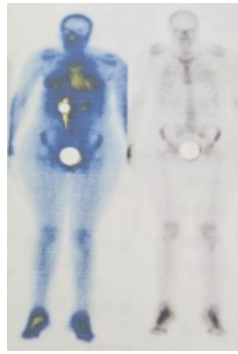
Acrosyndromes classification is complex, sometimes the clinical diagnosis is difficult as in our patient. The pejorative evolution and progression over time complicates the etiological investigation, hinders the resolution of diagnostic enigma and the repair of cutaneous and trophic damage.

Fig 1. Three-phase 3D angiography tomoscintigraphy

Dynamic phase (vascular) Significant vascular flash, early phase (tissue) Clear diffuse accumulation, ligamentous, tendon, and articular, late phase (bone) Very active osteoblastic remodeling suggestive of warm

Fig 1. Three-phase 3D angiography tomoscintigraphy

Dynamic phase (vascular) Significant vascular flash, early phase (tissue) Clear diffuse accumulation, ligamentous, tendon, and articular, late phase (bone) Very active osteoblastic remodeling suggestive of warm algoneurodystrophy.



algoneurodystrophy.

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Abstract N°: 1485

Hereditary Hemorrhagic Telangiectasia: Clinical Clues in an Elderly Patient

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Introduction & Objective: Hereditary hemorrhagic telangiectasia (HHT), or Osler-Weber-Rendu syndrome, is a rare autosomal dominant disorder characterized by mucocutaneous telangiectasias, recurrent epistaxis, and visceral arteriovenous malformations (AVMs) (1). Diagnosis is primarily clinical, guided by the Curaçao criteria: spontaneous recurrent epistaxis, telangiectasias in characteristic locations, visceral involvement, and a first-degree relative with HHT. We present a case emphasizing the diagnostic value of cutaneous findings in an elderly patient without known family history.

Materials & Methods: An 84-year-old Colombian woman with hypertension, hypothyroidism, and dementia presented with a five-year history of progressive facial telangiectasias and recurrent nosebleeds since adolescence. She had iron-deficiency anemia and had undergone endoscopic treatment for colonic angiodysplasias. Examination revealed pallor and multiple diffuse mat-like and papular telangiectasias on the face, oral mucosa, palms, and nail folds, raising clinical suspicion during the dermatological evaluation. Laboratory tests showed microcytic anemia (Hb 118 g/L, MCV 77 fL, ferritin 10.7 µg/L). HHT was suspected and assessed using the Curaçao criteria.

Results: The patient fulfilled three of the four diagnostic criteria: recurrent epistaxis, mucocutaneous telangiectasias in typical sites, and gastrointestinal involvement. This supported a definite clinical diagnosis. Although family history was absent, studies show that ≥ 3 Curaçao criteria yield 90.3% sensitivity and 54.5% specificity compared to genetic testing (2). A 2023 revision proposed ≥ 4 epistaxis episodes/year as a diagnostic threshold, improving sensitivity to 97% and specificity to 84% (3). The patient was treated with intravenous iron and underwent chest CT, which ruled out pulmonary AVMs. Her anemia stabilized, with no further gastrointestinal bleeding.

Conclusion: This case highlights the critical role of dermatological evaluation in recognizing HHT. Mucocutaneous telangiectasias in elderly patients, even without a positive family history, should prompt consideration of this diagnosis. Early recognition allows timely multidisciplinary management to prevent severe complications. Advanced age should not delay clinical suspicion.

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Abstract N°: 2790

Etiology and diagnostic approach in small-caliber vessel cutaneous vasculitis: Retrospective single-center performance of an updated dermatology guidelines

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Introduction & Objectives: Cutaneous vasculitis typically involves small-caliber vessels confined to the skin. However, it can also be a manifestation of systemic diseases. Although previous studies have explored the etiological causes, many are outdated or based in different geographic contexts. Moreover, there is currently no consensus regarding the appropriate diagnostic workup to assess for systemic involvement or an underlying associated disease.

Materials & Methods: We conducted a retrospective study of histologically confirmed cases of small-caliber vessels cutaneous vasculitis diagnosed at our center between January 2021 and January 2025 with a minimum follow-up period of 3 months. The primary objective was to determine the underlying causes. The secondary objective was to review the diagnostic tests performed, evaluate which of them provided clinically useful information for patient management or follow-up, and assess—retrospectively—whether following the diagnostic recommendations outlined in a recent *American Journal of Clinical Dermatology* guideline (Micheletti RG, 2023) would have led to the final diagnosis in all cases.

Results:

A total of 59 patients were included, 55.9% women, with a mean age of 59.3 years (range 16–87; SD 18.3). The etiology was considered idiopathic in 42.4% (25/59). In 20.3% (12/59), vasculitis was possibly triggered by a recent infection, most commonly an upper respiratory tract infection (7/12). Suspected drug-induced cases accounted for 16.9% (10/59): antibiotics (n=5), NSAIDs (n=3), and vitamin supplements (n=2). Connective tissue diseases were identified in 10.2% (6/59), including systemic lupus erythematosus (SLE, n=3) and Sjögren's syndrome (n=3). Other causes included IgA vasculitis (5.1%, 3/59), cryoglobulinemia (3.4%, 2/59), and one case (1.7%) associated with acute myeloid leukemia.

All patients underwent a comprehensive history, review of systems (ROS), physical examination, and baseline laboratory tests (complete blood count, basic metabolic panel, and urinalysis), as recommended in the 2023 guidelines. In addition, 81.4% (48/59) underwent extended work-up, including antinuclear antibodies, antineutrophil cytoplasmic antibodies, rheumatoid factor, complement levels, and serum protein electrophoresis. This additional evaluation is recommended in the 2023 guidelines only for patients with abnormalities in first-line diagnostic tests or for recurrent skin lesions.

History, ROS and physical examination led to the suspected final diagnosis in 93.2% patients. Four patients required additional testing: two patients with SLE who presented with systemic symptoms and lymphopenia, and two patients with cryoglobulinemia—one with systemic symptoms and the other with thrombocytopenia and abnormal urinalysis findings.

Mild urinalysis abnormalities (microalbuminuria or >10 red blood cells/high-power field) were observed in 5/6 patients (83.3%) with vasculitis recurrences, compared to 16/43 patients (37.2%) without recurrences

Conclusion:

Most cases of cutaneous vasculitis are either idiopathic or triggered by mild infections. The diagnostic algorithm proposed in the 2023 guidelines would have identified the final diagnosis in all cases, avoiding unnecessary additional testing in patients without abnormalities in history, examination and basic laboratory evaluations. Mild abnormalities in urinalysis are more common in patients with cutaneous vasculitis recurrences.

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Abstract N°: 3282

Bullous pyoderma gangrenosum successfully treated with adalimumab: a case report

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Bullous pyoderma gangrenosum successfully treated with adalimumab: a case report

Introduction & Objectives: pyoderma gangrenosum (PG) is a rare immune-mediated neutrophilic dermatosis that can present with a range of clinical features, although characteristic histopathological findings and laboratory tests remain insufficient for a definitive diagnosis. Bullous PG, a particularly rare and challenging variant, is often difficult to treat. In this report, we describe a case of bullous PG predominantly characterized by extensive blood-filled blisters and superficial ulcers on the dorsum of the foot. The patient exhibited a favorable response to adalimumab treatment.

Materials & Methods: A 66-year-old female presented with a extensive erythema and bullosa with pain on the dorsum of the right foot. Two weeks prior, the patient noticed a red patch on the right ankle with edema and pain, without apparent cause. The lesion expanded gradually, forming blood blisters. No fever, joint swelling, or other discomfort was reported. Examination showed a large, well-defined red-purple blister with a thick wall on the dorsum of the right foot. (Fig. 1A) The blister was flaccid, filled with clotted blood and pus. Upon uncovering the blister wall, a superficial ulcer was visible. (Fig. 1B) Bilateral dorsalis pedis artery pulsations were palpable and normal. Histopathology showed mild epidermal hyperplasia, spongy edema, and focal necrosis. Dermal vascular endothelial cells were swollen, with focal vascular wall fibrinoid degeneration. Extravasated erythrocytes, perivascular lymphoplasmacytic and neutrophilic infiltration, and nuclear dust were observed, consistent with bullous PG. (Fig.2). The patient received intravenous methylprednisolone (40 mg/day, 1 week), human immunoglobulin (20 g/day, 3 days), and doxycycline (0.1 g/day, 1 week) with minimal improvement (Fig. 1C). After consent, subcutaneous adalimumab was initiated (80 mg at week 0, 40 mg at weeks 1 and 3, then 40 mg every 4 weeks) alongside tapered methylprednisolone (40 mg/day at week 0, discontinued after 7 weeks). Ulcer size and pain decreased within 3 weeks (Fig. 1D-F), with near-complete healing by week 6 (Fig. 1G). No recurrence or adverse events were observed during 6-month follow-up.

PG is a rare neutrophilic autoinflammatory dermatosis with complex pathophysiology and limited treatments. Bullous PG lesions typically start as vesicles or bullae, progressing rapidly to superficial ulcers or blood blisters within days. Due to varied clinical manifestations, Bullous PG is often misdiagnosed as infection, malignancy, or vasculitis. PG pathogenesis involves overexpression of cytokines, including IL-1, IL-8, IL-15, IL-17A, IL-36, and TNF- α , which contribute to disease development. Recently, targeted therapies have emerged as promising new treatments for PG. Evidence supports their efficacy, such as a Japanese multicenter study evaluating adalimumab in 22 PG patients over 52 weeks. Results showed adalimumab was effective and well-tolerated for active PG ulcers. In this case, bullous PG exhibited rapid progression without distinctive pathological features, initially leading to a misdiagnosis of infectious etiologies. Upon removal of the blister roof, superficial ulcerations were revealed. Infectious diseases, vasculitis, and malignancies were excluded through clinical, histopathological, and lab evaluations. Adalimumab and low-dose glucocorticoids achieved rapid disease control and ulcer healing.





Abstract N°: 3880

Echoes Beneath the Skin: A post-radiotherapy enigma

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Introduction & Objectives:

Post-radiation cutaneous angiosarcoma is a rare but aggressive malignancy that can arise years after radiotherapy, most commonly in breast cancer patients. Differentiating it from benign vascular lesions is critical for early intervention.

Materials & Methods:

An 85-year-old female presented with asymptomatic, clustered erythematous papules & plaques on the left breast, five years post-treatment for ER-positive Grade 2 invasive ductal carcinoma. Her treatment included wide local excision, sentinel lymph node biopsy, radiotherapy, and anastrozole. This lesion at her left breast was present for an approximate six months, with no associated symptoms. The patient was not clear if this had been enlarging over time. Additional, smaller, vascular lobulated papules were incidentally noted on the right breast; the patient was not aware of their course.

Results:

A punch biopsy performed on the left-sided lesion revealed atypical spindle cell proliferation with vascular channels lined by atypical cells. Immunohistochemistry was positive for MYC, consistent with post-radiation cutaneous angiosarcoma. Biopsy of the right breast lesions confirmed benign haemangiomas, likely also radiation-induced. The angiosarcoma was resected with a left sided mastectomy, and the patient remains disease-free under CT surveillance while on anastrozole and propranolol.

Conclusion:

Post-radiation angiosarcoma typically presents as erythematous or violaceous plaques or nodules in previously irradiated skin. MYC overexpression, a key diagnostic marker, helps distinguish it from benign vascular proliferations. Early detection and surgical intervention remain the cornerstone of management, with adjunct therapies playing a supportive role.

This case highlights the importance of vigilance for secondary malignancies in post-radiotherapy patients. Accurate histopathological and immunohistochemical analysis, combined with multidisciplinary management, ensures optimal outcomes.





Abstract N°: 4211

A Congenital Arteriovenous Malformation Treated with Beta-Blockers: A Case Report

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Introduction & Objectives:

Arteriovenous malformations (AVMs) are rare but serious congenital vascular anomalies. The usual treatments combine surgical excision with preoperative embolization. However, these approaches do not always prevent progression or recurrence, which can occur even years later. We report a case effectively managed with beta-blockers.

Materials & Methods:

Case Report:

A 26-year-old male, followed since birth for a congenital AVM of the left lower limb, underwent ipsilateral saphenectomy at the age of five. The condition worsened over time, with extension toward the knee and lower leg, leading to chronic ulceration. From 2016 to 2022, he underwent several embolization procedures with good initial responses, which were later discontinued due to venous thrombosis. Laboratory tests revealed elevated D-dimers at 1400 mg/mL (normal <500 mg/mL). The patient was started on propranolol 10 mg/day, progressively increased to 40 mg/day, combined with local wound care, resulting in complete ulcer healing.

Results:

Discussion:

Beta-blocker therapy proved significantly effective in this case. Although not curative, it appears beneficial as a supportive treatment, particularly during periods of increased risk for AVM progression (e.g., hormonal changes, invasive procedures such as angiography, surgery, or embolization). This aligns with findings from a retrospective study (S. Chlauster et al.) conducted between 2012 and 2020, which showed a global improvement in patient-reported symptoms with beta-blocker therapy.

Conclusion:

Beta-blockers appear to be a promising symptomatic treatment for AVMs complicated by ulceration. A prospective study with objective outcome measures is needed to better assess their therapeutic role in the management of AVMs.





Abstract N°: 4261

Unusual Nasal Onset of Granulomatosis with Polyangiitis: Diagnostic and Therapeutic Challenges

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Introduction & Objectives:

Granulomatosis with polyangiitis (GPA), formerly known as Wegener's granulomatosis, is a rare, systemic necrotizing vasculitis that primarily affects small to medium-sized vessels. It typically involves the upper and lower respiratory tract and kidneys, but its clinical presentation is highly variable, often leading to diagnostic delays.

Materials & Methods:

We report here a case of GPA in a male patient with an unusual initial presentation of recurrent intranasal lesion evolving into rapidly progressive necrotizing facial involvement.

Results:

A 43-year-old male patient with a history of chronic smoking presented with a recurrent lesion located in the right intranasal area, appearing every three months over the past several months. The clinical course was marked by a rapidly progressive, necrotizing, centrifugal extension involving the right hemiface. On examination, the patient was conscious, hemodynamically and respiratorily stable, but febrile. Dermatological assessment revealed an erythematous-violaceous, crusted plaque with central ulceration on the right hemiface, associated with scattered purpuric papules and significant facial edema. Examination of lymph node areas was unremarkable. Laboratory tests showed a normal complete blood count and renal function. C-reactive protein was elevated at 68 mg/L, and anti-neutrophil cytoplasmic antibodies (ANCA) were negative. Facial computed tomography demonstrated a soft tissue infiltrate in the right prenasal region, in close contact with the membranous portion of the nasal septum, along with ipsilateral high jugulocarotid lymphadenopathy. Thoracic computed tomography was unremarkable. Histopathological examination revealed a necrotizing vasculitis with a prominent neutrophilic infiltrate, consistent with granulomatosis with polyangiitis (formerly Wegener's granulomatosis). The patient received intravenous corticosteroid pulse therapy at a dose of 1 g/day for three consecutive days without clinical improvement and was subsequently treated with rituximab at 375 mg/m² per week. The outcome was unfavorable, with the patient dying from hemorrhagic shock.

Conclusion:

This case highlights the importance of considering granulomatosis with polyangiitis in the differential diagnosis of recurrent or destructive nasal lesions, even in the absence of systemic involvement or positive ANCA testing. Early recognition and histological confirmation are critical for prompt treatment initiation. Despite appropriate immunosuppressive therapy, the disease can follow a fulminant and fatal course, emphasizing the need for vigilance in the face of rapidly evolving necrotic facial lesions.





Abstract N°: 4612

Promising report of Isotretinoin as a successful treatment for Angiolymphoid Hyperplasia with Eosinophilia

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Introduction & Objectives: Angiolymphoid hyperplasia with eosinophilia (ALHE), also known as epithelioid hemangioma, is a rare and benign vasoproliferative disorder that primarily manifests as papules or nodules in the head and neck region. It usually causes significant cosmetic concern and discomfort for patients. Management is challenging since various treatment modalities, including surgical excision, laser therapy, and topical agents, have been tried, but none have consistently shown long-term effectiveness with a high recurrence rate.

Here, we present a 39-year-old female patient with ALHE successfully treated by systemic isotretinoin with no recurrence of lesions after discontinuation.** She complained of 1-year history of multiple left auricular grouped firm dull to dark red dome-shaped nodules about 0.5 to 2 cm in size.

Differential diagnosis included cutaneous lymphoma, pseudolymphoma (lymphocytic infiltrate of Jessner, lymphocytoma cutis), sarcoidosis, granuloma faciale, angiomatous lymphoid hamartoma, bacillary angiomatosis, pyogenic granuloma and Kimura's disease.

Materials & Methods: An excisional biopsy was done which showed a dermal vascular lesion with subcutaneous extension, formed of vascular nests and cords of endothelial cell proliferation mixed with lymphocytes, plasma cells, and eosinophils (Figure 1A, B). Immunohistochemical staining (Figure 1C-E) showed CD31 and CD34 positivity. KI-67 positive nuclear staining was seen in germinal centers of proliferating lymphoid follicles and to a lesser extent in blood vessels. Reactive CD20+ B cells constituted the majority of the lymphocytic infiltrate. History, examination, and histopathology were consistent with ALHE.

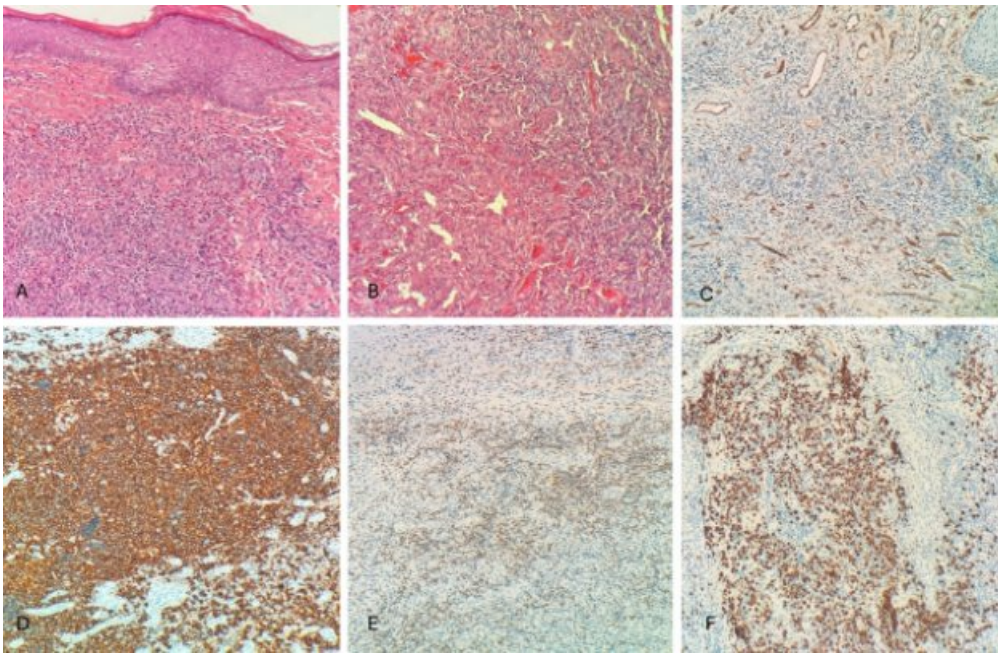
Blood count was normal with no eosinophilia, while serum IgE level was high at 329 IU/ml. A computed tomography (CT) scan showed submandibular, left deep cervical, and intraparotid discrete small lymph nodes showing benign features suggestive of reactive lymph nodes.

Topical imiquimod 5% was prescribed every other day, but the patient suffered severe irritation and was discontinued after 1 month despite mild improvement of the lesions. The patient was shifted to systemic isotretinoin at a dose of 0.3 mg/kg/d for 1 month, increased to 0.5 mg/kg/d for 8 months while investigating CBC, lipid panel, and liver enzymes at baseline and with regular follow-up. After 9 months, isotretinoin was maintained at low dose of 10 mg/d.

Results: Lesions improved progressively over time till complete subsidence at 6 months. No recurrence was observed for 6 months following drug discontinuation.

Conclusion: Systemic retinoids have been tried in a few reports as a treatment for ALHE with variable results. Its

effect may be owed to inhibition of vascular endothelial growth factor (VEGF) production by keratinocytes through down-regulation of VEGF gene expression inhibiting angiogenesis. Thus, isotretinoin could be a successful treatment for ALHE particularly in multiple lesions, surgical difficult-to-treat, and cosmetic sensitive areas. Longer treatment duration up to 1 year may be needed to prevent recurrence.



Hematoxylin & eosin-stained sections of the lesion (A X100 & B X200). Immunostained sections ($\times 100$) for (C) CD34 (D) CD20, (E) CD3, and (F) KI-67.





Abstract N°: 5167

Vulvar Lymphangioma Circumscriptum Associated with Crohn's Disease: A Rare Case Report

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Introduction & Objectives: Lymphangioma circumscriptum (LC) is a microcystic lymphatic malformation characterized by dilated lymphatic channels within the dermis. Clinically, it presents as grouped, vesicular lesions resembling 'frog spawn,' filled with lymphatic fluid. The color of the lesions ranges from translucent to skin-colored or pink-red. It most commonly affects the shoulders, neck, axillae, and extremities. Lesions may become prominent upon infection or hemorrhage. LC can be either congenital or acquired. Vulvar involvement is rare, and acquired vulvar LC may occur secondary to cervical cancer-related radiotherapy, infections (notably sexually transmitted diseases, genital tuberculosis, filariasis), Crohn's disease, or primary dysplastic angiopathy.**

Materials & Methods: Herein, we present a rare case of vulvar LC developing in a 43-year-old patient with Crohn's disease.

Results: A 43-year-old woman presented to our dermatology outpatient clinic with translucent, grouped papular lesions on the vulva for the past 5–6 months. Systemic inquiry revealed a diagnosis of Crohn's disease since 2013. Dermatological examination revealed numerous 2–5 mm translucent to pinkish papules extending from the labium majus to the perianal region, with a tendency to coalesce. Histopathological examination confirmed the diagnosis of lymphangioma. The patient was planned for cryotherapy sessions at two-week intervals. Following two sessions of cryotherapy, there was a notable reduction in lesion size and alleviation of pain, prompting continuation of the therapy.

Conclusion: In this report, we aimed to highlight the approach to a rare case of vulvar LC associated with Crohn's disease. Early diagnosis and treatment are crucial to improving the patient's quality of life and preventing complications. To the best of our knowledge, including our case, a total of 13 cases of vulvar lymphangioma circumscriptum associated with Crohn's disease have been reported in the literature.





Abstract N°: 5358

Klippel-Trenaunay Syndrome : A Rare Diagnosis

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Introduction & Objectives:

The Klippel-Trenaunay syndrome (KTS) is a rare and complex congenital vascular disorder characterized by a classic triad: capillary malformations, venous anomalies, and hypertrophy of soft tissues and/or bones, typically affecting a limb. The pathogenesis of KTS remains not fully understood but is thought to involve somatic mutations in genes regulating vascular development. This case report highlights the clinical presentation and diagnostic challenges of KTS.

Materials & Methods:

Results:

Case presentation:

An 8-year-old girl, with no notable medical history, presented to our department with a patchy erythematous skin lesion on the left lower limb, present since birth. Clinical examination revealed a port-wine stain with irregular borders, varying in color from pink to reddish-purple, extending from the lumbosacral region to the anterolateral surface of the left lower limb, along with varicose veins following the course of the great saphenous vein in the same limb. Palpation and auscultation of the vascular axes did not reveal any thrills. Comparative measurements of both lower limbs showed a 2 cm difference in length and diameter compared to the contralateral limb. Doppler ultrasound revealed incompetence of the left saphenous vein, along with a vascular formation on the posterior side of the left thigh. CT angiography of the lower extremity revealed moderate dilation of the superficial portion of the great saphenous vein. The patient was prescribed elastic compression and scheduled for regular clinical follow-ups.

Conclusion:

Although Klippel-Trenaunay syndrome (KTS) is commonly defined by a the classic triad described above, this triad is present in only about 30% of cases. The exact etiology of KTS remains unknown, and no sex predilection has been identified. Deep venous abnormalities are often associated with the condition and may complicate its clinical presentation. Diagnostic evaluation typically involves non-invasive imaging techniques, such as Doppler ultrasound, standard radiography, and magnetic resonance imaging (MRI), to assess vascular and skeletal involvement. Given the complexity of KTS, early and multidisciplinary management is crucial, including venous compression therapy and orthopedic interventions for limb length discrepancies, to optimize functional outcomes and improve the patient's quality of life.





Abstract N°: 5592

Macular lymphocytic arteritis: a distinct entity or atypical presentation of other vasculitides?

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Introduction & Objectives:

Macular lymphocytic arteritis (MLA) is a recently described medium-vessel vasculitis. The incongruence between its clinical presentation mainly of hyperpigmented macules and histopathological characteristic of lymphocytic arteritis with intraluminal hyalinized fibrin ring is a source of controversy as to whether it belongs to a continuum of vasculitides or it is a distinct disease. Most reports describe indolent progression with overall no systemic involvement, albeit the lesions tend in most cases to persist which challenges practitioners in the absence of therapeutic consensus.

Materials & Methods:

A 48 years-old otherwise healthy Mediterranean female presented with 16 months history of macular livedoid lesions in both upper limbs associated with polyarthralgia. Prior to consulting to our unit, she received a first biopsy with histopathology suggestive of pseudo-lymphoma. Angiotensin converting enzyme testing returned positive which raised a possible diagnosis of sarcoidosis however CT Chest HR was negative. The patient then received 7 months of glucocorticoids with no improvement and hence referred to tertiary setting.

A second biopsy was performed which was suggestive of macular lymphocytic arteritis. Investigations including ANCA, Anti -MPO, Anti GBM, ANA, Anti CCP returned within normal range.

Results:

The patient was commenced on colchicine and follow up at 6 months showed improvement of macular lesions and polyarthralgia yet the livedoid lesions remained unchanged. Therefore, a decision to stop colchicine and switch to Dapsone was made.

Conclusion:

Since its first description back in 2003, there is still much debate as to whether MLA share the same disease spectrum with cutaneous polyarteritis nodosa and livedoid vasculopathy. Further, cases describing neurological symptoms in MLA draw attention to whether an overlap with neurological vasculitides is possible including Sneddon syndrome.

Taking into account the psychological burden on patients, it is worth establishing a clear guideline to manage this dermatological condition and encourage clinicians to further report cases in an endeavor to understand the clinicopathology of MLA within the spectrum of lymphocytic vasculitides.



Abstract N°: 5614

Diagnostic Approach and Emergency Management of Intraventricular Hemorrhage from Arteriovenous Malformation in a 10-Year-Old Patient

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Introduction & Objectives: Intraventricular hemorrhage (IVH) is a rare and potentially life-threatening condition in pediatric patients, requiring prompt diagnosis and intervention to improve outcomes.

Materials & Methods: We present a case of a 10-year-old patient who presented to the emergency department with severe headache, vomiting, and loss of sphincter control.

Results: On arrival, the patient showed reduced consciousness and signs of increased intracranial pressure. An immediate non-contrast head CT revealed a massive intraventricular hemorrhage. This was followed by urgent CT angiography (angio-CT), which identified a cerebral arteriovenous malformation as the source of bleeding. The patient was transferred to the interventional radiology suite, where endovascular embolization of the AVM was performed. The procedure successfully halted the hemorrhage.

Conclusion: This case highlights the importance of early recognition of alarming symptoms, prompt neuroimaging, and interdisciplinary collaboration in the successful management of pediatric neurovascular emergencies. Our experience emphasizes the critical role of angio-CT in detecting vascular pathology and informing timely intervention, and underscores the need for rapid decision-making to prevent devastating consequences in such cases.





Abstract N°: 5854

Localized angiokeratomas revealing Fabry disease: a case report confirmed by histology, enzymatic testing, and genetic analysis

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Introduction & Objectives:

Fabry disease is a rare X-linked lysosomal storage disorder caused by deficiency of α -galactosidase A, leading to systemic accumulation of glycosphingolipids. Dermatological manifestations, particularly angiokeratomas, often provide early diagnostic clues. We aim to present a case of localized angiokeratomas in an adolescent male, leading to the diagnosis of Fabry disease confirmed by histological, enzymatic, and genetic studies.

Materials & Methods:

An 18-year-old man presented with a localized cluster of asymptomatic red papules on the lateral trunk. Dermatological examination revealed grouped erythematous papules forming a plaque measuring approximately 10 × 15 cm with an irregular surface. Family history was notable for a similar lesion in the patient's mother. Since the age of 15, the patient had experienced intermittent abdominal pain and diarrhea, previously diagnosed as irritable bowel syndrome (IBS). No renal or cardiac symptoms were reported. Renal (urinalysis, renal ultrasound) and cardiac evaluations (ECG, echocardiography) showed no abnormalities. Skin biopsy was performed. Histopathological analysis included standard hematoxylin and eosin staining. Genetic testing of the GLA gene was conducted via DNA sequencing. Enzymatic assay for α -galactosidase A activity was performed.

Results:

Histopathology showed massive hyperkeratosis, accumulation of keratin within epithelial invaginations, thinning and irregularity of the spinous layer, and thin, partially anastomosing rete ridges. Markedly dilated blood vessels filled with erythrocytes were observed in the upper dermis, consistent with angiokeratoma. Genetic analysis revealed a pathogenic mutation in the GLA gene. Enzymatic testing demonstrated severely reduced α -galactosidase A activity (<1 nmol/h/mg). Based on these findings, enzyme replacement therapy with recombinant α -galactosidase A was recommended to the patient. Given the positive family history, genetic testing for GLA mutations was recommended to the patient's mother.

Conclusion:

Localized angiokeratomas can serve as an early and sometimes isolated dermatological manifestation of Fabry disease. Prompt recognition and appropriate histological, biochemical, and genetic investigations are crucial for early diagnosis, family screening, and initiation of enzyme replacement therapy to prevent systemic complications.



**Abstract N°: 6101****Bean Syndrome: A Dermatological Entity Not to Be Overlooked**

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Introduction & Objectives:

Bean syndrome, also known as blue rubber bleb nevus syndrome (BRBNS), is a rare vascular disorder first described in 1860, and later clinically characterized by Bean in 1958. It primarily manifests as venous malformations of the skin and internal organs, especially within the gastrointestinal tract. Cutaneous lesions, which are easily visible and accessible to clinical examination, play a central role in the diagnosis of this rare condition, often serving as a gateway to the identification of potentially severe but silent internal involvement.

Case Report:

We report the case of a 44-year-old man with no significant past medical history who presented with diffuse cutaneous lesions evolving over several years. Clinical examination revealed multiple bluish to violaceous, soft, compressible swellings, sometimes tender on palpation, ranging in size from a few millimeters to 6 cm. These lesions were scattered across the entire body: face, scalp, neck, chest, abdomen, back, and upper and lower limbs. They showed no signs of inflammation or infection, and some were pulsatile depending on their size and location. The patient noted that the lesions were stable over time, with occasional episodes of minor spontaneous or post-traumatic bleeding. Their clinical appearance—compared by Bean to “blue rubber nipples”—is highly suggestive of the syndrome.

To investigate potential gastrointestinal involvement, the patient underwent a rectosigmoidoscopy, which revealed grade II internal hemorrhoids with red signs and a flat vascular lesion located 10 cm from the anal margin, without evidence of recent bleeding. Total colonoscopy, upper endoscopy, and abdominal imaging showed no additional abnormalities. An echocardiogram, performed due to intermittent NYHA class II dyspnea, revealed a severe mitral valve insufficiency, leading to valve replacement with a mechanical prosthesis. A craniofacial MR angiography conducted as part of the evaluation for venous malformations identified multiple nodular venous formations in the bilateral temporal and parietal scalp regions, as well as in the pharyngeal area.

Conclusion

Cutaneous lesions in Bean syndrome are far more than secondary signs; they represent a key diagnostic element readily accessible to clinical examination. Early recognition can guide clinicians toward an accurate diagnosis, enable appropriate management, and, most importantly, help detect silent but potentially severe visceral involvement. This clinical case highlights the importance of thorough dermatological examination in the presence of vascular malformations and reinforces the notion that the skin can reflect rare but serious systemic diseases.





Abstract N°: 6302

A Case of Cabozantinib-Associated Leukocytoclastic Vasculitis in Metastatic Renal Cell Carcinoma

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Introduction & Objectives:

Cabozantinib is a tyrosine kinase inhibitor (TKI) used in the treatment of advanced/metastatic renal cell carcinoma and medullary thyroid carcinoma. It targets multiple tyrosine kinases, most notably c-MET (hepatocyte growth factor receptor) and VEGFR2 (vascular endothelial growth factor receptor). Over 70% of patients experience cutaneous adverse reactions, including hand-foot skin reaction, xerosis, depigmentation, scrotal irritation, and splinter hemorrhages. Several TKIs—such as erlotinib, osimertinib, cabozantinib, and gefitinib— have been implicated in the development of cutaneous vasculitis. In this report, we describe a case of drug-induced leukocytoclastic vasculitis that occurred during cabozantinib therapy, aiming to underscore the potential dermatologic adverse effects associated with tyrosine kinase inhibitors.

Materials & Methods:

A 51-year-old female patient had undergone nephrectomy ten months prior due to renal cell carcinoma. Postoperative positron emission tomography (PET) revealed a suspicious lesion in the brain, and oral cabozantinib therapy was started at a dose 60 mg/day. The patient had no known comorbidities and was not receiving any concurrent medications. Within the first month of treatment, she developed multiple ulcerated lesions—up to 6×8 cm in size —located on the medial, lateral, and posterior aspects of both thighs. These lesions exhibited erythematous bases with yellow hyperkeratotic crusts and purulent discharge. Laboratory tests revealed an elevated C-reactive protein level of 12 mg/L and a white blood cell count of $4.52 \times 10^9/L$. Empirical treatment was initiated with oral amoxicillin-clavulanate (1000 mg BID), ciprofloxacin (500 mg BID), and topical *Triticum vulgare* cream (BID) was initiated. On follow-up, crust formation had diminished; however, the superficial ulcerations persisted.

Results:

A skin biopsy was performed based on a preliminary differential diagnosis that included pyoderma gangrenosum, leukocytoclastic vasculitis, deep fungal infection, pagetoid reticulosis, and cutaneous tuberculosis. Histopathological examination revealed findings consistent with drug-induced leukocytoclastic vasculitis. Consequently, cabozantinib therapy was discontinued by the oncology team and replaced with an alternative agent. The patient was subsequently started on colchicine (1 mg BID) and topical betamethasone dipropionate (once Daily), resulting in marked clinical improvement of the cutaneous lesions.

Conclusion: Cutaneous adverse effects are not uncommon with TKI therapies; however, cases of cabozantinib-associated leukocytoclastic vasculitis have been rarely reported in the literature and may present with a severe clinical course. The underlying pathogenesis of TKI-induced leukocytoclastic vasculitis remains incompletely understood, though dose-dependent mechanism has been proposed. Potential explanations include direct vascular effects resulting from VEGF inhibition, immune complex deposition, or a paraneoplastic phenomenon triggered by tumor derived by neoantigens during therapy. As the use of novel anticancer agents continues to expand, reports of associated cutaneous toxicities are becoming increasingly prevalent. Therefore, comprehensive dermatologic evaluation and close monitoring during and after TKI therapy should be regarded as integral

components of patient management.

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Abstract N°: 6317

The disappearing forearm nodule : a rare case of basilic vein aneurysm

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Introduction & Objectives:

Superficial venous aneurysms (SVAs) are rare, benign vascular anomalies most frequently reported in the lower limbs. Involvement of the upper limb, particularly the forearm, is exceptional and often underrecognized. Due to their atypical location and benign course, these lesions may be misdiagnosed as lipomas, dermatofibromas, or vascular tumors. We report a diagnostically challenging case of a basilic vein aneurysm of the forearm, highlighting key clinical and imaging features that help distinguish it from more common dermal or subcutaneous nodules.

Materials & Methods:

A 30-year-old patient presented with a single, asymptomatic mass located on the inner aspect of the right forearm. The lesion had been present for approximately 10 years without any notable change over time. The patient reported a transient increase in size during physical activity or when the arm was dependent. On clinical examination, it appeared as a soft, bluish, compressible subcutaneous nodule, approximately 2 cm in diameter, mobile over underlying structures, non-pulsatile, and reduced in size upon elevation. Dermoscopy showed a homogeneous purplish area without pigment network. Duplex ultrasound demonstrated a well-defined, compressible venous dilatation exhibiting slow, monophasic venous flow, without thrombus, arteriovenous communication, or deep venous involvement.

Results:

The diagnosis of a superficial venous aneurysm of the basilic vein was established based on clinical and ultrasound findings. Given the lesion's long-standing stability, absence of symptoms, and lack of thrombosis, a conservative management strategy was adopted. The patient underwent regular clinical and ultrasound monitoring, with no progression or complications observed during a 24-month follow-up.

Conclusion:

Superficial venous aneurysms, though rare in the upper limbs, should be considered in the differential diagnosis of compressible bluish subcutaneous masses. Their positional variability and distinctive Doppler features are key diagnostic clues. Duplex ultrasound is the investigation of choice for confirming the diagnosis and ruling out common mimickers such as lipomas. In asymptomatic, stable cases, observation is a safe and appropriate management strategy. Greater awareness of this entity may help avoid unnecessary interventions and improve patient care.





Abstract N°: 6373

Hemangioma of Minimal or Arrested Growth. Cases Series.

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Introduction & Objectives:

Infantile hemangiomas are considered the most common tumor in infancy, usually absent at birth and may appear in the first weeks of life. Infantile hemangiomas with minimal or arrested growth (IH MAG) has been established as a subtype of superficial infantile hemangioma (IH) due to positive glucose transporter-1 staining on histopathology. It is characterized by a proliferative component of <25% of its total surface area in a patient 2 months or greater in age, a feature that differentiates IH MAG from conventional IH. They have been classified as focal or localized, segmental, and indeterminate. The most frequently reported complication is ulceration in 9-23% of published patients.

To evaluate the epidemiological, clinical characteristics, and complications of IH MAG in our pediatric population over a 14-year period.

Materials & Methods:

Between 2010 and 2024, we conducted a search for medical records of patients under 1 year old diagnosed with IH MAG in our Pediatric Dermatology Department.

Results:

We evaluated 18 patients diagnosed with IH MAG, 13 females and 5 males (ratio 2:1). All patients were of Caucasian race. The age at the time of consultation ranged from 15 days to 6 months (mean 3.3 months). Regarding morphology, there was a predominance of the localized type. In terms of location, it was divided into two body segments: upper and lower. Twelve cases were found as unique lesions in the upper segment (arm, elbow, pectoral, and shoulder) and 6 in the lower segment (lumbosacral, gluteal, and leg), with 2 children presenting 2 lesions each. Dermoscopy revealed multiple fine or thick telangiectasias grouped with anemic macules forming a reticular network. Regarding complications, one male patient presented ulceration in the right gluteal area and was treated with propranolol.

Conclusion:

Recognizing this uncommon form of IH is important; it sometimes needs to be differentiated from vascular malformations. Dermoscopy is a useful tool for evaluating these patients.





Abstract N°: 6476

Efficacy of sirolimus in blue rubber bleb nevus syndrome

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Introduction & Objectives:

Blue rubber bleb nevus syndrome (BRBNS), also known as Bean syndrome, is characterized by multiple multifocal venous malformations, primarily affecting the skin and gastrointestinal tract. We report a case with exclusively cutaneous localization treated with sirolimus.

Materials & Methods:

A 16-year-old patient, born from a first-degree consanguineous marriage, was hospitalized for multiple cutaneous angiomatous masses present since the age of 11. No gastrointestinal bleeding or dyspnea was reported. On clinical examination, multiple bluish nodules were noted on the lower extremities, on the posterior surface of the right ear lobe and on the hands. They appeared as soft, rubbery nodules of various sizes (from 5 mm to 40 mm), painless on palpation, compressible, no warmer than normal skin and without thrills on auscultation. The remainder of the clinical examination was unremarkable.

Results:

Laboratory tests showed normal hemoglobin and serum iron levels. The thoracoabdominal CT angiography, and brain MRI were normal. Based on the clinical data and investigations performed, a diagnosis of BRBNS was made and treatment was started with oral sirolimus at a dose of 1.6 mg/m² per day in two doses, with regular plasma monitoring. The therapy induced a slight improvement in the skin lesions and was well tolerated.

Conclusion:

The current report confirms the efficacy and safety of sirolimus in the treatment of BRBNS, but further prospective studies are needed to evaluate the long-term efficacy of this drug.





Abstract N°: 6572

Pulsatile Scalp Mass After Trauma: Ultrasound-Guided Diagnosis and Combined Treatment of a Temporal Artery Pseudoaneurysm in a 90-Year-Old Patient

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Introduction and Objectives: Temporal artery pseudoaneurysm is a rare and likely underdiagnosed condition, with limited representation in the literature. It typically arises from disruption of the arterial wall and should be suspected in the presence of a pulsatile mass, particularly in patients with a history of cranial trauma.

Materials and Methods: We present the clinical case of a patient with a temporal artery pseudoaneurysm in which cutaneous ultrasound was key to the diagnosis. Treatment involved ultrasound-guided percutaneous thrombin injection, followed by surgical excision and ligation of the involved vessels.

Results: A 90-year-old woman with a history of atrial fibrillation on Rivaroxaban was hospitalized for a femur fracture. Dermatology was consulted for an asymptomatic lesion in the right frontal region that had developed over the previous month following trauma. On physical examination, a pulsatile, compressible, well-defined, non-tender mass of approximately 2 cm was observed. Cutaneous ultrasound revealed turbulent flow with a “to-and-fro” waveform and the characteristic Yin-Yang sign on colour Doppler, consistent with pseudoaneurysm. A percutaneous thrombin embolization was performed, followed by ligation of the afferent and efferent vessels and surgical excision, with a favourable outcome.

Conclusions: Although rare, temporal artery pseudoaneurysm should be considered in the differential diagnosis of pulsatile masses in the temporal region, particularly following trauma. Doppler ultrasound plays a key role in its identification, revealing pathognomonic findings such as the Yin-Yang sign. Treatment options range from conservative measures to invasive approaches such as embolization and surgical excision. In this case, the combination of percutaneous thrombin injection and surgery proved effective, representing a rarely documented strategy in the literature.





Abstract N°: 6593

Comparative Efficacy of 1% Timolol in Treating Infantile Hemangiomas with Deep Growth Tendencies: Topical Application vs. Occlusive Compresses

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Introduction & Objectives:

Infantile hemangiomas (IHs) with subcutaneous components often exhibit suboptimal responses to conventional topical therapy. Enhancing the transdermal delivery of beta-blockers may improve outcomes in such cases. This study compares the therapeutic efficacy of 1% timolol solution delivered via two methods-standard topical application versus occlusive compresses-in managing IHs with endophytic growth.

Materials & Methods:

Among 347 treated IHs, 112 lesions measuring ≤ 5 cm in diameter and showing notable subcutaneous extension were included in the analysis. Initial therapy involved direct topical application of 1% timolol solution, administered 2-3 times daily over 2-4 weeks. In cases with no clinical improvement, treatment was transitioned to occlusive compresses: a cotton pad soaked in the solution was applied three times daily for 2-3 hours per session at 8-hour intervals. The compresses were sealed with an occlusive film to induce a "greenhouse effect," enhancing skin hydration and temperature to facilitate deeper drug penetration. Follow-up was conducted via Doppler ultrasonography or photographic documentation, particularly among remote telemedicine patients. All patients began treatment between 2 and 6 months of age. Topical therapy was chosen for patients whose caregivers declined systemic beta-blocker administration.

Results:

Direct topical application resulted in limited improvement in IHs with deeper dermal or subcutaneous involvement. After switching to the occlusive method, 73% of patients experienced complete or near-complete regression within 8-10 months. The occlusive technique demonstrated superior efficacy and was well tolerated across the cohort. Improved outcomes are attributed to enhanced percutaneous absorption under occlusion.

Conclusion:

Occlusive compresses with 1% timolol represent a more effective, non-invasive treatment option for subcutaneous IHs compared to conventional application. The occlusion-enhanced transdermal drug delivery offers a significant therapeutic advantage, particularly when systemic beta-blockers are contraindicated or declined.



**Abstract N°: 6621****Multifocal eruptive pyogenic granulomas treated by sirolimus : about 2 cases.**

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Introduction & Objectives:

Multifocal eruptive pyogenic granulomas (MEPGs) often pose major therapeutic challenges, particularly in the case of multiple visceral sites, but also in the case of display lesions. We report 2 cases of disseminated or clustered MEPGs to highlight the value of sirolimus in MEPGs.

Materials & Methods:

We report 2 cases of disseminated or clustered MEPGs treated by sirolimus.

Results:

The first patient developed disseminated MEPGs at the age of 18 months in the context of idiopathic neutropenia (TCIRG1 mutation) and was treated with GCSF for 1 month. Surgery / laser / electrocoagulation were unsatisfactory and beta-blockers were ineffective. The lesions blossomed at puberty with a high demand for treatment. Sirolimus (2mg/d) prevented the appearance of new lesions and allowed rapid clearing and decrease of pre-existing PGs. Molecular studies are negative.

The second child had a centropacial congenital angiomatic macula suggestive of a port-wine stain (with no radiological evidence to confirm the diagnosis of arteriovenous malformation), which developed clustered MEPGs from the first year of life, requiring 8 repeated operations. Oral beta-blockers were also ineffective. A 1% sirolimus PMR allowed a clear regression in the kinetics of MEPG development. A HRAS p.(Ala59delinsLeuAspThr) variant was identified in 18,0% of reads in DNA extracted from the PG. Somatic mutation tests for RASA1 and EPHB4 were

negative.

Discussion:

MEPGs can occur spontaneously or be favoured by certain conditions (pregnancy/immunosuppression). Others are induced by treatments such as growth factors, like our 1st patient. Some appear on damaged skin or vascular malformations, like our 2nd patient. Some MEPGs may be associated with mutations in the Ras/Raf/MAPK and PI3K/Akt/mTOR pathways. A better understanding of the pathophysiology would allow a more effective therapeutic approach. If we focus on our cases, in our first case no mutation was found, so PGs could be an immune reaction, manifestation of neutropenia. In our second case, there is a constitutional mutation that could be the target of an anti-MEK (analysis obtained after the start of sirolimus).

The variable efficacy of beta-blockers may be explained by their vasoconstrictive effect, reduced release of pro-angiogenic factors and apoptosis of endothelial cells. Sirolimus, an inhibitor of the mTOR pathway, has shown efficacy in some patients, probably due to its anti-angiogenic effect. However, we believe that it is essential to explore the genetic profile of these vascular tumours before discussing the possibility of targeted therapy either systemically or topically.

Conclusion:

These two observations suggest the efficacy and safety of sirolimus in the treatment of MEPGs. Molecular analysis of these lesions will allow genotype-guided medical treatment.

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Abstract N°: 6663

Macular Arteritis: Report of Two Paediatric Cases

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Introduction & Objectives:

Macular arteritis (MA) is a rare lymphocytic arteritis affecting small- and medium-sized arteries in the deep dermis and dermo-hypodermal junction. First described by Fein et al. in 2003, it typically presents in middle-aged women as asymptomatic, hyperpigmented macules with a reticular or vascular branching pattern, mainly on the lower extremities. Histologically, MA is characterized by lymphocytic arteritis with endothelial swelling, fibrin deposition, and concentric luminal narrowing. Although some authors propose that MA represents a chronic, indolent form of cutaneous polyarteritis nodosa (cPAN), it is considered a benign, self-limited condition without systemic involvement. Paediatric cases are exceptionally rare, with only two previously reported cases in the literature.

Materials & Methods:

We present two additional paediatric cases of MA. The first case involves a 12-year-old girl with a two-year history of slowly progressive, asymptomatic pigmented lesions on the lower limbs. Physical examination revealed patchy hyperpigmented macules with a branched vascular pattern, more evident in upright position. Histopathology showed medium-sized arterial vessels in the deep dermis and hypodermis with fibrinoid necrosis, perivascular lymphoplasmacytic infiltrate with eosinophils and no neutrophils. Laboratory evaluation including serology, autoimmunity and coagulation studies was unremarkable. She remains asymptomatic and stable after one year of follow-up.

The second case describes an 8-year-old healthy girl with a four-month history of reddish-brown macules in a retiform pattern on her legs and thighs. Some lesions were subtly palpable, without associated systemic symptoms. Skin biopsy revealed lymphocytic arteritis of dermo-hypodermal arterioles with fibrin deposition and partial luminal occlusion. Laboratory tests including hematologic, infectious and autoimmune work-up were normal. After seven years of follow-up, the patient remains in good general health with stable skin lesions.

Conclusion:

These two cases expand the limited paediatric literature on MA, reinforcing its characterization as a distinct, self-limited vasculitis with a chronic cutaneous course and no systemic progression. Given the subtlety of clinical signs and the rarity of the condition in children, dermatologists should maintain a high index of suspicion when evaluating reticulated, pigmented macules of the lower extremities. Early recognition and biopsy are key to establishing the diagnosis and avoiding unnecessary investigations or aggressive treatments.





Abstract N°: 6812

A Novel Classification of Infantile Hemangioma Growth Patterns and Its Clinical Implications for Tailored Topical Timolol Therapy

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Introduction & Objectives:

The traditional classification of infantile hemangiomas (IHs) into superficial, deep, and mixed types may not fully reflect the spectrum of clinical presentations. A fourth subtype—the peripheral growth pattern, characterized by horizontal surface expansion without significant elevation or subcutaneous involvement, was identified through clinical observation. This study aimed to evaluate the therapeutic value of a four-pattern classification system in guiding individualized, growth-pattern-specific topical beta-blocker therapy.

Materials & Methods:

Among 347 IHs, lesions were categorized into four morphological subtypes:

- Endophytic (n = 112)
- Exophytic (n = 84)
- Peripheral (n = 76)
- Mixed (n = 75)

Treatment regimens were tailored accordingly:

- Peripheral IHs: 1% timolol applied topically 2-3 times daily; 98% showed complete regression within 6-10 months.
- Endophytic IHs: occlusive compresses with timolol three times daily (2-3 hours per session); 85% achieved successful outcomes within 10-12 months.
- Exophytic IHs: combination of occlusive compresses (twice daily) with interim topical application; 94% success within 8-12 months.
- Mixed IHs: same combined approach; 92% success within 10-14 months.

Treatment was initiated between 2 and 6 months of age. Duration varied depending on lesion type and individual response. Follow-up was conducted via Doppler ultrasonography or standardized photographic documentation, including 62% of patients managed remotely via telemedicine. Topical therapy was selected when systemic beta-blockers were contraindicated or declined due to parental preference.

Results:

The revised classification enabled more precise therapy matching. Each morphological subtype demonstrated optimal response to a specific treatment protocol. Recognizing the peripheral growth pattern as a distinct category allowed for improved outcome prediction and personalized management, reducing the need for systemic therapy.

Conclusion:

Expanding the conventional IH classification to include the peripheral subtype enhances clinical decision-making and facilitates more targeted, non-invasive treatment strategies. This four-pattern approach supports individualized care and is particularly advantageous in outpatient and remote care settings.

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Abstract N°: 6879

From Skin to Brain: A Complete Form of Sturge-Weber Syndrom, Case Report and Review of Diagnostic Challenges

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Introduction & Objectives:

Sturge-Weber syndrome (SWS) is a rare neurocutaneous phacomatosis caused by a somatic postzygotic mutation in the *GNAQ* gene, leading to vascular malformations during embryogenesis. It is classically defined by a triad: a congenital facial capillary malformation (port-wine stain), ipsilateral leptomeningeal angioma, and ocular involvement, most notably glaucoma. Neurological involvement, particularly epilepsy and neurodevelopmental delay, determines the prognosis. We report the case of a 3-year-old girl presenting with clinical features suggestive of SWS.

Materials & Methods:

A.C., a 3-year-old girl, the eldest of two siblings, with no significant medical or surgical history, was born at term after an uneventful pregnancy and vaginal delivery. Her birth weight was 3.5 kg, and no neonatal complications were reported. She is vaccinated according to the national immunization schedule.

Since birth, a unilateral erythematous patch on the left side of the face had been noted, progressively increasing in size. On examination, it measured approximately 10 cm in length, was well-demarcated, non-infiltrated, involving the V1 and V2 branches of the left trigeminal nerve, and blanched under pressure.

Psychomotor development was globally delayed, with motor and language milestones below expected levels for age. Neurological examination revealed neurodevelopmental delay without overt sensorimotor deficits.

Electroencephalography (EEG) showed abnormal activity predominantly in the left temporoparietal region, and brain MRI revealed left occipital cortical atrophy, serpiginous leptomeningeal enhancement, and ipsilateral choroid plexus hypertrophy, consistent with leptomeningeal angioma. These findings are characteristic of Sturge-Weber syndrome.

Results:

The diagnosis of SWS relies on clinical findings and imaging, particularly brain MRI, which typically shows cortical atrophy, pial enhancement, and vascular malformations. Neurological manifestations, especially epilepsy and cognitive impairment, occur in more than 75% of patients. EEG is helpful in identifying epileptogenic foci even in the absence of clinical seizures.

According to the classification by Roch et al., three subtypes of SWS are described:

- **Type 1:** facial angioma with neurological and ophthalmologic involvement (classic form)
- **Type 2:** isolated facial angioma
- **Type 3:** isolated leptomeningeal angioma without cutaneous manifestations

Our patient presents with **Type 1 SWS**, confirmed by the clinical triad and characteristic EEG and MRI findings.

Management is mainly symptomatic:

- Antiepileptic treatment is considered in the event of seizures
- Regular ophthalmologic follow-up is essential to screen for glaucoma
- The facial lesion can be treated with topical (timolol) and systemic (oral propranolol) beta-blockers, as initiated in this case

Conclusion:

This case illustrates a complete form of Sturge-Weber syndrome in a 3-year-old child, revealed by a facial angioma, neurodevelopmental delay, and supportive neuroimaging findings. Diagnosis is based on clinical and imaging features, and management requires regular multidisciplinary follow-up involving neurology, dermatology, and ophthalmology to detect and address potential long-term complications.

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Abstract N°: 6997

Topical Salt Therapy for Pyogenic Granulomas: A Case Series Evaluating Efficacy and Practical Application

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Introduction & Objectives:

Pyogenic granuloma (PG), a benign vascular proliferation, commonly presents as a rapidly enlarging friable, bleeding lesion requiring curettage and cautery. This involves local anaesthetic and may not be tolerable for paediatric or needle phobic patients. Emerging evidence shows salt (sodium chloride) therapy as a low-cost, accessible alternative, leveraging hyperosmolar desiccation to induce lesion regression. This study evaluates topical salt therapy in a UK-based cohort.

Materials & Methods:

Twelve patients (58% male; age range 10–59 years) with PG lesions on digit (n=4), face (n=3), neck (n=2), trunk (n=3) were prospectively enrolled. Lesions were treated with daily topical application of common salt, following a protocol of white soft paraffin/ petroleum jelly to perilesional skin, salt applied directly to PG, and occlusion with a sterile dressing. Patients were reviewed weekly for up to four weeks; curettage and cautery were performed if resolution was incomplete by the time of minor procedure intervention, average waiting time of 3 weeks. Outcomes included lesion size reduction, time to resolution, and need for adjunctive procedures.

Results:

Complete resolution occurred in 9 patients with >50% reduction in size and symptoms in all cases. 3 patients exhibited partial regression by day 28, necessitating curettage and cautery. No recurrences were observed during a six-month follow-up. Mild, transient stinging during salt application and mild irritation to surrounding skin were reported but did not disrupt compliance.

Conclusion:

This case series supports salt therapy as a first-line intervention for PG, particularly in anatomically sensitive or paediatric cases, aligning with prior studies demonstrating >90% efficacy. The mechanism of osmotic dehydration and vascular collapse avoids scarring and invasive surgical procedures. The delayed resolution in some lesions may reflect other factors, warranting tailored protocols. Its cost-effectiveness and simplicity enhance feasibility in primary care and community settings.

Topical salt therapy offers a safe, effective alternative for PG management, particularly in resource-limited settings or for patients averse to invasive procedures.





Abstract N°: 6998

Pyogenic granuloma of the scalp: An uncommon localization with significant cosmetic impact

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Introduction & Objectives:

Pyogenic granuloma (PG), also known as lobular capillary hemangioma or botryomycoma, is a benign vascular tumor of the superficial dermis. It typically arises in response to local trauma, chronic irritation, or hormonal influences. PG most commonly affects the extremities and mucosal surfaces, while its occurrence on the scalp remains exceptionally rare. Despite its benign nature, PG is characterized by rapid growth, frequent bleeding, and a tendency to ulcerate. These features can result in considerable functional and cosmetic impairment, particularly when the lesion is located in visible or exposed areas. We report an unusual case of a large scalp pyogenic granuloma, a rare localization with a significant aesthetic impact

Materials & Methods:

Results:

Case presentation:

A 17-year-old adolescent with no significant medical history presented with a progressively enlarging scalp mass evolving over the course of three months. The lesion developed following minor trauma and gradually increased in size, resulting in recurrent episodes of bleeding and local irritation. Clinical examination revealed a pedunculated, erythematous nodule measuring approximately 5 cm in diameter. The lesion had a soft consistency, bled easily upon contact, and was partially covered with a yellowish crust. Dermoscopic evaluation demonstrated red areas separated by whitish septa, consistent with a vascular lesion. Given the lesion's rapid growth, considerable size, and associated symptoms, complete surgical excision was performed to achieve both functional and cosmetic improvement. Histopathological analysis confirmed the diagnosis of pyogenic granuloma, revealing a lobulated vascular proliferation composed of irregularly shaped capillaries within a loosely arranged, sparsely cellular connective tissue stroma. These features were consistent with a diagnosis of botryomycoma (pyogenic granuloma), with no evidence of malignancy.

Conclusion:

First described by Poncet and Dor in 1897, pyogenic granuloma (PG) is a lobular capillary hemangioma that typically affects children and young adults. It commonly presents as a rapidly growing, friable, erythematous mass with a marked tendency to bleed. Although PG most often involves the fingers, face, and mucous membranes, scalp involvement is rare. The etiology is multifactorial, with local trauma, hormonal influences, and chronic irritation considered major triggers. Despite its distinctive clinical appearance, differential diagnoses such as amelanotic melanoma, Kaposi sarcoma, and angiosarcoma must be excluded through histopathological examination. Various treatment options exist, ranging from conservative to minimally invasive techniques; however, these are often associated with a higher risk of recurrence, particularly in large or symptomatic lesions. In our case, surgical excision proved effective, offering both curative and cosmetic benefits. This case underlines the importance of early recognition and histological confirmation of PG in atypical locations to ensure appropriate

management and favorable

outcomes.

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Abstract N°: 7373

A case report of severe bilateral lipodermatosclerosis misdiagnosed as cellulitis

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Introduction & Objectives: Lipodermatosclerosis (LDS) is a chronic inflammatory condition of the lower extremities often associated with chronic venous insufficiency. Despite its characteristic clinical presentation, it is frequently misdiagnosed—particularly as cellulitis—leading to repeated, ineffective antibiotic treatments. This report aims to highlight a severe case of bilateral LDS in a patient with long-standing venous insufficiency, misdiagnosed for months as recurrent cellulitis.

Materials & Methods: A 49-year-old man with a 7-year history of venous insufficiency presented with persistent bilateral lower limb pain and skin changes over five months. Despite multiple consultations and courses of antibiotics, there was no clinical improvement. On examination, the lower limbs displayed hyperpigmentation, edema, and firm skin induration. Histological analysis of a skin biopsy revealed deep dermal fibrosis extending into subcutaneous tissue, confirming the diagnosis of chronic LDS. Management included topical corticosteroids, elastic compression therapy, and lifestyle measures targeting venous insufficiency.

Results: Initial misdiagnosis as cellulitis led to multiple rounds of unnecessary antibiotics without symptom relief. Once correctly identified as LDS, the introduction of compression therapy, topical corticosteroids, and supportive measures resulted in stabilization of the condition and improvement in patient comfort.

Conclusion: This case underscores the critical need for clinical awareness of LDS in patients with chronic venous disease. Misdiagnosis can lead to prolonged suffering and inappropriate treatments. Early recognition and proper management not only avoid unnecessary antibiotic use but also significantly improve patient outcomes through targeted therapy.





Abstract N°: 7677

Cutaneous Leukocytoclastic Vasculitis in a Patient Co-Infected with HIV and Hepatitis B

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Introduction & Objectives:

Cutaneous leukocytoclastic vasculitis (CLV) is a rare small-vessel vasculitis characterized by immune complex deposition, typically manifesting as palpable purpura. Management becomes particularly challenging in immunocompromised individuals, such as those living with HIV. This report aims to present a complex case of recurrent CLV in an HIV-positive patient, highlighting diagnostic challenges and the therapeutic potential of monoclonal antibody therapy and plasma exchange.

Materials & Methods:

We report the case of a 53-year-old male with well-controlled HIV on antiretroviral therapy, presenting with a five-year history of recurrent purpura, petechiae, and erythematous plaques predominantly affecting the lower extremities, occasionally extending to the abdomen. The patient also reported fatigue, paresthesia, and intense pain in the extremities, which were exacerbated by cold exposure and prolonged standing, and alleviated by warmth and rest. Laboratory evaluation revealed hepatitis B seroconversion. Repeated tests for cryoglobulins and cold agglutinins were negative. An initial skin biopsy revealed nonspecific perivascular inflammation. Treatment with corticosteroids resulted in partial relief, but symptoms relapsed upon tapering. Immunosuppressive agents such as azathioprine and hydroxychloroquine were either poorly tolerated or ineffective. A subsequent biopsy confirmed leukocytoclastic vasculitis with neutrophilic infiltration and vascular wall damage. The patient then underwent therapeutic plasma exchange followed by rituximab and intravenous immunoglobulin (IVIG).

Results: While corticosteroids provided temporary symptom control, relapses occurred during dose tapering. Immunosuppressive agents failed to provide sustained benefit or were discontinued due to adverse effects. Histopathological confirmation of CLV led to the initiation of plasma exchange, rituximab, and IVIG, which resulted in substantial clinical improvement. The patient has remained stable with maintenance therapy consisting of rituximab and plasma exchange every six months, with no significant disease flares to date.

Conclusion: This case illustrates the diagnostic complexity and therapeutic challenges of CLV in immunocompromised hosts. Negative cryoglobulin results and atypical clinical features delayed diagnosis, emphasizing the need for repeated biopsy and comprehensive evaluation. The marked and sustained response to rituximab and plasma exchange suggests that this combined approach may be effective in managing refractory CLV, particularly in patients with underlying immunosuppression.





Abstract N°: 7695

Acquired Umbilical Lymphangioma Circumscriptum: Clinical Features and Diagnostic Methods

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Introduction & Objectives:

Lymphangiomas are benign lymphatic malformations classified into cystic, capillary, and cavernous types, with cutaneous lymphangioma circumscriptum (CLC) being the most common cutaneous variant. Although typically congenital, CLC can also present in an acquired form secondary to trauma, surgery, infection, or radiation-induced lymphatic obstruction. Umbilical involvement is exceedingly rare and poses significant diagnostic challenges. This case aims to highlight the clinical, dermoscopic, and histopathologic features of acquired umbilical CLC and to reinforce the value of a multimodal diagnostic approach.

Materials & Methods:

We describe the case of a 32-year-old woman with a four-year history of asymptomatic but intensely pruritic vesicles located on the umbilicus and extending to the periumbilical area. She had previously been misdiagnosed with molluscum contagiosum and treated with cryotherapy and topical agents, without sustained improvement. Physical examination revealed multiple translucent vesicles filled with serous fluid. Dermoscopy showed well-demarcated, round, yellowish-white lacunae — some containing clear fluid, others blood — separated by pale, scaly septa. Wood's lamp examination revealed distinct fluorescence patterns: darker for blood, lighter for lymphatic fluid, and brighter for keratin. High-resolution Doppler ultrasound demonstrated subepidermal cystic lesions up to 0.4 cm in diameter, with no subcutaneous involvement. A skin biopsy was subsequently performed.

Results: Histopathologic examination confirmed the diagnosis of lymphangioma circumscriptum, showing dilated, thin-walled lymphatic vessels within the papillary dermis. The combination of clinical, dermoscopic, Wood's lamp, and ultrasonographic findings allowed for a precise and minimally invasive diagnosis. No prior history of surgery, trauma, or infection was identified, suggesting a possible idiopathic acquired form.

Conclusion: This case underscores the importance of combining dermoscopy, Wood's lamp examination, and imaging techniques for the accurate diagnosis of rare presentations such as acquired umbilical CLC. Misdiagnosis is common due to clinical similarity with infectious and inflammatory dermatoses. A high index of suspicion and a multimodal diagnostic strategy are essential to avoid unnecessary treatments and ensure appropriate management. Further studies are needed to better understand the etiology and optimal treatment of umbilical lymphangioma circumscriptum.





Abstract N°: 7710

Heat-Triggered Leukocytoclastic Vasculitis: A Case of Seasonal Purpuric Eruption and Diagnostic Challenges

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Introduction & Objectives:

Leukocytoclastic vasculitis (LCV) is a small-vessel inflammatory disease often linked to infections, drugs, or autoimmune processes. While typical presentations include palpable purpura and histopathological findings of neutrophilic infiltration, cases with environmental triggers remain poorly characterized. This poster explores a rare, temperature-dependent LCV variant in a young patient, emphasizing the interplay between external factors and immune dysregulation. The novelty of this case lies in its seasonal recurrence, challenging clinicians to rethink diagnostic and therapeutic approaches.

Materials & Methods:

A 28-year-old male presented with a 4-year history of isolated lower-limb purpuric eruptions, recurring exclusively during warm months and resolving in cold periods. Clinical evaluation ruled out systemic symptoms (fever, arthralgia, organ dysfunction). Laboratory tests (CRP, creatinine, ANA, ANCA, complement levels) were unremarkable. A skin biopsy confirmed LCV, demonstrating neutrophilic debris, fibrinoid necrosis, and perivascular immune deposits.

Results:

The primary differentials include IgA vasculitis, urticarial vasculitis, and cutaneous small-vessel vasculitis. IgA vasculitis was excluded due to the absence of mucosal or renal involvement. Urticarial vasculitis typically features painful, long-lasting wheals, inconsistent with this patient's transient lesions. Heat as a trigger is rarely reported; recent studies propose that elevated temperatures may enhance vascular permeability or immune complex deposition. However, evidence remains anecdotal. Management of idiopathic LCV often involves removing triggers, but this patient's heat dependency suggests cooling strategies as a non-pharmacologic intervention. The lack of response to antihistamines and spontaneous cold-induced resolution supports environmental adaptation over immunosuppression.

Conclusion:

This case underscores the role of environmental heat as a potential catalyst for LCV flares, expanding the etiological spectrum of vasculitis. It highlights the importance of meticulous history-taking, particularly regarding temporal and climatic factors, in idiopathic cases. By linking thermal stress to disease activity, this report advocates for personalized, trigger-avoidance strategies and challenges the traditional reliance on systemic therapies. Future research should investigate thermoregulatory pathways in cutaneous immunity, offering novel targets for intervention.





Abstract N°: 7867

Klippel-Trenaunay syndrome :favorable réponse to Sirolimus

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Introduction

Klippel-Trenaunay syndrome (KTS) is a rare syndromic vascular malformation characterized by the clinical triad of capillary malformations (port-wine stains), low-flow truncal venous and/or lymphatic-venous malformations, and hypertrophy of soft tissues and bones within the affected limb. Conventional treatments such as surgery or sclerotherapy are rarely curative, highlighting the need for novel therapeutic approaches. We report a case of KTS successfully managed with sirolimus.

Case Report A 4-year-old male child with no significant past medical history presented with a congenital capillary malformation, multiple angiokeratomas, varicosities, and soft tissue hypertrophy involving the posterior-lateral aspect of the left thigh and leg, with associated pain. Doppler ultrasound of the affected limb revealed dilated venous and capillary structures, leading to a diagnosis of Klippel-Trenaunay syndrome. A standard radiograph of the limbs was normal. Orthopedic consultation recommended annual radiological follow-up to monitor for potential bone involvement or limb length discrepancy. Treatment with oral sirolimus (0.5 mg/day) was initiated, along with compression therapy, activity restriction, and therapeutic education for the parents. Clinical improvement was observed within the first month, with reduction in vascular symptoms, hypertrophy, and pain

Discussion Klippel-Trenaunay syndrome is a rare congenital disorder believed to result from mesodermal vascular and tissue malformations. While most cases are sporadic, some familial forms have been reported. Recent genetic studies have implicated mosaic activating mutations in the *PIK3CA* gene. The lower limbs are the most commonly affected sites. Diagnosis is primarily clinical, but imaging studies are essential for defining the anatomical and hemodynamic characteristics of the vascular anomalies and identifying complications. Patients are at increased risk for hypercoagulability, deep vein thrombosis, and pulmonary embolism. The syndrome also predisposes to limb circumference and length discrepancies, which may worsen during growth, especially during puberty. Conventional therapies such as surgery and sclerotherapy are often insufficient, emphasizing the potential of targeted therapies, particularly inhibitors of the PI3K/AKT/mTOR pathway. These treatments have shown promise in improving quality of life, reducing hypertrophy, and minimizing the need for surgical intervention. In our case, sirolimus at 0.5 mg/day achieved clinical remission.

Conclusion KTS is a rare vascular malformation that requires early management and regular clinical and imaging follow-up to prevent complications. Sirolimus appears to be an effective and well-tolerated treatment option, offering significant clinical improvement and a promising therapeutic alternative.





Abstract N°: 7999

The efficacy and safety of Beta-Blockers in Infantile Hemangioma: a retrospective cohort study.

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Introduction & Objectives:

Infantile hemangiomas are the most common vascular tumors in infancy. Early initiation of beta-blocker therapy is associated with improved clinical outcomes. However, propranolol is officially approved only from 5 weeks of age, and most guidelines recommend inpatient monitoring for younger infants, which may delay treatment. This study aimed to assess the safety and efficacy of beta-blocker therapy based on the timing of initiation, comparing infants treated before versus after 35 days of age.

Materials & Methods:

A retrospective cohort study was conducted using data from Sheba Medical Center and Soroka University Medical Center, Ichilov medical hospital between 2014 and 2024. Infants were grouped by treatment initiation age: before or after 35 days. Collected variables included sex, hospital site, ethnicity, gestational age, prenatal complications, and hemangioma location. Safety (side effects) and efficacy (clinical response at three follow-up visits) were evaluated. Chi-square tests were used for statistical analysis.

Results:

Of 259 identified cases, 171 met inclusion criteria after excluding cases with missing safety or efficacy data. Side effects occurred in 19.2% of with less than 1% experiencing borderline low blood pressure, with no significant difference between early and late initiation groups ($p = 0.52$). The mean age at initiation was 61.5 days (SD = 50.3), and the average treatment duration was 10.04 months (SD = 8.1). Most hemangiomas were located in the head and neck region (57.5%). No significant differences in treatment response were observed between groups at the first ($p = 0.42$), second ($p = 0.41$), or third ($p = 0.34$) follow-up visits.

Conclusion:

Initiating beta-blocker therapy before or after 35 days of age appears equally safe and effective. These findings support a flexible, individualized approach to treatment initiation rather than adherence to strict age cutoffs. Further prospective studies are needed to confirm long-term outcomes.



Abstract N°: 8042

An Unusual Case of Genital Erythema Elevatum Diutinum Resembling Post-Scabietic Granulomas

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Introduction & Objectives:

Erythema Elevatum Diutinum (EED) is a rare, chronic leukocytoclastic vasculitis presenting with red to violaceous papules, plaques, or nodules, mainly on extensor surfaces. The disease can develop at any age but is more common in the fourth and sixth decades. It is associated with conditions such as IgA monoclonal gammopathy, autoimmune diseases (e.g., RA, SLE), and infections (e.g., HIV, hepatitis B). Diagnosis is clinical, supported by histology, but often delayed due to overlap with other dermatoses. Dapsone** is the mainstay of treatment, with other options including corticosteroids and immunosuppressants. EED tends to have a chronic course, despite reports of spontaneous involution after a period that ranges from 5 to 10 years. Here, we report a case of EED developing on the genital area of a young adolescent mimicking post-scabies granulomas which showed rapid resolution.

Case Report:

A 17-year-old male patient presented to the dermatology outpatient clinic with a two-week history of two erythematous, pruritic papules localized on the glans penis. His medical history included a scabies infection treated two months prior, after which pruritus had resolved. Based on the clinical appearance, post-scabies granulomas were initially suspected, and treatment with methylprednisolone 0.1% cream was initiated.

At the two-week follow-up, an increase in the number of lesions and a change in their coloration were observed. Dermatological examination revealed multiple reddish-orange, mildly pruritic, soft papules on the glans penis and scrotum, with a tendency to coalesce in some areas. A 4-mm punch biopsy was obtained from one of the papules on the glans penis.

Results:

Microscopic examination showed focal parakeratosis and acanthosis in the epidermis. The dermis demonstrated features consistent with vasculitis, including areas of fibrinoid necrosis and a perivascular and interstitial lymphocytic infiltrate rich in eosinophils and plasma cells. These findings were compatible with EED. Complete blood count and biochemical tests were within normal limits. Viral serologies were negative, and serum protein electrophoresis revealed no abnormalities. However, antinuclear antibody (ANA) testing was positive at a titer of 1:320 (3+). The patient was referred to the rheumatology department, where no evidence of arthritis was identified. Clinical follow-up without systemic treatment was advised. Ophthalmologic examination was unremarkable. At the one-month follow-up, all lesions on the glans penis and scrotum had resolved. No recurrence was observed during six months of follow-up.

Conclusion: Few cases of EED with genital involvement have been reported in the literature. This case is notable not only for its unusual localization but also for its complete resolution without systemic therapy and absence of systemic involvement. The patient remained asymptomatic throughout follow-up, with no evidence of associated systemic disease despite a positive ANA. This case highlights the importance of considering EED in the differential diagnosis of persistent genital papules and underscores the potential for spontaneous remission in some cases.

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Abstract N°: 8117

Unexpected Kaposi Sarcoma of the Glans in an Immunocompetent Host

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Introduction & Objectives:

Kaposi sarcoma (KS) is a vascular neoplasm associated with human herpesvirus 8 (HHV-8), most commonly seen in immunocompromised patients, particularly those with HIV/AIDS. However, it can rarely occur in immunocompetent individuals, sometimes presenting as a solitary cutaneous lesion in an atypical location, which may lead to diagnostic confusion. We present a case that illustrates this rare and challenging presentation, emphasizing the importance of considering KS in the differential diagnosis of unusual skin lesions.

Materials & Methods:

A 65-year-old man with no history of immunosuppression presented with a violaceous papule on the anterolateral aspect of the glans penis, evolving over three months. The lesion measured approximately 5 mm, was firm, poorly mobile, and showed minimal vascularization. Serologic testing for HIV was negative. Given the clinical features and unusual localization, several differential diagnoses were considered, including angiokeratoma, botryomycoma, and other vascular tumors. An excisional biopsy was performed for diagnostic and therapeutic purposes.

Results:

Histopathological analysis revealed a spindle-cell proliferation with slit-like vascular spaces and erythrocyte extravasation, consistent with Kaposi sarcoma. Immunohistochemistry confirmed HHV-8 positivity. A systemic extension workup, including imaging and laboratory tests, showed no extracutaneous involvement.

Conclusion:

This case illustrates that Kaposi sarcoma can present as a solitary, localized lesion in elderly, HIV-negative patients without evident immunosuppression. Such atypical presentations, particularly in uncommon anatomical sites like the glans, can mimic benign or malignant vascular lesions and delay accurate diagnosis. The identification of HHV-8 in histological samples remains essential for confirmation. While KS is often considered in the context of disseminated or immunosuppression-associated disease, clinicians should maintain awareness of its sporadic form. In localized cases, surgical excision may be both diagnostic and curative, as in our patient. Regular follow-up is nonetheless warranted to detect potential recurrence or systemic progression. This observation reinforces the need for a broad differential diagnosis when evaluating solitary vascular lesions, especially in elderly individuals.





Abstract N°: 8124

Livedoid vasculopathy: perspectives from dermatologists in Southeast Asia

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Introduction & Objectives:

Livedoid vasculopathy (LV) is a rare vasculopathy disorder typically affected bilateral lower extremities. Diagnosis and treatment of LV could be challenging for practitioner in general, and dermatologists in particular. Although the pathogenesis had been reported to be caused by thrombus formation in the capillary vasculature, decreased fibrinolytic activity, and endothelial damage, there was no optimal guideline for this condition. Moreover, the approach for evaluation of a patient could be difficult by many of this condition's features overlap with other ulcerative skin disorders like venous stasis.

Materials & Methods:

In this case series report, we described clinical manifestations of patients suffering from livedoid vasculopathy. The treatment included not only local wound care, but also controlling thrombosis with oral anticoagulation and supportive care. Additionally, the evidence base supporting LV therapies is limited and there was no studies comparing the efficacy of therapies, or demonstrating the capacity of therapies to prevent recurrences.

Results:

Patients with LV could be managed symptoms with systemic and topical treatment as well as supportive care. Avoidance of trigger factors could help to reduce the risk of relapse and enhance effectiveness.

The first patient was a 19 years old female who experienced symptoms for more than 1 year. She had been treated with oral corticosteroid dose up to 1mg/kg/day for long time, however the painful purpuric ulcers of the lower extremities were not controlled and significantly affected the quality of life of the patient. After confirming diagnosis by skin biopsy, we initiated oral anticoagulation (rivaroxaban 20 mg/day) treatment concomitant with inflammatory management. To optimize efficacy, we asked the patient to avoid excessive activities and added colchicine to reduce oral corticosteroid faster.

The second patient was a 27-years-old male who suffered disease for 2 years. Initially, the localized erythematous to violaceous plaques with multiple ulcers and crusts on both feet responded well to short term oral antibiotics and corticosteroid. However, the patient suffered from recurrent erythematous ulcerative lesions, and the livedo racemosa gradually changed to brownish plaques with chronic pain. Oral anticoagulant (rivaroxaban 10mg/day), corticosteroid plus wound care treatment showed improvement. The patient remained in a painless-free state two months after therapies and we keep following up to reduce oral corticosteroid dose.

Conclusion:

Livedoid vasculopathy is associated with a variety of underlying conditions, and there was no consensus of etiology had been identified. Therapeutic approach should be based on etiopathogenetic mechanisms. However, randomized controlled trials with high evidence level should be conducted to figure out the standard treatment of LV. Furthermore, an individualized treatment is necessary to get the optimal efficacy for each patient

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Abstract N°: 8134

Dermoscopic evaluation of healing dynamics in vascular lesions treated with high-frequency high-intensity focused ultrasound (HIFU)

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Introduction & Objectives: Vascular lesions such as hemangiomas and capillary malformations are common benign cutaneous findings that are often treated for cosmetic or symptomatic reasons. Ablative modalities including laser and cryotherapy carry risks of scarring or dyspigmentation. High-frequency (20 MHz) high-intensity focused ultrasound (HIFU) has emerged as a non-invasive alternative with precise focal targeting. This study aimed to evaluate the healing patterns and dermoscopic evolution of superficial and deep vascular lesions after HIFU treatment.

Materials & Methods: This prospective observational study included 37 benign skin lesions selected for HIFU treatment. All lesions underwent initial clinical and dermoscopic evaluation. High-frequency ultrasound was used to determine lesion depth and structure, guiding the selection of HIFU handpieces with focal penetration depths of 0.8, 1.3, 1.8 or 2.3 mm. Treatments were conducted using a 20 MHz HIFU device equipped with real-time dermoscopic visualisation integrated into the handpiece. Each pulse delivered between 0.7 and 1.3 J over 150 milliseconds. Pulses were applied in a shoulder-by-shoulder fashion with 1–2 mm spacing, ensuring complete lesion coverage. Dermoscopic images were captured before treatment, immediately after the procedure, and at a 4-week follow-up using polarized and non-polarized light.

Results: Vascular lesions demonstrated depth-dependent clinical and dermoscopic responses to HIFU treatment. Superficial lesions displayed homogeneous whitening immediately post-treatment, followed by crust formation and eventual resolution. At one-month follow-up, dermoscopic evaluation revealed regressive changes, including punctate and linear vessels surrounded by whitish fibrotic bands. These vessels were oriented centrally toward the treated area and gradually diminished in visibility, suggesting progressive vascular remodeling. Deeper vascular lesions required stacked protocols with multiple focal depths and showed partial vessel occlusion and size reduction. The dermoscopic features in these cases included serpiginous, coiled, and linear curved vessels, often arranged in chaotic or reticular distribution, transitioning into concentric fibrotic structures over time. The healing process was marked by red to red-white background coloration, evolving toward hypopigmentation or normal skin tone. No persistent adverse effects, such as scarring were observed. Mild transient erythema was occasionally noted but resolved without intervention. Cosmetic results were favorable across all lesion types.

Conclusion: 20 MHz HIFU appears to be a promising non-invasive approach for the treatment of vascular lesions, with favorable healing patterns and cosmetic outcomes. Dermoscopy offers valuable insights into post-treatment changes, and may aid in optimizing follow-up strategies.





Abstract N°: 8141

Unilateral blaschkolinear angiomatous lesions of the lower limb: a case of Angioma Serpiginosum

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Introduction & Objectives:

Angioma serpiginosum (AS) is a rare benign vascular anomaly characterized by clusters of non-blanching, purple-red macules, typically appearing in early childhood and slowly progressing over time. While most cases involve the upper limbs, lesions on the face and neck have also been reported. We report a rare case of isolated angioma serpiginosum affecting the lower limb.

Patient & Observation:

A 26-year-old patient with no significant medical history presented with angiomatous lesions on the right lower limb, evolving since the age of one month. The lesions initially appeared as erythematous spots on the back and right lower limb, progressively darkening and becoming rougher over time. Clinical examination found unilateral punctate angiomatous lesions following a blaschkolinear distribution, confluent in places, confined to the right flank and lower limb. No limb asymmetry or other abnormalities were noted, and both neurological and ophthalmological exams were normal. The diagnosis of “angioma serpiginosum” was considered based on the typical clinical presentation, though skin biopsy was refused by the patient. Treatment by pulse dye laser (PDL) was suggested.

Discussion:

Angioma serpiginosum (AS) is a rare benign vascular malformation of the superficial dermal vessels, typically presenting in early childhood with a strong female predominance. Though etiology remains unknown, and most cases are sporadic, familial forms with autosomal dominant inheritance have been described.

Clinically, it appears as clusters of asymptomatic, non-blanchable, bright red macules following a blaschkoid or linear distribution, most often on the extremities. Dermoscopy reveals characteristic red lagoons, and histology shows dilated thin-walled capillaries. In our case, the clinical presentation was sufficiently typical to establish the diagnosis without the need for biopsy.

AS is usually limited to the skin, with rare reports of retinal or spinal angiomas; and treatment is primarily cosmetic, with pulsed dye laser (PDL) offering the best results.

Conclusion:

Though less common than upper limb involvement, lower limb angioma serpiginosum should be considered when facing unilateral blaschkolinear vascular lesions, as early diagnosis avoids unnecessary investigations and guides cosmetic treatment.



**Abstract N°: 8205****adult iga vasculitis: a series of thirty seven cases**

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Introduction & Objectives:

IgA vasculitis (IgAV) is a rare and potentially life-threatening small-vessel vasculitis in adults. It is caused by immune complex deposits containing immunoglobulin A (IgA). The disease course is often more severe than its childhood counterpart. Diagnosis is based on the combination of cutaneous purpura with joint, gastrointestinal, and renal manifestations. The prognosis of the disease depends on the severity of gastrointestinal involvement in the short term and renal involvement in the long term. The objective of our study is to describe the clinical, therapeutic, and evolutionary characteristics of IgA vasculitis in a series of adult patients.

Materials & Methods:

We report 37 cases of IgAV observed over a 7-year period from 2018 to 2024 at our department. All patients met the classification criteria for IgAV established by the American College of Rheumatology (ACR) and/or the EULAR/PRINTO/PRES.

Results:

Among the 37 patients included, there were 12 men and 25 women, with a mean age of 38.4 years. Regarding medical history, we noted an upper respiratory tract infection preceding the onset of skin lesions in 4 cases, and a concomitant urinary tract infection in 3 cases. One case was associated with pulmonary tuberculosis, diagnosed during hospitalization. Cutaneous involvement was present in all cases (100%). It presented as petechial purpura in 35 cases (95%), associated with necrotic lesions in 6 cases (16%), ecchymotic lesions in 4 cases (10%), and hemorrhagic bullae in 3 cases (8%). Skin biopsy was performed in all patients, revealing leukocytoclastic vasculitis in 100% of cases and fibrinoid necrosis in 2 cases (5.4%). Direct immunofluorescence (DIF) revealed IgA deposits in 32 cases (86.4%) and C3 deposits in 11 cases (29.7%). DIF was negative in 2 cases (5.4%) and was not performed in 3 cases (8%) due to lack of resources and unavailability at the hospital. Joint involvement was present in 30 patients (81%), manifesting as arthralgia in 29 cases (78%) and arthritis in 1 case (2.7%). Gastrointestinal involvement was observed in 25 patients (67%). Abdominal pain was constant, vomiting was present in 8 patients (21%), and diarrhea in 4 patients (10%). Four patients (10%) reported rectal bleeding. Abdominal ultrasound showed circumferential thickening of the terminal ileum in 2 patients. Renal involvement was noted in 6 patients (16%), all presenting with nephrotic-range proteinuria (100%), and microscopic hematuria in 2 cases (5.4%). Renal biopsy was performed in 4 cases (10%), revealing IgA nephropathy in all 4 cases (100%), with endocapillary and extracapillary involvement in 2 cases (5.4%). Bed rest was prescribed for all patients. Colchicine was administered to 23 patients (62%). Corticosteroid treatment was indicated in 12 patients (32%), and cyclophosphamide was prescribed for 4 patients (10%). All patients achieved disease remission, and no deaths were recorded in our series.

Conclusion:

Adult IgAV is rare in our department but presents with typical clinical features. Prognosis was generally favorable, especially regarding renal outcomes. Early recognition and appropriate management, including corticosteroids for severe cases, are key. Further research is needed, particularly on therapeutic strategies and associations like

pulmonary tuberculosis.

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**Abstract N°: 8221****adult iga vasculitis: a series of thirty seven cases**

Fatim Ezzahra Afryad¹, Mariem Aboudourib¹, Bendaoud Layla¹, Ouafa Hocar¹, Amal Said¹

¹Mohammed VI University Hospital, Marrakech, Morocco, dermatology and venerology, Marrakech, Morocco

Introduction & Objectives:

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Materials & Methods:

We report 37 cases of IgAV observed over a 7-year period from 2018 to 2024 at our department. All patients met the classification criteria for IgAV established by the American College of Rheumatology (ACR) and/or the EULAR/PRINTO/PRESQ.

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Abstract N°: 8227

Pretragial infantile hemangioma :beware of parotitis

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Introduction Infantile hemangioma (IH) belongs to the group of vascular tumors. When located on the face, it may lead to aesthetic or functional complications and can, in certain cases, be part of a syndromic association such as PHACES syndrome. Pretragial localization, particularly when a deep component is present, can lead to parotid or nerve-related complications. We report a case of IH associated with parotitis.

Case Report A 4-month-old male infant presented with a firm, elastic, warm, non-pulsatile, ulcerated, and painful swelling in the periauricular region, progressively increasing in size since 15 days of life. The lesion measured 70 mm × 50 mm. Doppler ultrasound revealed a well-defined, subcutaneous, hyperechoic preauricular lesion on the right side, measuring 73 mm in length, with moderate vascularity, as well as a slight enlargement and hyperechoic appearance of the ipsilateral parotid gland. Following ENT consultation, the diagnosis of a mixed-type ulcerated preauricular infantile hemangioma associated with reactive ipsilateral parotitis was established. In addition to local wound care and analgesic treatment (paracetamol at 15 mg/kg/day), the patient was started on oral propranolol at 3 mg/kg/day. Clinical and radiological follow-up showed favorable evolution with regression of both the hemangioma and the glandular inflammation.

Discussion Most IHs are localized. Topographically, they are most frequently found on the head (40%) and may present as focal or segmental lesions. Based on their depth, they are classified as superficial, deep, or mixed. The parotid gland, the largest of the major salivary glands, is pyramid-shaped with a medial apex and lateral base. It is molded against the walls of the parotid space—posteriorly by the retrostyloid region, medially by the parapharyngeal space, and anteriorly by the infratemporal fossa. Its superficial anatomical position, particularly along the vertical ramus of the mandible, makes it vulnerable to involvement in pretragial or subauricular IHs, either through direct tumor infiltration or secondary glandular inflammation. The main risks include facial nerve palsy and local, regional, or systemic infectious complications.

Conclusion In the presence of a pretragial or subauricular IH, parotid ultrasound is essential to rule out parotid gland involvement or a true parotitis.





Abstract N°: 8264

Can a Distal Limb Arteriovenous Malformation Mimic a Nodular Melanoma? A Case Study of a Deceptive Presentation.

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Introduction & Objectives:

Cutaneous arteriovenous malformations (AVMs) are vascular anomalies characterized by direct connections between arteries and veins, bypassing the capillary bed. Distal limb AVMs are rare, and their clinical presentation can be misleading. We report a case of a distal limb AVM that was initially misdiagnosed as a nodular melanoma.

Materials & Methods:

Results:

Mr. S.E., a 27-year-old male with no significant medical history, presented with a painful, black lesion on the posterior aspect of his left leg. The lesion had appeared six years prior following trauma (a blow with a stick), with a progressive increase in size. The patient recalled a previous angiomatous macule since childhood. Dermatological examination revealed a well-demarcated, non-pulsatile black nodule measuring 2.5 cm, with a verrucous surface in places, hemorrhagic areas in others, and a slightly infiltrated base, surrounded by a peripheral inflammatory halo. Dermoscopy, after softening with petroleum jelly, showed hemorrhagic crusts, white areas without structure, tortuous and dilated vessels, punctate hemorrhages, brownish discoloration in some areas, and an irregular border with a violaceous fringe. Due to its black appearance, a diagnosis of nodular melanoma was initially considered. Ultrasound of the lymph nodes revealed two hypoechoic lymphadenopathies: one in the left popliteal region and another in the left inguinal region. PET scan showed a hypermetabolic lesion on the posterior aspect of the left leg, without distant hypermetabolic foci. The decision was made to perform an excisional biopsy with a 2 cm incision from the lesion and dissection down to the aponeurotic plane. Histopathological examination revealed a dermo-hypodermic arteriovenous malformation with no signs of malignancy. A skin graft was performed 15 days later, and the lesion healed completely without recurrence.

Conclusion:

Distal limb arteriovenous malformations are rare but significant conditions that require early recognition and appropriate management to prevent complications. Their clinical presentation can closely resemble other cutaneous lesions, such as nodular melanoma, emphasizing the need for angiographic investigations to confirm the diagnosis.





Abstract N°: 8276

The Enigma of the Black Toe: A Rare Presentation of Pure Cutaneous Polyarteritis Nodosa

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Introduction & Objectives:

Cutaneous polyarteritis nodosa (PAN) is a rare form of medium-vessel vasculitis confined to the skin, without systemic visceral involvement. It typically presents with subcutaneous nodules, livedo racemosa, or ulcerations of the lower limbs. However, more severe forms can occur, including ischemic complications such as digital necrosis, which may lead to the diagnosis. We report a case of cutaneous PAN presenting as digital necrosis, highlighting the diagnostic and therapeutic challenges associated with this atypical presentation.

Materials & Methods:

Results:

A 38-year-old woman with a history of rheumatic mitral-aortic valvulopathy presented with digital necrosis of the left great toe, evolving for 1.5 months, exacerbated by cold-induced Raynaud's phenomenon. Upon admission, clinical examination revealed diastolic hypertension at 100 mmHg. Dermatological assessment showed a necrotic ulceration on the left great toe, accompanied by acral livedo racemosa, with no systemic abnormalities. Laboratory findings indicated an inflammatory syndrome, while the immunological workup and 24-hour proteinuria were negative. Thoracic CT scan, abdominal ultrasound, nerve conduction studies (ENMG), as well as ophthalmological and ENT examinations, were unremarkable.

A skin biopsy revealed focal inflammation in a deep arteriole, suggestive of polyarteritis nodosa, with no histological signs of lupus, sarcoidosis, scleroderma, or eosinophilic granulomatosis. The diagnosis of cutaneous PAN was established according to the ACR criteria ($\geq 3/10$). Treatment included corticosteroids (0.75 mg/kg/day), synthetic antimalarials (400 mg/day), calcium channel blockers (5 mg/day), acetylsalicylic acid (75 mg/day), along with preventive measures (avoidance of cold exposure, trauma, and vasoconstrictive agents). After three weeks, the clinical outcome was favorable, with complete healing of skin lesions and improvement of Raynaud's phenomenon.

Conclusion:

This case underlines the importance of clinical reasoning in identifying limited forms of vasculitis and highlights the rare presentation of cutaneous PAN manifesting as digital necrosis.





Abstract N°: 8300

When Vascular Purpura Conceals More: Unmasking Eosinophilic Granulomatosis with Polyangiitis

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Introduction & Objectives:

Eosinophilic granulomatosis with polyangiitis, formerly known as Churg-Strauss syndrome, is a small-vessel vasculitis associated with ANCA (antineutrophil cytoplasmic antibodies). It is characterized by necrotizing granulomatous inflammation with eosinophilic infiltration, predominantly affecting the respiratory system. However, all organs, including the skin, can be involved, although to a lesser extent. In this report, we present a case of eosinophilic granulomatosis with polyangiitis with an unusual cutaneous presentation.

Materials & Methods:

Results:

A 70-year-old male patient with a history of hypertension, presented with a generalized skin eruption that had evolved over the last 10 days, accompanied by a febrile sensation. On examination, the patient was tachypneic, with a respiratory rate of 24 breaths per minute, and exhibited signs of respiratory distress. Dermatological examination revealed widespread punctate purpuric lesions, some necrotic and bullous in nature, affecting the entire skin surface. Additional findings included hemorrhagic cheilitis, painful erosions in the jugal mucosa that hindered eating. Laboratory investigations showed significant eosinophilia (9800/ μ L), elevated C-reactive protein (215 mg/L), positive 24-hour proteinuria (1.8 g/day), and positive ANCA (60). Thoracic CT showed bilateral areas of consolidation with air bronchograms. A skin biopsy confirmed necrotic-inflammatory changes with abundant eosinophils. A bronchoscopy with bronchial biopsy yielded similar findings. Based on these results, a diagnosis of eosinophilic granulomatosis with polyangiitis was established. Treatment involved prednisone (1 mg/kg/day) combined with cyclophosphamide infusions (0.6 g/m² on days 0, 14, and 28, followed by 0.7 g/m² every 21 days). By the fourth week, the patient showed near-complete resolution of the cutaneous lesions, with no new lesions and partial improvement in respiratory function, confirmed by a follow-up chest X-ray.

Conclusion:

Eosinophilic granulomatosis with polyangiitis is traditionally associated with a history of severe, corticosteroid-resistant asthma. However, this association is not always present, and cutaneous involvement can sometimes be the initial clue to diagnosis





Abstract N°: 8332

Adult IgA vasculitis: a series of 37 cases

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Introduction & Objectives:

IgA vasculitis (IgAV) is a rare and potentially life-threatening small-vessel vasculitis in adults. It is caused by immune complex deposits containing immunoglobulin A (IgA). The disease course is often more severe than its childhood counterpart. Diagnosis is based on the combination of cutaneous purpura with joint, gastrointestinal, and renal manifestations. The prognosis of the disease depends on the severity of gastrointestinal involvement in the short term and renal involvement in the long term. The objective of our study is to describe the clinical, therapeutic, and evolutionary characteristics of IgA vasculitis in a series of adult patients.

Materials & Methods:

We report 37 cases of IgAV observed over a 7-year period from 2018 to 2024 at our department. All patients met the classification criteria for IgAV established by the American College of Rheumatology (ACR) and/or the EULAR/PRINTO/PRES.

Results:

Among the 37 patients included, there were 12 men and 25 women, with a mean age of 38.4 years. Regarding medical history, we noted an upper respiratory tract infection preceding the onset of skin lesions in 4 cases, and a concomitant urinary tract infection in 3 cases. One case was associated with pulmonary tuberculosis, diagnosed during hospitalization. Cutaneous involvement was present in all cases (100%). It presented as petechial purpura in 35 cases (95%), associated with necrotic lesions in 6 cases (16%), ecchymotic lesions in 4 cases (10%), and hemorrhagic bullae in 3 cases (8%). Skin biopsy was performed in all patients, revealing leukocytoclastic vasculitis in 100% of cases and fibrinoid necrosis in 2 cases (5.4%). Direct immunofluorescence (DIF) revealed IgA deposits in 32 cases (86.4%) and C3 deposits in 11 cases (29.7%). DIF was negative in 2 cases (5.4%) and was not performed in 3 cases (8%) due to lack of resources and unavailability at the hospital. Joint involvement was present in 30 patients (81%), manifesting as arthralgia in 29 cases (78%) and arthritis in 1 case (2.7%). Gastrointestinal involvement was observed in 25 patients (67%). Abdominal pain was constant, vomiting was present in 8 patients (21%), and diarrhea in 4 patients (10%). Four patients (10%) reported rectal bleeding. Abdominal ultrasound showed circumferential thickening of the terminal ileum in 2 patients. Renal involvement was noted in 6 patients (16%), all presenting with nephrotic-range proteinuria (100%), and microscopic hematuria in 2 cases (5.4%). Renal biopsy was performed in 4 cases (10%), revealing IgA nephropathy in all 4 cases (100%), with endocapillary and extracapillary involvement in 2 cases (5.4%). Bed rest was prescribed for all patients. Colchicine was administered to 23 patients (62%). Corticosteroid treatment was indicated in 12 patients (32%), and cyclophosphamide was prescribed for 4 patients (10%). All patients achieved disease remission, and no deaths were recorded in our series.

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Abstract N°: 8423

PHACES Syndrome: A Dual Case Report Highlighting Diagnostic Challenges and Multisystem Involvement

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Introduction & Objectives:

Infantile hemangiomas (IH) are the most common benign tumors in childhood. Large hemangiomas on the face may be associated with congenital anomalies in other systems, characterizing PHACE(S) syndrome: *Posterior fossa brain malformations, Hemangioma, Arterial anomalies, Cardiac defects, Eye anomalies, and Sternal defects/supraumbilical raphe*. Diagnostic criteria were proposed in 2009 and revised in 2016 by Garzon et al. This report describes two cases of PHACE(S) syndrome from a tertiary care center emphasizing the dermatologist's role in early recognition and multidisciplinary management.

Materials & Methods:

Case 1: A 1-month-and-20-day-old female newborn, delivered via cesarean section after prenatal ultrasound suggested central nervous system anomalies (Dandy-Walker), presented to the pediatric emergency department with dyspnea and laryngeal stridor. Physical examination revealed a large segmental hemangioma on the face (>5 cm) and a sternal defect. Magnetic Resonance Imaging (MRI) confirmed posterior fossa malformation, establishing the diagnosis of PHACES syndrome.

Case 2: A 15-day-old female infant was referred to the emergency department with a rapidly enlarging hemangioma on the left periorbital region, initially misdiagnosed as birth trauma. MRI revealed intracranial hemangioma, cerebellar hypoplasia, tortuosity and aneurysm of the internal carotid artery, in addition to a supraumbilical raphe. The combination of findings met the diagnostic criteria for PHACES.

Results:

Case 1 received propranolol (2 mg/kg/day), with significant improvement after 7 days. The dose was increased to 3 mg/kg/day. The patient underwent an otolaryngology evaluation, which showed no laryngeal alterations on nasofibrolaryngoscopy. Case 2 began propranolol at 0.4 mg/kg/day with gradual titration to 2 mg/kg/day. Significant improvement in hemangioma was noted. The medication was suspended in 2020 due to lesion stability, and there was no recurrence to date. Both patients were jointly monitored by pediatric dermatology, cardiology, and neurology teams.

Conclusion:

PHACE(S) syndrome is a complex neurocutaneous disorder with potentially severe but often clinically silent extracutaneous anomalies. Facial hemangiomas can serve as key diagnostic clues, highlighting the importance of early recognition. These cases illustrate the role of dermatologists in initiating appropriate workup and multidisciplinary care. Propranolol, when used with appropriate screening, remains the mainstay therapy for IH, including those in PHACE(S), demonstrating both short- and long-term efficacy. Sustained follow-up is essential to monitor systemic involvement and ensure individualized care.



Abstract N°: 8455

When Purpura Speaks: Diagnosing a case of levamisole-induced vasculitis with an unusual complication.

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Introduction & Objectives: Levamisole-induced vasculitis is an overlooked diagnosis for which the skin offers many clues. Usually has a favorable prognosis however, we present a case with a rare complication with systemic involvement.

Materials & Methods: Case report

Results: A 39-year-old patient with no significant history presented with 9 days of diffuse abdominal pain, fever, emesis and diarrhea. Initially assessed elsewhere, acute abdomen was suspected without clear intra-abdominal cause. With clinical deterioration, gastrointestinal sepsis with organ dysfunction was considered, including acute kidney injury, persistent anemia, and thrombocytopenia. Thrombotic microangiopathy was initially suspected, but TTP was ruled out (ADAMTS13: 31%).

The patient required invasive mechanical ventilation and experienced a cardiac arrest with pulseless electrical activity. Septic shock of unclear GI/pulmonary origin was considered. Due to persistent hematologic compromise, the patient was transferred. On admission: negative blood cultures, hepatomegaly, acute renal failure requiring hemodialysis, persistent pulmonary involvement, and reticulated purpuric plaques on the auricles later affecting the fingertips. A skin biopsy was obtained.

Autoimmune disease was suspected: ANA positive (1:320 cytoplasmic reticular, 1:60 speckled nuclear), anti-dsDNA, ENA, and cryoglobulins negative, complement normal. Acquired hemophagocytic lymphohistiocytosis (sHLH) was suspected. Flow cytometry was normal; H-score was 199 (hyperferritinemia, high D-dimer, cytopenias, hypertriglyceridemia, normal fibrinogen), indicating 90% probability.

Due to auricular lesion distribution, substance abuse was investigated. Patient reported 3-year history of cocaine use. Biopsy showed fibrinoid necrosis of capillary and postcapillary venule walls with erythrocyte extravasation, without thrombi, consistent with small-vessel vasculitis. c-ANCA was positive. The final diagnosis: levamisole-induced vasculitis triggering hemophagocytic syndrome.

Levamisole, an immunomodulatory antihelminthic, is used to adulterate up to 71% of cocaine samples, causing vasculitis. It is more common in women (64–75%), with a mean age of 44 years. Skin is most affected (95%), especially face (70%) and ears (62%), usually presenting with retiform purpura, necrosis, hemorrhagic bullae, or ulcers. Kidney (12–20%) and pulmonary (10.5%) involvement also occurs. Over 90% of cases show ANCA positivity (often dual); other antibodies include ANA and anticardiolipin. Histology typically shows leukocytoclastic vasculitis or thrombotic vasculopathy. Though prognosis is often favorable, recurrence is likely if cocaine use persists.

This is the first reported case of hemophagocytic syndrome secondary to levamisole-induced vasculitis, a hyperinflammatory state from excessive activation of macrophages, T cells, and NK cells. It is usually triggered by infections, malignancies, or autoimmune conditions. Diagnosis is difficult but H-score is a helpful tool. Treatment includes corticosteroids and/or immunomodulators. Our patient is currently undergoing an 8-week dexamethasone regimen, showing gradual clinical improvement.

Conclusion: We present the first reported case of hemophagocytic syndrome secondary to levamisole-induced vasculitis, highlighting the semiological and topographic approach as an essential aspect for the diagnosis of purpuric lesions.

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Abstract N°: 8555

Secondary erythromelalgia: an early marker of autoimmunity?

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Introduction & Objectives:

Erythromelalgia is a rare condition characterized by episodes of intense pain, erythema, and warmth in the extremities, often triggered by thermal stimuli such as heat or physical exercise. The condition can be primary (usually associated with autosomal dominant inheritance), often linked to genetic mutations in the SCN9A gene, or secondary, related to underlying diseases. Its pathogenesis involves neurovascular dysfunction, with alterations in peripheral axonal excitability, particularly in response to heat, which may lead to axonal depolarization and acute ischemia. This report aims to present a case of a patient with secondary erythromelalgia due to undifferentiated connective tissue disease, to discuss whether the condition could serve as an early marker of autoimmunity.

Materials & Methods:

A 42-year-old male patient, hypertensive and on Nifedipine treatment, reports recurrent episodes of color changes in his hands and feet—sometimes pale, sometimes erythematous and violaceous—associated with pain and local heat for the past 30 years. The episodes were aggravated by heat and relieved by limb elevation. On physical examination, the extremities appeared erythematous-violaceous, warm, and edematous, which improved with limb elevation. Laboratory tests revealed a speckled nucleolar pattern of ANA at a titer of 1:1280. The hypothesis of secondary erythromelalgia due to undifferentiated connective tissue disease was raised based on clinical and laboratory findings, as well as a negative family history. Nifedipine was replaced with Losartan, and Prednisone and Aspirin were introduced. The patient is showing good clinical progress.

Results:

Despite the early onset in childhood, the presence of clinical and laboratory abnormalities (pathological ANA pattern and high titers), combined with the absence of a family history, suggests this is a case of secondary erythromelalgia due to undifferentiated connective tissue disease. This condition may remain in this form or, at some point, present with clinical-laboratory manifestations that allow for the characterization of one of the specific connective tissue diseases.

Conclusions:

There are few reports in the literature linking erythromelalgia with autoimmune diseases. In most of these cases, both conditions are present at the time of diagnosis, and in only a small number, erythromelalgia precedes the diagnosis of autoimmune disease, especially systemic lupus erythematosus. Therefore, we question whether this pathology could serve as an early marker for the development of autoimmunities.

In this context, it is important to highlight the existence of a condition known as Undifferentiated Connective Tissue Disease or Undifferentiated Collagenosis, where nonspecific but common clinical manifestations to different collagenoses occur (such as leukocytoclastic vasculitis, palpable purpura of the extremities, reticular livedo, Raynaud's phenomenon, etc.), along with positivity for nonspecific autoantibodies (ANA with variable patterns,

anti-Ro, anti-La). These patients may remain in this condition or eventually present clinical-laboratory manifestations that allow for the classification of a specific collagenosis, as in our patient.

Given this potential association, we emphasize the necessity for further investigation, prolonged clinical follow-up, and the need for new studies aimed at improving the understanding of this condition.

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Abstract N°: 8720

Chilblains in Cold Regions: Importance of Clinical Suspicion and Multimodal Management

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Introduction & Objectives:

Perniosis, or chilblains, is an abnormal inflammatory skin response triggered by vascular ischemia secondary to prolonged vasoconstriction. It is often associated with repeated exposure to cold and damp environments. We report an unusual case of perniosis in a young patient living in a cold climate, discuss diagnostic and therapeutic challenges, and highlight the importance of non-pharmacological management strategies.

Materials & Methods:

A 34-year-old woman presented with purpuric lesions and small ulcerations on her toes, evolving over several months. She had been living in a cold-climate country for the past three years and associated the onset of her symptoms with cold exposure. Initial treatment with topical clobetasol for two months yielded no significant clinical improvement. On physical examination, erythematous-purpuric macules and papules were noted on the first and second toes bilaterally. Suspecting perniosis, laboratory tests were conducted to exclude secondary causes, including systemic lupus erythematosus, cryoglobulinemia, and viral hepatitis — all of which returned normal results. Oral treatment with nifedipine and pentoxifylline was initiated, leading to marked clinical improvement. Additionally, complete remission of symptoms occurred following her relocation to a warmer climate.

Results:

Perniosis is an inflammatory skin disorder of multifactorial origin, more frequently observed in young women exposed to cold and damp environments. It typically presents with sudden-onset acral lesions — erythematous or violaceous — that often resolve spontaneously within three weeks, though cases in older adults may follow a more prolonged course. Avoiding cold exposure remains the cornerstone of treatment. However, robust evidence supporting the efficacy of pharmacologic therapies is still lacking. This case also emphasizes the relevance of ruling out differential diagnoses such as connective tissue diseases and hematologic or infectious conditions, which can present similarly.

Conclusion:

This case underscores the importance of thorough clinical evaluation, careful exclusion of secondary causes, and the central role of non-pharmacological interventions. While the patient responded well to oral therapy, her concurrent improvement following relocation to a warmer climate highlights the significant impact of environmental factors. Further research is needed to explore effective, evidence-based therapeutic strategies for the management of perniosis, particularly in individuals living in adverse climatic conditions.





Abstract N°: 8767

Impact on quality of life in patients with Klippel-Trenaunay Syndrome

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Introduction & Objectives:

Klippel-Trenaunay Syndrome (KTS) is a rare congenital vascular malformation characterized by at least two of the following features: capillary malformation, venous malformation, and hypertrophy of soft tissue and/or bone, with or without lymphatic involvement. Beyond its visible physical manifestations, KTS can have a substantial psychosocial and emotional impact, affecting patients' daily lives, self-esteem, and mental health. This study aims to evaluate the quality of life (QoL) of patients with KTS using validated dermatology-specific assessment tools.

Materials & Methods:

We conducted a retrospective, descriptive study over a 9-year period in the Dermatology Department. All patients diagnosed with KTS were included. Clinical and demographic data were collected from patient records. Quality of life was evaluated using the Dermatology Life Quality Index (DLQI) for adults and the Children's Dermatology Life Quality Index (CDLQI) for pediatric patients. The scores range from 0 to 30, with higher scores indicating greater QoL impairment.

Results:

Six patients were included in the study. The mean age at diagnosis was 22.3 ± 16 years (range: 3 to 42 years), with a female predominance (F/M ratio = 2). In all cases, the disease was congenital and progressively evolved over time.

The primary reason for consultation was discomfort or pain (100%), followed by edema (83.3%), functional limitation (33.3%), and in isolated cases, pruritus, bleeding, ulceration, or recurrent skin infections. Five patients had the classic KTS triad, and one had a variant with lymphatic involvement.

Regarding quality of life: The mean DLQI/CDLQI score before management was 16.6, indicating a very large effect on daily life. Among patients who received regular clinical follow-up and symptomatic treatment, the average score decreased to 9.7, reflecting a moderate impact on QoL. The most affected domains were: physical discomfort (especially pain), clothing choices due to limb asymmetry, embarrassment in public spaces, and limitations in physical activity or work/school performance.

QoL impairment was more severe in patients with extensive cutaneous involvement, visible malformations, or recurrent infections. Pediatric patients experienced difficulties in social integration and self-image, while adults reported significant emotional and professional impacts.

Conclusion:

This study highlights the considerable impact of Klippel-Trenaunay Syndrome on patients' quality of life, particularly due to chronic symptoms, visible deformities, and associated psychosocial burden. The use of DLQI and CDLQI scores provides essential insight into patient experiences and should be systematically integrated into

clinical evaluation. Improving quality of life in KTS requires not only medical care but also psychological support and patient-centered management.

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Cannabis Arteritis Mimicking Buerger's Disease: A Case Report and Diagnostic Considerations

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Introduction & Objectives:

Cannabis arteritis is a rare vascular disorder predominantly affecting chronic cannabis users, independently of tobacco consumption. It shares clinical and radiological features with thromboangiitis obliterans (Buerger's disease), making diagnosis challenging. We aim to highlight the importance of recognizing this condition through a representative case and to emphasize the role of cannabis cessation in disease resolution.

Materials & Methods:

We present the case of a 51-year-old male with no cardiovascular risk factors and a history of exclusive chronic cannabis use. He consulted for a painful, retiform lesion on the pulp of the left big toe, with insidious onset during winter. A comprehensive diagnostic work-up was performed, including physical examination, autoimmune and thrombophilia screening, skin biopsy, transthoracic echocardiography, and CT angiography. A toxicology screening was used to rule out other substance use.

Results:

The patient showed acral coldness and diminished pedal pulses on examination. Laboratory tests excluded autoimmune or thrombotic conditions. Histopathology revealed lymphocytic vasculitis without thrombus formation. Imaging ruled out embolic sources, atherosclerosis, aneurysms, or large vessel anomalies. The diagnosis of cannabis arteritis was established based on clinical, histological, and imaging findings, along with the exclusion of other causes. Complete clinical resolution was achieved following cannabis cessation, with no recurrence observed during follow-up.

Conclusion:

Cannabis arteritis should be considered in young or middle-aged patients presenting with peripheral ischemia and a history of chronic cannabis use, particularly in the absence of traditional cardiovascular risk factors. Recognition of this entity is crucial, as disease progression may lead to severe complications such as amputation. Abstinence from cannabis is a key element in successful management and recovery.

