Abstract N°: 32

Squamous cell carcinoma on nail lichen planus, description of a case and review of the literature.

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Introduction & Objectives: Lichen planus (LP) is a common inflammatory skin disease that can have cutaneous, oral, genital and/or nail involvement. Some cases of malignant transformation have been described, usually in the oral mucosa. To the best of our knowledge, we present the fifth known case in the literature of squamous cell carcinoma (SCC) developing on nail LP.

Case report: 59-year-old man with hypertension and hypothyroidism, under dermatological follow-up for multiple epidermoid carcinomas. In addition, he presented with onychodystrophy of all 20 nails of 10 years' evolution, with intense inflammation at the proximal level. A biopsy of the nail plate and nail bed showed lichenoid dermatitis. The application of clobetasol 8% in nail varnish was indicated. As the fourth finger of the left hand showed significant inflammation with exudation and pain, topical corticosteroids and antibiotics were applied together with a short course of oral prednisone. The X-ray of the finger showed no alterations. Given the lack of improvement, a punch biopsy of the distal and proximal nail bed was performed, with results compatible with moderately differentiated SCC with negative human papillomavirus. Magnetic resonance imaging showed a soft tissue lesion with bone infiltration affecting the distal phalanx of the fourth finger. The computed tomography extension study was negative. Amputation of the finger at this level was performed with complete resection. The patient is in complete remission after 15 months of follow-up and good control with acitretin 10 mg/day and clobetasol laccase 8% 3 times/week.

Discussion: Nail LP is a chronic inflammatory pathology that causes progressive destruction of the nail apparatus. The occurrence SCC on LP is infrequent (0.8-3.5%); even more so, on nail LP. It usually occurs on scar lesions (most frequently on oral mucosa, followed by genital mucosa) of long evolution. The exact mechanism is unknown, although it is suspected that it may be analogous to Majorlin's ulcer.

Conclusion: We describe a new case of SCC on nail LP, making a literature review. We emphasise the importance of a correct diagnosis and long-term follow-up of nail LP to detect the early development of SCC.

Abstract N°: 42

Nail toxicity caused by cancer chemotherapy cancer chemotherapy requires support and patient information, as there has been no major progress in prevention

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Introduction & Objectives:

Nail toxicity caused by anticancer chemotherapy requires support and patient information, as no major progress has been made in prevention Nail toxicity due to cancer chemotherapy is one of the toxicities that is not life-threatening life-threatening, but aesthetically damaging.

Materials & Methods:

40patients with inoperable locally advanced breast cancer were treated

treated with primary chemotherapy based on the combination of Docetaxel 75mg/m2

Doxorubicin 50mgm2 Cyclophosphamide 500mg/m2 21-day cycle All patients received an average of patients received an average of 4cures preoperatively.

before each course of treatment and graded according to the National Institute Common

National Institute Common NCI toxicity criteria grade I change in coloring, grade

2 partial or complete onycholysis.

Results:

Nail toxicity was noted in 4 patients (10%), in three of whom we observed grade I toxicity in the form of transverse melanonychia, melanonychia, affecting all nails on both hands.

grade Ï toxicity, with onycholysis of the 3rd and 4th nails of both hands hands after the 3rd treatment Nail lesions were reported mainly in patients treated with the taxanes Docetaxel Paclitaxel, which bind to the beta subunit of tubulin, thereby promoting its polymerization into microtubules and consequently inhibiting depolymerization depolymerization, leading to interruption of mitosis and cell replication.

Nail abnormalities secondary to Docetaxel occur in 10% to 40% of patients.

of patients, onycholysis accounts for only 2-3%, and hands are more affected than feet.

than feet Docetaxel-based triple combination therapy did not increase the frequency

nail lesions

Conclusion:

Nail toxicity induced by cancer chemotherapy is relatively frequent and feared by patients.

and dreaded by patients. Patient support and information are very important in the management of this

condition, as no major progress has been made in its prevention.

New studies are needed to understand the pathogenesis of these anomalies

Abstract N°: 125

Genetically engineered RUNX2 melanoma cells workflow for metastatic potential examination

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Introduction & Objectives:

Runx2 is a transcription factor involved in melanoma cell migration and proliferation. Recent studies have shown that it promotes the expression of the CXCR4 chemokine receptor on melanoma cells, which in turn promotes autophagy, cell invasiveness, and osteotropism (Deiana et al., 2018).

The aim of our study was to develop a workflow for RUNX2 KO generation in B16 melanoma cells, an approach that according to preliminary data from international databases may contribute to defusing cutaneous melanoma (CM) resistance to targeted and immunotherapies.

Materials & Methods:

The role of the RUNX2 gene in CM was investigated using the TIMER2.0 (http://timer.cistrome.org/) and TISIDB (http://cis.hku.hk/TISIDB/) databases. Two gRNAs targeting exon 4 of RUNX2 were designed and cloned into the px459v2.0 plasmid, as previously described1. The B16 melanoma cells were transfected with plasmid DNA using Lipofectamine 3000 in DMEM. After one day, cells were selected with complete DMEM containing puromycin for six days. B16 melanoma cells were further subjected to monoclonal cell isolation by seeding in 96-well plates. Genomic DNA was extracted from the transfected bulk cell population and isolated clones and PCR-amplified with primers spanning the gRNA-target region. RUNX2 KO was confirmed by Western blot.

Results:

According to the databases, RUNX2 shows positive correlations with the most notorious immune inhibitors within the CM tumour microenvironment and is overexpressed in CM patients unresponsive to immune and targeted therapies. Therefore, we hypothesize that orchestrating RUNX2 KO in melanoma may be a promising strategy to improve tumour response to therapeutic approaches. Five B16 clones were subjected to Sanger sequencing and all showed editing events. In particular, they showed an in-frame deletion within the Runt domain of the RUNX2 gene. In addition, these five clones showed no RUNX2 protein expression by Western blot.

Conclusion: Our study presents the workflow for obtaining genetically engineered melanoma cells that can be further exploited to dissect the biological roles of RUNX2 in syngeneic B16 melanoma mouse models.

References:

Deiana M. et al., 2018. New insights into the Runt Domain of RUNX2 in melanoma cell proliferation and migration. *Cells*. 7(11):220.

Abstract N°: 202

Erythrodermic Cutaneous T-Cell Lymphoma: Insights from a Kenyan Perspective.

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Introduction & Objectives: Primary cutaneous lymphomas are a group of rare extra nodal non-Hodgkin lymphomas(NHL) primarily affecting the skin. Erythrodermic cutaneous T-cell lymphoma (E-CTCL) encompasses erythrodermic mycosis fungoides(eMF) and Sezary syndrome and presents diagnostic and therapeutic challenges, particularly in skin of color and in resource-limited settings. The disease disproportionately affects patients of African descent with advanced-stage presentations and poorer outcomes reported in this population.The case series aims to describe the clinico-epidemiological characteristics, diagnostic challenges and treatment approaches of E-CTCL in our setting.

Materials & Methods: Thirteen(13) cases of E-CTCL managed at a tertiary facility in Kenya, between January 2024 and December 2024 were reviewed. Data on clinical presentation, histopathological analysis, laboratory and imaging findings, where feasible, immunohistochemistry studies and therapeutic interventions were analyzed.

Results: A total of 13 patients with erythrodermic CTCL (E-CTCL) were included in this case series, comprising 11 males and 2 females, with a mean age of** 50.8±17.9 years**.** Erythrodermic MF(eMF) was the most predominant clinical variant, observed in 92.3% (12/13) while 1 patient (7.6%) had Sezary syndrome. Histological confirmation was obtained in all cases, with classical features observed in 84.6% (11/13) while rare histological variants including folliculotropic MF and syringotropic MF were identified in one patient each. Treatment regimens combined skin-directed and systemic therapies, with muti-agent chemotherapy CHOP and methotrexate being commonly used. Outcomes include 2 patients succumbing while 11 patients are undergoing treatment.

Conclusion: This case series highlights the diverse clinical presentations of E-CTCL, emphasizing the importance of early diagnosis and the challenges faced in making a diagnosis and the therapeutic strategies employed. It underscores the need for further research to enhance patient outcomes especially in resource-limited settings.

Abstract N°: 210

Nevus characteristics in first-degree relatives of patients with melanoma

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Introduction & Objectives:

Melanoma is the most dangerous form of skin cancer, originating from melanocytes. Genetic, phenotypic, and environmental factors significantly influence its development. Since the incidence of melanoma in relatives of melanoma patients is increased compared to normal individuals, we aimed to perform a dermoscopic examination of the nevi of first-degree relatives of melanoma patients, investigate the presence of risk factors associated with nevus and melanoma development, and compare them with the normal population.

Materials & Methods:

In this study, we investigated the whole body nevi of 100 first-degree relatives of patients diagnosed with malignant melanoma (Group 1). These individuals aged 18 years and older presented to the Nevus outpatient clinic from March 8, 2023, to September 16, 2024. We employed a hand dermoscopy to thoroughly examine their nevi, documenting relevant images using a computerized dermoscopy system (FotoFinder® Medicam 500; Fotofinder Systems, 2007). Demographic data was collected, encompassing age, gender, working environment, and income status. We recorded the total count of nevi and the number and location of atypical and congenital nevi.

Additionally, we documented phenotypic characteristics that may correlate with the development of nevi and melanoma, including skin type, hair color, eye color, body mass index, personal history of sunburn, and habits regarding sunscreen usage. We adopted three categories to classify the number of nevi: fewer than 10, between 10 and 50, and more than 50. Simultaneously, we enrolled 102 individuals aged 18 and older as a control group (Group 2) who sought consultation at the outpatient clinic for reasons unrelated to having a relative diagnosed with melanoma. The same examination protocol and follow-up documentation were administered to this control group. Before commencing the study, we secured approval from the Uludağ University Faculty of Medicine Clinical Research Ethics Committee (decision dated March 7, 2023; numbered 2023-5/13), and all participants provided informed consent.

Results:

Of the individuals in the study group, 56 were female, and 44 were male. The mean age was 42.2±12.6 years. In the control group, 60 were female, and 42 were male, with a mean age of 49.6±17.7 years. Individuals in the study group were significantly younger regarding mean age and median age at sunburn ($p=0.001$, $p=0.034$). Auburn hair, alcohol use, middle-income status, number of individuals with more than 50 nevi and atypical nevi, and total and mean number of atypical nevi were also significantly higher in the study group ($p= 0.044$, $p= 0.027$, $p= <0.001$, $p= <0.001$, $p= 0.001$, $p= 0.001$, $p=<0.001$, $p= 0.001$).

Conclusion:

Our study revealed that individuals from families with melanoma exhibited a higher frequency of auburn hair, a more significant number of individuals with more than 50 nevi, and a higher prevalence of atypical nevi. This

group also showed an increased total and per capita count of atypical nevi and a history of sunburn at an earlier age than the general population in the same region. We also found that the number of alcohol users and middle-income individuals was higher in this group. This research is crucial as it enables us to compare at-risk individuals with those with similar phenotypic traits but lacking familial risk.

Abstract N°: 318

Methotrexate as a Neoadjuvant Therapy for Keratoacanthoma and Field Cancerization.

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Case Report: A 92-year-old male patient with a medical history of arterial hypertension, atrial fibrillation on anticoagulation, and dilated cardiomyopathy consulted for scalp lesions present for approximately six months. The patient reported pain in the largest lesion.

Physical examination revealed a 2.5 cm dome-shaped tumor with regular borders and a thick central crust located in the frontoparietal region. Two additional lesions with similar crusts, one with an erythematous base, were noted posteriorly along the same line. The rest of the scalp showed multiple small, easily detachable crusts. No cervical lymphadenopathy was palpable.

Keratoacanthoma and in situ squamous cell carcinoma (SCC) on a field of cancerization were considered as differential diagnoses.

Incisional biopsies were performed. Histology of the main lesion showed a well-circumscribed, symmetric epithelial proliferation with a crateriform architecture, marked hyperkeratosis, and focal mild atypia of keratinocytes, consistent with keratoacanthoma. The other lesions showed intraepidermal proliferation of atypical keratinocytes with loss of maturation and no dermal invasion, findings consistent with in situ squamous cell carcinoma.

Based on these findings, a final diagnosis of keratoacanthoma and SCC in situ on a cancerized field was made. As the patient declined surgery, treatment with intralesional methotrexate (25 mg diluted 1:1 with 2% lidocaine) was initiated, combined with topical 20% urea cream.

The response was favorable, with shedding of hyperkeratosis in the cancerized field, reduction of the keratoacanthoma and one SCC in situ lesion, and complete resolution of the other. Complementary cryosurgery sessions were scheduled.

Conclusion: Intralesional methotrexate is a safe, low-cost, and minimally invasive alternative for the treatment of keratoacanthomas and in situ squamous cell carcinomas, especially in elderly patients with comorbidities or lesions in anatomically or aesthetically complex areas. It is performed in an outpatient setting, requires no surgical infrastructure, has very few contraindications, and allows patients to resume normal activities immediately. This approach significantly reduces surgical risk while maintaining excellent therapeutic and cosmetic outcomes.

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Abstract N°: 350

Recurrence of basal cell carcinomas treated with radiotherapy: A single-centre retrospective review

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common type of skin cancer in the United Kingdom. Current national guidance lists excision as first line treatment, with superficial radiotherapy (SRT) being reserved for anatomically challenging locations, involved margins, recurrence or patient preference. The 5-year rate of BCC recurrence post-radiotherapy is estimated at 4-15% in current literature, though UK data is limited with most trials using heterogenous radiotherapies modalities. We sought to examine the incidence of recurrence of BCCs in patients treated with SRT at our institution.

Materials & Methods:

Patients at our NHS trust have been treated on a dedicated Xtrahl Superficial Radiotherapy machine since 2018. A retrospective service evaluation was conducted for all BCCs treated with SRT in a defined period within our institution. Consecutive BCCs treated with SRT between 2018 and 2021 were identified and electronic casenotes reviewed, including outpatient clinic letters, two week wait referrals, radiotherapy treatment summaries and histopathology results. Patient demographics, BCC subtype and distribution, date and dose of SRT treatment, previous treatment to site, and recurrence after treatment were recorded. Recurrence was defined as BCC regrowth at the irradiated site within 3 years.

Results:

330 BCCs were treated during the study period, of which 287 were primary, previously untreated BCC. Patients were treated with 80-120Kv photons. The majority of patients received a dose of 35Gy in 5 fractions (82.6% patients) or 42Gy in 10 fractions 15.3% patients). Median age was 80 (IQR 73-87) and 133 (46.3%) were female. 223/287 (77.7%) were diagnosed clinically without histology. For biopsied lesions, 34/64 (53.1%) were a high-risk subtype (micronodular, infiltrative or morphoeic). Distribution of lesions was as follows; nose 166 (57.8%), ear 16 (5.6%), lip 5 (1.7%), peri-ocular 4 (1.4%) forehead 30 (10.5%) other facial 51 (17.8%), non-facial 15 (5.2%).

Median follow-up was 45 months (IQR 37-59). 225 (78.4%) of patients underwent at least 3 years of follow-up, one patient moved out of region and the remainder died within 3 years of treatment. Recurrence was identified in 8 (2.8%) patients and histologically confirmed in 5/8 cases. 6 of these patients elected to undergo further treatment.

Conclusion:

A 3-year recurrence rate of 2.8% confirms that superficial radiotherapy remains a highly effective alternative to surgical excision, while underscoring the need for continued patient education and self-surveillance to ensure recurrence is detected appropriately.

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Abstract N°: 390

Subcutaneous Metastasis of Gastric Signet-Ring Cell Carcinoma with Thromboembolic and Urological Complications: A Case Report

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Introduction & Objectives:

Gastric adenocarcinoma commonly metastasizes to organs such as the liver, peritoneum, and lymphatic system. Subcutaneous metastasis is rare, occurring in less than 1% of cases, and often presents with dermatological symptoms, leading to misdiagnosis. This report discusses a 37-year-old male with subcutaneous metastasis from gastric signet-ring cell carcinoma (SRCC), who developed thromboembolic and urological complications. Initially misdiagnosed as post-steroid panniculitis, this case highlights the importance of early and thorough evaluation for unexplained skin lesions, especially when accompanied by systemic symptoms like thrombosis and hydronephrosis.

Materials & Methods:

A 37-year-old male with a history of anabolic steroid use presented with multiple subcutaneous nodules. Initially diagnosed with post-steroid panniculitis, his clinical course delayed oncological evaluation. Diagnostic steps included:

\1. Initial Presentation: The patient had firm nodules on his abdomen, back, and neck, which emerged months after discontinuing anabolic steroids.

\2. Clinical Investigations: Imaging studies, including abdominal ultrasound and CT scans, revealed subcutaneous metastasis, retroperitoneal lymphadenopathy, and hydronephrosis. A biopsy initially confirmed panniculitis but was re-evaluated.

\3. Biopsy and Imaging Findings: The re-evaluated biopsy confirmed signet-ring cell carcinoma (SRCC) in the subcutaneous nodules, indicating metastasis. Further biopsies showed gastrointestinal tract involvement, including the stomach, cecum, colon, and anal canal, confirming the primary source as gastric cancer.

\4. Thromboembolic and Urological Complications: Imaging revealed left leg swelling due to external iliac vein thrombosis. Further evaluations showed hydronephrosis and bladder wall thickening, raising suspicion of malignancy in the renal pelvis.

Results:

The final diagnosis of metastatic gastric SRCC was confirmed through:

\1. Subcutaneous Metastasis: Biopsy of the subcutaneous nodules revealed adenocarcinoma with signet-ring cells, confirming metastasis from gastric cancer.

\2. Thromboembolic Events: Imaging revealed left external iliac vein thrombosis, a rare complication of gastric cancer.

\3. Urological Complications: Bilateral hydronephrosis and bladder wall thickening suggested metastatic spread to the renal pelvis and urological system.

\4. Gastrointestinal Involvement: Endoscopic evaluation revealed SRCC in the gastrointestinal tract, including the stomach, colon, and anal canal.

Conclusion:

This case demonstrates the diagnostic challenges of subcutaneous metastasis from gastric cancer, especially when complicated by thromboembolic and urological symptoms. Early and comprehensive diagnostic workup, including biopsy and imaging, is essential to avoid delays in diagnosis. A high level of suspicion for metastatic gastric SRCC should be maintained in patients with unexplained subcutaneous nodules, particularly with accompanying systemic symptoms. Timely diagnosis and treatment can improve outcomes and prevent disease progression, underscoring the importance of early evaluation for appropriate oncological management.

Abstract N°: 426

Clinical and Prognostic Differences Between Nevus-Associated and De Novo Melanomas: A Cross-Sectional Investigation

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Introduction & Objectives:

Cutaneous melanoma can develop either de novo, without a recognizable precursor lesion, or from pre-existing melanocytic nevi, the latter being termed nevus-associated melanoma (NAM). While de novo melanomas (DNM) represent the majority of melanoma cases, approximately 30% arise in association with a nevus. The 2018 WHO classification proposes that these two subtypes may follow distinct biological pathways, with NAM possibly originating from melanocytic nevi. However, the prognostic implications of this difference remain under debate, as NAM is often considered to have a less aggressive clinical course.

Materials & Methods:

This study aims to examine and compare the clinical and histopathological features of NAM and DNM using data from the melanoma registry of our unit. We included patients who had a minimum of five years of follow-up and were diagnosed with invasive superficial spreading melanoma (SSM), excluding melanoma in situ. A total of 378 patients were included, with 288 in the DNM group and 90 in the NAM group. We collected clinical data on factors such as age, sex, tumor site, Breslow thickness, mitotic rate, ulceration, sentinel lymph node involvement, distant metastasis, and melanoma-specific mortality. Statistical analyses were performed using t-tests, Chi-square, and Fisher's exact tests.

Results:

The mean age at diagnosis was similar in both groups (52 years for NAM vs. 54 years for DNM), and both groups showed a predilection for trunk involvement (51.7% in DNM vs. 65.6% in NAM). Notably, NAM tumors were thinner (mean Breslow thickness of 0.55 mm vs. 0.84 mm in DNM), demonstrated lower mitotic rates (0.17 vs. 1.21), and had less ulceration (2.2% vs. 9.4%). Distant metastases were observed exclusively in the DNM group (6.6%). Although sentinel lymph node positivity and melanoma-specific mortality rates were not significantly different between the groups, multivariate analysis identified Breslow thickness and mitotic rate as significant factors distinguishing the two melanoma subtypes.

These findings align with previous studies that suggest NAM is associated with a more favorable prognosis due to its thinner presentation, fewer mitoses, and reduced ulceration compared to DNM. The absence of metastasis and melanoma-related deaths in the NAM cohort, despite the overall thinness of these tumors, suggests that NAM may follow a less aggressive clinical course. This study reinforces the concept that NAM and DNM are biologically distinct subtypes of melanoma, each with unique clinical features and prognostic implications.

Conclusion:

In conclusion, this analysis provides further evidence of the clinical differences between NAM and DNM, supporting the notion that these melanoma subtypes may follow divergent paths of tumorigenesis. Future molecular research is needed to clarify the underlying mechanisms and better understand the clinical significance of these differences.

Abstract N°: 479

Immunological and Viral Profiles of Squamous Cell Carcinoma in Transplant and Non-Transplant Patients in an Asian Cohort

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) remains poorly understood at the molecular level, both in the immunocompetent and immunosuppressed populations. Data on the diversity of viruses found in cSCC is also lacking.

Objectives: We aimed to characterize the immunological and molecular profiles of cSCC in organ transplant recipients (OTR) and non-transplant recipients in an Asian cohort and explore the diversity of viruses detected.

Materials & Methods:

Gene expression analysis was performed on 44 snap-frozen cSCC tissues using the NanoString PanCancer IO 360 panel. Viral detection was performed using the Twist Comprehensive Viral Research Panel.**Results:**

cSCC presented upregulation of immune response pathways and tumor microenvironment remodeling compared to adjacent normal skin tissue. Correspondingly, cell-type profiling showed higher levels of exhausted CD8 cells, neutrophils, and cytotoxic cells. Clustering of cSCC revealed three groups with distinct pathway scores: Cluster 1 showed downregulated immune-oncology signaling and Cluster 3 showed distinct upregulation of the majority of the pathways. Tumor inflammation signature (TIS) scores were highest in Cluster 3 compared with Clusters 2 and 1 (7.54 vs. 6.71 vs. 5.75, respectively) (p<0.001), suggesting a more inflamed or “hot” tumor phenotype in Cluster 3. Transplant cSCC showed increased immune-oncologic signaling in pathway analysis, downregulation in mast cells, regulatory T-cells, and dendritic cells; and upregulation of neutrophils and NK-cells. There was an enrichment of detectable viruses in transplant-associated SCC, with several tumors harboring multiple viruses (HPV, EBV, MCV, and TTV). Virus were particularly enriched in tumor tissue, especially in transplant cSCC.

Conclusion:

cSCC is marked by a pro-tumorigenic immune environment with altered immune cell populations. These findings support the potential for stratified, immune-tailored treatment approaches for cSCC, especially in OTR who have a higher disease burden. Future studies on the possible oncogenic role of the detected viruses can be undertaken.

Abstract N°: 528

Decoding the deceptive: A Rare Scalp Tumour Disguised as Dissecting Cellulitis

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Introduction & Objectives:

Sweat gland adenocarcinoma (SGC) is a rare malignancy originating from sweat glands, with an incidence of less than 0.001% of all tumours. We present a unique case of SGC with atypical clinical features mimicking dissecting cellulitis of the scalp (DCS) and an unexpected disease progression.

Materials & Methods:

An 85-year-old Indian woman presented to a clinic in Southern India with multiple, persistent, painful swellings and erosions over the scalp with discharging pus. Initially diagnosed as DCS, she underwent unsuccessful treatments with multiple antibiotics and retinoids, which were discontinued due to intolerance. The patient was referred to plastics for surgical intervention due to failed treatments and significant impact on quality of life.

Results:

Initial debridement revealed multiple globular swellings and ulcers with significant odour, pain and pus collection. Surprisingly, a skin biopsy revealed SGC (infiltrative type). The patient had lymphadenopathy and was unsuitable for surgery due to poor performance status.

SGC typically occurs on the head, neck, and the lower extremities in patients between 60 and 70 years of age, with no gender preference. It demonstrates aggressive characteristic with potential for lymph node invasion and distant metastasis. Microscopically, SGC resemble adenocarcinomas with well-developed glandular lumina, showing characteristic evidence of “decapitation secretion.” Tumor cells are PAS (periodic acid-Schiff)-positive due to glycogen granules and are diastase resistant. The diagnosis poses a significant challenge requiring histological evaluation with immunohistochemistry, to distinguish it from benign counterparts or other malignant tumours. The recommended treatment for SGC is complete surgical excision, with Mohs micrographic surgery preferred over conventional surgical excision. Regional lymph node dissection is considered for clinically node-positive disease. Radiotherapy, chemotherapy and immunotherapy have been infrequently employed.

Conclusion:

This case highlights the rare presentation of SGC mimicking DCS, which typically has an age of onset between 20 and 40 years, predominantly affecting adult males. Histological findings include a dense, predominantly neutrophilic, mixed cell perifollicular infiltrate in the dermis. The key treatment strategies for DCS aim to reduce inflammation, reduce follicular occlusion, and prevent and treat secondary infection.

This report contributes to the limited literature on this rare neoplasm and enhances our understanding of its clinical presentation, management, and prognosis. Clinicians need to maintain a high index of suspicion for

uncommon malignancies in atypical presentations of seemingly benign conditions, particularly in elderly patients.

Abstract N°: 629

Assessing Cost-Effectiveness of Teledermatology for Skin Cancer Diagnosis: A Systematic Review

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Introduction & Objectives: Skin cancer is a significant global health concern, with challenges in timely diagnosis and management leading to increased demand for dermatology consultations. This surge exacerbates wait times and healthcare costs. Teledermatology offers a potential solution, yet its adoption remains limited. This systematic review aimed to assess the cost-effectiveness of teledermatology in skin cancer diagnosis and evaluate the frameworks used in previous studies to suggest improvements for healthcare policy decision-making.

Materials & Methods: We conducted a systematic review of the literature using keywords "teledermatology," "cost-effectiveness," and "skin cancer" across PUBMED, MEDLINE, Mendeley, and Scopus. Inclusion criteria consisted of English-language studies focused on teledermatology's cost-effectiveness in skin cancer. Exclusion criteria included duplicates, case reports and series, outdated data, and unclear methodologies. Seven studies were included for analysis, spanning diverse cost-effectiveness frameworks such as retrospective analyses, prospective evaluations, and decision-analytic modeling.

Results: Findings demonstrated teledermatology's ability to reduce patient costs by up to 73.53%, improve access, and minimize unnecessary visits. Cost savings per consultation ranged from $10.00 to $52.65. Additional benefits included reduced travel expenses, fewer work disruptions, and shorter time to treatment by up to 26 days, despite higher initial setup costs. Decision-analytic modeling emerged as a robust framework for evaluating cost-effectiveness, addressing data gaps and uncertainties. However, a lack of standardized metrics, such as quality-of-life indices, and limited regional diversity in data hindered generalizability and comprehensive evaluation.

Conclusion: Teledermatology is a cost-effective approach to improving skin cancer diagnosis and management by reducing costs, wait times, and barriers to care. Strengthening adoption requires addressing challenges such as patient hesitation, provider training, and setup costs. Future research should incorporate broader datasets, geographic diversity, and standardized quality-of-life metrics to refine cost-effectiveness evaluations. These refinements will provide stronger evidence for healthcare policy-making and resource allocation, ensuring teledermatology's integration into clinical practice.

Abstract N°: 632

A retrospective cohort study of Asian patients with pigmented epithelioid melanocytomas

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Introduction & Objectives:

Pigmented epithelioid melanocytoma (PEM) is a very rare melanocytic tumor that are generally considered low-grade malignancies with a generally favorable prognosis, associated with slow growth and limited metastatic potential. There is a paucity of literature focused on PEMs arising in Asians. We present a retrospective cohort study based on patients managed at a tertiary hospital in Asia, identifying characteristics of patients with PEMs, management options and disease outcomes

Materials & Methods:

Clinical charts were reviewed for all adult inpatients and outpatients from National University Hospital, Singapore from January 2013 to January 2023. Data collected included patient demographics, clinical findings, investigations, treatments, margins of excision, follow-up and recurrence.

Results:

16 patients were analysed. The median age of patients was 33 years old. Twelve patients were female. Of the 16 patients, the majority were Chinese (87.5%). Initial differential diagnoses, where available, included blue nevus (43.8%), melanocytic nevus (18.8%) and other benign skin tumors (unspecified) (18.8%). The mean duration of the lesion(s) prior to presentation being 122.1 months (range 9 to 324 months). The youngest age at presentation was 3 years old, whilst the oldest age at presentation was 84 years old. Of the 16 patients, the majority of lesions (43.8%) occurred in the upper limbs, 25% occurred in the head/neck region, 18.8% occurred at the genitalia/buttocks whilst 6.3% occurred in the posterior trunk and lower limb respectively. None of the patients had a family history nor personal risk factors for skin cancers.

Regarding management, all cases were treated with wide local excision, with margins ranging from 0.5mm to 9mm. Of the 13 cases with margins taken, 3 (23.1%) had margins less than 1mm, 2 (12.5%) had margins up to 2.5mm, 3 (23.1%) had margins up to 5mm and 2 (12.5%) had margins larger than 5mm. Of the 16, 5 (31.3%) underwent sentinel lymph node biopsy. All patients regardless of whether they underwent SLNB or not, did not exhibit evidence of distal metastasis. Adjunct scans such as positron emission tomography scan, computed tomographic scan and ultrasonography were performed in 31.3% of cases.

The duration of follow-up duration ranged from 3 to 63 months in the 8 patients who chose to continue surveillance at our center. Of the 16 patients, only 1 case of recurrence post excision occurred, with a time to recurrence of 12 months.

Conclusion:

Based on this retrospective cohort study in a single center tertiary unit in Asia, PEMs arising in Asians appear to largely run a benign course. All patients regardless of whether they underwent SLNB or not, did not exhibit evidence of distal metastasis. Adjunct scans that were performed in up to a third of patients were reassuring. Based on the European Organisation for Research and Treatment of Cancer (EORTC) guidelines, along with ESP and EURACAN, a 2-mm margin for low-grade intermediate lesions and 5-10 mm re-excision for high-grade lesions

of pigmented epithelioid melanocytomas (PEM), with follow-up every 6 months for at least 5 years is recommended. In our center, all cases were treated with wide local excision, with margins ranging from 0.5mm to 9mm, and is in accordance to existing guidelines. Treatment of PEMs is likely similar regardless of ethinicity. Longitudinal surveillance and further research will be helpful in delineating long term outlook of this pigmented melanocytic tumor.

Abstract N°: 677

Skin Metastases: Common Patterns and Key Differences – A Case Series

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Introduction & Objectives:

Skin metastases (abb. SM) are a rare clinical entity that often signal a poor prognosis when they appear. Their presentation varies widely, manifesting as papules, nodules, plaques, or ulcerations. SM frequently occur in patients with a known primary malignancy, making diagnosis more straightforward. However, in rare cases, they may be the first manifestation of an undiagnosed malignancy, making diagnosis more challenging. In men, the most commonly affected site is the head and neck region, while in women, it is the anterior chest wall. Dissemination to the skin can occur through the bloodstream, lymphatic system, direct extension, or seeding following surgical procedures. Histopathological examination of skin lesions is particularly valuable in diagnosis, especially when the primary malignancy is unknown.

Materials & Methods:

We present three cases of skin metastases in patients who underwent our evaluation.

Results:

The first patient is a 58-year-old woman with a one-year history of Stage IIIC cervical carcinoma who sought dermatological evaluation due to multiple erythematous, firm, non-tender skin papules, plaques, and nodules of varying sizes, along with shallow ulcers surrounding a postoperative scar on her right upper arm. She previously underwent surgery of the right humerus due to a pathological fracture caused by osteolytic metastatic lesions. The most likely mechanism of dissemination to the skin in this case is the direct spread of malignant cells following the surgical intervention.

The second patient is a 63-year-old woman referred to a dermatologist due to multiple infiltrative, erythematous plaques of varying sizes on her back. A detailed review of her medical history revealed that she had undergone surgical treatment for gastric cancer with Krukenberg metastases four years earlier. Histopathological examination of the skin lesions confirmed cutaneous metastases, showing poorly differentiated adenocarcinoma with signet ring cells. The probable mechanisms of dissemination are hematogenous and/or lymphatic spread.

The third patient is a 68-year-old man who presented with two ulcerations on the anterior torso, characterized by elevated livid edges and fibrin deposits. He had previously been treated for couple of months at a primary healthcare center for a presumed cutaneous non-healing infection. However, due to the persistence of the skin lesions, dermatologists performed a biopsy, which revealed a proliferation of neoplastic cells. A subsequent lung biopsy confirmed a diagnosis of small-cell lung carcinoma. Shortly thereafter, the patient passed away.

Conclusion:

It is estimated that SM will be encountered more frequently in dermatological practice due to the increasing incidence of malignancies. SM are often observed after the diagnosis of the primary tumor, but the time between

the initial diagnosis and the appearance of SM can vary widely, as can their clinical presentation. Rarely, SM may be the first sign of an undiagnosed malignancy, often indicating an advanced stage of the disease and a poor prognosis, as was the case with our third patient. The site of dissemination is also highly variable, although SM tend to appear at the site near the primary tumor. In conclusion, SM require a multidisciplinary approach for both diagnosis and treatment. While SM can be diagnosed based on clinical, radiological, and histological features, immunohistochemical studies are necessary in some cases.

Abstract N°: 784

Late-stage mycosis fungoides is more associated with the presence of Bartonella spp. DNA in the skin than early-stage mycosis fungoides.

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Introduction & Objectives:

Primary cutaneous lymphomas (PCL) are a group of lymphoproliferative diseases of the skin without evidence of extracutaneous involvement. Primary cutaneous T-cell lymphomas represent approximately 75% of these cases, with mycosis fungoides (MF) and Sézary syndrome (SS) being the most prevalent clinical forms. It is known that certain viruses and bacteria are associated with the oncogenesis of some cutaneous and/or systemic lymphomas. *Bartonella* spp. are bacteria capable of causing intraerythrocytic and intraendothelial infections, as well as chronic lymphocyte stimulation. Furthermore, this infection can have an immunomodulatory effect by reducing the inflammatory response against tumors.

The objective of this study is to study the detection of *Bartonella* spp. DNA in skin lesion fragments and blood samples from patients with MF and to compare its presence between early-stage and late-stage patients.

Materials & Methods:

This cross-sectional study involved the collection of blood samples and skin lesion fragments from patients with MF. Patients were classified as having either early-stage disease (patches and plaques on the skin, with no lymph node or blood involvement) or late-stage disease (tumors, erythroderma, or extracutaneous involvement). Molecular analyses—including conventional, nested, and real-time polymerase chain reactions (PCR) as well as *Bartonella* spp. cultures were conducted on the samples. All participants completed a questionnaire regarding potential risk exposures to these bacteria. Statistical analyses were performed using Epi Info 7 software, with Fisher's exact test applied for comparisons

Results:

All cultures were negative. *Bartonella* spp. DNA was detected in the blood of two patients (7.7%) and in the skin of five patients (19.2%) out of 26 with mycosis fungoides (MF). Overall, considering both blood and skin lesion samples, *Bartonella* spp. DNA was identified in six patients (23%). There was no statistically significant difference in the comparison of blood infection by *Bartonella* spp. or in risk factors for infection between MF patients at different disease stages. However, the detection *Bartonella* spp. DNA in the skin of patients with advanced disease was significantly higher than in those with early-stage disease (*odds ratio* = 14.25 p = 0.03). The results are presented in Table 1**.**

	Late stage MF	Early stage MF	*Odds ratio*	*p*
Patiets	5	21		
Female	2 (40%)	11 (52%)		
Blood detection	1	1	5	0.35
Skin detection	3	2	14.25	0.03
Dog as a pet	4	17	0.94	1
Dog bite	1	9	0.33	0.61
Cat as a pet	3	10	1.65	1
Cat scratch	3	3	9	0.06
Blood transfusion	2	2	6.3	0.15

Bartonella henselae has been shown to stimulate the STAT3 pathway, the same pathway activated by *Staphylococcus aureus* in patients with MF, which may contribute to disease progression. Additionally, *B. henselae*-infected macrophages acquire an M2 phenotype, the same phenotype found in the microenvironment of late-stage MF. Higher levels of IL-10 have been observed in individuals infected with *Bartonella* spp.. Ericson *et al.* found *B. henselae* inside infected melanoma cells, which exhibited elevated levels of VEGF and IL-8 compared to controls. Our findings suggest that *Bartonella* spp. infection may contribute to an exhausted immune phenotype in the microenvironment of late-stage MF. Evaluating the cytokine profile in infected MF patients could provide further evidence supporting this association. To our knowledge, no other studies in literature have investigated the relationship between *Bartonella* ssp. detection and cutaneous lymphomas.

Conclusion:

The detection of *Bartonella* spp. DNA was higher in patients with advanced disease, with a statistically significant difference observed in cutaneous samples.

Abstract N°: 844

Comprehensive blood profiling to derive immune signatures predictive of checkpoint inhibitor response and toxicity

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Introduction & Objectives:

Immune checkpoint inhibition (ICI) has significantly improved outcomes for an increasing range of cutaneous and non-cutaneous malignancies. However, many patients do not benefit, and most develop immune-related adverse events (irAEs). Mechanisms and risk factors underlying ICI response and irAEs are incompletely understood. Thus, accurate patient stratification is a significant unmet clinical need. Here, we use high-throughput spectral cytometry alongside machine-learning based analytics to characterise immune dynamics under ICI at scale and in depth. We present immune signatures predictive of ICI response and severe irAEs with compelling accuracy in a cohort of 100 patients.

Materials & Methods:

Cryopreserved PBMCs were obtained from patients consented to the EXACT study (NCT05331066). All patients received standard of care adjuvant or advanced ICI for skin (n=74) or renal cancer (n=26). 222 samples from baseline (BL), cycle 2 (C2), and/or irAE onset were profiled. Best overall response was annotated per RECIST 1.1(Responders: CR, PR, SD > 6 months). Patients on adjuvant ICI were designated as no-relapse at > 6 months since ICI initiation. irAEs were graded per CTCAE v5.0 and grade ≥3 considered severe. PBMCs were stained with three antibody panels comprising 114 markers in total. Data was acquired on a Sony ID7000 spectral analyser. Precise, systems-level characterisation of 23,906 discrete PBMC subsets per sample was performed using IMU Biosciences' proprietary machine learning platform. Following rigorous data quality control, feature selection was refined through titration, variance, and correlation filtering to prioritise robust, biologically relevant markers. Predictive PBMC signatures were derived using univariate feature selection with bootstrapping followed by stepwise logistic regression and were validated through 100 iterations of 80:20 cross validation.

Results:

Signature performance was evaluated at BL and C2. Benefit(responder/no-relapse) prediction achieved AUCs (mean ± SD from 100 iterations of 80:20 cross-validation) of 0.814±0.11 (BL), and 0.85±0.10 (C2). There was clear segregation of patients in PCA not driven by covariates or irAE severity. IrAE severity prediction performed similarly well with AUCs of 0.84±0.08 (BL), and 0.82±0.13 (C2). We additionally assessed severe irAE prediction at AE onset, achieving AUC 0.75±0.13. Segregation was again clear in PCA and not driven by covariates or benefit.

Conclusion:

Here, we employed high-content PBMC profiling to generate candidate immune signatures for prediction of ICI outcomes. Our findings highlight the transformative potential of machine learning-powered immune profiling to identify baseline and dynamic signatures related to benefit and toxicity outcomes under ICI with clear implications for cutaneous oncology patient stratification and adverse event risk management. Work is ongoing to further validate these predictive signatures through contemporaneous analysis of accruing samples.

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Abstract N°: 859

Identification of clinical and histological risk factors for local and metastatic recurrence in 370 cutaneous squamous cell carcinomas

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Introduction & Objectives:

Cutaneous squamous cell carcinomas (cSCC) are malignant proliferations of the epidermis. It's the second most common skin cancer (20%) after basal cell carcinoma. In France, the annual incidence is 30/100 000, and is increasing every year because of the population aging and sun exposure habits. While the majority of patients with cSCC will have no complications after complete surgical treatment, some cSCC may recur locally or progress to metastatic disease. Mortality from cSCC is estimated at 4%.

Understanding the risk factors for local or metastatic recurrence of cSCC can help with early identification of the most at-risk patients and dictate an appropriate management and follow-up strategy.

The aim of our study was to identify the clinical and histological risk factors for local recurrence and metastatic progression.

Materials & Methods:

The study was observational, retrospective and monocentric. A total of 1050 patients diagnosed with cSCC between 1997 and 2023 were identified from the computer registry of the Dermatology Department of Saint-Etienne University Hospital.

Inclusion criteria were : histologically confirmed diagnosis of cSCC and at least one clinical follow-up by a dermatologist after excision.

Exclusion criteria were : cSCC in situ, keratoacanthomas, cSCC in the mucosa, cSCC with metastasis from the start, missing histological or clinical criteria, patients lost to follow-up after excision.

All the following clinical and histological criteria were studied : tumor location, predisposing genetic syndrome, immunosuppression, tumor on scar or burn, complementary radiotherapy, diameter, histological type, thickness, Clark level, ulceration, differentiation, presence of vascular emboli, presence of perineural

invasion, histological margins, surgical revision.

The final study population was 199 patients with 370 cSCC.

Results:

There were 127 men and 72 women, the mean age at the time of excision was 75.2 years. 5.1% of patients died from their carcinoma.

25 recurrences (6.8%) were identified, including 11 local recurrences (3%) and 14 metastatic recurrences (3.8%).The mean time for local recurrence was 1.7 years and it was 1.6 years for metastatic recurrence. Most recurrences occurred in the first 3 years after excision.

Given the low number of recurrences, statistical analyses were performed for the risk of overall recurrence (local and metastatic).

In multivariate analysis, complete excision was a significant protective factor (HR 0.3225 [0.1106-0.9401]; p = 0.03816) and risk factors were poorly differentiated status (HR 4.1887 [1.2214-14.3650]; p=0.02273), tumour thickness (HR 1.2590 [1.1510-1.3772]; p< 0.001), and immunosuppression (HR 3.9730 [1.4682-10.7511]; p = 0.00661).

Conclusion:

Prospective and multicenter studies are needed in the future to better predict the risk for each individual to improve the relevance of current classifications and for better management of at-risk patients.

Abstract N°: 861

Debut of multiple myeloma on the skin

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Introduction & Objectives:

Multiple myeloma (MM) is a clonal lymphoproliferative disease of plasma cells in which monoclonal immunoglobulin levels are increased. Approximately 4% of patients with multiple myeloma have extramedullary signs and 2% have cutaneous manifestations. These rashes usually occur in the late stages of MM and are a consequence of increased tumour cell numbers. We present a case of our own observation in a patient with multiple myeloma manifesting only on the skin and delayed signs of systemicity.

Materials & Methods: We present a case of multiple myeloma manifesting with cutaneous lesion in a 71-year-old male patient.

Results: A caucasian male patient, 71 years old, presented to the dermatological service with rashes on the scalp. Clinical examination revealed nodules in the frontal, temporal and parietal regions. These nodules with a smooth surface and dense consistency were red in colour with a livid tinge. They were 3-6 cm in diameter and coalesced into plaques, exophytic-erect. The nodes were adherent to the skin and soft tissues, painless on palpation. At the time of examination, the patient demonstrated the results of computed tomography (CT) scan and blood tests obtained during the preventive examination and exclusion of asymptomatic course of covid infection.

A clinical diagnosis of B-cell lymphoma of the skin (LBCFPC) or Darier Ferran's dermatofibrosarcoma was suspected. A skin biopsy was performed from the lesion, which showed a diffuse infiltrate in the dermis of plasma cells.

Immunohistochemical examination revealed strong expression of CD138, increased expression of lambda, no expression of kappa and CD38.

The patient was referred to an oncologist for staging, at which CT, ultrasound, blood and urine tests, and bone marrow puncture biopsy revealed no pathology. After completion of the evaluation, the patient's condition was considered primary cutaneous B-cell lymphoma of the skin (LBCFPC). The patient was referred for radiotherapy but did not receive treatment due to family reasons.

After 16 months, another lung radiogram to rule out bronchitis and to identify the cause of cough for 20 days revealed a neoplasm in the left mediastinum, which was considered as a possible tumour. Subsequent in-depth examination in the oncology department revealed anaemia, hypercalcaemia and proteinuria. Bone marrow biopsy showed a diffuse infiltrate of tumour cells containing Dutcher's corpuscles. Immunohistochemical examination of the tumour infiltrate revealed expression of CD138. In flow DNA cytometry analysis, 80% of tumour cells expressed CD56.

According to the new findings, the patient was diagnosed with multiple myeloma with skin debut.

Conclusion: Thus, in the presented case, skin rashes preceded systemic signs of MM and mimic skin tumours. This

case is presented to add to the information base of practitioners as an illustration of the diversity of symptoms of malignant neoplasm.

Abstract N°: 864

A Rare Case of Recurrent Primary Cutaneous Plasmacytoma: Diagnostic and Therapeutic Challenges

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Introduction & Objectives: Primary cutaneous plasmacytoma (PCP) is a rare form of extramedullary plasmacytoma (EMP) limited to the skin without systemic involvement. Fewer than 70 cases have been reported in the literature. We present a case of recurrent PCP and highlight diagnostic challenges and multidisciplinary management.

Materials & Methods: A 70-year-old male presented with erythematous papules in the left axillary region in 2022. Initial misdiagnosis as inflammatory dermatosis delayed proper treatment. Histopathological evaluation showed plasma cell infiltration positive for CD38 and kappa light chain. Systemic screening via PET-CT and MRI revealed no abnormalities. Diagnosis of PCP was confirmed, and the lesion was excised. Follow-up in 2024 showed elevated kappa and lambda light chains, despite normal immunoglobulin and β2-microglobulin levels. In March 2025, new erythematous lesions appeared near the surgical scar. Punch biopsies confirmed recurrent PCP with plasma cell infiltration and kappa monotypy.

Results: Initial excision achieved negative surgical margins, and systemic screening confirmed localized disease. Recurrence was diagnosed based on clinical suspicion and confirmed histologically. Elevated kappa and lambda light chains preceded clinical recurrence. Repeat PET-CT and laboratory results again showed no systemic involvement. A second excision was planned.

Conclusion: PCP may recur locally despite complete excision. This case emphasizes the importance of detailed clinical history, vigilant follow-up, and collaboration across dermatology, hematology, pathology, and surgery. Biochemical changes may precede visible recurrence, and subtle symptoms such as scar changes should not be overlooked.

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Abstract N°: 867

Assessing the Accuracy of Patient-Reported Actinic Keratoses and Keratinocyte Carcinomas

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Introduction & Objectives: Determining how many keratinocyte carcinomas (KCs) a patient has had is crucial for dermatologists in assessing the patient's future risk of developing additional KCs. At times, this information may have to be collected directly from the patient if electronic medical record data is limited. This study seeks to examine the accuracy with which patients who recently underwent Mohs surgery report the number of actinic keratoses (AKs) and KCs they had in the past.

Materials & Methods: Patients with a history of KCs were recruited from a single academic Mohs surgery clinic to participate in this study. They completed an initial survey regarding demographics and SC history at the time of surgery, as well as follow-up surveys regarding number of KCs and AKs in the last six months at six and twelve months post-surgery (t6 and t12, respectively). The difference in the number of patient-reported AKs and KCs at t6 or t12 relative to what was documented in their medical record was calculated. To assess whether these differences were significant, one-sample t-tests with zero as the comparison value were used. The associations between reporting accuracy and patient demographics or FC class were assessed using Wilcoxon rank sum tests or Spearman correlations.

Results: A total of 189 patients who had quantifiable data on AKs and/or KCs were included in the study. Roughly 50% of participants were male and over 98% were white. A minority of patients correctly reported their number of AKs at t6 and t12 (42.9% and 38.6%, respectively). In addition, a minority of patients correctly reported their number of KCs at t6, but a majority correctly reported KCs at t12 (40.6% and 66.7%, respectively) (**Table 1**). AKs were underreported at t6 and t12, though this was not statistically significant. KCs were significantly overreported by an average of 0.92 ($p<0.001$) and 0.27 ($p = 0.004$) lesions at t6 and t12, respectively. Age, sex, FC class, and immunocompromised status were not significantly associated with patients' reporting accuracy (**Table 2**).

Conclusion: This study found less than 70% of patients accurately reported their number of AKs or KCs at each timepoint. Patients tended to overreport KCs, suggesting patients may be conflating AKs with KCs. It is beneficial for patients to know the number of KCs and AKs they've had because this information can guide decisions regarding the frequency of dermatology visits and may influence a physician's decision to initiate chemoprevention, as outlined in the FC classification system. Patients knowing the number of KCs they've had in the past is especially important, as these cancers are not recorded in SEER, which makes tracking them even more difficult. Additional efforts are needed to improve concordance between patient-reported and documented AKs and KCs in the future.

Table 1. Concordance between patient-reported and documented AKs and SCs at 6 and 12 months

Patient-reported outcomes	Correct	Overestimates	Underestimates
AKs at 6 months	57 (42.9%)	29 (21.8%)	47 (35.3%)
AKs at 12 months	39 (38.6%)	22 (21.8%)	40 (39.6%)
SCs at 6 months	67 (40.6%)	90 (54.5%)	8 (4.8%)
SCs at 12 months	72 (66.7%)	27 (25.0%)	9 (8.3%)

Table 2. Comparing patient-reported and documented AKs and SCs at 6 and 12 months

	Difference in AKs t6 (n=133)	P-value	Difference in AKs t12 (n=101)	P- value	Difference in SCs t6 (n=165)	P-value	Difference in SCs t12 (n=108)	P-value
Overall (M ± SD)	-0.6 ± 3.9	0.08[1]	-1.0 ± 6.4	0.13[1]	0.9 ± 1.5	**<0.001[1]**	0.3 ± 1.0	**0.004[1]**
Age (rho)	-0.05	0.59[2]	0.04	0.72[2]	-0.12	0.13[2]	0.03	0.74[2]
FC Class (rho)	0.05	0.61[2]	-0.15	0.13[2]	0.10	0.19[2]	0.11	0.25[2]
Sex (Median (IQR)		0.10[3]		0.09[3]		0.83[3]		0.98[3]
Female	0.0 (-1.0, 0.0)		0.0 (-1.0, 0.0)		1.0 (0.0, 1.0)		0.0 (0.0, 0.0)	
Male	0.0 (-2.0, 0.0)		0.0 (-3.0, 0.0)		1.0 (0.0, 2.0)		0.0 (0.0, 1.0)	
Immunocompromised (Median (IQR)		0.76[3]		0.60[3]		0.36[3]		0.31[3]
No	0.0 (-1.0, 0.0)		0.0 (-1.0, 0.0)		1.0 (0.0, 1.0)		0.0 (0.0, 0.0)	
Yes	0.0 (-2.0, 2.0)		-1.0 (-5.0, 1.0)		1.0 (0.0, 2.0)		0.0 (0.0, 1.0)	

1One sample t-test; 2Spearman correlation coefficients p-value; 3Wilcoxon test p-value

M = Mean, SD = Standard deviation, IQR = Interquartile Range

Abstract N°: 874

Metastatic basal cell carcinomas in Gorlin syndrome – a case series and literature review

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Introduction & Objectives:

Basal cell carcinomas (BCCs) are the most prevalent skin cancers, accounting for ~80% of nonmelanoma skin tumors, with a mortality rate below 1%. Metastatic BCCs (mBCCs) are exceedingly rare, with estimated rates ranging from 0.003% to 0.55%. Gorlin syndrome (basal cell nevus syndrome) is a rare autosomal dominant disorder characterized by multiple BCCs and other developmental anomalies. Although over 300 mBCC cases have been reported, mBCCs in Gorlin syndrome are infrequently documented.

This study presents the largest retrospective case series of mBCC in Gorlin syndrome from a UK Regional Genetics Centre and includes a supporting literature review to evaluate the current evidence base.

Materials & Methods:

Clinical data were retrospectively collected on three patients diagnosed with both Gorlin syndrome (confirmed PTCH1 mutations) and mBCC from a cohort of 260 patients under genetic care.

Detailed case histories, histological subtypes, imaging findings, treatment modalities, and outcomes were documented. Histological confirmation of metastasis, along with imaging (MRI, CT, PET), was used to establish diagnosis and disease progression.

A literature review was performed using PubMed, MEDLINE, Embase, and Scopus to identify published mBCC cases in Gorlin syndrome.

Results:

All three patients developed mBCC between the ages of 43 and 55. The metastatic sites included bone (all three cases), lymph nodes, lungs, and parotid tissue. Each patient had a long history of multiple BCCs treated with various modalities including surgical excision, photodynamic therapy (PDT), and vismodegib. Histology showed predominantly nodular and infiltrative subtypes, with some basosquamous carcinoma (BSC) components. Two patients developed distant metastases with bone involvement, which was associated with significantly shorter survival.

Compared to the literature review (11 cases between 1975–2016), this series had a younger median age of mBCC diagnosis (47 vs. 52 years), and more frequent bony metastases. The estimated risk of mBCC in this Gorlin cohort was 1.15%, with a projected lifetime risk >2%.

Conclusion:

This is the largest reported case series of metastatic BCC in Gorlin syndrome, highlighting the rarity yet severity of

such progression. It underscores the need for rigorous clinical surveillance, early diagnosis, and surgical excision with negative margins. Bone metastases were associated with poorer prognosis than nodal spread. While vismodegib offers treatment options, resistance and disease progression remain concerns. Further research is needed to better define lifetime risk, prognostic indicators, and to evaluate emerging therapies, including more tolerable Hedgehog inhibitors and comparative studies of vismodegib vs. sonidegib in Gorlin patients.

Abstract N°: 901

Marjolin's ulcer in patients with anogenital lichen planus: a systematic review

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Introduction & Objectives:

Anogenital lichen planus (ALP) is a chronic inflammatory condition associated with significant morbidity and a potential risk of cutaneous squamous cell carcinoma (cSCC). Specifically, in the setting of chronic inflammation, ALP can give rise to Marjolin's ulcer (MU), a rare, aggressive subset of cSCC associated with a poor and potentially life-threatening prognosis. The true incidence of ALP is likely underestimated due to the lack of routine genital examination by healthcare providers and potentially asymptomatic nature of lesions. This systematic review aims to characterize the clinical characteristics of patients developing MU within ALP and its associated outcomes.

Materials & Methods:

Medline and Embase were searched from inception–November 2024, identifying English-language studies reporting MU or squamous dysplasia arising within ALP lesions in adult patients (≥18 years). Thirty-two studies (n=176 cases) were analyzed, including cohort studies, case series, and case reports, and a descriptive analysis was performed.

Results:

The mean patient age was 63.9 years, with 77.3% female. ALP lesions were most commonly vulval (72.2%) in females and penile (22.2%) in males. MU or cSCC precursor prevalence in ALP cohorts ranged from 0.9% to 4.2%. Forms of squamous dysplasia included MU (69.9%), differentiated-vuval or penile intraepithelial neoplasia (20.5%), undifferentiated-vuval or penile intraepithelial neoplasia (8.0%), or unspecified cSCC in situ (11.4%), with some patients exhibiting multiple overlapping subtypes. Human papillomavirus (HPV) was rarely detected (8.4%), suggesting other mechanisms underlying MU development. The mean ALP duration prior to squamous dysplasia was 47.5 months; many patients reported symptoms of anogenital pruritus, pain, erythema and dyspareunia, occurring for years prior to diagnosis. Metastases were present in 45.7% of cases that reported this outcome. MU treatment primarily involved surgical excision, with a few patients requiring radiation treatment (4.0%) or chemotherapy (2.0%). Recurrence occurred in 32.9% of cases and mortality was reported in 21.1%. Poor disease control, erosive morphology, and long-standing lesions were associated with higher malignancy risk.

Conclusion:

This review highlights the malignant potential of ALP and underscores the importance of early detection and multidisciplinary care. Malignant transformation may be related to the immunocompromised cutaneous district seen in ALP. Routine anogenital examinations, timely biopsies of suspicious lesions, HPV vaccine administration, and aggressive management of ALP may improve outcomes. The term "Marjolin's ulcer" for ALP-associated cSCC is justified by high recurrence and mortality rates, and consistent use of this terminology may better reflect its aggressive nature. Further research is needed to elucidate the mechanisms underlying MU development and optimize treatment strategies for this rare but morbid complication.

Table 1. Demographic and clinical characteristics of patients with anogenital lichen planus and cutaneous squamous cell carcinoma. ALP: anogenital lichen planus; d-PeIN: differentiated penile intraepithelial neoplasia; d-VIN: differentiated vulval intraepithelial neoplasia; HPV: human papillomavirus; LP: lichen planus; PeIN: penile intraepithelial neoplasia; cSCC: cutaneous squamous cell carcinoma; SD: standard deviation; VIN: vulval intraepithelial neoplasia.

	Number (n)	**%**
Total	176	100
Sex (female) (n=176)	136	77.3
Age, in years (mean ± SD)	63.9 ± 42.3	
ALP duration prior to squamous dysplasia, months (mean, SD) (n = 37)	47.5	
Histology confirmed ALP diagnosis (n = 119)	117	98.3
LP morphology (n = 79)		
Classic	25	31.6
Erosive	43	54.4
Hypertrophic	13	16.4
Type of squamous dysplasia (n = 176)		
MU/cSCC	123	69.9
d-VIN/d-PeIN	36	20.5
VIN/PeIN	14	8.0
Unspecified SCC in-situ	20	11.4
Morphology of MU (n = 35)		
Nodule/plaque	30	85.7
Verrucous	6	17.1
Ulcer	4	11.4
Histological grade of MU (n = 119)		
0 (in situ)	69	57.9
1 (well-differentiated)	4	3.4
1(V) (well-differentiated, verrucous)	2	1.7
2 (moderately differentiated)	40	33.6
3 (poorly differentiated)	2	1.7
HPV status positive (n = 107)	9	8.4
Metastatic status (n = 46)		
Nodal microscopic metastasis	20	43.5%
Distant metastasis	3	6.5%
MU and cSCC precursor treatment (n = 101)		
Surgical excision	88	87.1
Topical therapy	7	6.9
Laser	5	5.0
Radiotherapy	4	4.0
Chemotherapy	2	2.0
Outcome (n = 76)		
Resolution following treatment	32	42.1
Recurrence following treatment	25	32.9
Demise due to MU or its complications	16	21.1

Abstract N°: 908

Neutrophil-to-lymphocyte ratio as a prognostic biomarker and predictor of response to immunotherapy in squamous cell carcinoma: a retrospective study of 112 patients

Andrea Diez Santandreu[1], javier lorenz dolz[1], beatriz corcoles janonne[1], eduardo nagore enguinados[1], fatima mayo martinez[1], beatriz llombart cussac[1], david millan esteban[2], celia requena caballero[1], esperanza manrique silva[1], Carlos Serra[1], ruggero moro[1], onofre sanmartin jimenez[1]

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Introduction & Objectives:

The neutrophil-to-lymphocyte ratio (NLR) has emerged as a promising marker of systemic inflammation, with potential prognostic and predictive value in various cancers. This study aimed to evaluate whether baseline NLR serves as an independent predictor of response, survival, toxicity, and disease progression in patients with advanced cutaneous squamous cell carcinoma (cSCC) treated with immunotherapy.

Materials & Methods:

We retrospectively analyzed 112 patients with advanced or metastatic cSCC who received immune checkpoint inhibitors between 2019 and 2024 at a tertiary care center. Baseline NLR was calculated and patients were stratified using a cut-off value of 3 (NLR ≥3 vs. NLR <3). Longitudinal NLR values were also assessed at treatment initiation, at 6 and 12 months, and at the time of disease progression. Statistical analyses included logistic regression for response prediction, Cox proportional hazards models for survival analysis, and classification accuracy for toxicity assessment.

Results:

An elevated NLR (≥3) was significantly associated with a lower probability of response to immunotherapy (28% vs. 54%, p=0.02). Multivariate logistic regression confirmed NLR as an independent predictor of response (p=0.004): each 1-unit increase in NLR decreased the odds of response by 33.4% (OR = 0.666, 95% CI: 0.506–0.876). The predictive model showed an overall accuracy of 79.6%, with high sensitivity for responders (94.4%) but lower specificity for non-responders (38.5%). Regarding survival, patients with NLR <3 had significantly higher overall survival, with cumulative survival exceeding 80% throughout follow-up. In contrast, those with NLR ≥3 showed a steep early decline, with survival rates below 20% at long-term. NLR was an independent predictor of worse survival (p=0.000; HR = 1.374), and each unit increase in NLR raised the risk of death by 37.4%. Age, gender, and type of immunotherapy had no significant effect on survival. No significant changes in NLR were observed during treatment, suggesting it does not reflect disease progression or response dynamics over time. Interestingly, patients with NLR <3 had a significantly higher risk of developing immune-related adverse events (60.9% vs. 26.9%, p=0.017), and this group also experienced more severe toxicity (p=0.032).

Conclusion:

Baseline NLR is a valuable, independent biomarker for predicting response, survival, and toxicity in patients with cSCC receiving immunotherapy. A higher NLR is associated with poor prognosis and lower likelihood of response, while a lower NLR may indicate greater susceptibility to treatment-related toxicity. NLR is a simple, accessible tool that could support clinical decision-making and patient stratification in immunotherapy settings.

Abstract N°: 929

A Case of "Buckshot" Metastatic Melanoma: A Rare and Aggressive Pattern of Cutaneous Spread

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Introduction & Objectives:

Melanoma is one of the most aggressive types of malignancy defined by an ongoing increasing incidence and high mortality rate. Even though most patients are treated by surgical excision of the primary tumor at time of diagnosis, many patients may still progress to develop metastases, whereby metastasis is the leading cause of melanoma-associated deaths. We report a case of invasive primary melanoma in a patient who developed melanoma micro-metastases in the head and neck region in under a year, despite a negative sentinel lymph node biopsy (SLNB), with the intent to emphasize the importance of early detection and ongoing monitoring on prognosis.

Materials & Methods:

A 61-year-old male with Fitzpatrick skin type II presented for a total body skin exam due to a growing, ulcerated lesion on his left arm. A biopsy confirmed invasive malignant melanoma (Breslow depth 6.4 mm, pT4b), prompting wide local excision and sentinel lymph node biopsy (SLNB), both yielding negative results. As per guidelines for his stage of melanoma, despite negative SLNB, , the patient was referred to oncology to follow up and for consideration of immunotherapy. Despite recommendations, the patient was lost to follow-up for eight months. Upon return, multiple new pigmented lesions were identified on the head and neck. Biopsies revealed metastatic malignant melanoma in a "buckshot" pattern.

Results:

Nodal involvement of melanoma is a key prognostic indicator. Its identification is critical for staging and therapeutic treatment. A SLNB is recommended for lesions >1 mm in thickness, tumor stage T2a-T4b, or lesions between 0.8 and 1.0 mm thickness with additional high-risk features (i.e., lymphovascular invasion, ulceration, high mitoses, young age). In contrast, a SLNB is not recommended for non-ulcerated lesions <0.8 mm in thickness or stage T1a or patients with stage III disease, as it provides no additional diagnostic benefit or change treatment course. The risk of melanoma recurrence in SLNB-negative patients, even in thick melanoma lesions, is low, indicating a good prognosis. However, a negative SLNB doesn't exclude the possibility of disease recurrence or new micrometastases.

Conclusion:

This case highlights the unpredictable nature of melanoma progression, even in SLNB-negative patients. Despite early detection and a negative SLNB, our patient developed widespread micrometastases to the head and neck region in under a year, emphasizing the importance of vigilant follow-up in high-risk melanoma cases. The limitations of SLNB, particularly in thick melanomas or those with high-risk features, underscore the need for more personalized follow-up and enhanced risk stratification. Long-term monitoring, even in the absence of nodal involvement as seen in our patient, is crucial for improving outcomes and early detection of recurrence.

Abstract N°: 966

Immunotherapy in Advanced Cutaneous Squamous Cell Carcinoma: A Retrospective Study of 59 Patients in a Monographic Center

javier lorenz dolz*[1], andrea diez santandreu[1], beatriz corcoles janonne[1], fatima mayo martinez[1], beatriz llombart cussac[1], celia requena caballero[1], Carlos Serra[1], eduardo nagore enguinados[1], ruggero moro[1], esperanza manrique silva[1], onofre sanmartin jimenez[1]

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Introduction & Objectives:

Advanced cutaneous squamous cell carcinoma (cSCC) represents the dermatologic malignancy with the highest absolute mortality rate. In cases where surgery or radiotherapy is not feasible as curative treatment, immune checkpoint inhibitors, such as anti-PD-1 agents (Cemiplimab, Nivolumab, Pembrolizumab) and anti-PD-L1 agents (Cosibelimab), are the main therapeutic option. The introduction of these therapies has significantly improved prognosis and overall survival in this population. However, evidence from routine clinical practice regarding clinicopathological predictors of response remains limited.

The aim of this study was to describe the clinical, pathological, therapeutic, and survival-related characteristics of patients with locally advanced or metastatic cSCC treated with immunotherapy in a monographic dermatology center.

Materials & Methods:

We conducted a retrospective descriptive study of patients with advanced cSCC treated with immune checkpoint inhibitors between 2017 and 2024 at our institution. Demographic data, tumor characteristics, treatment regimens, and outcomes were collected and analyzed.

Results:

Fifty-nine patients were included; 89.3% were male, with a mean age of 75 years. The most frequent tumor location was the scalp (27.5%). A complete response to treatment was observed in 33.3% of patients, and the overall objective response rate was 56.9%. The median time to initial response was 2 months, and the median time to maximum response was 8 months. Several clinicopathological variables were assessed for their potential association with treatment outcomes, including age, sex, tumor site, immunosuppression status, type and duration of immunotherapy, and overall survival.

Conclusion:

Immunotherapy is a safe and effective treatment option for a broad range of patients with advanced cSCC. Our study conducted in routine clinical practice provides valuable insights into treatment response and supports further research into predictive biomarkers and patient stratification strategies.

Abstract N°: 1062

Literature review on Mammary Paget's Disease Mimicking Benign and Malignant Dermatological Conditions: Clinical Challenges and Diagnostic Considerations

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ntroduction & Objectives:

Mammary Paget's disease (MPD) is a rare manifestation of breast carcinoma characterized by malignant glandular cells infiltrating the nipple-areolar epidermis. Clinically, it often mimics benign dermatologic conditions such as eczema, psoriasis, or fungal infections, leading to frequent misdiagnosis and delayed treatment. The objective of this review is to examine the diagnostic challenges of MPD, highlight its clinical overlap with other dermatoses, and emphasize the importance of timely histopathological evaluation in patients with persistent nipple changes.

Materials & Methods:

This narrative literature review involved a comprehensive search of PubMed and related databases for relevant articles discussing the clinical presentation, differential diagnosis, histopathology, and diagnostic strategies of Mammary Paget's disease. Particular focus was placed on reported cases where MPD was initially misdiagnosed as a benign or inflammatory skin condition. Key terms included "Paget's disease," "nipple eczema," "differential diagnosis," and "breast carcinoma."

Results:

MPD often presents with chronic erythema, scaling, crusting, or ulceration of the nipple-areolar complex, closely resembling benign conditions such as eczema or contact dermatitis. In some instances, it may even mimic malignant dermatoses like cutaneous T-cell lymphoma or Bowen's disease. The review highlighted that dermatoscopic findings are often nonspecific, and diagnosis relies heavily on punch or excisional biopsy. Histopathology reveals large pale-staining Paget cells within the epidermis, frequently associated with underlying ductal carcinoma in situ (DCIS) or invasive breast carcinoma. Diagnostic delays are common, especially in younger patients or when symptoms respond temporarily to topical treatments.

Conclusion:

Mammary Paget's disease poses significant diagnostic challenges due to its deceptive clinical appearance. Misdiagnosis can result in treatment delays and worse oncologic outcomes. Clinicians, especially dermatologists and primary care providers, must maintain a high index of suspicion for MPD in patients with persistent or recurrent nipple-areolar dermatitis, particularly those unresponsive to standard dermatological therapies. Early biopsy and multidisciplinary collaboration are essential to ensure prompt and accurate diagnosis.

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Abstract N°: 1068

Comprehensive genomic profiling and therapeutic implications of melanoma and cutaneous squamous cell carcinoma in Japan: Analysis of the C-CAT database

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Introduction & Objectives: Melanoma and cutaneous squamous cell carcinoma (cSCC) are major skin malignancies with distinct etiologies and genetic backgrounds. Immune checkpoint inhibitors (ICIs) and molecular-targeted therapies have transformed treatment paradigms; however, their efficacy varies by tumor subtype and race. This study aimed to elucidate the genomic landscape of melanoma and cSCC in the Japanese population using data from the Center for Cancer Genomics and Advanced Therapeutics (C-CAT) and to explore the implications for personalized treatment strategies, particularly in the context of tumor mutational burden (TMB) and actionable genetic alterations.

Materials & Methods: We analyzed data from patients with melanoma (n = 380) and cSCC (n = 152) registered in the C-CAT database, focusing on cases evaluated using the FoundationOne CDx assay to ensure analytical consistency. Melanoma subtypes—cutaneous, acral, mucosal, and uveal—were assessed individually. Actionable alterations were defined based on the OncoKB database.

Results: In the melanoma cohort, the median TMB was low across all subtypes: 3.4 mutations/Mb in cutaneous, 2.8 in acral, 3.8 in mucosal, and 1.0 in uveal melanoma. The proportion of TMB-high tumors (≥10 mutations/Mb) was 10% in cutaneous, 0% in acral and mucosal, and 3% in uveal melanoma. The TMB of cutaneous melanoma was notably lower than those reported in Western populations. *BRAF* V600E/K mutations were found in 32% of cutaneous melanomas but were rare in acral and uveal (0%) and mucosal (1%) melanomas. *NRAS* mutations were detected in 21% of cutaneous melanoma cases, a higher frequency than previously reported in Japan, but still lower than in Western populations. Actionable mutations such as *KIT*, non-V600 *BRAF*, *ERBB2*, *BRCA1/2*, and gene fusions were variably observed across subtypes. In the cSCC cohort, the most frequently altered genes included *TP53*, *CDKN2A*, *TERT*, and *NOTCH1*. The median TMB was 5.0 mutations/Mb, significantly lower than that in Western datasets. TMB-high tumors accounted for 27% of cases associated with improved overall survival. Although several potential therapeutic targets beyond ICIs were identified—such as mutations in *PIK3CA*, *BRCA1/2*, *BRAF*, *ERBB2*, *KRAS*, *MLH1*, and *EGFR* amplification—the levels of supporting evidence for these targets in cSCC remain limited.

Conclusion: This study highlights notable racial differences in the genomic profiles of melanoma and cSCC in the Japanese population. The lower TMB observed in cutaneous melanoma and cSCC may contribute to the reduced efficacy of ICIs. These findings underscore the need for alternative or combinatorial therapeutic approaches. Comprehensive genomic profiling enables the identification of actionable alterations and provides a foundation for precision oncology tailored to the unique genetic backgrounds of Japanese patients.

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Abstract N°: 1071

Congenital Giant Cell Nevus Malignant Transformation in a Young Child: A Rare Case with Multisite Metastases

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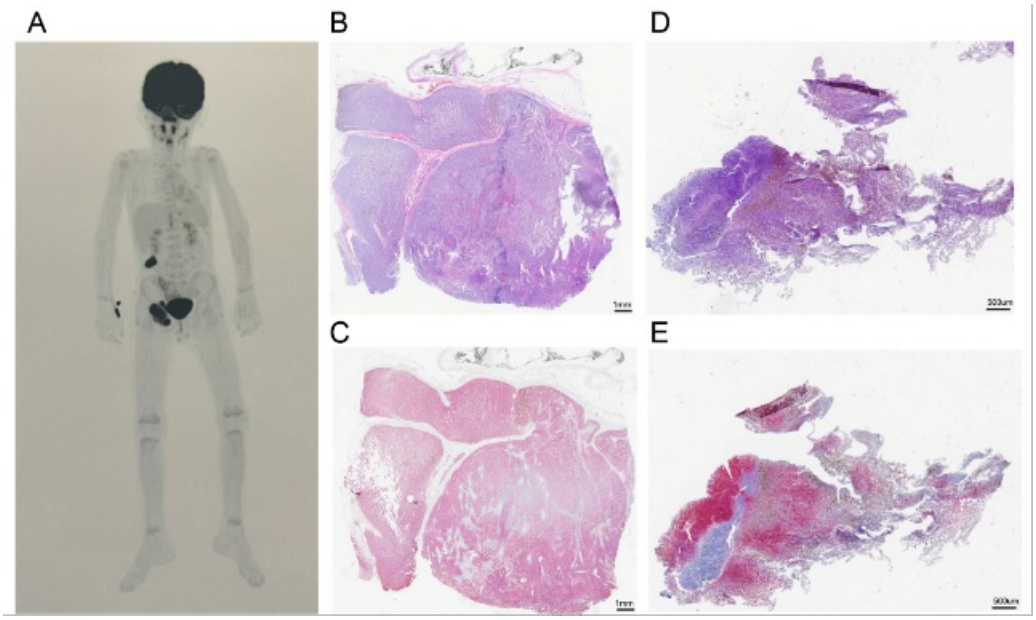
Background: Giant congenital cell nevus (GCMN), a rare cutaneous disorder, poses a substantial risk of malignant transformation, meriting clinical concern.

Case presentation: A 4-year-old male child was admitted to the hospital due to “multiple black macules and patches on the back, an enlarged skin nodule on the back, and an enlarged nodule in the right inguinal region”. Since birth, multiple black spots had appeared on the child’s abdomen, back, and both thighs, and these black spots gradually changed with age. Dermatological examination revealed one spindle-shaped skin mass each in the upper right and lower right areas of the child’s back. The lymph nodes in the right inguinal region were enlarged, and the lymph nodes in both the neck and axillae were also enlarged. PET-CT suggested tumor metastasis. Excision biopsy of the mass was performed, and the pathological diagnosis was melanoma resulting from the malignant transformation of congenital giant nevus. Lymph node biopsy confirmed the metastasis of melanoma. Whole exome sequencing identified mutations in exon 2 of the NRAS gene in the tumor tissue. The final diagnosis was melanoma arising from the malignant transformation of GCMN, accompanied by lymph node metastasis.

Conclusion: This case is a rare instance of melanoma arising from the malignant transformation of GCMN, characterized by the appearance of black spots at birth, which change with age, and the presence of lymph node metastases in multiple sites. It highlights that even young children with GCMN are at risk of malignant transformation, and the prognosis is poor. Therefore, Thus, systematic follow - up and regular examinations for GCMN patients from birth are essential to detect malignant changes early and improve outcomes.



A. PET-CT revealed lymph node metastasis. The HE staining of the mass on the back. Low magnification reveals diffusely distributed nodules with unclear boundaries within the dermis, scale bar = 1 mm. (B) SOX10 immunohistochemistry of the mass on the back, scale bar = 1 mm. (C) The HE staining of the enlarged

inguinal lymph node, scale bar = 500 µm. (E) SOX10 immunohistochemistry of the enlarged inguinal lymph node, scale bar = 500 µm.

Abstract N°: 1134

The Role of Continuing Medical Education in Strengthening Multidisciplinary Collaboration for Nonmelanoma Skin Cancer Care

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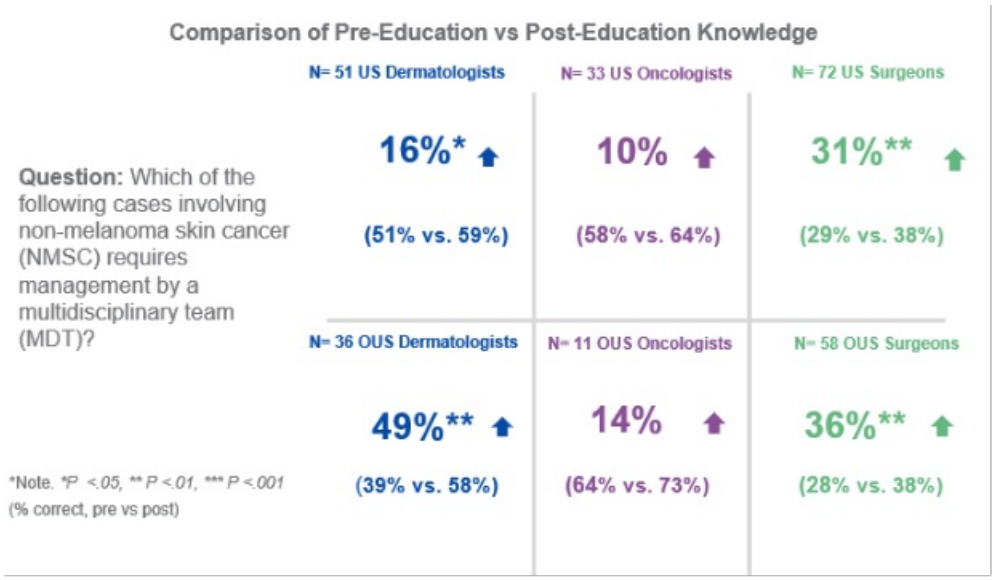
Introduction & Objectives: Nonmelanoma skin cancers (NMSCs), including basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (CSCC), are the most prevalent malignancies in the United States (US) and worldwide. While most cases are effectively treated with local therapies or surgery alone, immunotherapy has expanded the treatment landscape for advanced, unresectable tumors or those unlikely to be cured with surgery alone. As NMSC management grows increasingly complex, optimizing multidisciplinary collaboration is critical to ensuring high-quality, efficient patient care. This study aimed to evaluate the educational impact of a continuing medical education (CME) activity on clinicians' understanding of the multidisciplinary team's (MDT) role in NMSC management and the importance of collaboration and communication in improving patient outcomes.

Materials & Methods: This CME educational initiative comprised a 60-minute live symposium held at the EADV 2024 Congress, supplemented by a 47-minute online enduring activity. The current analysis focuses on the online enduring activity. Educational impact was assessed using a repeated pre-/post-education evaluation, which included multiple-choice knowledge and competency questions and a 5-point Likert scale confidence assessment. Data were analyzed from dermatologists, oncologists, and surgeons in the US and internationally (OUS) who completed pre- and/or post-education assessments. Improvement was measured by relative changes in the percentage of correct responses and the proportion of clinicians reporting confidence (scores of 4 or 5). Statistical significance was determined using McNemar's test, with P-values <.05 considered significant. The endring activity launched October 2024; data were collected until March 2025.

Results: Participation in the enduring CME activity led to measurable improvements specifically in clinicians' knowledge in understanding the roles of members of the MDT in managing NMSCs. Dermatologists and surgeons saw significant improvements, regardless of geography. While results were similar between US and OUS clinicians, OUS dermatologists notably had a lower baseline understanding.



Conclusion: Participating US and OUS clinicians improved their understanding of the role of the MDT in managing NMSC. More substantial gains were observed among OUS clinicians. However, notable gaps are depicted across the different specialists, regardless of geographic setting. Thus, these findings highlight the ongoing need for targeted education to reinforce MDT collaboration, particularly for those less familiar with the complexities of care. Future initiatives should focus on refining strategies for interprofessional communication and decision-making to further enhance patient outcomes.

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Abstract N°: 1187

Hand and foot Melanomas: Does Location Define Risk? A Dual Perspective

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Introduction & Objectives:

Hand and foot melanomas (HFM), including nail unit and cutaneous melanomas, pose significant diagnostic and therapeutic challenges. Despite their relatively low incidence, these tumors are often diagnosed at advanced stages, leading to poor prognostic outcomes. The role of histopathological subtype, particularly acral lentiginous melanoma, in determining tumor aggressiveness has been extensively studied. However, whether anatomical localization or histological classification plays a more decisive role in disease progression remains unclear. This study evaluates the prognostic impact of anatomical site versus histopathological subtype in HFM.

Materials & Methods:

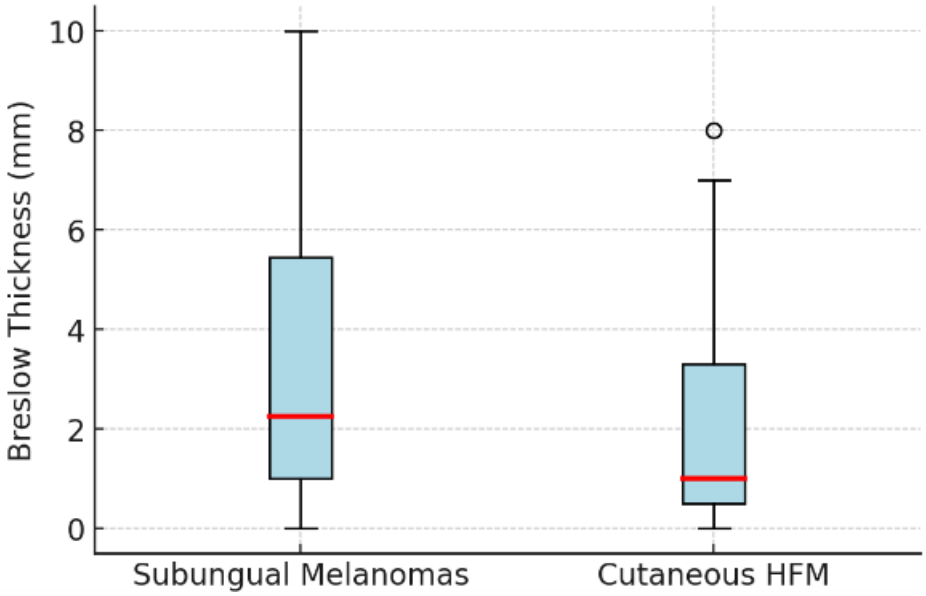
A retrospective analysis was conducted on patients diagnosed with HFM between 2010 and 2024. Only cases with complete clinical and pathological data were included. Variables analyzed included age at diagnosis, anatomical site, histopathological subtype, Breslow thickness, ulceration status, mitotic rate, sentinel lymph node involvement, and metastatic status. Comparisons were made between nail unit and cutaneous HFM, as well as between acral histotype melanomas and melanomas located acrally but presenting different histotypes. Statistical analyses were performed using the Student's t-test for continuous variables and the chi-square test for categorical variables, with significance set at $p < 0.05$.

Results:

A total of 80 cases were analyzed, including 46 nail unit melanomas and 34 cutaneous HFM. Nail unit melanomas exhibited a significantly higher Breslow thickness at diagnosis (3.31 mm vs. 2.00 mm, $p = 0.0307$) (Figure 1) and a greater metastatic rate (67.4% vs. 26.5%, $p = 0.00028$) compared to cutaneous HFM. When melanomas were classified by histopathological subtype rather than anatomical localization, no significant differences were observed in Breslow thickness ($p = 0.97$) or metastatic rates ($p = 0.55$). These findings suggest that anatomical site, rather than histopathological classification, is the primary determinant of aggressive behavior in HFM.

Conclusion:

This study highlights the prognostic relevance of anatomical localization in HFM, particularly for nail unit melanomas, which present at more advanced stages and exhibit higher metastatic potential. The results support the integration of anatomical site as a key factor in risk stratification and management strategies. Future research should focus on the biological mechanisms underlying these differences to refine prognostic models and optimize therapeutic approaches.


Breslow Thickness (mm)
10
8
6
4
2
0
Subungual Melanomas
Cutaneous HFM

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Abstract N°: 1192

Not Just an Older Adult Tumor: Nail Matrix Melanoma in Patients Under 40 Years of Age

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Introduction & Objectives:

Nail matrix melanoma (NMM) is a rare subtype of cutaneous melanoma with incidence varying across ethnicities. It often presents as longitudinal melanonychia (LM), making early distinction from benign causes critical (1). The ABCDEF rule helps in clinical identification, with 'A' denoting age and race—commonly pointing to individuals aged 50–70 (2). However, recent literature suggests that NMM may also affect patients aged 30 or younger. This study aims to evaluate the clinical and dermoscopic features of NMM in patients under 40 to better characterize its presentation in this younger cohort (3-5).

Materials & Methods:

This retrospective study reviewed clinical and dermoscopic data from 24 patients under 40 years diagnosed with NMM between 2016 and 2025. Histopathological confirmation was obtained for all cases. Patient demographics, lesion characteristics (location, duration, trauma, pregnancy), nail dystrophy, and coexisting melanomas were analyzed. Dermoscopic images were evaluated for key melanoma-associated features.

Results:

Among the 24 patients, 20 were female (83.3%) and 4 male (16.7%) (Table-1). The mean age at diagnosis was 28.4 ± 7.0 years, with lesion onset at 24.3 ± 5.4 years. Most lesions were on fingernails (91.7%), with a mean duration of 49.3 ± 49.6 months. Fitzpatrick skin types were II (12.5%), III (41.7%), IV (37.5%), and V (8.3%). All patients initially presented with LM; two exhibited total nail plate loss. Histologically, 21 cases were melanoma in situ and 3 invasive; one patient also had coexisting trunk melanoma. Notable triggers included trauma, UV exposure (n=1), and pregnancy (n=4). In 7 cases, biopsy was prompted by dermoscopic changes; another 7 required re-biopsy after initial benign findings. Dermoscopic evaluation (n=22) revealed a mean band width of 4.6 ± 3.4 mm (Table-2). Pigmentation colors included light brown (100%), dark brown (95.5%), black (50%), gray (36.4%), and blue (18.2%), with ≥3 colors in 68.2% of lesions. Most lesions showed irregular lines (95.5%) and disruption of parallelism (72.7%). Other features included pseudo-Hutchinson's sign (54.5%), dots/clods (45.5%), spiral melanonychia (27.3%), peppering (31.8%), and triangular bands (13.6%). Hutchinson's sign (13.6%), micro-Hutchinson's (9.1%), distal fissuring (18.2%), and chaotic distal patterns (9.1%) were also observed.

Conclusion:

NMM is extremely rare in individuals under 30, yet our cohort included 15 such cases (4,6). Despite their young age, most patients exhibited dermoscopic features commonly associated with malignancy, such as irregular microlines, polychromatic pigmentation, and disrupted parallelism. These findings highlight the importance of maintaining a high index of suspicion for LM in younger patients. All LM lesions emerging post-puberty should be carefully monitored using established dermoscopic criteria, and biopsied if atypical or evolving features are observed.

Abstract N°: 1235

Giant Thick Melanomas: A Retrospective Case Series

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Introduction & Objectives:

The term *giant melanoma* is generally used to describe cases of melanoma with a very large diameter, regardless of its depth. Giant thick melanomas (GTM) are usually characterized by an aggressive course and poor prognosis. There is no universally accepted cut-off diameter for diagnosis of giant melanoma, although some authors limit the term to lesions with a diameter larger than 5 cm.

The aim of the study was to assess the epidemiological, clinical, histopathological and prognostic features of patients with giant thick melanomas, as well as their reasons for seeking medical attention.

Materials & Methods:

We retrospectively reviewed the melanoma database and archived images of patients with histopathologically confirmed melanoma treated in our Melanoma Unit. We identified patients with giant thick melanoma, defined as those melanoma having a diameter larger than 5 cm and a tumor thickness deeper than 4 mm.

Results:

Eleven cases of giant thick melanomas were analyzed. Four were men and seven were women (sex ratio 1:1.75). Age range at diagnosis were 40-92 (mean: 68.5 years). The main reasons for consultation included lesion growth (7 cases), bleeding (5 cases), neurological symptoms such as dysarthria or seizures (2 cases).

Tumours were located on trunk (6 cases), limbs (3 cases) and face (2 cases). Tumor diameters ranged from 50 to 80 mm, and Breslow thickness varied between 6 and 30 mm. At diagnosis, AJCC stages ranged from IIB to IV, with 3 patients presenting with stage IV disease. Five out of eleven died because of melanoma; four passed away by anothers reasons and two are still alive.

Conclusion:

Patients with giant thick melanomas still attend consultations too late. There is a lack of substantial evidence regarding the reasons why patients may delay seeking medical attention for melanomas of this size. Patients, family and healthcare professionals should be made aware of the catastrophic outcomes of neglecting such tumours.

Case	Age	Location	Diameter (cm)	Breslow (mm)	Reasons for consultation	AJCC stage at diagnosis
1	54	Left foot	60x50	6	Growth and bleeding	IIB
2	69	Left back	65x45	12	Growth and bleeding	IIIB
3	72	Presternal	50x50	10	Growth and bleeding	IIB
4	69	Left chest	50x50	30	Growth	IIIC
5	60	Right back	55x45	12	Bleeding	IIIC
6	48	Right lumbar	50x40	21	Dysarthria	IV
7	85	Right forehead	50x30	6,5	Growth	IIB
8	40	Left arm	70x50	19	Seizure	IV
9	80	Left heel	60x50	8	Growth	IIIC
10	85	Back	50x40	17	Pain	IV
11	92	Right cheek	80x60	20	Growth	IIC

Table 1. Clinical characteristics of patients diagnosed with giant nodular melanoma. AJCC (American Joint Committee on Cancer)

Abstract N°: 1252

Two faces of hair follicle matrix tumors: Pilomatricoma and Pilomatrix Carcinoma

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Introduction & Objectives:

Pilomatricoma and pilomatrix carcinoma are tumors derived from the hair follicle matrix, with the former being benign and the latter being its malignant counterpart. We present two cases highlighting their differences in clinical presentation, imaging, and histopathological findings.

Materials & Methods:

Case 1:

• 21-year-old female with an 85 mm exophytic lesion on the right arm, with crusts and hemorrhagic foci.

• MRI: Exophytic mass (65 × 38 × 75 mm) with heterogeneous enhancement.

• Treatment: Wide excision.

• Histopathology: Basaloid epithelial lobules and ghost cells.

• Diagnosis: Giant pilomatricoma.

Case 2:

• 66-year-old male with an ulcerated tumor (40 × 35 mm) on the left forearm, with perilesional erythema and scaling.

• Biopsy + Immunohistochemistry: Basaloid cells with nuclear β-catenin, p53 overexpression, high Ki67 index.

• Diagnosis: Pilomatrix carcinoma.

• MRI: Exophytic mass (30.2 × 18.2 × 33 mm) involving cutaneous and subcutaneous planes.

• Metastatic workup: Negative.

• Treatment: Wide excision.

Results:

Pilomatricoma typically presents as a firm subcutaneous nodule <3 cm in diameter. Lesions >5 cm (giant pilomatricomas) may mimic malignant tumors due to their clinical and imaging appearance. In contrast, pilomatrix carcinoma appears as a firm nodule with a tendency to ulcerate and a locally aggressive nature.

In our cases, the pilomatricoma appeared as a 7 cm tumor with crusting and hemorrhagic foci, initially suggesting malignancy. The pilomatrix carcinoma appeared as an ulcerated tumor with erythema and perilesional scaling, highly suggestive of an aggressive malignant process.

Pilomatricoma is typically diagnosed clinically, but imaging aids in atypical or large cases. In our case, features like heterogeneous enhancement, muscle fascia contact and high vascularity suggested an aggressive sarcomatous lesion. Pilomatrix carcinoma was confirmed via punch biopsy with immunohistochemistry. An MRI showed a heterogeneous mass with subcutaneous edema, and staging studies ruled out metastasis.

Histopathology of pilomatricoma reveals basaloid cells and anucleate ghost cells, whereas pilomatrix carcinoma demostrates nuclear atypia, high mitotic rate, necrosis, β-catenin expression, and p53 positivity (>90% of nuclei), as seen in our cases.

Surgical excision is the first-line treatment for both lesions. In pilomatricomas, complete surgical excision is the treatment of choice. In our case, the patient underwent wide excision due to the initial suspicion of malignancy, with an uneventful recovery. Given the low prevalence of pilomatrix carcinoma, there are no established surgical guidelines. Most cases are managed with wide local excision (margins ranging from 4 mm to 3 cm). Sentinel lymph node biopsy (SLNB) remains controversial due to frequent systemic disease in nodal metastases. Our patient underwent wide excision without SLNB, as no suspicious lymphadenopathy was detected.

Conclusion:

Despite sharing a histological origin, pilomatricoma and pilomatrix carcinoma exhibit markedly different behavior. Pilomatricoma is benign with an excellent prognosis, whereas pilomatrix carcinoma is aggressive, with high recurrence and metastatic potential. Therefore, it is essential to consider the spectrum of both pathologies when clinically evaluating cutaneous tumor lesions.

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Abstract N°: 1253

Primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma initially demonstrating near complete metabolic response to BV-CHEP

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Introduction & Objectives:

We report the case of a previously healthy 63-year-old male presenting with a 6-month history of disseminated, pruritic, and weeping skin lesions. Initial biopsies demonstrated findings of spongiotic dermatitis and folliculitis with methicillin-susceptible Staphylococcus aureus, managed unsuccessfully as folliculitis and eczema with antibiotics, oral and topical glucocorticoids. His cutaneous lesions rapidly progressed to ulcerated plaques and tumor-like nodules, prompting further investigation and multiple repeat skin biopsies. Broad differential diagnoses of cutaneous T-cell lymphoma (such as tumor-stage mycosis fungoides), kerion, atypical infection, pemphigus foliaceus, and parapsoriasis were considered.

Materials & Methods: -

Results: Repeat histopathological analysis revealed an epidermotropic lymphoid infiltrate with atypical CD3+ and CD8+ T-cells and with aberrant CD5 loss, suggestive of primary cutaneous CD8-positive aggressive epidermotropic cytotoxic T-cell lymphoma (PCAECyTCL). Immunophenotyping ruled out other B or T-cell lymphomas. Tissue cultures grew Proteus mirabilis and Klebsiella pneumoniae, complicating the diagnosis.

Given the aggressive nature of PCAECyTCL, the patient received an initial cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP) regimen, followed by five cycles of brentuximab vedotin, cyclophosphamide, doxorubicin, etoposide, and prednisone (BV-CHEP) for five cycles. BV-CHEP was selected as a more definitive therapy once a degree of CD30 expression was established based on regulatory requirements and the abysmal prognosis in PCAECyTCL treated with standard CHOP regimens. An allogeneic stem cell transplant was planned following chemotherapy. Interim FDG-PET imaging after four cycles showed a near-complete metabolic response in cutaneous lesions. However, persistent disease was seen on the submental cutaneous lesion and lung lesions.

The patient's disease continued to progress clinically with a recurrence of cutaneous lesions over the torso and back despite a cycle of gemcitabine, dexamethasone, and cisplatin (GDP) salvage chemotherapy. The patient opted to cease chemotherapy at this juncture and he passed away approximately seven months after the initial diagnosis.

Conclusion: This case underscores the aggressive clinical course of PCAECyTCL and the need for prompt multidisciplinary intervention. PCAECyTCL, formally recognized in the 2023 WHO Hematolymphoid Classification, is characterized by rapid cutaneous spread and high mortality. The patient's response to BV-CHEP, which showed potential in managing the disease, highlights the promising future of PCAECyTCL treatment, while new pulmonic lesions suggest challenges in managing systemic progression. Early diagnosis and integrated multidisciplinary management are critical for improving outcomes in PCAECyTCL, which remains a rare but devastating lymphoma subtype.

Abstract N°: 1323

Topical Fluorouracil Pretreatment as Neoadjuvant Therapy to Improve Margin Clearance in Cutaneous Squamous Cell Carcinoma: A Case Series

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) is a common non-melanoma skin cancer with potential for local invasion and metastasis. Surgical excision remains the standard treatment, but achieving complete margin clearance can be challenging, particularly in high-risk or recurrent cases. This case series evaluates the impact of topical fluorouracil (5-FU) as a neoadjuvant therapy before surgical excision, assessing its role in improving histologic margin clearance.

Materials & Methods:

A retrospective review was conducted on patients with biopsy-confirmed cSCC who received topical 5-FU for 2 weeks prior to surgical removal. Clinical response and histopathological margin status were reevaluated.

Results:

Patients pretreated with 5-FU demonstrated a high rate of negative margins.

Conclusion:

Topical fluorouracil as a neoadjuvant therapy may improve surgical margin clearance in cSCC, potentially reducing recurrence and re-excision rates. Further studies are warranted to validate these findings.

Abstract N°: 1365

Giant trichoepithelioma/trichoblastoma of the left forearm with malignant transformation. Case report

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Introduction & Objectives:

Trichoepithelioma/trichoblastoma, basal cell carcinoma, and trichoblastic carcinoma are histologically characterized by basaloid cell proliferation and may be related to each other in terms of tumorigenesis. Difficulty in accurate histopathological distinction between these rare tumors remains challenging. Giant solitary trichoepithelioma/trichoblastoma is a rare benign tumor with the potential for local recurrence and the possibility of malignant transformation. Therefore, any observation is useful for clinical practice.

Materials & Methods:

A 63-year-old female presented with a slowly growing tumor on the inner surface of the left forearm for 30 years. It has been growing rapidly over the last few months. Physical examination revealed a dome-shaped tumor with a wide base, measuring 26/21 mm. The tumor was sharply demarcated and was solid in consistency. Its surface was unevenly mottled pink with hyperkeratosis, flaky scales, and single telangiectasias. The whole of the tumor was excised and sent for histopathology. Microscopic examination and immunohistochemistry was performed with antibodies to CD10, CD19, CD34, Bcl2, and Ki-67.

Results:

Microscopic examination revealed a relatively well-defined tumor comprising basaloid epithelial nests and horn cysts located in the dermis. Basaloid nests often show peripheral branching and lace-like or adenoid configuration with a palisading peripheral layer of cells. Some of them are reminiscent of abortive hair follicles. The horn cysts show abrupt keratinization and are either present separately or located in some of the basaloid nests. The tumor cells showed mild to moderate nuclear polymorphism and single mitoses. The surgical excision margins were negative for tumor cells.

Immunostaining showed CD10 positivity in the connective tissue stroma surrounding the tumor nests. This stromal pattern of staining is associated with tricoepithelioma/trichoblastoma unlike basal cell carcinoma. CD19 and CD34 were negative. Bcl2 showed diffuse expression in basaloid cells of all tumor nests. A spatial distribution of Ki-67 positive cells in tumor nests was irregular, and areas with a high number of cells expressing Ki-67 antigen often occurred adjacent to areas with a lower number of Ki-67-labeled cells. The majority of nuclei of tumor cells in the peripheral zones of the tumor nests and papillary structures were Ki-67 positive. Due to the marked variability of Ki67 staining, the average expression was 5%, but in “hotspots” it was much higher — the Ki67 proliferative index is 40% (average of 10 “hotspot” fields at 10 x 40 magnification). The diagnosis in a routine histopathological report was basal cell carcinoma. After reexamination and immunohistochemistry, it was assumed that it was a trichoepithelioma/trichoblastoma with malignant transformation into trichoblastic carcinoma.

Conclusion:

Pathologists and dermatologists face a major challenge in the diagnosis and treatment of adnexal skin tumors with a follicular differentiation. Even today, a certain diagnosis remains entirely histopathological, and cell morphology still plays a fundamental role. This rare case illustrates the potential for malignant transformation of trichoepitheliomas/trichoblastomas. The correct biological behavior of trichoblastic carcinoma is unknown, and further careful follow-up after resection is required.

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Abstract N°: 1421

Carcinoma en cuirasse: a rare manifestation of breast cancer metastasis

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Introduction:

Carcinoma en cuirasse (CeC) is a rare and unusual manifestation of breast cancer metastasis, characterized by diffuse sclerodermoid induration of the skin and associated with a poorer prognosis1,2.

Case Report:

A 33-year-old white female patient, diagnosed with triple-negative breast cancer on the left side nearly two years ago, was referred to dermatology for evaluation of a centrally ulcerated lesion near the left breast, along with indurated, sclerodermiform, erythematous plaques on the anterior thorax and back. These lesions had been present for approximately four months and were limiting the patient's mobility.

The patient had previously undergone chemotherapy with a combination of doxorubicin and cyclophosphamide, administered in cycles every 21 days, totaling four cycles. However, the tumor showed poor response with disease progression. Due to this therapeutic failure, an alternative regimen with carboplatin and paclitaxel was initiated for four months. Nevertheless, the disease continued to progress, leading to surgical intervention with segmental mastectomy of the left breast and axillary lymph node dissection. Axillary lymph node involvement was confirmed, and a total left mastectomy was performed. Adjuvant treatment with capecitabine was initiated, with seven cycles administered to date at the time of consultation.

A biopsy of the cutaneous lesion was performed, revealing: breast carcinoma involving the skin, negative for hormone receptors, negative for Cerb B2 (1+), and Ki67 of 50%. Following dermatological evaluation and histopathological confirmation, the diagnosis of CeC was established, indicating cutaneous metastasis from breast cancer.

Discussion:

Triple-negative breast cancer is an aggressive subtype characterized by the absence of hormone receptors and HER2 expression, which limits the efficacy of hormonal and targeted anti-HER2 therapies3. Cutaneous metastases occur in 1 to 10% of all metastatic cancers, and breast cancer accounts for approximately 30% of these cases3. In most instances, CeC presents in the abdominal wall or thoracic region and is more frequently observed in patients with tumor recurrence after mastectomy, radiotherapy, or chemotherapy1,2, as seen in this case. Although primarily associated with breast cancer, CeC may also occur in other malignancies such as gastrointestinal or pulmonary cancers and indicates a poor prognosis, with an average survival of 13.8 months in patients with breast cancer 2,4.

The pathophysiology remains unclear, but it is believed to involve the pleiotrophin gene, a proto-oncogene that may serve as a nidus for tumor development1. Due to the curvature and thickness of the skin in these lesions, radiation therapy tends to be ineffective, and chemotherapeutic agents have limited penetration into the tumor tissue1,2.

Given the rarity of this malignancy, there is no established consensus on treatment, though reports have

described the use of chemotherapy, hormone antagonists, and skin grafting1,2.

Conclusion:

CeC is a rare entity; however, persistent or unusual skin findings should raise suspicion, particularly in the appropriate clinical context, to ensure timely diagnosis, accurate staging, and appropriate therapeutic management.

Abstract N°: 1450

Tolerability of sonidegib in Gorlin syndrome patients with locally advanced basal cell carcinoma (laBCC): Interim analysis of the post-authorization safety study NISSO

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Introduction & Objectives: The Hedgehog inhibitor sonidegib was approved in the EU to treat laBCC in patients not amenable to surgery or radiotherapy. The NISSO study confirmed that sonidegib treatment is manageable in clinical practice. Here, we discuss the tolerability profile in the Gorlin syndrome patients included in the NISSO study.

Materials & Methods: NISSO is an ongoing non-interventional, multinational, post-authorization safety study (NCT04066504). Patients with laBCC were treated with sonidegib 200 mg orally once daily and followed for 3 years. Dose modifications were allowed according to the local prescribing information.

Results: Between May 6, 2019, and March 15, 2022, 321 patients with laBCC were enrolled at 46 European sites (data cut-off: June 22, 2023), of which 40 were Gorlin syndrome patients. Treatment was discontinued in 19 (48.7%) Gorlin patients, with the reasons being treatment success (n=4, 10.6%), physician's decision (n=4, 10.6%), regular end of study (3 years of follow-up after enrolment) (n=3, 7.7%), lost to follow-up (n=3, 7.7%), patient/guardian's decision (n=3, 7.7%), disease progression and missing reason (n=1, 2.6% each). The median duration of sonidegib exposure was 9.0 months (IQR 6.3 - 10.9 months). Overall, 37 (94.9%) Gorlin syndrome patients had ≥ 1 treatment-emergent adverse event (TEAE). Most TEAEs were ≤ grade 2 and the most common were muscle spasms (n=20; 51.2%), fatigue (n=10; 25.6%), and alopecia (n=10; 25.6%). After 3 months of treatment, the only TEAEs with cumulative rate ≥ 10% were muscle spasms, nausea, and fatigue (17.9%, 10.3%, and 10.3%, respectively) (Figure 1). TEAEs led to treatment discontinuation in 2 (5.1%) patients, while 19 (48.7%) patients had at least 1 TEAE leading to dose reduction or interruption. Serious drug-related TEAEs were reported in 1 (2.6%) patient.

Conclusion: Gorlin syndrome patients enrolled in the NISSO study have a safety profile comparable to that of the overall NISSO population. The incidence and severity of common TEAEs is in line with that of the overall population, except for dysgeusia that had a lower incidence in Gorlin patients. It is noteworthy that the incidence of new BCCs was only slightly higher in Gorlin patients. Similar to the overall population, most Gorlin patients experienced the onset of common TEAEs after 3 months of treatment, with muscle spasms having the highest incidence at 3 months. It is interesting that, at 3 months, fewer Gorlin patients experienced dysgeusia and no patients had diarrhea and weight decrease. The percentage of patients experiencing TEAEs requiring interruption or dose reduction was similar to the overall population, while the proportion of patients with TEAE leading to discontinuation of sonidegib was lower. This study demonstrates that the tolerability of sonidegib is manageable in routine clinical practice also in Gorlin patients.

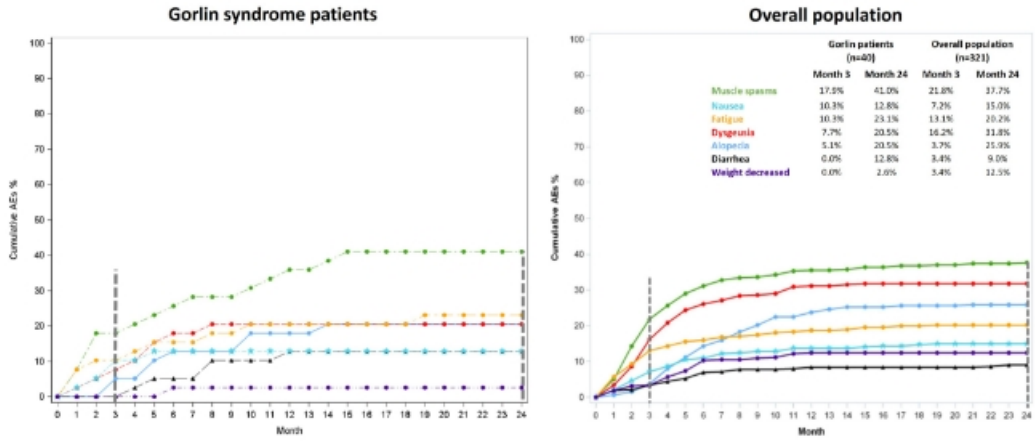

Figure 1: Cumulative onset of TEAE in Gorlin syndrome patient subset in comparison with the overall population

Abstract N°: 1479

Skin Cancer Surveillance in Chronically Immunosuppressed Non-Transplant Renal Patients: A Retrospective Study

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Introduction & Objectives:

Skin cancer risk is well established in post-organ transplant patients receiving long-term immunosuppressive therapy, with malignancies in this group demonstrating increased aggressiveness, recurrence, metastasis, and mortality. International guidelines emphasize routine skin cancer surveillance in transplant recipients. However, an increasing number of renal patients are receiving prolonged immunosuppressive therapy for non-transplant indications, yet surveillance practices for skin cancer in this cohort remain poorly defined. This study explores the prevalence of skin cancer in chronically immunosuppressed, non-transplant renal patients and assesses the extent to which skin cancer screening is undertaken in this under-recognized at-risk population.

Materials & Methods:

This retrospective observational study was conducted at a tertiary kidney unit. The study included non-transplant patients who had been receiving immunosuppressive therapy for renal conditions for a minimum of 6 months between March 2020 and March 2025. The immunosuppressive agents used in this cohort included: prednisolone (>40mg/day), antimetabolites such as azathioprine and mycophenolate mofetil, calcineurin inhibitors such as tacrolimus and cyclosporine, as well as rituximab and cyclophosphamide. Data were collected on patient demographics, underlying renal disease, types of immunosuppressive therapy, and the occurrence of skin cancer.

Results:

The study included 398 patients (mean age 64 ± 17.6 years), of whom 213 (53.5%) were male. Patients had vasculitis (42.5%), membranous nephropathy (12.8%), minimal change disease (11.1%), lupus nephritis (9.8%), focal segmental glomerulosclerosis (10.6%), IgA vasculitis (9.0%), and other glomerulonephritis (4.2%). The mean duration of immunosuppression (individual or combination therapy) was 5.6 years (range 0.5-20 years). The overall prevalence of skin cancer was 10% (n=40), of whom 85% (n=34) were diagnosed post-immunosuppression. Non-melanoma skin cancers comprised 82.5% (n=33; BCC [19, 47.5%]; SCC [14, 35.0%]) and malignant melanoma 17.5% (n=7). Pre-cancerous skin lesions such as actinic keratosis and Bowen's disease were identified in 3% (n=12). Notably, 60% (n=24) of skin cancers and pre-cancerous lesions were diagnosed via the urgent 2-week cancer referral pathway initiated by GPs, with no prior dermatological surveillance. Only 14% (n=56) underwent formal skin surveillance, of which just 5.8% (n=23) met current guideline criteria. Overall mortality was 16.3% (n=65), with malignancy attributed as the cause of death in 12.3% (n=8) of those who were chronically immunosuppressed.

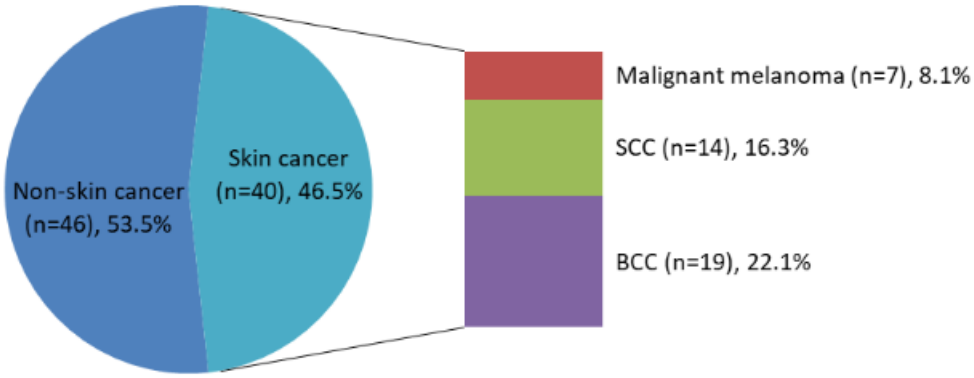
Conclusion:

This study reveals a substantial prevalence of skin cancer in chronically immunosuppressed, non-transplant renal patients—a population not currently prioritized in dermatologic screening guidelines. These findings highlight the need for targeted surveillance strategies to improve early detection and outcomes.

Immunosuppressive drug	Number (proportion)	Mean duration (years)	Range (years)	Standard deviation
Azathioprine	394 (99.0%)	1.57	0-16	2.93
Cyclophosphamide	130 (32.7%)	0.12	0-1	0.17
Mycophenolate mofetil	113 (28.4%)	1.51	0-18	2.99
Prednisolone (>40mg)	122 (30.7%)	0.21	0-3	0.39
Rituximab	163 (41.0%)	0.68	0-13	1.61
Tacrolimus	159 (39.9%)	1.15	0-20	2.59

Table 1. Immunosuppressive drugs used, with corresponding patient numbers, proportions, and mean duration of therapy

Figure 1. Prevalence of skin cancer and sub-types of skin cancer



Abstract N°: 1505

Extensive erosions mimicking toxic epidermal necrolysis in bullous amyloidosis

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Introduction & Objectives:

We describe a case of primary systemic amyloidosis with multiorgan involvement presenting with extensive cutaneous erosions with a positive Nikolsky's sign mimicking toxic epidermal necrolysis.

Materials & Methods:

A 70-year-old woman was referred to our department for the evaluation of extensive erosions with concerns of whether she was developing a severe adverse cutaneous drug reaction such as toxic epidermal necrolysis. She has an established diagnosis of Mayo Stage III systemic AL amyloidosis diagnosed a year ago, where she had presented with acute decompensated heart failure secondary to cardiac amyloidosis. A rectal and fat pad biopsy was positive for amyloid deposits with plasmacytosis seen on bone marrow aspiration.

Results:

Cutaneous examination revealed extensive areas of erosions and marked skin fragility. These erosions preferentially affected sites of friction, including intertriginous areas and skin where adhesive dressings were applied. At the time of dermatology consult, the body surface area of erosions was estimated at 40%. Notably, she had a cardiac arrest during her hospitalisation, and the friction from cardiopulmonary resuscitation led to a confluent area of erosion on her central chest. Furthermore, intervening normal skin demonstrated non-palpable purpura and ecchymoses. Ecchymotic plaques were similarly present on both upper eyelids. The skin was tender to touch and Nikolsky's sign was positive. The patient's tongue was firm and enlarged, consistent with macroglossia.

On further evaluation, the erosions had occurred two months prior, and no drug causes were elicited to account for this presentation. A protracted course was also against the differential diagnoses of either a bullous fixed drug eruption or toxic epidermal necrolysis.

Bullous amyloidosis is rare, and there are no reports thus far of an extensive involvement mimicking toxic epidermal necrolysis. Bullous presentations of amyloidosis are associated with systemic forms of amyloidosis. Pathomechanism is poorly understood, but there are several proposed causes. Firstly, bullae and erosions may be induced by trauma, with shearing forces resulting in the fracturing of fragile cutaneous amyloid deposits. Secondly, amyloid deposits within the papillary dermis can lead to an intra-dermal split with resultant subepidermal blisters. Thirdly, the close proximity of immunoglobulin-derived amyloid oligomers to epidermal keratinocytes has also been shown to cause a direct toxic effect to epidermal keratinocytes, triggering subepidermal bullous formation. This toxic effect was demonstrated by Clos et al that nonfibrillar oligomers made from amyloidogenic proteins such as immunoglobulins interrupted cellular membranes of human keratinocytes, leading to apoptosis.

Conclusion:

Awareness of this unusual presentation should prompt clinicians to think of bullous amyloidosis as a differential diagnosis to Steven-Johnson syndrome.

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Abstract N°: 1565

GATA3 as a potential differential marker for subcutaneous panniculitis-like T cell lymphoma and lupus erythematosus panniculitis

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Introduction & Objectives:

Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) and lupus erythematosus panniculitis (LEP) are distinct yet clinically overlapping disorders involving inflammation of subcutaneous fat. Differentiating between them is critical, as they require different therapeutic approaches and have divergent prognoses. SPTCL is a rare cytotoxic T-cell lymphoma, whereas LEP is an autoimmune panniculitis. The immunologic underpinnings and precise cellular origin of SPTCL remain incompletely understood.

GATA3, a transcription factor essential for Th2 differentiation and cytokine production, has recently emerged as a useful immunophenotypic marker in T-cell lymphomas. Additionally, it may play a role in modulating the inflammatory milieu in autoimmune conditions through its involvement in macrophage activation and immune polarization. This study aims to assess the potential diagnostic utility of GATA3 in differentiating SPTCL and LEP.

Materials & Methods:

A retrospective review identified 8 SPTCL and 11 LEP cases diagnosed at Kaohsiung Chang Gung Memorial Hospital from 2007 to 2024. Clinical records, histopathological features, and immunohistochemical findings were analyzed. Formalin-fixed, paraffin-embedded sections were processed using standard protocols, including deparaffinization, antigen retrieval, and immunostaining with anti-GATA3 antibody. GATA3 expression was semi-quantitatively scored using the H-score method. Statistical analysis was performed using the Mann-Whitney U test; $p \leq 0.05$ was considered significant.

Results:

The SPTCL corhort had a mean age of 39 years (range: 11–59), with 75% female predominance. Most patients (87.5%) presented with multiple subcutaneous nodules, mainly on the extremities. Tenderness was noted in 62.5%; no ulceration occurred. Fever was the most frequent systemic symptom (62.5%). Laboratory evaluation revealed elevated LDH in 62.5%, and bone marrow involvement was seen in one case. Treatment modalities included systemic glucocorticoids (87.5%), cyclosporine (62.5%), and CHOP or CHOP-like regimens (37.5%).

Histologically, all SPTCL cases demonstrated dense lobular lymphoid infiltrates with CD4−, CD8+, CD56− phenotypes and CD7 loss in 62.5%. Neutrophilic infiltration and karyorrhexis were seen in 87.5% and 62.5%, respectively. All cases expressed granzyme B and TIA-1, and were βF1-positive, consistent with an α/β T-cell phenotype. Ki-67 proliferation indices were ≥30% in two cases, with lower proliferation (<20%) in the remainder.

GATA3 expression showed statistically significant differences between SPTCL and LEP. SPTCL cases consistently demonstrated moderate to strong GATA3 positivity, while LEP cases showed more variable and generally weaker expression. Notably, staining distribution differed between the two entities. In SPTCL, GATA3 staining was

concentrated in the atypical lymphoid cells rimming adipocytes. In LEP, GATA3-positive cells were diffusely distributed within the inflammatory infiltrates of both septa and lobules of the subcutaneous tissue.

Conclusion:

Although not a definite diagnostic marker on its own, GATA3 expression—when interpreted in conjunction with cytotoxic markers, proliferation index, and staining architecture—provides useful adjunctive information in distinguishing SPTCL from LEP. Its differential intensity and localization hold diagnostic promise and warrant further investigation in larger studies.

Abstract N°: 1567

metastatic carcinoma mimicking herpes zoster virus infection- report of two cases

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Metastatic Carcinoma Mimicking Herpes Zoster virus infection- report of two cases

Introduction & Objectives:

Cutaneous metastases of solid organs are rare, since most tumors spread initially to either lymph nodes or to adjacent organs. Tumors scarcely metastasize to the skin. The exact incidence of skin metastasis is uncertain, albeit variation between 2-5% according to some authors exist. Cutaneous metastases presenting in a 'zosteriform' pattern mimicking herpes zoster is indeed a rare form for cancer cells to spread.

Materials & Methods:

We describe herein two cases of young female and male patients who presented with skin eruption localized to cutaneous dermatomes; hence mimicking herpes zoster infection, and initially misdiagnosed as an ordinary case of herpes zoster infection.

A 47 years-old female patient presented with painful eruption located on the left side of her breast and truncal area since one-week prior to her referral to our clinic. She was examined by an infectious disease specialist who suspected of Herpes Zoster infection with secondary bacterial infection, and initiated therapy with Valacylovir and Cephalexin, until PCR test turned out negative for Herpes infection.

On her medical background she was diagnosed with breast carcinoma on her left breast since April 2024. The diagnosis was of stage III disease due to spread to her lymph nodes in her left axilla and neck. Previous treatments consisted of surgery, and currently she is being treated with chemotherapy (Docetaxel, Carboplatin) and a monoclonal antibody targeting HER2 (Trastuzumab). Physical examination revealed grouped edematous papules some are on an erythematous basis located on the left breast. Interestingly, the eruption is localized with a dermatomal distribution involving T3-4dermatomes. The size of the lesions varied from a few millimeters to 0.5 cm in diameter. Histological examination consisted of metastatic adenocarcinoma associated with vascular invasion. The tumor cells were positive for GATA3 immunohistochemical staining supporting breast origin. HER2 immunohistochemical staining positive. ER (estrogen receptor), PR (Progesterone receptor) immunohistochemical staining were negative.

The second patient was a 48 years-old male patient diagnosed with stage III Gastric adenocarcinoma 8-years prior to his referral to our clinic. He was treated with a combination of Capecitabine and Oxaliplatin with a relatively stable disease. The oncologist has referred him to our clinic due to a new skin eruption. The cutaneous eruption elapsed for three weeks and located to truncal dermatomes T6-7 on the right side, without affecting the

contralateral side. The eruption was associated with some mild pruritus and discomfort. We initiated empiric therapy with acyclovir pending biopsy results. Histological examination consisted of diffusely involved metastatic adenocarcinoma with signet ring cell formation. Immunohistochemistry was positive for CK7 and negative for CDX2, compatible with metastatic carcinoma of gastric origin.

Results:

Both patients have been diagnosed with cutaneous metastatic disease with unique presentation mimicking herpes zoster infection.

Conclusion:

Metastatic cutaneous cancer is uncommon complication of internal malignancies.

Therefore, high level of suspicion is suggested in oncological patients and we recommend skin biopsy in selected cases to determine the exact etiology of the eruption.

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Abstract N°: 1606

Nivolumab-Induced Pemphigus Vegetans: A Rare Complication of Immunotherapy

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Introduction & Objectives:

Nivolumab, a PD-1 immune checkpoint inhibitor, has shown efficacy in treating various malignancies including melanoma, non-small cell lung cancer, and renal cell carcinoma. While it enhances tumor-specific T cell activity, it can also induce autoimmune reactions. Common immune-related adverse events (irAEs) include rash, enteritis, vitiligo, and hypothyroidism. However, pemphigus vegetans (PVeg) as an irAE remains exceedingly rare. We present a unique case of PVeg induced by nivolumab in a patient with metastatic melanoma, aiming to raise awareness of this unusual complication.

Materials & Methods:

We evaluated a 73-year-old man with a known history of nodular melanoma on the back, staged T4bN2bM0, considered unsuitable for radical treatment. The patient underwent immunotherapy with nivolumab and was monitored clinically and histologically for cutaneous and systemic complications.

Results:

After the fifth nivolumab infusion, the patient presented with an erythematous, scaly, excoriated, polymorphic infiltrated plaque with well-demarcated borders on the upper back, covering 9% of his body surface area. Additionally, a 10 x 10 cm subcutaneous mass was noted along the left posterior axillary line. Histopathological examination of the skin lesion revealed moderate epidermal spongiosis, exocytosis of lymphocytes and eosinophils, and multiple eosinophilic microabscesses within the spinous layer—findings consistent with pemphigus vegetans. Biopsy of the subcutaneous mass confirmed metastatic melanoma with HMB-45–positive neoplastic cells. Laboratory tests showed elevated lactate dehydrogenase (LDH) levels. Based on the clinicopathological correlation, a diagnosis of nivolumab-induced pemphigus vegetans with incidental metastatic progression was made. Immunotherapy was discontinued.

Conclusion:

Although nivolumab is a cornerstone in melanoma treatment, clinicians must remain vigilant for rare immune-related adverse events such as pemphigus vegetans. Early recognition and diagnosis are crucial for appropriate management and to avoid further complications. This case highlights the importance of integrating dermatologic evaluation into the follow-up of patients receiving checkpoint inhibitors.

Abstract N°: 1675

Catastrophic metastatic spread of melanoma after failure of follow-up

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Introduction & Objectives:

Melanoma is a malignant neoplasm of the melanocytes and is the deadliestform of skin cancer due to its high metastatic potential. Although earlystage melanoma can often be effectively treated with wide local excision, the disease may recur or progress to advanced stages, even after complete surgical resection. Metastatic spread can involve regional lymph nodes as well as distant organs such as the lungs, liver, brain, and bones, substantially worsening prognosis and quality of life.** Early diagnosis remains the most important prognostic factor in melanoma management. Survival rates are markedly higher when melanoma is detected at an early, localised stage, underscoring the need for both clinician- and patient-driven surveillance strategies.

Materials & Methods:

We report the case of a 76-year-old male who presented to our dermatology department for melanoma follow-up. His initial melanoma, located on the back, was diagnosed and excised in March 2017 (Breslow thickness 4.3 mm, 1 mitosis/mm^2, with ulceration, negative sentinel lymph node biopsy). He was subsequently followed in our department from August 2018.

Results:

At follow-up in April 2019, a suspicious pigmented lesion on the left ear (measuring 2 × 1.5 cm) was identified and subsequently excised. Histopathology revealed lentigo maligna melanoma (Clark II, Breslow 0.4 mm). No recurrence was observedat the original excision site, and no additionalsuspicious lesions were present at that time. The patient was then lost to follow-up.

Following a period of several years, the patient was admitted to the University Medical Centre Ljubljana, Department of Endocrinology, Diabetes and Metabolic Disease, for the management of heart and kidney failure in conjunction with urinary infection. A dermatological consultation was requested due to the presence of multiple, large, firm, black-blue nodules and papules on the back. One of them was evident in the post-melanoma scar on the back. The clinical presentation suggested multiple metastases of melanoma, which were subsequently confirmed by cytology. Computed tomography of the abdomen and chest revealed multiple metastases in the lungs, liver and lymph nodes. In light of the widespread metastatic disease, the presence of multiple comorbidities, and the patient’s generally poor health condition, palliative supportive care was recomended. The patient passed away only a few weeks later..

Conclusion:

This case underscores the critical importance of long-term, vigilant dermatological monitoring according to national guidelines in patients with a history of melanoma, even after apparent successful treatment. Melanoma patients remain at risk for recurrence and metastasis, which may present years after the initial diagnosis. Routine follow-up and timely detection of new or suspicious lesions are essential for early intervention and improved prognosis.

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Abstract N°: 1714

Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma: A Rare Case

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Introduction & Objectives:

Primary cutaneous cluster of differentiation (CD) 8+ aggressive epidermotropic cytotoxic T-cell lymphoma (AECTCL) is one of the rarest forms of T-cell cutaneous lymphoma and has a poor prognosis. It is characterized by the proliferation of CD8+ cytotoxic T-cells in the skin. Clinically, skin lesions can be localized or widespread, develop suddenly and quickly, and manifest as papules, plaques, or nodules with necrosis, ulceration, or crusts in the middle. AECTCL can metastasize to extracutaneous sites. Histopathological and immunohistochemical analysis can aid the diagnosis of AECTCL. This case report attempts to illustrate the necessity of concordance between clinical, histopathologic, and immunohistochemistry characteristics to diagnose AECTCL.

Materials & Methods:

We describe a case of AECTCL based on concordance between clinical features, histopathologic, and immunohistochemistry characteristics.

Results:

A 56-year-old male patient with no medical history presented to our dermatology department with a rapidly growing of painful necrotic ulcerated plaques and tumors on his body. The first skin lesions appeared four months before the consultation, manifested as erythematous macules and papules on the right lower leg that were neither itchy nor painful. Three months before the consultation, some of the erythematous papules turned into skin-colored tumors and plaques, followed by painful necrotic ulcers. One month before the consultation, the previously existing necrotic ulcers had grown in quantity and size, also showing up on the scalp and face. Over the past month, there has been a significant decrease in weight. The patient worked as a farmer and never used sunscreen. On physical examination, multiple erythematous plaques and tumors with ulceration, thick crust, and slough were noted. Three skin biopsies of the lesions revealed diffuse dermal infiltration of medium-to-large atypical lymphoid cells with pleomorphic nuclei, showing prominent epidermotropism. These lymphocytes were positive for CD3, CD5, CD8, CD20, and granzyme-B. The Ki67, with a high proliferation index, was also demonstrated. The result of the head Computed Tomography (CT) scan examination showed skull metastasis. The patient was supposed to get six cycles of *cyclophosphamide*, *hydroxydoxorubicin*, *vincristine*, and *prednisolone* (CHOP) therapy; however, the patient was reported deceased at home following the first cycle of treatment.

Conclusion:

There are no pathognomonic symptoms of AECTCL. Concordance between clinical, histopathological, and immunohistochemical examination is necessary to establish the diagnosis of the disease.

Abstract N°: 1745

Skin Lesion Triage in Organ Transplant Recipients Using Line-Field Confocal OpticalCoherence Tomography: A retrospective classification study

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Introduction & Objectives:

Organ transplant recipients (OTRs) face an elevated risk of keratinocyte carcinomas (KC), leading to a lower threshold for biopsy. Line-field confocal optical coherence tomography (LC-OCT) is a non-invasive imaging technique capable of visualizing malignant skin changes, yet its role in the management of OTRs remains unexplored. The objective was to investigate the potential of LC-OCT for triage of skin lesions in OTRs.

Materials & Methods:

Clinically equivocal lesions in OTRs (n=75) were scanned using LCOCT before biopsy. Scans were assessed retrospectively for predefined LC-OCT criteria (i.e., image-markers) for KC and premalignant lesions (Bowen's disease and actinic keratosis). The most high-yield criteria were identified and combined into a decision-tree.

Results:

A 4-step decision-tree for lesion triage with five LC-OCT criteria was developed, with

a sensitivity of 87.5% for squamous cell carcinoma (n=8), 94.4% for basal cell carcinoma (n=18), 83.3% for Bowen's disease (n=12), and 72.7% for actinic keratosis (n=22). This triage is based on broad strands and keratin pearls for SCC, lobules for BCC, and severe- or mild-moderate dysplasia for premalignant lesions.

Conclusion:

This study designed an LC-OCT decision-tree for use in immunocompromised patients to assist in triage of equivocal skin lesions with potential for improving clinical-decision making.

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Abstract N°: 1795

Spatial Proteomic Analysis of a Case of primary BRAF+ Malignant Melanoma and primary Vitiligo Coexisting in the Same Lesion Reveals Possible Mechanisms of Melanocyte Killing and Melanoma Escape

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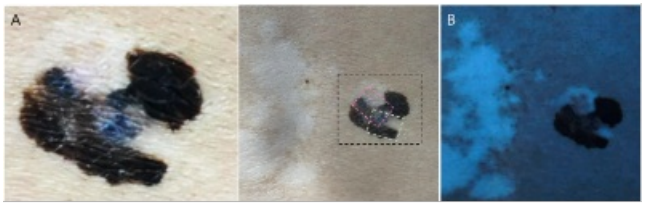
Introduction & Objectives:

Malignant melanoma and vitiligo are two distinct conditions involving melanocytes. Malignant melanoma is a skin cancer caused by melanocyte malignancy, while vitiligo is an autoimmune disease characterized by melanocyte destruction. Despite their contrasting nature, their relationship is complex. Vitiligo patients have a higher incidence of melanoma but a lower risk of developing it. However, vitiligo-like depigmentation is a common adverse effect of immunotherapy for melanoma. No cases have been reported where primary vitiligo and primary malignant melanoma coexist in the same lesion, which could provide insights into melanoma escape mechanisms.

Materials & Methods:

A 60-year-old man with a long-standing pigmented nevus on his right back developed vitiligo 4-5 years ago. Two months ago, he presented with a subcutaneous mass in the left abdomen and right hip pain. Ultrasound and MRI Imaging suggested malignancy, and biopsies confirmed BRAF+ malignant melanoma with widespread metastasis. PET-CT showed widespread metastasis to the brain, ribs, thoracic vertebrae, pelhvis, retroperitoneum, inguinal region, femur, and soft tissues of the back, buttocks, and abdominal wall.

Under Wood’s lamp, melanoma and vitiligo tissues were intermingled. We performed IHC, mIHC, and spatial IMC analysis on the skin tissue to investigate the mechanisms of different pigment cell fates in the same lesion.



Results:

This is a case of a patient with widely metastatic malignant melanoma complicated by vitiligo. Unlike typical melanomas, histological examination showed no large nests of melanoma cells in the lesion. Multiplex immunohistochemistry (mIHC) and IMC revealed dense CD8+ T cell infiltration in both vitiligo and melanoma areas. As crucial tumor-infiltrating lymphocytes (TILs), PD-1+ CD8+ T cells were concentrated in the melanoma tissue, with low Ki-67 expression, suggesting functional exhaustion and immune suppression, which may explain the rapid multi-organ metastasis in this patient. Interestingly, in the vitiligo dermis intermingled with melanoma, occasional CD8+ T cells expressed PD-1. These CD8+ T cells in the vitiligo area also lacked Ki-67 expression, indicating inactive proliferation. With melanoma cells nearby, how do these CD8+ T cells maintain melanocyte absence in the vitiligo area? Numerous melanoma cells were observed escaping around dermal blood vessels, surrounded by CD8+ T cells. CD14+PD-1+ cells were detected in both vitiligo and melanoma areas.

Conclusion:

Vitiligo and malignant melanoma exhibit a complex interrelationship. PD-L1, a key immune checkpoint inhibitor in melanoma cells, exerts potent suppression on PD-1+ CD8+ T cells. However, its inhibitory capacity is insufficient to prevent all PD-1+ CD8+ T cells from targeting melanocytes, resulting in depigmentation. During this cellular interplay, other APCs may also contribute. This represents the first extremely rare case of coexistence of melanoma and vitiligo tissues in the same lesion, where both the tumor and inflammatory immune microenvironments interact. This scenario offers a unique opportunity to directly observe tumor escape mechanisms. Spatial proteomics analysis of this case holds significant value for elucidating the regulation of melanocyte fate, the pathogenesis of pigmentary disorders, and the immune escape mechanisms of malignant melanoma.

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Abstract N°: 1797

Basal Cell Carcinoma Arising in a Jadassohn's Sebaceous Nevus: A Case Report

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Introduction & Objectives:

Jadassohn's nevus is a congenital hamartoma characterized by epidermal hyperplasia, follicular structures, sebaceous glands, and apocrine glands. It is present from birth or appears during early childhood and is most commonly located on the scalp, followed by the face and neck. Approximately 14% of these nevi develop tumors; however, over 90% are benign, with the most frequent being benign trichoblastoma and syringocystadenoma papilliferum. Malignant neoplasms are rare and include basal cell carcinoma, apocrine carcinoma, trichilemmal carcinoma, sebaceous carcinoma, microcystic adnexal carcinoma, porocarcinoma, and squamous cell carcinoma. The association with basal cell carcinoma is reported in only 0.8% of cases.

This case is presented due to its clinical relevance, given the uncommon of this condition.

Materials & Methods:

Case reports

Results:

A 44-year-old male patient, with no relevant medical history, was referred to the Dermatology Department due to a lesion on the scalp that had developed over a pre-existing congenital lesion. Physical examination revealed a linear, verrucous lesion in the right parieto-occipital region, with a superimposed nodular tumor. Dermoscopy showed telangiectasias, red-milky areas, and blue-gray ovoid nests. Given the suspicion of a pigmented basal cell carcinoma, a syringocystadenoma papilliferum, or an amelanotic melanoma arising in a Jadassohn's nevus, a biopsy was performed. Histopathological analysis confirmed a pigmented lobulated basal cell carcinoma. The patient was referred to the Head and Neck Surgery Department for complete excision of the lesion. The final histopathological report described a Jadassohn's sebaceous nevus associated with a lobulated basal cell carcinoma, with adenoid features and focal pigmentation.

Conclusion:

This case highlights the clinical relevance of Jadassohn's nevus as a rare but important condition that can harbor malignant transformation, such as the development of basal cell carcinoma. Despite being predominantly benign, the potential for malignant neoplasms, including basal cell carcinoma, emphasizes the importance of monitoring these lesions over time.

Abstract N°: 1836

Comparison of the efficacy and safety between adjuvant and palliative anti-PD-1 treatment of stage IV oligometastatic melanoma

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Introduction & Objectives:

For patients with oligometastatic stage IV melanoma, two treatment options may be considered: 1. resection of metastases followed by anti-PD-1 adjuvant therapy, 2. direct anti-PD-1 initiation without resection. However, it still remains unclear which of these approaches is superior.

Materials & Methods:

In this paper, we have performed an unicentric retrospective observational study focusing on oligometastatic stage IV melanoma patients treated with anti-PD-1 in palliative or adjuvant setting. We finally enrolled 16 patients with oligometastatic stage IV melanoma in the palliative setting and 16 after resection of metastases in the adjuvant setting.

Results:

The 6-, 12-, 18- and 24-month RFS/PFS were 81%, 63%, 50% and 50% in the adjuvant group compared to 69%, 69%, 69% and 63% in the palliative group. The median RFS was 21.0 (3.0-NR) months in the adjuvant group. However the median PFS was not reached in the palliative group. The median OS was not reached in any group.

Conclusion:

Based on our data, it appears that starting anti-PD-1 directly in the palliative setting instead of resection of metastases followed by anti-PD-1 in the adjuvant setting is at least equivalent or even better option for oligometastatic stage IV patients (p=0.558, long-rank test).

Abstract N°: 1907

Efficacy, safety and patients satisfaction of Tirbanibulin in the treatment of actinic keratosis in sensitive facial areas: A prospective observational study

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Introduction & Objectives:

Actinic keratosis (AK) is a cutaneous condition characterized by the proliferation of dysplastic keratinocytes, which may progress to squamous cell carcinoma. Although available treatments are effective, they are often associated with a high incidence of severe cutaneous adverse reactions. Tirbanibulin is a synthetic drug with antiproliferative and antitumor properties, whose efficacy has been approved for the treatment of AK and field cancerization, presenting a limited adverse effect profile and a straightforward dosing regimen. It is administered once daily for five consecutive days over an area of 25 cm^2. These characteristics position tirbanibulin as a preferred therapeutic option for patients with AK in anatomical locations sensitive to adverse effects. In this study, we present a series of 15 patients with AK in sensitive areas treated with tirbanibulin.

Materials & Methods:

We designed a prospective observational study to evaluate the clinical response and patient satisfaction with tirbanibulin treatment for AK in sensitive locations. “Sensitive locations” were defined as facial areas with a higher risk of adverse effects that could interfere with patients’ social or occupational lives, including the periocular region (eyelids, eyebrows, outer and inner canthi), perioral area (upper and lower lips), ears, and nose. Demographic characteristics of the patients and their history of previous treatments for AK were recorded. Tirbanibulin treatment was applied according to the technical data sheet, and patients were evaluated at 7 days to record local adverse reactions, classified as mild, moderate, or severe by a dermatologist based on the presence of erythema, desquamation, crusting, or blisters. Treatment response was assessed 2 months after application. A numerical satisfaction survey (0 to 10) was administered to evaluate satisfaction with previous treatments and with tirbanibulin after completion.

Results:

A total of 15 patients were included in the study, with a mean age of 67 years. No significant differences in sex distribution were observed (46.6% female, 54.4% male). Fifty-three percent of patients had undergone at least two previous treatments for AK (topical and/or cryotherapy). The most frequently affected location was the periocular area, present in 30% of patients, followed by the perioral area (20%), nose (20%), and ears (26.6%). At the seventh day of treatment, a mild local inflammatory reaction was observed in 9 of the 15 patients, with no severe reactions reported. More than 90% of recorded local adverse reactions consisted of erythema and desquamation. The median satisfaction regarding previous treatments was 6, while the median satisfaction with tirbanibulin was 8. At 2 months, 80% of treated patients achieved complete resolution of AK, while 3 patients required additional treatment with cryotherapy due to a partial response.

Conclusion:

Tirbanibulin is an effective and safe treatment for actinic keratosis in sensitive locations, demonstrating high

satisfaction rates compared to other topical treatments and cryotherapy.

Abstract N°: 1918

Visualising Malignancies Through AI: Assessing SORA's Effectiveness in Skin Cancer Representation

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Introduction & Objectives:

The rapid evolution of artificial intelligence (AI) has now extended into the domain of video synthesis. SORA, a text-to-video model introduced by OpenAI in 2024, marks a significant advancement beyond earlier text-to-image models. Trained on real-world video data through iterative learning, SORA generates videos directly from textual prompts, bypassing the computationally intensive process of pixel-by-pixel construction.(1) This innovation introduces the potential for an expansive, consent-free AI-generated video repository, offering new horizons in medical education and patient engagement. The use of an infamous repository of anonymous clinical videos is expedited through further incorporation of virtual and augmented reality in medical training.

This study aims to assess the clinical applicability of SORA's generative outputs concerning common skin malignancies, focusing on malignant melanoma, squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) and to demonstrate the potential utility of text-to-video AI generation programmes in dermatology training.

Materials & Methods:

On 28/03/2025, textual prompts were entered into SORA to generate images of the respective malignancies mentioned previously. The generated outputs were analysed in the following domains: realism of the photo generated, suitable anatomic location, skin lesion characteristics, and clinical accuracy of the videos generated.

Results:

SORA, rendered models demonstrating promising realism with lifelike hair and skin, with convincing texture and movement. It also shows a partial ability to distinguish between different lesion types, such as melanocytic versus erythematous appearances. SORA further demonstrated commendable clinical realism in its reproduction of BCC, generating cardinal features, namely rolled edges, central ulceration, and a shiny surface. However, it falls short of consistently reproducing the hallmark features of cutaneous malignancies for example the lack of asymmetrical borders and variation in colour in the video depiction of SCC. Additional limitations include the generation of physically implausible motion, the spontaneous appearance of objects or subjects, inaccurate physical interactions, and unrealistic behaviours in multi-subject scenarios.

Conclusion:

In conclusion, despite the shortcomings in clinical accuracy, the potential utility of SORA remains considerable. Further development is needed to create realistic and accurate content to implement the videos generated. These ratified videos can be further implemented in clinical education through the development of virtual reality technology. With focused collaboration between AI text-to-video developers and dermatological experts to improve diagnostic fidelity, text-to-video generation could transform educational resources for clinicians and enhance visual communication in patient care.

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Abstract N°: 1942

Digital Transformation in the Management of Cutaneous Squamous Cell Carcinoma: A Comparative Analysis Between In-Person Care (2019) and Teledermatology (2022) in a Tertiary Hospital

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Introduction & Objectives:

Teledermatology has emerged as a valuable tool in the management of skin cancer, particularly following the COVID-19 pandemic. This study evaluates its feasibility and safety in the context of cutaneous squamous cell carcinoma (cSCC) by comparing pre-pandemic in-person consultations (2019) with post-pandemic teledermatology care (2022).

Materials & Methods:

A comparative observational study was conducted including patients diagnosed with cSCC seen through in-person visits in 2019 (n=101) and through teledermatology in 2022 (n=123). Demographic variables (age, sex), risk factors (prior history of cSCC, immunosuppression), and tumor characteristics (maximum diameter, tumor area, Breslow thickness, high-risk location) were analyzed. Statistical analysis was performed using Python (pandas, scipy, and statsmodels).

Results:

The mean age was similar between groups (in-person: 79.2±10.2 years; teledermatology: 79.3±10.4 years; $p=0.872$), as was sex distribution (male: 65.3% vs 67.5%; $p=0.846$). No significant differences were observed in risk factors such as prior cSCC (9.9% vs 8.1%; $p=0.242$) or immunosuppression (17.8% vs 16.3%; $p=0.896$). Tumor features were also comparable in terms of maximum diameter (1.4±0.7 cm vs 1.4±1.1 cm; $p=0.340$) and Breslow thickness (3.7±3.1 mm vs 3.3±3.0 mm; $p=0.259$). A statistically significant difference was found in tumor area (1.9±2.1 cm^2 vs 1.5±5.4 cm^2; $p<0.001$), though its clinical relevance remains limited. The proportion of tumors located in high-risk anatomical sites was similar (18.8% vs 18.7%; $p=0.880$).

Discussion:

Patients managed via teledermatology in 2022 showed similar clinical profiles compared to those seen in person in 2019. These findings align with previous studies reporting high diagnostic accuracy and concordance between teledermatology and face-to-face visits in skin cancer screening (Chuchu et al., 2018; Jobbágy et al., 2022; Warshaw et al., 2015). Moreover, teledermatology has proven valuable in community settings and during emergencies such as the COVID-19 pandemic, improving patient satisfaction and facilitating early diagnosis (Millán-Cayetano et al., 2020).

Conclusion:

Teledermatology represents a viable alternative for the initial assessment of cSCC in selected patients, yielding comparable baseline characteristics to in-person consultations. Beyond maintaining care quality and safety standards, its implementation may enhance access to dermatological care, reduce waiting times, and support early

diagnosis in vulnerable populations. These findings support the integration of digital tools into daily clinical practice, particularly in resource-limited settings or during healthcare emergencies.

Abstract N°: 2083

Epidemiological Patterns in Tumor Transformation of Nevus Sebaceous: A Systematic Review

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Introduction & Objectives:

Nevus sebaceous (NS) is a congenital skin malformation commonly located on the scalp, forehead, and neck, with potential for benign and malignant tumor development.

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are known complications.

This systematic review evaluates the prevalence, demographic patterns, and tumor transformation of NS, aiming to inform the necessity of prophylactic excision.

Materials & Methods:

Embase, PubMed, and Cochrane databases were systematically searched for observational studies with >10 cases of NS, published from 1993 to April 2024. This study was conducted according to MOOSE guidelines.

Results:

A total of 27 studies, encompassing 7,092 NS were included. The overall proportion of secondary neoplasms was 12%; benign lesions accounted for 10%, while malignant tumors accounted for 2%. Among malignant tumors, basal cell carcinoma exhibited the highest prevalence rate at 79%. Both benign and malignant neoplasms were more frequent in adults, with rates of 81% and 98%, respectively. Furthermore, males showed a higher prevalence of malignant tumors 74% than females 26% .

Conclusion:

This study found a higher frequency of NS-related malignancies in adult men, but prophylactic excision is not supported by current literature or this systematic review. Clinical management should be individualized, based on the patient's risk of tumor progression and the feasibility of regular follow-up.

Abstract N°: 2109

CD1⁺/S100⁺/CD207⁻ Phenotype Confirming Indeterminate Cell Histiocytosis in a Chronic Dermatosis Patient

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Introduction & Objectives:

We present the case of a 76-year-old male patient with a 7-year history of a chronic pruritic dermatosis. The patient had a medical history of hypertension, chronic obstructive pulmonary disease, dyslipidemia, and previously treated colon adenocarcinoma. He initially presented with monomorphic erythematous macules and papules on the trunk and limbs, with no mucosal or facial involvement. Prior treatments with permethrin, albendazole, and antihistamines were ineffective, and only partial improvement was achieved with topical and systemic corticosteroids. Due to the persistence and unclear etiology of the skin condition, further diagnostic workup was pursued.

Materials & Methods:

Laboratory testing was largely unremarkable, except for a markedly elevated total IgE level (14,821 U/mL). Imaging studies, including thoracoabdominopelvic computed tomography, skeletal X-ray, and cranial magnetic resonance imaging, showed no signs of systemic disease or suspicious lesions. A skin biopsy revealed a band-like subepithelial infiltrate in the superficial dermis, composed of perivascular and interstitial lymphocytes and dendritic histiocytes. Immunohistochemical staining showed CD1 and S100 positivity with CD207 negativity, consistent with a diagnosis of Indeterminate Cell Histiocytosis. A bone marrow biopsy showed no pathological findings.

Results:

Based on the histopathological and immunophenotypic findings, a diagnosis of Indeterminate Cell Histiocytosis with exclusive cutaneous involvement was established. The patient was started on methotrexate (12.5 mg/week), which led to complete resolution of both the skin lesions and associated pruritus.

Conclusion:

This case illustrates a rare presentation of Indeterminate Cell Histiocytosis with isolated skin involvement, posing a diagnostic challenge due to its overlap with other cutaneous histiocytoses. Clinical-pathological correlation and immunohistochemistry were essential for accurate diagnosis. Methotrexate proved to be an effective therapeutic option in this case, supporting its potential role in the management of cutaneous Indeterminate Cell Histiocytosis.

Abstract N°: 2131

Patient preferences and cosmetic outcomes following destructive treatments in non-facial basal cell carcinoma

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Introduction & Objectives: The high prevalence of basal cell carcinoma (BCC) places increasing pressure on healthcare systems. Non-surgical destructive treatments can offer feasible, inexpensive and highly effective options for low-risk BCCs. However, dermatologists often highlight scarring and suboptimal cosmetic outcomes as drawbacks of these procedures. This study aimed to investigate patient perceptions of scarring following destructive treatments for non-facial, low-risk BCCs and to explore which factors patients consider most important when choosing between treatments.

Materials & Methods: Using a mixed-methods study design, we evaluated cosmetic outcomes, patient satisfaction, concerns about scarring, and treatment preferences within the framework of an ongoing single-center randomized clinical trial on destructive treatments for low-risk BCCs. Patients had been treated with cryosurgery, curettage alone, or curettage followed by electrodesiccation for lesions measuring 5–20 mm, located from the neck to the feet. While scarring is often assessed after one year, we used a follow-up of three years to better capture long-term cosmetic outcomes, as scar appearance continues to evolve over time.

Results: A total of 157 patients with 425 non-facial scars were assessed. The majority of participants were male (61.1%), and the median age at inclusion was 70.2 years, closely aligning with the median age of 70 years at BCC diagnosis in Sweden. Most patients (92.8%) reported little or no concern about the appearance of their scars and were satisfied (88.2%) with the cosmetic result, despite visible differences from normal skin. This indicates a possible discrepancy between objective cosmetic outcomes and patient satisfaction. Instead, over 95% of patients considered anticipated treatment effectiveness to be the most important factor, followed by convenience and time requirements, with cosmetic outcome ranked as the least important factor.

Conclusion: Most patients with non-facial BCCs expressed low concern about scarring and prioritized treatment effectiveness. As the majority of participants in this trial were elderly, reflecting the typical demographics of BCC, these findings are especially relevant for that patient group. Given the high prevalence of low-risk BCCs among older adults, these insights may support more individualized, patient-centered decision-making. They are also aligned with the goals of the *Choosing Wisely* initiative in encouraging cost-effective care. However, results should be interpreted with some caution for younger patients, who may place greater value on cosmetic outcomes.

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Abstract N°: 2187

Tirbanibulin ointment: a viable therapeutic approach for superficial basal cell carcinoma

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Tirbanibulin ointment: a viable therapeutic approach for superficial basal cell carcinoma

Introduction & Objectives:

Tirbanibulin is a synthetic inhibitor of Src kinase signaling and tubulin proliferation which result in antiproliferative activity. It is approved for the treatment of actinic keratosis with a field of cancerization up to 25 cm2. Basal cell carcinoma is the most common human cancer with a prevalence of 343 per 100,000 persons per year. This study aims to evaluate the efficacy of tirbanibulin for the treamtent of superficial basal cell carcinoma.

Materials & Methods:

Twenty patients affected by superficial basal cell carcinoma with a diameter up to 21 mm at the level of the trunk were enrolled in our departments and treated with either topical tirbanibulin and cryotherapy or tirbanibulin alone. Twelve lesions received beforehand a slight 3-second course of cryotherapy to favor deeper delivery of the ointment while the other eight were only treated with tirbanibulin. The diagnosis was biopsy proven before the beginning of therapy.

Results:

At the first 1-month follow up only four lesions out of twenty (2 in the cryotherapy plus tirbanibulin group and 2 in the tirbanibulin group) were clinically resolved. The other sixteen lesions showed varying degrees of erythema, which could not exclude the persistence of malignant cells. No relevant adverse events were reported, and the treatment was generally well tolerated by all patients. At 6 month-follow up, nine lesions out of twenty appeared clinically and dermoscopically resolved (5 in the cryotherapy plus tirbanibulin group and 4 in the tirbanibulin group), while the remaining eleven showed mild erythema that did not allow for the exclusion of cancerous cells persistence. After the second follow-up, every lesion was subjected to a second incisonal biopsy, and basal cell carcinoma was documented among only six out of eleven erythematous lesions (2 in the cryotherapy plus tirbanibulin group and 4 in the tirbanibulin group). Even though erythema was present in six lesions that did not respond to topical therapy, it was present in five lesions that proved to be cancer free at the histological exam as well.

Conclusion:

Erythema does not seem then to be a reliable clinical sign to evaluate for disease persistence. Furthermore, the clinical outcome was correlated with the histological report and any further biopsies would not be justified. No statistically significant difference related to the therapeutic outcome for the two groups was found. Our experience shows that tirbanibulin could be a potential treatment for superficial basal cell carcinoma. It is an important option to be considered since a better cosmetic outcome, a more time-effective approach and fewer side effects can be expected when compared to surgery. Further studies are needed to understand if the

combination with cryotherapy does improve the clinical outcome and if repeated courses of topical therapy with tirbanibulin can heighten the response.

Abstract N°: 2202

Multiple Second Primary skin Cancers in a patient with bladder malignancy: case presentation

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Introduction & Objectives:

In patients with known malignancy, a second primary cancer (SPC) is defined as the occurrence of a cancer in a different organ or tissue from the original, in the same patient. We present a case of a patient with bladder carcinoma who developed three (3) years after the initial diagnosis, three (3) SPCs within a year: a malignant melanoma and two (2) basal cell carcinomas.

Materials & Methods:

A male patient, aged 63 years, presented to the outpatient dermatology clinic for three (3) skin lesions which developed within the last year. The patient was diagnosed with papillary urothelial carcinoma 3 years ago which was surgically removed and followed immunotherapy with BCG transurethral injections every 6 months.

Results:

The skin lesions included an asymptomatic pigmented plaque measuring 2 x 1.2 cm on the back, a reddish eroded plaque on the right arm measuring 2.7 x 2 cm, and a pearly white plaque on the right temporal region measuring 0.9 x 0.9 cm.

Dermoscopy of the pigmented plaque revealed evidence of atypical melanocytic lesion, while the 2 lesions on the right arm and on the right temporal region showed dermatoscopic features of basal cell carcinomas. All lesions were excised and histological examination of the pigmented lesion confirmed the diagnosis of superficial spreading malignant melanoma, Breslow 1,3mm - Clark III, 2 mitoses/mm2, MelanA+, HMB45+.

Histological examination of the 2 lesions on the right arm and the right temporal region confirmed the diagnosis of two nodular basal cell carcinomas

Conclusion:

In large case series of patients with bladder cancer, the most common SPCs are reported to develop on the pharynx, esophagus, liver, lungs, uterus, prostate and rarely to the skin. Theories for the development of SPCs include similar risk factors, genetic predisposition - mutations in specific genes, chemotherapeutic agents and/or radiotherapy. Moreover it is considered that patients with a known malignancy are examined more frequently and SPCs are more easily discovered in comparison to the general population.

In our patient, the risk factors for bladder cancer and skin cancer are different, his treatment was initially surgical and then transurethral and could not be implicated in the development of SPCs. It is possible that genetic factors could have played a role or the fact that he was more aware of his self-examination.

Second primary cancers (SPCs) need further investigation but as a percussion it could be recommended that all patients with malignancy in any organ should undergo regular dermatological examination for the early diagnosis of skin cancer.

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Abstract N°: 2320

Vascular characteristics of treatment-resistant and -responsive actinic keratosis identified with dynamic optical coherence tomography

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Introduction & Objectives:

Treatment-resistant actinic keratosis (AK) is of concern in clinical practice, often requiring retreatment. Microvascular assessments might help differentiate treatment-resistant from treatment-responsive AKs, enabling targeted treatment.

Materials & Methods:

Using dynamic optical coherence tomography (D-OCT), we investigated AK vascularization following daylight photodynamic therapy, comparing treatment-resistant to cleared AKs. AKs on face/scalp were graded according to the Olsen Classification Scheme and scanned with D-OCT pre-treatment, and 3- and 12-months post-treatment.

Results:

Employing D-OCT, we quantified total vessel length, mean vessel length, mean vessel diameter, vessel area density, branchpoint density. We enrolled 38 patients with 62 AKs, including 37 AK I, 18 AK II, 7 AK III. Treatment-resistant AKs displayed a trend toward intensified vascularization compared to cleared AK at baseline (AKs I, II), suggested by higher total vessel length (median 144.0, IQR 104.3-186.6) and vessel area density (median 27.7, IQR 18.4-34.2) than in cleared AK (median 120.9, IQR 86.9-143.0 and median 22.9, IQR 17.3-26.8). Additionally, vascularization in treatment-resistant AK I-II appeared disorganized, with trends toward shorter mean vessel length (median 151.0, IQR 138.5-167.5) and increased branchpoint density (median 3.2, IQR 2.3-3.8) compared to cleared AK (median 160.0, IQR 152.0-169.3 and median 2.6, IQR 2.2-3.0).

Conclusion:

D-OCT identified trends of subsurface vascular differences between treatment-resistant AK and treatment-responsive AK post-dPDT. At baseline, AK that were resistant to treatment showed more intense and disorganized vascularization compared to AKs that cleared after therapy. These findings emphasize the potential of D-OCT to identify AKs that may need additional treatment.

Abstract N°: 2333

Histological Margins and Recurrence in Basal Cell Carcinoma: An 8-Year Cohort Study

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common skin cancer worldwide, accounting for approximately 80% of non-melanoma skin cancers. Clinical behavior and prognosis vary depending on anatomical location, tumor size, and histological subtype. Surgical excision remains the primary treatment, but guidelines differ internationally regarding optimal excision margins. This study assesses recurrence rates related to histological margins and evaluates factors influencing recurrence risk.

Materials & Methods:

A retrospective, observational cohort study was conducted between January 2006 and December 2016. Inclusion criteria were documented lateral and deep histological margins and a minimum 5-year follow-up. Recurrences were confirmed histologically or via in vivo confocal microscopy. Logistic and linear regression analyses evaluated recurrence-associated factors.

Results:

A total of 1032 BCC cases were analyzed, with a mean patient age of 68.3 years (range: 7-95) and a male-to-female ratio of 1.31. Lesions were predominantly located in the head and neck region (60.3%), followed by the trunk (25.5%), upper limbs (7.8%), and lower limbs (6.2%). The most frequent histological subtypes were nodular (53.5%), infiltrative (25.6%), and superficial (17.2%) (table 1).

The mean lateral histological excision margin was 2.17 mm (range: 0-8 mm), and the mean deep margin was 2.75 mm (range: 0-12 mm). Recurrences were observed in 1.48% (15 cases), with an average time to recurrence of 6.46 years. Recurrences were predominantly observed on high-risk anatomical sites, particularly the nose and ears.

Statistical analysis revealed no significant correlation between recurrence rates and the size of histological margins, histological subtype, patient age, or prognosis. However, female gender was significantly associated with increased recurrence risk ($p=0.026$). Furthermore, lateral margins were significantly smaller for head and neck lesions, while deep margins were significantly larger in males, trunk lesions, and superficial BCC subtypes.

Conclusion:

Despite narrower histological margins than recommended internationally, the recurrence rate was notably low. These findings suggest potential for safely reducing surgical margins, particularly advantageous in cosmetically sensitive areas without compromising oncological outcomes.

Variables	Total (n=1032)	Women (n=446)	Men (n=586)	Recurrence (n=15)
Age (years)				
Mean (SD)	68.0 (±11.6)	67.2 (±13.2)	69.2 (±10.1)	68.5 (±10.4)
Median	70	68.5	71	70
Histological subtype, n (%)				
Nodular	559 (54.2%)	216 (48.4%)	343 (58.5%)	6 (40.0%)
Infiltrative	264 (25.6%)	129 (28.9%)	135 (23.0%)	6 (40.0%)
Superficial	178 (17.2%)	91 (20.4%)	87 (14.8%)	3 (20.0%)
Sclerodermiform	28 (2.7%)	15 (3.4%)	13 (2.2%)	0 (0%)
Metatypical	27 (2.6%)	9 (2.0%)	18 (3.1%)	0 (0%)
Pinkus	1 (0.1%)	0 (0%)	1 (0.2%)	0 (0%)
Not specified	3 (0.3%)	1 (0.2%)	2 (0.3%)	0 (0%)
Recurrence risk, n (%)				
Low-risk	194 (18.8%)	96 (21.5%)	98 (16.7%)	3 (20.0%)
Intermediate-risk	27 (2.6%)	13 (2.9%)	14 (2.4%)	1 (6.7%)
High-risk	273 (26.5%)	133 (29.8%)	140 (23.9%)	8 (53.3%)
Not specified	538 (52.1%)	204 (45.7%)	334 (57.0%)	3 (20.0%)
Histological lateral margin (mm)				
Mean (SD)	2.2 (±1.1)	2.2 (±1.1)	2.2 (±1.1)	1.9 (±0.9)
Median	2.0	2.0	2.0	2.0
Histological deep margin (mm)				
Mean (SD)	2.7 (±1.5)	2.8 (±1.5)	2.7 (±1.6)	2.7 (±2.0)
Median	2.2	2.0	2.5	1.5
Follow-up duration (years)				
Mean	8.2	8.3	8.2	9.2

Table 1: Age, histological subtype, recurrence risk, histological margins, and follow-up duration according to sex and recurrence

Abstract N°: 2397

Diagnostic Challenge in a Rapidly Progressive Cutaneous Peripheral T-cell Lymphoma, Not Otherwise Specified: From Granuloma Annulare to Fatal Outcome.

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Background:

Peripheral T-cell lymphoma, not otherwise specified (PTCL-NOS), is a rare, aggressive non-Hodgkin lymphoma characterized by heterogeneous clinical and histopathological features. It may involve the skin either as primary cutaneous PTCL-NOS (pcPTCL-NOS) or as secondary cutaneous dissemination of systemic disease. Distinguishing between these entities is often difficult, particularly in late-stage presentations with widespread involvement.

Case presentation:

A 77-year-old man presented to our dermatology unit with generalized erythematous plaques and nodules involving the face, extremities and trunk. The first lesions had appeared 12 months earlier as erythematous plaques on the lower limbs. At that time, a skin biopsy performed elsewhere showed features consistent with granuloma annulare (GA), and the patient was discharged with this diagnosis. Due to progressive disease and lack of response to treatment, the patient was referred to our clinic. Examination revealed infiltrated plaques and nodular lesions with secondary impetiginization. A new biopsy from a facial lesion demonstrated a diffuse dermal infiltrate of medium-to-large atypical lymphoid cells, CD3+, CD4+, CD8−, with high proliferative index (Ki-67 >90%), diagnostic for PTCL-NOS. Systemic work-up, including FDG-PET and CT, revealed metabolically active lymphadenopathy and subcutaneous nodules consistent with advanced-stage disease. CHOP chemotherapy was initiated, but the patient developed sepsis and died six days after the first cycle.

Discussion:

This case illustrates how cutaneous T-cell lymphomas may clinically and histologically mimic benign dermatoses such as GA. The initial misleading diagnosis delayed appropriate treatment. Although the association between GA and hematologic malignancies remains controversial, atypical presentations—especially in elderly patients or those unresponsive to therapy—should raise suspicion. Re-biopsy and systemic evaluation are critical in persistent or atypical granulomatous eruptions.

Conclusion: Dermatologists should be aware of the potential for aggressive cutaneous lymphomas to mimic benign inflammatory conditions like GA. A high index of suspicion and early diagnostic reassessment are essential to avoid delays in the management of potentially life-threatening lymphoproliferative disorders such as PTCL-NOS.

Abstract N°: 2457

Dual Invasion: A Unique Case of Cutaneous Metastasis from Two Distinct Primary Tumors Coexisting in a Single Lesion

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Introduction & Objectives:

Cutaneous metastases are uncommon and typically originate from a single primary malignancy. We present a novel case of a single cutaneous lesion formed by metastases from two distinct primary tumors—renal clear cell carcinoma (RCC) and colorectal adenocarcinoma—coexisting in the same anatomical site. The objective is to highlight this rare presentation and explore the possible mechanisms behind this dual invasion

Materials & Methods:

An 80-year-old male with a history of RCC presented with two nodular scalp lesions of three months' duration. Surgical excision of the lesions was performed en bloc, followed by full-thickness skin grafting. Histopathological and immunohistochemical analyses were conducted on the excised specimens to determine tumor origin.

Results:

Histopathology revealed two distinct tumor populations. One was composed of clear cells with pleomorphic nuclei and prominent vasculature, consistent with metastatic RCC, confirmed by positive immunostaining for CD10 and PAX8. Underlying this, atypical glandular structures with mitotic activity and intraluminal necrosis were identified, consistent with metastatic colorectal adenocarcinoma, confirmed by CK20, CDX2, and SATB2 positivity. Colonoscopy revealed a rectal adenocarcinoma. Staging scans showed pulmonary and hepatic metastases. One month later, new metastatic nodules emerged at the graft edge, despite initial tumor-free margins.

Conclusion:

This case represents the first reported instance of dual metastases from unrelated primary tumors coexisting within a single cutaneous lesion. Possible mechanisms include clonal selection and contingency-based microenvironmental modulation. The case emphasizes the critical role of dermatopathological evaluation and tailored immunohistochemistry in detecting rare metastatic presentations. Further investigation is warranted to understand tumor–microenvironment interactions in cutaneous metastasis.

Abstract N°: 2469

Presentación cutánea aberrante de linfoma no Hodgkin de células B grandes. Informe de caso.

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Aberrant cutaneous presentation of Large B-cell non-Hodgkin's Lymphoma. Case report.

Introduction & Objectives: Cutaneous lymphomas are monoclonal neoplastic lymphoproliferative disorders that present as patches, plaques, or tumors. Primary lymphomas progress from local to systemic disease, whereas extracutaneous lymphomas secondarily infiltrate the skin. Diffuse large B-cell lymphomas, the most common subtype, are unilateral or bilateral, purplish-red, solitary or clustered, rapidly growing, aggressive, and with lymph node clusters, and predominate in women over 70 years of age. Objective: A case with atypical clinical presentation, possible aggressive histological transformation, and refractoriness to treatment.**

Materials & Methods: Clinical case with diagnosis of large B-cell non-Hodgkin lymphoma with atypical presentation.**

Results: A 60-year-old male presented with dermatosis of 3 months of evolution, with rapid, progressive growth and unexplained weight loss. First dermatosis in right preauricular region, consisting of exophytic neoformation, poorly defined borders, skin color and erythematous violaceous areas, 10 cm in greatest diameter, smooth surface, bilobed appearance. Second dermatosis in left cheek, consisting of exophytic neoformation, delimited borders, erythematous violaceous coloration, 10 cm in greater diameter and with necrotic aspect area, anfractuous surface, multiple longitudinal fissures, ulcers and hematic crusts. Third dermatosis in upper third of the anterior thorax, consisting of multiple exophytic neoformations, nodular appearance, skin color, variable shapes and sizes, surface erythema. A spindle biopsy was performed with histopathologic report: atypical diffuse lymphoid infiltrate in skin and subcutaneous tissue. Superficial and mid dermis with mixed infiltrate of lymphoid cells, medium to large size, irregular nuclear contours, large sheets of lymphoid cells, rounded nuclei, coarse chromatin, sparse-moderate nucleoli and cytoplasm, increased mitotic activity. Immunohistochemistry positive CD20, CD79a, BCL2, CD10, CD3 stains numerous lymphocytes, Ki67 65%. Clinic without palpable adenopathy or visceromegaly, negative viral serology. CT: lymphoproliferative disorder affecting neck, mediastinum, left lung, extraperitoneal and inguinal. Hematology concludes diffuse large cell non-Hodgkin's lymphoma type B stage IVE. Induction chemotherapy was started with a tumor shrinkage of ~50%, however, there was an increase in tumor activity and chemoresistance, aggressive evolution, without receiving palliative radiotherapy due to death.**

Conclusion: Patient with no onco-haematologic history, debuted with multiple neoformations on face and thorax, progressive course, biopsy CD10+ raising the possibility of transformation of pre-existing follicular lymphoma with atypical cutaneous presentation, deforming and refractory to intensive chemotherapy regimens. Cutaneous lymphomas represent a diagnostic and therapeutic challenge due to the complexity of their clinical presentation, histopathology and immunohistochemistry, classification, and treatment. The lack of information in cases of aggressive behavior makes the course unpredictable, and therefore there is no better therapeutic option.

Depending on the histological type of the case, the anti-CD20 antibody is part of intensive chemotherapy treatment for patients who were refractory. It raises the possibility of the presence of as-yet-unidentified tumor markers of aggressive behavior.

Abstract N°: 2470

Repigmentation of White Chest Hair Revealing In Situ Melanoma: A Rare Diagnostic Clue

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Introduction & Objectives:

Spontaneous repigmentation of white or gray hair is a rare event that may indicate underlying malignancy, particularly cutaneous melanoma. Most reported cases occur on the scalp of elderly female patients. Reports involving other anatomical locations are exceptionally rare. This case aims to highlight hair repigmentation as a potential early sign of melanoma and reinforce its diagnostic significance in atypical locations.

Materials & Methods:

A 66-year-old male with Fitzpatrick skin type II reported the appearance of black hairs among predominantly white hairs on his chest, which had emerged two years earlier. Subsequently, he noted the development of a dark macule at the site of the repigmented hair tuft. Clinical examination revealed a poorly defined, irregularly pigmented brown macule underlying the dark hairs. Dermoscopy showed a heterogeneous pattern, including a structureless area, an irregular brown blotch, eccentrically distributed globules of various sizes and shapes, and a pigment network.

Results:

An excisional biopsy was performed. Histopathology revealed a proliferation of atypical melanocytes with hyperchromatic nuclei and pigmented cytoplasm forming irregular nests at the dermoepidermal junction, with pagetoid spread, consistent with in situ melanoma of the superficial spreading subtype (stage IA). In addition, pigmented hair shafts and the presence of dendritic melanocytes in the hair bulb were noted. No neoplastic invasion around the follicular unit was observed.

Conclusion:

Although hair repigmentation is generally considered benign or age-related, it may serve as an early marker of cutaneous melanoma, especially in non-scalp locations. In this case, the absence of neoplastic infiltration into the hair bulb supports the hypothesis of melanocyte activation via the KIT signaling pathway. Clinicians should maintain a high index of suspicion for melanoma when confronted with focal hair repigmentation, prompting dermoscopic evaluation and biopsy when appropriate.

Abstract N°: 2578

Lights, Lamp, Action! Step-by-step Photodynamic Therapy as an Alternative Treatment for Periocular Basal Cell Carcinoma

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common malignant skin tumor, with a high incidence in photoexposed areas such as the face and neck. Among these locations, the periocular area presents a therapeutic challenge due to its functional and aesthetic implications. We present the treatment process of a superficial periocular BCC managed with photodynamic therapy (PDT) as a non-invasive alternative.

Case report:

An 85-year-old man under close dermatological follow-up since 2011 for multiple previously excised BCCs and squamous cell carcinomas, presented in October 2023 with a new ulcerated lesion on the left medial canthus, approximately **one centimeter** in size. . Biopsy confirmed superficial BCC. Considering the patient's age and lesion location, photodynamic therapy with methyl aminolevulinate (MAL) was chosen by mutual agreement. Four months after treatment, a suspicious area was identified dermoscopically and a second PDT cycle was performed. One year later, the patient remains lesion-free with no clinical or dermoscopic evidence of recurrence.

Materials & Methods:

1. The eyeball was protected with a sterile metal ocular shield. Anesthetic eye drops and ocular lubricant were applied both immediately and 10 minutes prior to placement.
2. The photosensitizer (MAL) was applied to the lesion and occluded with a light-blocking dressing for 3 hours, after which the product was removed.
3. The area was illuminated with a lamp at 635 nm, delivering 37 J/cm² over 10 minutes.
4. The external ocular shield was removed.
5. Prophylactic topical antibiotics and corticosteroids were prescribed for 5 days.

This procedure was repeated in two sessions, spaced three weeks apart per treatment cycle.

Results and discussion:

Photodynamic therapy (PDT) is an effective and approved treatment for actinic keratosis, Bowen's disease, and both superficial and nodular BCC. Although surgery remains the gold standard for BCC, PDT is a valuable alternative—especially in cases where surgery may result in significant functional or cosmetic impact.

Several reports of periocular tumor treatment with PDT exist in the literature, but variability in photosensitizers, wavelengths, exposure times, and session numbers precludes standardized recommendations. Complete response rates range between 52.6% and 100%, with reported recurrence rates from 0–20% over 9 to 60 months of follow-up. In our case, no local recurrence has been observed to date (3-month follow-up).

Regarding photosensitizers, studies suggest higher success rates with methyl aminolevulinate (82%) compared to delta-aminolevulinic acid (42%). No serious adverse effects have been reported.

Conclusion:

Photodynamic therapy represents a viable alternative to surgery for superficial and nodular periocular BCC, offering high success rates without serious adverse effects and helping avoid functional or aesthetic sequelae in selected patients.

Abstract N°: 2626

Rising Melanoma Mortality in Brazil: An Epidemiological Analysis from 2018 to 2023

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Introduction & Objectives: Melanoma is a serious and potentially fatal skin cancer, with incidence rate increasing in Brazil since 2020. As one of the most affected countries in Latin America, understanding melanoma epidemiology is essential for effective prevention and early detection. This study aimed to describe the epidemiology of melanoma deaths in Brazil, between 2018 and 2023.

Materials & Methods: An epidemiological study, made with data from the Brazilian health database called DATASUS, between 2018 and 2023. The variables analyzed were: age, sex, region, deaths from melanoma and race.**

Results: Between 2018 and 2023, Brazil recorded 3.177 deaths from melanoma. Prevalence was found among individuals aged 60 to 69 years (26%) and 70-79 years (19.9%), female (57,5%) and white (68%). The region most affected was the Southeast, with 46% of deaths, followed by the South (31.6%). The number of melanoma-related deaths showed a significant increase, rising from 501 in 2021 to 570 in 2022, representing a 13% increase. This upward trend continued in 2023, with deaths reaching 609, marking an additional 6% increase.

Conclusion: Melanoma-related mortality in Brazil demonstrated a concerning upward trend between 2018 and 2023, with a total of 3,177 recorded deaths. The highest prevalence was observed among individuals aged 60-69, predominantly female and white, with the Southeast and South regions being most affected. The recent increase in deaths from 2021 to 2023 underscores the need for targeted public health interventions, early detection, and preventive strategies, especially in high-risk demographics and regions.

Abstract N°: 2630

Pediatric Melanoma: A Comprehensive Review of Epidemiology and Clinical Features

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Introduction & Objectives: Pediatric melanoma is the most common skin cancer in children, representing 1%–3% of childhood cancers and 2% of all melanoma cases. This study aims to provide an update on the epidemiology and clinical features of melanoma in children and adolescents.

Materials & Methods: A literature review was conducted using PubMed, Embase, and Scopus. Eligible studies included observational studies and case reports involving patients aged 0 to 18 years. Review articles and studies not focused on the target population were excluded.

Results: The data revealed that pediatric melanoma displays unique characteristics when compared to adult cases. Across the studies, genetic and congenital risk factors, such as giant congenital melanocytic nevi, family history of melanoma, CDKN2A and CDK4 mutations, dysplastic nevus syndrome, neurocutaneous melanosis, DNA repair disorders (including xeroderma pigmentosum), and immunosuppression, were more frequently reported than cumulative sun exposure as primary risk factors. A predominance of cases diagnosed after age 15 was consistently noted, with a higher frequency among female patients, potentially linked to lifestyle behaviors increasing UV exposure. Clinically, atypical presentations were a recurrent finding. Traditional ABCDE criteria proved insufficient in identifying a large proportion of pediatric cases, particularly in younger children. Lesions were frequently described as amelanotic, uniformly colored, prone to bleeding, and arising de novo. All included studies referenced the modified criteria proposed by Cordoro et al. as more appropriate for pediatric diagnosis. Histopathological analysis revealed nodular and Spitzoid melanoma as the most prevalent subtypes, often presenting with increased Breslow thickness, typically above 2 mm and in some cases exceeding 4 mm. Lesions were most commonly located on the trunk, though several studies reported higher incidence of scalp and neck involvement in males. Prognostic data highlighted a high rate of late-stage diagnoses, with a considerable number of patients presenting at stage III or IV. Recurrence was reported in approximately 29.7% of cases, with an average time to recurrence of 22 months. The findings across the studies pointed to delayed recognition, absence of pediatric-specific treatment protocols, and limited early referral to specialized centers as key contributors to unfavorable outcomes.

Conclusion: Pediatric melanoma presents with distinct epidemiological and clinical patterns that diverge from adult cases, often leading to delayed diagnosis and poorer outcomes. The predominance of genetic and congenital risk factors, along with atypical clinical features, underscores the need for increased awareness and the application of pediatric-specific diagnostic criteria. Early recognition, timely referral to specialized care, and the development of tailored treatment protocols are essential to improving prognosis and reducing recurrence in this vulnerable population.

Abstract N°: 2647

the wild side of basal cell carcinoma; unmasking aggressive subtypes

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common malignancy in humans with increasing incidence despite sun protective and surveillance measures. In the United States, an estimated 5 million BCCs are diagnosed each year with a lifetime risk of at least 20%.[1]While most cases of BCC can be treated surgically, a subset of patients present with advanced BCC, or have failed surery with recurrences, who requires other treatments plan, such as Hedgehog pathway inhibitors (HHIs), immunotherapy, radiation or a combined treatment. These patients experience a clinically divergent course of the disease that is complex, destructive, and highly aggressive[2].

Although complex BCCs comprise a small percentage of all BCC cases, given the high incidence and prevalence of the disease, their total number rivals that of highly invested malignancies such as gastric or hepatocellular carcinoma. Currently, little is known about the underlying etiology of such aggressive and complex presentation compared to common BCC that is simply amenable to surgery.

There is evidence in literature that non-hedgehog pathway driver oncogenes may play a role in development of complex BCCs. However, no systemic investigation is done to focus on genomics and molecular characteristics on these tumors with the intent to translate to a percision treatment plan, personalized for pateints' tumor characteristics to define such subtypes and their treatment response.

Materials & Methods:

The whole exome and tumor biomarker of 10 patients with complex BCCs, their normal adjacent dermatomal skin and blood. The whole exome genomics was analyzed bioinformatically to best assess the most relevant driver oncogenes which was translated to a precision treatment plan personalized for these complex BCC patients. Their response was documented through the course of the treatment.

The above was compared with that of common BCCs

Results:

The genomics and tumor biomarkers of complex BCCs varies with that of common BCC. Non-canonical hedgehog pathway and non-hedgehog oncogenes play a dominant role in most of complex BCCs, whilst the common BCCs are mostly driven by PTCH followed by SMO mutations.

Moreover, mutations in tumor suppressor genes such as TP53 are more compromised in complex BCCs leading to dysfunctional or lack of p53 protein. Such mutation are less often seen in common BCC.

The clinical course of the complex BCC is different with less favorable outcome and long-term impact compared to that of common BCC with a poor outcome with more aggressive behavior, resistant tumors, and tendency for

destruction of the underlying structure or metastasis. The above outcome can be improved with a precision treatment plan based on tumor genomics and molecular characterlike

Conclusion:

In this presenation, a series of 10 patiens with complex BCC will be discused with their related genoncis and tumor biomakrer which was translated a percision treatmen plan and treatement response. The above is compared to that of common BCC

Recognizing complex BCCS are important early in the course of the disease to provide a more effective treatment plan to imporve the outcome. Defining these tunors can shed a light to better understanding of tumorgenesis of the skin.

1.
2.

Abstract N°: 2650

Comparative Diagnostic Accuracy of ChatGPT 4o and Gemini 2.5 Pro for Basal Cell Carcinoma Using Clinical and Dermoscopic Images: A Cohort Study

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Introduction & Objectives:

Artificial intelligence (AI) tools show promise in dermatological diagnostics, yet their performance in diagnosing basal cell carcinoma (BCC) using clinical and dermoscopic images remains underexplored. To evaluate the diagnostic accuracy of ChatGPT 4o and Gemini 2.5 Pro for BCC and assess the impact of dermoscopic images on diagnostic performance.

Materials & Methods:

A prospective analysis of 100 clinical BCC images was conducted. AI models were prompted to provide three differential diagnoses using clinical images alone. If BCC was not the top diagnosis, dermoscopic images were added for re-evaluation. Diagnostic accuracy (top 1 and top 3) was compared between models using McNemar's test. Patient demographics and lesion locations were analyzed.

Results:

Overall, Gemini demonstrated higher top 1 accuracy than ChatGPT (58% vs. 53%, p=0.40). With dermoscopy, accuracy improved significantly for both models (Gemini: 74% vs. ChatGPT: 62%, p=0.02). Top 3 accuracy was comparable (Gemini: 94% vs. ChatGPT: 90%, p=0.34). Location-specific variations were observed: ChatGPT outperformed Gemini in nasal lesions (top 1: 72% vs. 69%), while Gemini excelled in facial lesions (top 1: 61% vs. 46%). Both models struggled with scalp and trunk lesions (top 1: 15–17%). McNemar's test revealed no significant differences in most subgroups except for the dermoscopy-aided cohort (p=0.02).

Conclusion:

Gemini 2.5 Pro showed marginally higher accuracy than ChatGPT 4o in diagnosing BCC, particularly with dermoscopic integration. Dermoscopy significantly enhanced diagnostic performance, underscoring its adjunctive role in AI-driven dermatology. Further validation with larger cohorts is warranted.

Abstract N°: 2678

Wise or Wide (WoW) - Single- vs Two-staged Excisions of Thin Melanoma

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Introduction & Objectives: The incidence of melanoma is rising. In Sweden, it is now the third most common cancer in men and the fourth in women. While prognosis for thin melanoma (≤1.0 mm Breslow thickness) is excellent, current guidelines are based on old traditions, recommending a two-step surgical management consisting of an initial diagnostic excision with narrow margins followed by a wide local excision (WLE) with a 1 cm margin.** However, recent research suggests that WLEs may not be necessary for thin melanomas if the initial excision achieves adequate histopathological margins. Given the low recurrence risk and excellent survival rates (10-year melanoma-specific survival of ~97%), eliminating unnecessary WLEs could reduce patient morbidity, complications, and healthcare costs without compromising outcomes.** The objective of the 'Wise or Wide' (WoW) study is to investigate whether a single-stage excision is non-inferior to the standard two-stage approach in terms of recurrence (defined as any local, regional, distant disease or melanoma-specific death).

Materials & Methods: This prospective, national, multicenter, randomized controlled trial enrolls patients with histopathologically confirmed thin invasive cutaneous melanoma without metastasis and with no prior melanoma-directed surgery beyond the diagnostic excision having obtained a histopathological margin ≥1.5 mm. A total of 2486 participants will be randomized (1:1) to either no WLE (experimental group) or traditional WLE with a 1 cm margin according to guidelines (control group). The primary and secondary endpoints are the recurrence rates after 5 and 10 years, respectively. Tertiary endpoints include postoperative complications, cosmetic results, patient-reported outcomes on quality of life and satisfaction**,** and finally healthcare resource utilization.

Results: Patient inclusion began in January 2025 and is expected to take 4-5 years.

Conclusion: The WoW study challenges conventional melanoma treatment by evaluating whether WLE is of any benefit for patients with thin melanomas. If single-stage excision is proven non-inferior, this could eliminate unnecessary surgeries, reducing patient morbidity**,** healthcare costs, and resource burden, without compromising patient safety. This study has the potential to refine melanoma guidelines, by shifting toward a precision surgery model promoting more individualized and evidence-based treatment strategies.

Abstract N°: 2681

Treatment of keratoacanthoma and squamous cell carcinoma with intralesional methotrexate: a series of 33 cases.

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Introduction & Objectives:

Surgery is the standard treatment for cutaneous squamous cell carcinoma (cSCC) and keratoacanthoma (KTA), but intralesional therapy can be an option in certain cases, such as when surgery may cause functional or cosmetic issues or in patients with comorbidities. Intralesional treatments target the tumor directly, minimizing systemic side effects.

Our objective was to evaluate the efficacy and safety of cSCC and KTA cases treated with intralesional methotrexate in the oncology dermatology unit of a tertiary-level hospital from 2018 to 2024.

Materials & Methods:

Patients with KTA or cSCC treated with intralesional methotrexate during this period were evaluated. All cases underwent histopathological confirmation via biopsy and baseline blood tests (also repeated prior to each intralesional injection in patients with relevant comorbidities or clinical frailty). Treatment with intralesional methotrexate was administered weekly or biweekly. In the absence of clinical improvement after two sessions, surgical excision was performed through a fast-track referral pathway. Confirmatory biopsies were carried out in cases where residual tumor was suspected following apparent resolution with intralesional therapy. Tumors were also classified according to their clinical appearance into symmetric crateriform tumors and non-symmetric/non-crateriform for further analysis.

Results:

A total of 33 patients (14 women, 19 men) were included, with a mean age of 78 years (range: 50–97). Histological diagnosis or suspicion included: 24 cases of cSCC or suspected cSCC, 5 cases of KTA or suspected KTA, (approximate cSCC:KTA ratio of 5:1), 4 inconclusive cases Complete clinical response was achieved in 20 out of 33 patients (60.6%).

Patients received a mean of 4.5 intralesional methotrexate infiltrations (range: 1–9).

Clinical Response by Histological Subgroup:

- cSCC / suspected cSCC: resolution in 12/24 patients (50%), mean infiltrations: ~4.52
- KTA / suspected KTA: resolution in 3/5 patients (60%), mean infiltrations: ~3.8
- Inconclusive diagnosis: resolution in 4/4 patients (100%), mean infiltrations: ~6.25

Clinical Response by Tumor Size:

- ≤2 cm: resolution in 11/15 patients (73.3%), mean infiltrations: ~4.26
- > 2 cm: resolution in 9/18 patients (50%), mean infiltrations: ~4.55

Clinical Response by Clinical Phenotype

- Symmetric crateriform tumor: resolution in 17/20 patients (85%), mean infiltrations: ~4.6
- Non-symmetric / non-crateriform tumor: resolution in 3/13 patients (23%), mean infiltrations: ~4.46

Adverse effects: Pain at the injection site was reported by all patients. Other adverse effects included thrombocytopenia (2 patients), anemia (1 patient), elevated transaminases (1 patient), and headache (1 patient). None of them caused discontinuation of the treatment.

Conclusion:

Intralesional methotrexate is a valuable therapeutic option in selected cases of cSCC and KTA, particularly when surgery is not feasible.

In our case series, better responses were observed in small tumors (≤2 cm) and symmetric crateriform lesions, suggesting these clinical phenotypes may predict favorable outcomes.

Histological classification (cSCC vs. KTA) showed less correlation with treatment response, likely due to diagnostic overlap and interpretative variability.

Clinical phenotype and tumor size may be more useful than histology when selecting patients for intralesional therapy.

Abstract N°: 2801

Validation Of Next Generation Sequencing Using EuroClonality-NDC Panel Versus Traditional PCR Techniques in Primary Cutaneous Lymphomas

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Introduction & Objectives: Cutaneous T-Cell Lymphomas are non-Hodgkin lymphomas arising in the skin from clonal T-cells requiring complex diagnosis, partly due to clinical and histological overlap with benign inflammatory dermatoses (BID). Currently, no single test confirms the diagnosis; instead, it relies on correlating clinical, histological, immunohistochemical, and genotypic data. PCR-based clonality testing using BIOMED2 primers is widely used but has limitations, including low sensitivity in early disease, variable DNA quality from biopsies, and potential false positives in BID. However, next generation sequencing (NGS) allows high-sensitivity detection of T-cell receptor (TCR) gene rearrangements, even from Formalin-Fixed Paraffin-Embedded tissue (FFPE) samples. EuroClonality-NDC is a recently available NGS, validated on FFPE samples of lymph nodes, but has not yet been validated on skin samples. In this study, we aim to validate the use of EuroClonality-NDC NGS on FFPE skin biopsies of Primary Cutaneous Lymphomas (PCL).

Materials & Methods: We analysed skin biopsies from 143 patients attending the Skin Lymphoma clinic between August 2023 and April 2025, using EuroClonality-NDC on FFPE samples. 101 of these patient samples were also analysed using our standard BIOMED-2 PCR protocols, performed on fresh skin samples for comparison. The results from both EuroClonality-NDC and BIOMED-2 were correlated with the overall clinical diagnosis to assess whether the testing method had correctly aided in the diagnosis of PCL

Results: A total of 150 skin biopsies were obtained from 143 patients. PCL histological subtypes included mycosis fungoides (48%), marginal zone lymphoma (17%), large cell anaplastic lymphoma (8%), Sezary Syndrome (3%), follicle centre lymphoma (5%), CD4+ lymphoproliferative disorder (8%) and other (10%). Additionally, 13 control cases (17 samples) were analysed with BID.

EuroClonality-NDC analysis failed in 22.6% of the 150 samples it was performed on, of which 26 were PCL samples. The remaining 116 samples were successfully analysed by EuroClonality-NDC, 105 were PCL samples, of which 72.4% were reported as clonal with no false positives. 27.6% of samples were reported as polyclonal, of which 71.4% were false negatives. All 9 BID biopsies were reported as polyclonal. EuroClonality-NDC provided a sensitivity of 78.35% and a specificity of 100%. BIOMED-2 analysis failed in 11.9% of the 101 samples it was performed on. The remaining 89 samples comprised of 77 PCR and 12 BID patients. 80.7% of the samples were reported clonal, with 23.9% of these being false positives. 19.3% of samples were identified as polyclonal, with 58.3% of these being false negatives. BIOMED-2 provided a sensitivity of 70.2% and a specificity of 31.3%.

Conclusion: NGS EuroClonality-NDC testing on FFPE samples is highly specific (100%) compared to BIOMED-2 (31.3%) and offers better sensitivity (78.35%) to BIOMED-2 (70.2%) on fresh samples. However, the failure rate was twice as high using EuroClonality-NDC (24.4%), and this may be improved with the use of fresh samples. Our research supports the validity of EuroClonality-NDC testing in skin samples and that it offers an exciting new test for aiding diagnosis and differentiation from BID.

Abstract N°: 2804

Results of observation of patients with skin melanoma

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Introduction & Objectives: The growing incidence of skin melanoma and diversity of risk factors for disease progression cause a high mortality rate in patients with skin melanoma, which requires the development of an effective strategy dynamic monitoring of patients, depending on the characteristics of the primary tumour. The aim of our study was to investigate the frequency of progression and development of cutaneous melanoma recurrence within 10 years after the diagnosis of the primary tumour.

Materials & Methods: The retrospective data of dynamic observation of 183 patients with skin melanoma, data on the morphological characteristics of the primary tumour and foci of progression were used.

Results: The average age of patients with skin melanoma was 63.9±2.1 years, including 103 (56.3%) men men aged 64,1±1,8 years and 80 (43,7%) women aged 62,8±2,3 years. Only 23 % (42 people) were of the working age, with women making up the majority at 13,7% (25 people). The average observation period for melanoma patients among the specified contingent of people was 8,4±1,7 years, including the average observation period for men – 8,2±1,6 years, women – 8,5±1,9 years. 14 cases (7.7%) were detected at stage 0, 72 cases (39.3%) at stage I, 63 cases (34.4%) at stage II, 23 cases (12.6%) at stage III, and 11 cases (6.0%) at stage IV. The highest level of mitotic activity was detected in stages III and IV - 8.7±0.3 and 7.3±0.7 per 1 mm2. Ulceration was also observed at stages III and IV of tumour growth – 3.4% and 1.7%, respectively. Melanoma progression was detected in 39 patients (21.4%) after an average of 5.3±1.8 years of follow-up, including 9 patients (23.1%) with stages I-II melanoma and all patients (30 people - 76.9%) with neglected cases (stages III-IV). The predominant localisation of primary melanoma on the skin of the lower limbs (52.9%) and trunk (29.3%) resulted in further progression of the disease in the first 5-6 years of patients' follow-up. Among men and women, cases of metastasizing of melanoma to distant lymphatic collectors (87,2%) and lymph nodes on the side of the lesion (82,1%), to the lungs (48,7%), skin in the area of the primary tumour (33,3%) and distant skin areas (38,5%), to the liver (25,6%) and bone system (30,8%) predominated.

Conclusion: We have supplemented the scientific data on the features of skin melanoma progression depending on the features of the primary tumor and the terms of observation of patients.

Abstract N°: 2836

Acrokeratosis Paraneoplastica (Bazex Syndrome) Associated with Intraductal Papillary Mucinous Neoplasm of the Pancreas : The First of a Kind.

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Introduction & Objectives:

Acrokeratosis paraneoplastica, otherwise known as Bazex syndrome, denotes a rare acral psoriasiform dermatosis typically associated with an internal malignancy. It commonly affects men over 40 years of age and is strongly associated with squamous cell carcinoma of the upper aerodigestive tract. We report a case of Bazex syndrome correlated with intraductal papillary mucinous neoplasm of the pancreas, an association that to the best of our knowledge has never been identified before.

Results:

An 81-year-old patient with a history of benign prostatic hypertrophy and chronic anaemia presented with a 1-year history of psoriasiform and hyperkeratotic acquired palmoplantar keratoderma. Neither family nor personal history of psoriasis was found. Examination showed thick yellowish hyperkeratotic scales on palms and soles, associated in places with fissures and rhagades. These scales rested on an erythematous background. The distribution of this keratoderma spared the hollows of the palms and soles. Nail thickening with ridges was present. There were no psoriasiform plaques on the nose or helices. He exhibited no lymphadenopathy or hepatosplenomegaly. Deterioration of general condition was found, associating asthenia and weight loss estimated at 10 kgs within six months. At this stage, the plausible diagnoses were the palmoplantar psoriasis and acrokeratosis paraneoplastica.

Upon reviewing the patient’s medical history, he has claimed to have undergone a thorough evaluation of his chronic anemia. Both an upper endoscopy and colonoscopy were performed and detected no signs of endoscopic malignancy. Biopsies conducted on the upper and lower digestive tract showed no signs of dysplasia or proliferation of tumor cells. A chest abdomen and pelvis scan demonstrated a pancreatic mass suggesting an intraductal papillary mucinous neoplasm. The diagnosis of Bazex syndrome was then established.

Conclusion:

The diagnosis of Bazex syndrome can be clinically challenging as in nearly two-thirds of cases, cutaneous lesions precede the symptoms of malignancy. In our case, the diagnosis of malignancy was discovered 6 months following the palmoplantar manifestations. A recent systemic review of the literature demonstrated that in up to 75% of cases, the most common sites of involvement are the ears, nails and nose. This is in contrast to the distribution of lesions in our patient’s case where the palmoplantar and nail areas were exclusively involved. Had we not had the patient’s workup for malignancy, we could have misdiagnosed it for a case of palmoplantar psoriasis or acquired palmoplantar keratoderma. Furthermore, the malignancy linked to this condition occurs commonly in the upper aerodigestive tract. In that regard, our case depicts an extremely rare correlation between the Bazex syndrome and a neoplasm of the pancreas. Thus, if Bazex syndrome is suspected, workup for malignancy should be broadening out of the aerodigestive tract. The favored therapy to eliminate these skin lesions requires treatment to the underlying malignancy. In the absence of treatment, the lesions evolve to a proximal distribution and in severe cases to an erythroderma. In our case, the surgical removal of the pancreatic tumor is thought to allow a clearance of the skin lesions.

The scope of associated malignancies to Bazex syndrome is broad. If the diagnosis is suspected, it is essential that clinicians search for malignancies beyond the upper aerodigestive tract.

Abstract N°: 2898

Development of ulceration and symptoms during active surveillance in patients with basal cell carcinoma: results from a prospective observational multicenter cohort study

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Introduction & Objectives:

Although most patients with basal cell carcinoma (BCC) are treated immediately after diagnosis regardless of symptoms and/or residual life expectancy, active surveillance (AS) has been increasingly suggested as management option in some patients. However, more evidence-based guidance is needed, since relatively little is known about the clinical course of BCC. Therefore, the objective of this study is to evaluate the frequency and timing of ulceration and symptoms in patients with BCC in which an AS policy has been chosen and to identify associated characteristics.

Materials & Methods:

Data were used from an ongoing prospective observational multicentre cohort study in the Netherlands, data was gathered between 2018 and 2024. Patients were included with one or multiple BCC(s) in which AS has been chosen. After descriptive statistics and tabulation, Cox regression analysis was conducted to identify characteristics associated with ulceration development. A p value < 0.05 was considered statistically significant.

Results:

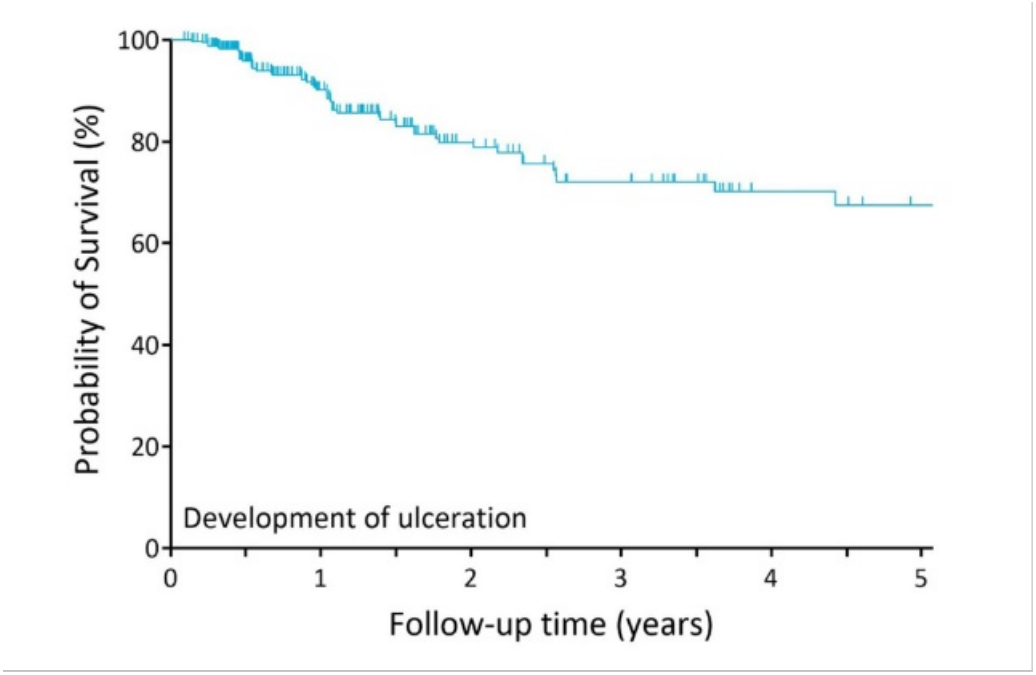
A total of 719 BCCs in 232 patients were included in the cohort. Of these, 151 (21.0%) BCCs had already ulcerated at the start of AS and 84 (11.7%) BCCs were symptomatic at start of AS, these BCCs were excluded from further analysis. The analysis of ulceration development included 414 BCCs in 146 patients. Among these, 53 BCCs (12.8%) developed ulceration during follow-up (FU). The median (IQR) FU duration of these tumours was 10 months (interquartile range (IQR) 5-21). Median time to ulceration development was 12.5 months (range 2.5-74.7) (Figure 1). A significant association was found between the development of ulceration and both high-risk pathological subtypes (HR (95% CI) 3.454 (1.872, 6.371), $p< 0.001$) and larger tumour diameter at the first measurement (HR (95% CI) 1.138 (1.075, 1.205), $p<0.001$). In the analysis of symptom development, 296 BCCs in 98 patients were included. The median FU duration of these tumours was 10 (IQR 5-19) months. At baseline and throughout the FU period, the majority of BCCs (92.2%) remained asymptomatic. Symptoms that did occur primarily included pruritus (4.4%), bleeding (2.7%) and pain/tenderness (2.0%). The development of ulceration or symptoms did not always lead to treatment of the BCC. Of the 53 BCCs that developed ulceration, 25 (47%) were subsequently treated, and of the 25 BCCs that developed symptoms, 14 (56%) were treated.

Conclusion:

In this prospective observational cohort study, a low occurrence rate was found for ulceration and symptoms during AS in patients with BCC. The development of ulceration was significantly associated with high-risk

pathological subtypes and larger tumour diameter at the start of AS.

Figure 1. Kaplan-Meier survival curve showing time to ulceration development in BCCs during AS



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Abstract N°: 2901

Granulomatous Slack Skin: A Rare Variant of Mycosis Fungoides

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Introduction & Objectives: Granulomatous slack skin (GSS) is a rare and indolent variant of mycosis fungoides, characterized by loose, erythematous plaques, primarily in flexural areas. Histologically, it features loss of elastic fibers and a granulomatous infiltrate of T cells (1). It predominantly affects men in their 30s or 40s and tends to progress slowly but may recur (2). In about one-third of cases, GSS is associated with hematologic malignancies, particularly Hodgkin's lymphoma, warranting long-term monitoring. This case aims to improve recognition of this underdiagnosed condition.

Materials & Methods: A 72-year-old man from São Paulo, with a history of hypertension, myocardial infarction, and dyslipidemia, presented with a one-year history of pruritic, violaceous plaques in the axillae and proximal thighs, progressing to areas of lax skin. Clinical examination revealed a poorly defined violaceous plaque with poikiloderma and a "cigarette paper" texture on the right upper limb, along with milder lesions on the thighs, feet, and popliteal fossae. Initial differential diagnoses included contact eczema, atopic eczema, and GSS. Biopsies from three sites revealed granulomatous dermatitis with edema. Lab work was unremarkable, except for gamma-globulinemia at the upper limit of normal (18.8 g/L). Topical clobetasol was ineffective.

Subsequent biopsies from the right axilla and popliteal fossa showed a dense, atypical lymphocytic infiltrate with melanophages, capillary proliferation, collagen thickening, and multinucleated giant cells. Verhoeff staining demonstrated a marked reduction in elastic fibers. Immunohistochemistry confirmed the presence of atypical T lymphocytes (CD3+/CD4+/CD20-/CD30-), consistent with a diagnosis of GSS. The patient was treated with 42 sessions of PUVA therapy (20 mg oxsoralen), leading to symptom relief. Maintenance therapy with topical corticosteroids and antihistamines was continued.

Results: Results: Granulomatous cutaneous T-cell lymphoma includes mycosis fungoides (GMF) and granulomatous slack skin (GSS) (2). These overlapping entities share clinical and histopathological characteristics, posing a diagnostic challenge. Both conditions may exhibit a granulomatous proliferation with T lymphocytes. However, numerous multinucleated foreign body giant cells and loss of elastic fibers are hallmark features of GSS, while elastophagocytosis is observed in only a minority of cases (3). Elastic fiber loss, although present in GMF, is more pronounced in GSS (4). Thus, the case presented here aligns with what is described in the literature, particularly the limited studies highlighting histological differences between GMF and GSS In both conditions, dermal infiltrates may be granulomatous, lacking epidermotropism and showing minimal cytological atypia—features that often mislead pathologists into favoring inflammatory conditions (5,6).

Conclusion: This case underscores the diagnostic challenges of GSS, a rare mycosis fungoides variant frequently misidentified due to histopathological overlap with other granulomatous disorders. Key diagnostic clues include atypical lymphocytic infiltrates, multinucleated giant cells, and loss of elastic fibers. Early recognition through careful histopathological evaluation is essential for appropriate management. Given its potential link to hematologic malignancies, long-term follow-up is critical.

Abstract N°: 2918

Giant Fibroepithelial Polyp in the Anogenital Region

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Introduction & Objectives:

Fibroepithelial polyps (FEP) are rare benign tumors, usually small and asymptomatic. We report a case of an exceptional giant FEP.

Materials & Methods:

A 50-year-old female patient with no significant medical history presented with a growing tumor in the intergluteal cleft, which appeared during her pregnancy and rapidly increased in size after delivery. Clinical examination revealed a 6 cm long, smooth, firm, vegetating mass in the intergluteal region. An endoscopic evaluation with histological analysis ruled out the diagnosis of Crohn's disease. Histopathological examination of a biopsy from the lesion revealed a benign fibroepithelial proliferation, confirming the diagnosis of a fibroepithelial polyp. The patient was referred to the general surgery department for complete surgical excision.

Results:

Fibroepithelial polyps are rare benign lesions, the pathophysiology of which remains poorly understood. According to some authors, these formations probably do not represent true tumors but rather a manifestation of hyperplasia of the subepithelial connective tissue induced by hormonal changes, which could explain their development and rapid progression during pregnancy and postpartum, as in our patient, particularly in vulvovaginal locations.

Clinically, these lesions can mimic skin involvement of a chronic inflammatory disease, particularly cutaneous Crohn's disease, leading to a misdiagnosis in the absence of histopathological confirmation. Treatment involves surgical excision, which is generally curative.

Conclusion:

The fibroepithelial polyp of the anus is a benign lesion whose development may be promoted by local irritation and hormonal dependence. Complete excision ensures cure. Histopathology is essential to avoid diagnostic errors and to provide appropriate management.

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Abstract N°: 2932

A case of fibromyxoid sarcoma of the arm associated with small B-cell non-Hodgkin tonsillar lymphoma

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Introduction & Objectives:

Fibromyxoid sarcoma is a rare malignant tumor composed of fibrous and myxoid areas, usually located on the extremities and trunk, frequently with fascial or skeletal muscle involvement. The prognosis is usually associated with a high rate of local recurrence, metastatis and death.

Materials & Methods:

A 81-year-old patient presented for a tumor located on the posterior aspect of the right arm, evolving for 8 months, with a gradual increase in size. Clinical examination revealed a well-defined large tumoral mass infiltrating into the soft tissue, 5/7 cm in diameter, ulcerated, covered with a black, haematic crust. The patient did not have any systemic complaints and there were no specific immunological disorders in his medical history. An incisional biopsy from the lesion was performed in order to establish the final diagnosis.

Results:

The histopathological report showed a mesenchymal tumor proliferation in the dermis (including the superficial dermis) with adipose tissue invasion. The proliferation was composed of spindled cells, with minimal, sometimes moderate cytonuclear atypia. The mitotic activity was increased (11 mitoses/10 HPF), with tumor cells arranged in fascicles, with areas of myxoid differentiation and palisading zones.** Immunohistochemically, the tumoral cells were positive for CD34 (focal positivity, more pronounced within the myxoid areas) and negative for SMA, S-100, SOX10, STAT6, Desmin, AE1/AE3 and MDM2. The histological appearance and the immunohistochemical tests were consistent with the diagnosis of intermediate-grade fibromyxoid sarcoma. The patient was referred to a multidisciplinary team (dermatology, general surgery, radiotherapy, oncology and plastic surgery specialist doctors).

MRI scan showed an infiltrative soft tissue irregular shaped mass adherent to the triceps brachii fascia, with no MRI signs of underlying muscle invasion. A CT scan showed no tumoral dissemination. A latero-cervical adenomegaly and hypertrophy of the pharyngeal tonsils were also observed.

An ENT examination concluded with the diagnosis of chronic hypertrophic tonsillitis grade 4 with indication for tonsillectomy. The histopathological examination of the tonsillar tissue revealed a small B-cell non-Hodgkin tonsillar lymphoma. The patient was referred to the Hematology Department, for further evaluation and establishment of a therapeutic plan.

Regarding the fibromyxoid sarcoma, taking into account the patient's age and the location of the lesion, the patient underwent a short course of radiotherapy (5 Gray twice daily for 3 days), with a decrease in size of the tumor. Subsequently, after 6 weeks, the patient underwent a complete surgical excision of the fibromyxoid sarcoma, with a favorable outcome. A long-term follow-up and oncologic monitoring remain essential in this case.

Conclusion:

This case highlights the importance of an accurate diagnosis and appropriate management of the patient with two neoplasms: fibromyxoid sarcoma of the right arm and small B-cell non-Hodgkin tonsillar lymphoma. Our case illustrates a favorable outcome, suggesting that complete resection preceded by a short course of radiotherapy may significantly improve the prognosis of the patients with this condition.

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Abstract N°: 2936

Cutaneous toxicities to antibody-drug conjugate loncastuximab tesirine: A multicenter retrospective analysis

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Introduction & Objectives:

Loncastuximab tesirine-lpyl is an antibody-drug conjugate approved by the European Medicines Agency since 2022 for adults with relapsed or refractory diffuse large B-cell lymphoma (DLBCL). Myelosuppression, edema, fatigue, liver enzyme elevations, and cutaneous toxicity have been reported in clinical trials. However, cutaneous toxicities are not well described beyond clinical trial cohorts and rare case reports. This study characterizes cutaneous toxicities, clinical presentations, toxicity treatments and outcomes, and impact on loncastuximab continuation in a real-world multicenter cohort.

Materials & Methods:

Patients treated with loncastuximab tesirine between 4/2021–11/2024 at two academic cancer centers in the United States and between 1/2021–12/2024 at a third tertiary cancer center in the United States were included. The study was approved by the respective institutional review boards. Patient demographics, malignancy, prior or concurrent cancer therapy, cutaneous toxicity and management, and cancer therapy alterations were retrospectively collected. Cutaneous toxicity severity was graded using the Common Terminology Criteria for Adverse Events (CTCAE), Version 5.0.

Results:

A total of 98 patients, average age 67.7 years, received loncastuximab tesirine. Cutaneous toxicity occurred in 20% (20/98) of the patients. The predominant cutaneous toxicity was a photodistributed eruption (19/20, 95%), ranging from desquamating erythema (16/19, 84%) to bullae (4/19, 21%) in sun-exposed areas, presenting an average of 34 days (range 13-60 days) after loncastuximab initiation. Most photodistributed eruptions eruptions were grade 1 (13/19, 68%) or 2 (8/19, 42%). One patient (1/19, 5%) developed grade 3 photodistributed bullous eruption. Skin biopsies from the photodistributed eruption showed interface dermatitis, dyskeratosis, and keratinocyte atypia consistent with a cytotoxic drug reaction. One patient (1/20, 5%) developed a morbilliform rash. An asymptomatic but persistent telangiectatic eruption on the extremities was seen in 2/20 (10%) of the patients, presenting as a delayed toxicity during or after loncastuximab therapy, and persisting well beyond the cessation of therapy. Photodistributed eruptions were generally self-limited and managed with emollients, topical corticosteroids, oral antihistamines and infrequently, systemic steroids. No patients required loncastuximab discontinuation or dose hold for cutaneous toxicity.

Conclusion:

Cutaneous toxicities with loncastuximab tesirine are generally responsive to conservative management without necessitating dose reduction or treatment interruption. Photodistributed eruption appears to be the predominant cutaneous toxicity, presenting weeks after treatment initiation. This study is the largest analysis of cutaneous

toxicities with loncastuximab in real-world practice and contributes to the limited body of literature on loncastuximab-associated cutaneous toxicities. Our findings are limited by the retrospective nature of this study. Further research should assess relationships between cutaneous toxicity development and tumor response to DLBCL and determine the impact of sun protective behaviors on preventing or mitigating loncastuximab-associated cutaneous toxicities.

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Abstract N°: 2941

Non-Melanoma Skin Cancer in Transplant Recipients: A 30-Year Cohort Study Highlighting the Predominant Role of Exposure Duration over Drug Regimen and Recipient Type

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Introduction & Objectives:

Non-melanoma skin cancers (NMSCs) represent the most frequent malignancy in solid organ and hematopoietic stem cell transplant recipients (SOTRs and HSCTRs), largely due to prolonged immunosuppression. We aimed to analyze long-term dermatological outcomes in transplant recipients, investigating the incidence of NMSC across different transplant types, the role of immunosuppressive regimens, and risk factors associated with tumor development.

Materials & Methods:

We conducted a retrospective cohort study involving 901 transplant recipients referred to our dermatology service from 1975 to 2024: clinical data, histologically confirmed NMSCs, transplant type, and immunosuppressive protocols were collected. Kaplan–Meier analysis, logistic regression, and Cox proportional hazards models were used to evaluate NMSC incidence and risk predictors. The primary outcome was time to first NMSC post-transplant.

Results:

The overall NMSC incidence was 21.2%, with an estimated annual risk of 1.8%. Kidney (23.5%) and heart (22.3%) recipients showed the highest incidence. No significant differences in NMSC-free survival were found among the different immunosuppressive therapy (log-rank $p = 0.941$), nor across transplant types ($p = 0.621$). Conversely, a longer duration of immunosuppressive therapy was significantly associated with increased NMSC risk (OR = 1.05/year, $p < 0.001$), as was older age at first transplant (OR = 1.038, $p < 0.001$) as already described in the literature. The distribution of SCC vs. BCC subtypes was consistent across groups.

Conclusion:

Transplant type and regimen intensity did not independently influence NMSC risk in our cohort, but cumulative immunosuppressive exposure and age at transplantation were the strongest predictors of skin cancer. These findings may support individualized dermatological surveillance strategies in some medical contexts based on the duration of therapy and patient age rather than immunosuppressive regimen or transplant type alone.

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Abstract N°: 3026

Domed skin lesions: a diagnostic challenge

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Introduction & Objectives: Dome-shaped skin lesions share an asymptomatic, unremarkable nature, which is the main reason for late consultation. Their differential diagnoses include benign entities such as lipomas and sebaceous cysts; however, malignancies include lymphomas and Merkel cell carcinoma, among others, all of which carry a poor prognosis.

Materials & Methods: We present the case of a 64-year-old man with no relevant personal history and no family history of oncological disease, who presented with a single domed lesion measuring 4 cm in diameter on the anterior aspect of the right arm, with a smooth, shiny, skin-colored surface with telangiectatic dilations not adhered to deeper planes, asymptomatic for 1 month of evolution, rapidly growing. Physical examination revealed a lesion with the described characteristics; dermoscopy revealed arborescent vessels with no other findings. Excision of the lesion with a 2 cm margin was performed, followed by PET, CT, and CNS MRI.

Results: In histological sections of epidermis without alterations. At the level of superficial and deep dermis, an atypical neoplastic formation composed of small, discohesive cells, which present an alteration of the nucleus-cytoplasm ratio, some with hyperchromatic nuclei and others with evident nucleoli. They are arranged in a solid manner, in areas a lobulated architecture separated by fibrous septa is observed. 2 mitoses are counted in 10 high-power fields. Absence of tumor necrosis and lymphovascular embolisms. Presence of 1 lymph node in subcutaneous cellular tissue compromised by the lesion, S100 and SOX10 positive, given the immunohistochemical profile, the first diagnosis to consider is nodular melanoma. In the absence of epidermal involvement, a differential diagnosis between intradermal melanoma vs. metastasis should be performed. Images: Contrast-enhanced CT of the neck, chest, abdomen, and pelvis shows lymph node clusters in the mediastinum, wich was consistent with the findings of PET CT, MRI of the CNS, with no pathological findings.The final diagnosis was cutaneous metastasis of nodular melanoma with an unknown primary. Oncologic treatment was initiated.

Conclusion: We share this case with a single, rapidly evolving domed cutaneous lesion. This is a reminder that when domed lesions are present, a high level of alertness must be maintained for the differential diagnosis of aggressive cutaneous neoplasms such as nodular melanoma, cutaneous metastases, Merkel cell carcinoma, cutaneous lymphomas, and leukemias, among others. This allows for rapid diagnosis and early initiation of appropriate treatment to achieve the best possible patient survival. The indolent nature of these lesions delays consultation with the primary care physician and dermatologist, leading to a higher mortality rate due to the advanced stage of the disease.

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Abstract N°: 3054

Multidisciplinary Approach in a Geriatric Patient with Refractory Cutaneous T-Cell Lymphoma

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Introduction & Objectives:

Mycosis fungoides (MF) and Sézary syndrome (SS) are rare subtypes of cutaneous T-cell lymphomas with chronic, progressive clinical behavior. Advanced cases often present with erythroderma, lymphadenopathy, and intense pruritus, severely impacting quality of life. Elderly patients face additional challenges due to comorbidities, polypharmacy, and increased treatment-related risk. This report presents the case of a 65-year-old woman with refractory MF/SS, highlighting the role of multidisciplinary care in diagnosis, treatment decisions, and emotional support.

Materials & Methods:

The patient was diagnosed with MF/SS (T4N3M0B2) based on histopathology and immunophenotyping (CD3+, CD4+, CD5+, CD7–). Initially treated with methotrexate, she progressed clinically and was switched to R-CHOP chemotherapy, completing three cycles without cutaneous response. Dermatological examination revealed erythroderma with atrophy, xerosis, ulcerations, and pruritus (8/10 VAS), affecting over 80% of body surface area. Despite partial lymph node improvement, active skin involvement persisted. High-dose prednisone (up to 75 mg/day), antihistamines, intralesional steroids, and antifungals were introduced. Psychiatry and psychology consultations were arranged following a diagnosis of mixed anxiety-depressive disorder associated with chronic illness and recent bereavement.

Results:

The patient showed minimal response to systemic chemotherapy. Given the risk-benefit profile, cytotoxic treatment was discontinued, and immunotherapy with alemtuzumab was proposed. With supportive care, gradual clinical improvement was observed: reduced pruritus, healing of mammary ulcerations, and no new lesions. Cutaneous disease was stabilized with maintenance corticosteroids. Psychological follow-up facilitated adaptation and adherence. Regular dermatologic evaluations allowed tailored topical management and early infection control. Although prognosis remains guarded, clinical-functional stabilization and subjective improvement were achieved through a patient-centered, multidisciplinary

Conclusion:

Cutaneous T-cell lymphomas, particularly in their leukemic variant (SS), present complex therapeutic challenges. In elderly patients, individualized care plans and multidisciplinary collaboration are essential. This case illustrates the importance of integrating dermatology, hematology, and mental health services to manage refractory disease, improve outcomes, and support emotional resilience. Recognizing the psychosocial burden of chronic dermatologic malignancies is vital to holistic oncologic care.

Abstract N°: 3081

Clinical and Dermoscopic features of Pleomorphic Dermal Sarcoma

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Introduction & Objectives:

Pleomorphic dermal sarcoma (PDS) is a rare mesenchymal skin neoplasm. Until recently, PDS and atypical fibroxanthoma were considered synonymous due to common histopathological features including pleomorphic epithelioid, spindled and multinucleated giant cells (1). PDS was first described as a separate entity in 2011 due to its deeper invasion beyond the subcutaneous fat, with necrosis, perineural and perivascular involvement (2).

Only a small number of publications described the clinical features of PDS and even fewer described its dermoscopic features

Materials & Methods:

In our study we describe the clinical and dermoscopic features of PDS in patients presenting to our department over the years 2017-2020

Clinical and dermoscopic images were taken by trained photographers in our Medical Illustration Department, using Nikon D300S camera and Heine® Delta 20T dermatoscope. The images of all histology confirmed PDS cases were reviewed independently by two dermatology consultants with a special interest in skin cancer and dermoscopy, followed by a discussion to agree on the common findings.

Results:

Sixteen cases of PDS, all males, were diagnosed. Twelve had been referred via the urgent suspected cancer pathway. The age at diagnosis ranged from 46-100 years (median age = 81 years). Most PDS lesions were on the scalp (n= 12); the rest were on the forehead (n=2), cheek (n=1) and ear (n=1). 9 patients (56.3%) had previous skin malignancies (melanoma, basal cell, or squamous cell carcinoma). The remaining 7 patients (43.7%) had a previous history of actinic keratoses and Bowen’s disease. Previous internal malignancies were reported in 6 patients (37.5%). 2 patients (12.5%) were on immunosuppression for organ transplant.

Our differential diagnoses at presentation included: squamous cell carcinoma (n=11, 68.8%), basal cell carcinoma (n=4, 25%) and amelanotic melanoma (n=1, 6.3%). The lesion sizes ranged from 5-70mm (median size = 20mm). 12 lesions were nodular (75%), 7 were described as “friable” with a history of bleeding, and 4 lesions had no clear description.

Dermoscopic images were available for 4 cases. All 4 showed non-specific dark erythema. Areas of haemorrhagic crust were present in 3 cases. Dark clods of intralesional extravasation were observed in two cases, whereas linear vessels were present in one case. Dermoscopic features similar to hypomelanotic melanoma were noted in 1 case, with mixed featureless light pigmentation, erythema, and white bands.

Conclusion:

Overall, our study reinforces that PDS occurs in the elderly on sun-exposed areas and is probably associated with

immunosuppression. Dermoscopy findings are non-specific, therefore, histology is vital in confirming the diagnosis of PDS.

Abstract N°: 3083

Endorsement of traditional masculinity ideologies and sunscreen use among males

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Introduction & Objectives:

Routine use of sunscreen slows photoaging and reduces the risk of skin cancer. Gender norms may influence sun protection behaviors, potentially contributing to lower sunscreen use among males. This study aimed to assess the association between sunscreen use and endorsement of traditional masculinity ideologies among males.

Materials & Methods:

This was a cross-sectional study was carried out between March and December 2024 among young adult males. A self-administered online questionnaire was used to collect data. The first part of the questionnaire assessed demographics and sunscreen use. The second part used the validated Male Role Norms Inventory-Short Form (MRNI-SF) to measure adherence to the traditional masculinity ideology. The responses were made using a 7-point Likert-scale, with the total scale score obtained by calculating the mean of all items out of 7. The third part included six items assessing knowledge and attitudes regarding sun protection.

Results:

A total of 485 participants were included (mean age = 20.2 years; SD = 1.7). Over two-thirds were health science students (69.9%) (Table 1). The average score for the general traditional masculinity ideology (4.99, SD = 0.90), restrictive emotionality (4.48, SD =1.37), and dominance (5.16, SD = 1.63) indicated moderately high endorsement of traditional masculinity ideologies (Table 2). The majority reported never using sunscreen (58.1%) or using it occasionally (23.1%), while only a minority reported routine use of sunscreens (18.8%). The frequency of sunscreen use was significantly associated with endorsement of the traditional masculinity ideology ($p<.001$), restrictive emotionality ($p<.001$), avoidance of femininity ($p<.001$), importance of sex ($p=.026$), toughness ($p=.001$), dominance ($p<.001$), university major ($p=.003$), and higher knowledge and attitude scores ($p<.001$). Most participants correctly identified sunscreen role in preventing skin cancer (54.9%) and effective treatment of skin cancer if detected early (80.4%), but the majority incorrectly answered items related to photoaging protection (54.0%).

Conclusion:

Routine use of sunscreen is low among adult males and negatively associated with endorsement of traditional masculinity ideologies. Public health interventions should adopt male-tailored approaches to promote sun protection among males by considering male concerns in the context of traditional gender norms. Given the role of social media in health communication and sunscreen marketing, online messaging should promote male participation to portray sunscreens as a health measure of sun protection.

Table 1: Association between sunscreen use and background variables of the participants

	Total	Routine use	Occasionally	Rarely to never	*p*-value
Age					.414
18-19	185 (38.1)	36 (19.5)	40 (21.6)	109 (58.9)	
20-21	187 (38.6)	34 (18.2)	37 (19.8)	116 (62.0)	
22-23	93 (19.2)	18 (19.4)	29 (31.2)	46 (49.5)	
24 or older	20 (4.1)	3 (15.0)	6 (30.0)	11 (55.0)	
Study major					.003*
1	339 (69.9)	80 (23.6)	64 (18.9)	195 (57.5)	
2	73 (15.1)	5 (6.8)	21 (28.8)	47 (64.4)	
3	1 (0.2)	0 (0.0)	1 (100.0)	0 (0.0)	
4	1 (0.2)	0 (0.0)	0 (0.0)	1 (100.0)	
5	21 (4.3)	3 (14.3)	6 (28.6)	12 (57.1)	
6	20 (4.1)	0 (0.0)	7 (6.3)	13 (65.0)	
7	8 (1.6)	0 (0.0)	5 (62.5)	3 (37.5)	
8	22 (4.5)	3 (3.3)	8 (36.4)	11 (50.0)	
Year of study					.127
First	77 (15.9)	15 (19.5)	21 (4.3)	41 (53.2)	
Second	176 (36.3)	37 (21.0)	32 (6.6)	107 (60.8)	
Third	105 (21.6)	16 (15.2)	23 (4.7)	66 (62.9)	
Fourth	55 (11.3)	8 (14.5)	10 (2.1)	37 (67.3)	
Fifth	49 (10.1)	11 (22.4)	18 (3.7)	20 (40.8)	
Sixth or more	23 (4.7)	4 (17.4)	8 (34.8)	11 (47.8)	

Table 2: : Association between sunscreen use and endorsement of traditional masculinity ideologies among the participants

	Frequency of sunscreen use, mean (*SD*)			*p*-value
	Routine use	**Occasionally**	**Rarely to never**	
General traditional masculinity ideology (total score)	4.55 (1.08)	4.86 (0.84)	5.18 (0.81)	<.001*
Restrictive emotionality	3.75 (1.56)	4.39 (1.27)	4.75 (1.26)	<.001*
Self-Reliance through mechanical skills	5.78 (0.94)	5.84 (0.93)	5.79 (0.99)	0.898
Avoidance of femininity	4.67 (1.60)	4.75 (1.40)	5.22 (1.30)	<.001*
Importance of sex	3.45 (1.39)	3.70 (1.44)	3.92 (1.49)	.026*
Toughness	5.47 (1.20)	5.49 (1.19)	5.85 (1.03)	.001*
Dominance	4.19 (1.95)	5.01 (1.57)	5.54 (1.40)	<.001*

Abstract N°: 3160

Diagnostic performance of multimodal language models in distinguishing melanoma from benign melanocytic lesions using clinical and dermoscopic images

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Introduction & Objectives:

Early and accurate diagnosis of melanoma is critical to reduce morbidity and mortality. Advances in artificial intelligence (AI), particularly multimodal large language models (LLMs), offer new opportunities for diagnostic support in dermatology. However, the ability of these models to distinguish melanoma from benign melanocytic lesions remains insufficiently validated. The objective of this study is to assess the diagnostic performance of two publicly available LLMs GPT-4o and Gemini 2.0 flash in differentiating melanoma from benign nevi using standardized clinical and dermoscopic images.

Materials & Methods:

A total of 807 de-identified images (435 clinical, 372 dermoscopic) were analyzed. Histologically confirmed melanomas and unequivocal nevi (either histologically or dermoscopically verified) were included. Ambiguous cases were excluded. Each image was independently evaluated by two LLMs using a standardized prompt mimicking non-specialist interaction. A second prompt was used to elicit a singular diagnosis if multiple responses were given. New sessions were initiated every five images to minimize recognition bias.

Results:

For clinical images, GPT-4o model achieved a melanoma sensitivity of 90.6% (95% CI: 85.0–94.2%) and specificity of 79.4% (95% CI: 74.2–83.7%), while Gemini 2.0 flash showed 79.6% sensitivity (95% CI: 72.5–85.2%) and 90.6% specificity (95% CI: 86.6–93.5%). When both models were used, at least one flagged melanoma in 96.2% of cases. Among dermoscopic images, the first model reached 96.5% sensitivity (95% CI: 91.4–98.6%) but lower specificity (53.7%, 95% CI: 47.6–59.7%). The second model showed 56.4% sensitivity (95% CI: 46.7–65.7%) and 98.8% specificity (95% CI: 96.5–99.7%). Overall, the first model demonstrated higher sensitivity, while the second achieved higher specificity, especially in dermoscopy.

Conclusion:

This study demonstrates that current multimodal LLMs can achieve high diagnostic performance in melanoma detection using clinical and dermoscopic imagery. One model offers strong sensitivity, favoring early detection, while the other provides high specificity, reducing false positives. Their combined use increased the likelihood of correct melanoma identification to over 96%. These results suggest potential clinical utility for AI-assisted triage or patient self-assessment tools. However, generalizability is limited by dataset characteristics and should be validated across diverse populations and skin types.

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Abstract N°: 3180

Diagnostic Challenges in Melanocytic Lesions: A Multicase Analysis of Mimickers and Pitfalls

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Introduction & Objectives:

Melanoma, a highly malignant skin tumor, shows rising global incidence. Early detection improves prognosis. However, pathological diagnosis faces challenges of over- and under-diagnosis.

Case presentation:

we have collated a series of clinical cases that were susceptible to misclassification as melanoma.

Case A: a 28-year-old female presented with a recurrent pigmented lesion on the right upper lip following laser removal of a preexisting nevus. The new lesion demonstrated rapid enlargement over a short period with heterogeneous pigmentation.

Case B: a 5-year-old child presented with a solitary asymptomatic hyperpigmented patch on the vulvar mucosa. The lesion measured approximately 2 × 3 mm, demonstrating irregular borders.

Case C: a male adolescent presented with a generalized eruption of pigmented macules. The lesions, numbering in the hundreds, displayed irregular, jagged borders and varied in size from 1-8 mm in diameter.

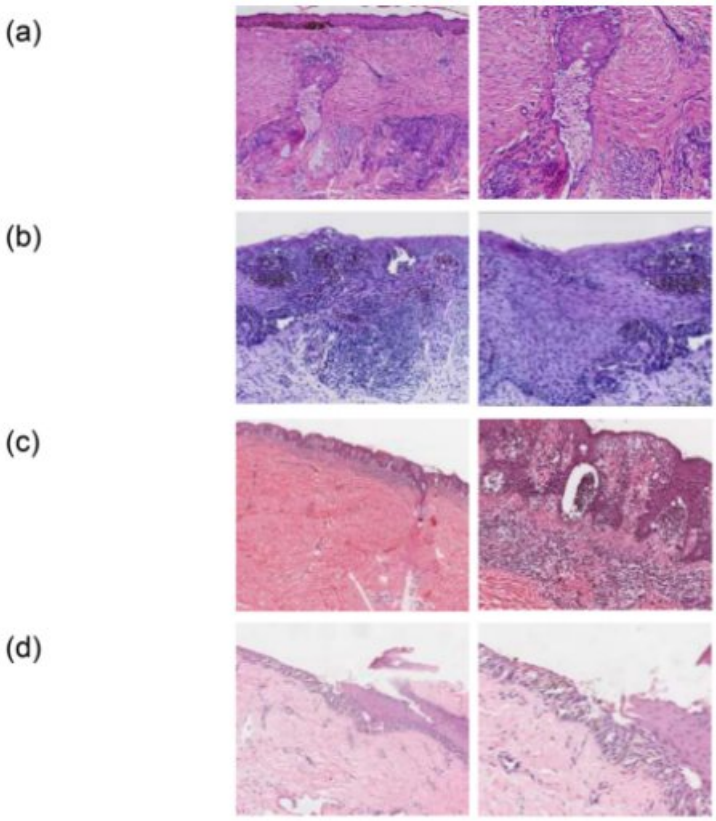
Case D: a 6-year-old child presented with longitudinal melanonychia involving the left thumb nail plate. Hutchinson's sign was positive. The lesion remained asymptomatic without associated nail dystrophy, bleeding, or ulceration.

Results:

There are pitfalls in the diagnosis of the above cases that make it easy to misdiagnose them as melanoma. Histopathologically, melanoma typically demonstrates tumor cells dispersed individually or in clusters, exhibiting pleomorphism, irregular architecture, and fusion tendencies, often accompanied by cytological atypia and mitotic activity. In Case A, a rapidly enlarging heterogeneous pigmented lesion with dermal collagen hyperplasia initially raised suspicion for melanoma; however, correlation with prior laser therapy history confirmed a recurrent melanocytic nevus. It is important to note that certain nevi, such as traumatic nevi, halo nevi, congenital nevi in newborns and infants, and nevi located in specific anatomic regions (including the genitals, eyelids, palms, and soles of the feet), as well as anal nevi and blue nevi, are susceptible to misdiagnosis as melanoma. For example, Case B was ultimately diagnosed as a site-specific nevus occurring in the genital area of a young child. For Case C, although pathologically it looked suspicious for superficial spreading malignant melanoma, considering that the patient's pigmented nevus had been present since childhood and the number of nevi was as high as hundreds, it was finally diagnosed as a dysplastic nevus by combining the clinic and pathology. Case D involved a nail unit lesion meeting some of ABCDEF criteria with positive Hutchinson's sign, where the patient's young age prioritized a diagnosis of nail matrix nevus over melanoma.

Conclusion:

These cases underscore the critical need to contextualize histopathological findings with clinical history, anatomic site-specific features, and patient demographics to avoid diagnostic errors and mitigate risks of unnecessary interventions, aligning with contemporary diagnostic frameworks for melanocytic neoplasms. For intricate cases, a comprehensive application of immunohistochemistry, molecular biology, and other ancillary diagnostic modalities is advocated to elevate the acumen of dermatologists in melanoma diagnostics.



Clinical and pathologic manifestations of the Case A to Case D (a-d).

Abstract N°: 3198

Folliculotropic Mycosis Fungoides Presenting with Leonine Facies

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Introduction & Objectives:

Folliculotropic mycosis fungoides (FMF) is a distinct variant of mycosis fungoides (MF) characterized by atypical T-cell infiltration around hair follicles. It primarily affects the head and neck and may present with plaques, follicular papules, acneiform lesions, or alopecia. Unlike classic MF, it exhibits folliculotropism without epidermotropism.

Materials & Methods:

A 71-year-old Korean man presented with a 20-year history of pruritic skin lesions on his face. He also reported sensory loss in the affected areas, though denied any medical history or systemic symptoms, except for being a chronic HBV carrier. Physical examination revealed diffuse lichenified hyperpigmented plaques over the forehead, nose, chin, and cheeks giving a “leonine face”, along with eyebrow alopecia. No lymphadenopathy was noted.

Results:

Skin biopsy showed perifollicular infiltration of atypical lymphocytes. On immunohistochemistry, infiltrating cells were positive for CD3, CD4, and CD8, with a partial loss of CD7, while CD20 was negative. Acid-fast bacilli stain was negative, suggesting that leprosy was unlikely. Baseline laboratory investigations and computed tomography scans were unremarkable. The final diagnosis was (FMF), stage IB (T2N0M0B0). The patient started on narrow-band ultraviolet B phototherapy, following partial improvement in skin lesions.

Conclusion:

This case highlights FMF’s diverse clinical presentation and the need for careful differential diagnosis. Prognosis of FMF varies, with early-stage FMF showing an overall favorable outcome, while advanced disease is associated with poorer survival. Treatment is stage-dependent, with skin-directed therapies such as corticosteroids and phototherapy in early disease and systemic treatments for refractory or advanced cases.

Abstract N°: 3205

Tirbanibulin 1% ointment for solar lentigines on the dorsal hands

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Introduction & Objectives:
Tirbanibulin 1% ointment is approved for the treatment of actinic keratosis, exerting its effects through inhibition of tubulin polymerization and Src kinase signaling. Recent observations suggest a potential skin-lightening effect of tirbanibulin. However, its application for solar lentigines have not yet been explored in the dorsal hands.

Materials & Methods:
A 80-year-old man with multiple solar lentigines on the dorsal hands underwent topical treatment with tirbanibulin 1% ointment, applied once daily for five consecutive days. No other topical agents or procedures were performed during the observation period. Clinical evaluation and photographic documentation were performed at baseline and at day 57 post-treatment.

Results: At 57 days, complete resolution of the lentigines was observed, with overall improvement in skin texture. The treated area demonstrated visible rejuvenation and a reduction in dyschromia, with no adverse events reported beyond moderate, transient erythema. These findings suggest a dual action of tirbanibulin, involving both anti-aging and skin-lightening effects.

Conclusion: To our knowledge, this is the first case of complete solar lentigo clearance on the hands following tirbanibulin therapy. These preliminary findings warrant further investigation about the cosmetic and dermatological potential of tirbanibulin for pigmentary disorders and photoaging.

Abstract N°: 3228

Case Series of Total Skin Electron Irradiation for the Treatment of Mycosis Fungoides/Sézary Syndrome

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Introduction & Objectives:

Cutaneous lymphomas are a group of disorders for which multiple and diverse therapeutic strategies are employed, with treatment selection guided by the often indolent course of many of these neoplasms. Total Skin Electron Irradiation (TSEI) is a specialized radiotherapy technique that enables irradiation of the entire cutaneous surface while minimizing exposure to internal organs, owing to the limited tissue penetration of electron beams.

Materials & Methods:

We present a retrospective case series from a tertiary care hospital in Valencia, Spain. The dataset includes patients treated between 1999 and 2023, who received TSEI at mean doses ranging from 30 to 36 Gy for the management of mycosis fungoides and Sézary syndrome. Additionally, a survival analysis was conducted comparing patients who received maintenance therapy with Bexarotene to those who did not.

Results:

TSEI has demonstrated high efficacy in the management of cutaneous lymphomas, not only in achieving disease control but also in contributing to potential remission, with favorable toxicity profiles and generally well-tolerated side effects. Various dose and fractionation regimens are available and can be individualized based on patient-specific factors and disease burden.

Conclusion:

Several studies have provided supporting evidence for the clinical utility of TSEI in cutaneous lymphomas, reporting high overall response rates and prolonged survival. The objective of our study is to further substantiate the role of TSEI as an effective therapeutic option for both disease control and symptomatic relief, supported by high response rates and good treatment tolerability.

Abstract N°: 3354

A rapidly growing polypoid tumor: case report and diagnostic considerations

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Introduction & Objectives:

Polypoid and pedunculated shape of both benign and malignant tumors exhibit a distinctive appearance that often contrasts from usual clinical presentations, making accurate diagnosis more difficult. These tumors can only develop when there is sufficient vascular supply to the pedicle, however, when blood supply is limited, the tumor remains smaller. Pedunculated skin tumors are presented as a heterogeneous spectrum of superficially located neoplasms, which can be both benign and malignant. Malignant tumors that can cause pedunculated tumors includes basal cell carcinoma (BCC), cutaneous melanoma, Merkel cell carcinoma, cutaneous sarcoma and pilomatrix carcinoma, however the importance relies in identifying the specific characteristics of each tumor to avoid clinical misdiagnosis or delayed treatment.

In 1999, Megahed proposed a clinicopathological variant of BCC called polypoid BCC, clinically different from other BCC variants by its polypoid appearance, and histologically considered as a variant of nodular BCC, with an exophytic appearance and basaloid aggregations restricted to the polypoid area.

Materials & Methods:

We present the case of a 78-year-old man who consulted with a 2-year history of an asymptomatic lesion on the left lower eyelid, persistent, and rapidly growing over the last three months, without any history of trauma or bleeding. He had not undergone prior treatment. On dermatogical examination he presented an erythematous-yellow pedunculated tumor with well-defined borders, and thick telangiectasias on the surface, measuring 4 cm. Surgical removal was performed.

Results:

Histopathology of the lesion with hematoxylin-eosin (H&E) staining revealed a skin fragment adopting a polypoid configuration whose epidermis appeared bulged by a tumor consisting of nests of atypical basal keratinocytes in a solid and cribriform pattern.

Conclusion:

BCC is a type of skin cancer that emerges from the basal layer of the epidermis from pluripotential cells, with slow growth and low metastatic potential, being more common in middle-aged or elderly people, with maximum incidence around the sixth decade. It is the most frequent malignant tumor of the skin, constituting up to 75% of non-melanoma skin cancer and 25% of all types of cancer.

In conclusion, we present a case of polypoid basal cell carcinoma, a rare variant of nodular BCC characterized by an exophytic growth pattern, which differs from other BCC. Awareness of polypoid BCC is crucial for accurate diagnosis, as it may be confused with other conditions such as adnexal tumors, dermal nevi, or amelanotic melanoma, highlighting the importance of recognizing its specific clinical and histological features to avoid misdiagnosis or delayed treatment.

Abstract N°: 3369

Complete Response of a Patient with Advanced Cutaneous Squamous Cell Carcinoma after Vilobelimab Monotherapy

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Introduction & Objectives:

Vilobelimab is a novel targeted complement split factor C5a antibody which was tested as monotherapy and in combination with pembrolizumab in patients with PD-1 or PD-L1-resistant/refractory locally advanced or metastatic cutaneous squamous cell carcinoma (cSCC) in an open-label phase II trial. Here, we present one patient with cSCC with a long-lasting complete response to vilobelimab monotherapy.

Materials & Methods:

In the monotherapy arm of the trial (NCT04812535), vilobelimab was given in a loading dose of 800 mg intravenously on days 1, 4, 8, and 15 of cycle 1, followed by 1600 mg on days 22 and 36 of cycle 1, and days 1, 15, and 29 of cycle 2 and all subsequent cycles. Patients were assessed for efficacy with best overall response rate as primary endpoint according to RECIST v1.1/iRECIST and for safety with frequency and severity of treatment-emergent adverse events (TEAEs) and serious adverse events per MedDRA v27.0 and NCI CTCAE v5.0. The response evaluation was based on tumor assessments, using adequate imaging techniques including standardized medical photography, CT or MRI. The best overall response assignment depended on the findings of both target and non-target lesions, appearance and size of new lesions, and clinical stability. A steering committee continuously monitored patient safety throughout the study.

Results:

A 79-year-old female patient with locally advanced cSCC, tumor stage T2N0M0 and prognostic stage group IV and pretreated with cemiplimab, was enrolled into the study on 30-May-2022 and received 46 infusions of vilobelimab monotherapy until cycle 15, day 1 (end-of-treatment visit: 12-Feb-2024). The primary cSCC on her scalp was excised in 2019 and, after relapse in Nov 2021, treated with cemiplimab 350 mg iv Q3W for 144 days until May 2022 resulting in progressive disease as best response outcome. Two target lesions for study evaluation at baseline were at her scalp parietal left and fronto-parietal. At cycle 2, the patient achieved stable disease, from C3 to C5 partial response (PR) with 0 mm total tumor area but undetermined scar tissue, and since C6, after biopsy confirmation, complete response (CR) until C12. In total, overall response (CR+PR) lasted until 20-Nov-2023 (day 512) for at least 418 days.

The patient experienced 5 TEAEs, which were contusion, scalp hematoma, urinary tract infection, and traumatic hematoma, graded as mild, and fall graded with moderate intensity. All TEAEs were not related to the study drug and resolved without sequelae.

Conclusion:

Vilobelimab showed promising efficacy with a 60-week overall response duration in an elderly patient with locally advanced, stage IV cSCC and a good safety profile.

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Abstract N°: 3406

Clinicopathological features of breast cancer cutaneous metastases: a retrospective review

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Introduction & Objectives:

Cutaneous metastases account for approximately 2% of malignant skin tumors. Furthermore, a third of breast cancer is diagnosed from cutaneous affectation. Clinical suspicion is essential in their diagnosis, particularly in patients with a prior history of cancer. However, the wide range of clinical presentations would complicate the diagnosis and potentially lead to misinterpretation.

Materials & Methods:

We retrospectively reviewed the clinical charts of the patients who had a skin biopsy with histopathological findings confirming dermal infiltration by breast carcinoma in our center, from 2008 to 2025.

Results:

Fifteen patients were identified with histological evidence of cutaneous metastases from a primary breast tumor. Notably, four patients had no previous oncological diagnosis and were identified following dermatological manifestations. The most frequent presentation involved isolated erythematous nodules on the affected breast, or infiltrated papules and plaques. Less common variants included zosteriform metastases, carcinoma erysipelatoides, annular pattern, eczematous lesions and carcinoma en cuirasse.

Conclusion:

In female patients, approximately 70% of cutaneous metastases originate from breast cancer, which are mainly located on the chest wall skin. These lesions may represent the first clinical manifestation of an unknown primary tumor or indicate progression in an established carcinoma. The most frequent pattern is that of a solitary nodule, with a tendency towards ulceration; or multiple, indurated and asymptomatic papules. Less common presentations include carcinoma telangiectoides, erysipelatoides or inflammatory carcinoma, carcinoma en cuirasse, zosteriform metastases and neoplastic alopecia.

The pleomorphic appearance of cutaneous metastases requires a high index of suspicion. An accurate differential diagnosis, particularly with infectious dermatoses, is essential. A skin biopsy should be performed as soon as possible especially in cases of atypical evolution or poor response to conventional treatment. Furthermore, immunohistochemical and genetic profiling of skin metastases may influence therapeutic decision-making, including the identification of new treatment targets or the initiation of an alternative therapeutic strategy.

Cutaneous metastases may mimic any primary dermatological lesion. Early histological assessment is fundamental to avoid delays in diagnosis and to enable timely modification of treatment approaches.

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Abstract N°: 3480

Application of Raman Confocal Microspectroscopy Guided by LC-OCT for AI Supervised Chemical Characterization of Basal Cell Carcinoma

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Introduction & Objectives:

Identification of basal cell carcinoma (BCC) typically relies on clinical examination and dermoscopy. However, microscopic imaging techniques such as confocal microscopy or Line-field Confocal Optical Coherence Tomography (LC-OCT) are sometimes necessary for clarifying ambiguous diagnoses or assessing surgical margins. Complementary to imaging, in vivo microscopic-scale chemical characterization of BCC could provide valuable insights into the tumor microenvironment, enhancing diagnostic accuracy and potentially guiding treatment. Confocal Raman microspectroscopy (CRM) enables non-invasive chemical characterization by capturing molecular vibration spectra from microscopic skin volumes. Combining CRM and LC-OCT allows precise targeting within complex tumor structures. To effectively analyze subtle variations in Raman spectra from biological tissues, we applied artificial intelligence (AI)-based deep learning techniques. This study demonstrates proof-of-concept for image-guided, AI-interpreted chemical characterization using BCC as a model.

Materials & Methods:

We report preliminary findings from a one-year pilot study using an integrated system combining LC-OCT imaging and CRM chemical analysis (probed volume: 20 x 20 x 30 μm^3). The system was tested ex vivo on 241 surgically excised BCC specimens. For each specimen, LC-OCT imaging identified regions displaying tumoral characteristics. Subsequently, a 3D LC-OCT image was acquired, and Raman spectra were collected from areas within the supratumoral epidermis and BCC tumor masses. A retrospective control ensured Raman spectra originated exclusively from intended microscopic volumes as confirmed by 3D LC-OCT imaging. A total of 1,015 Raman spectra were included. A deep-learning model (convolutional neural network) was trained and tested using 5-fold cross-validation to classify spectra into four categories based on their Raman signature.

Results:

The area under the curve (AUC) metric quantified the model's accuracy in classifying the microscopic targets based on their Raman spectra. The detailed AUC results are presented in Table 1. AI-based analysis enabled precise characterization of microscopic structures identified by LC-OCT, leveraging the specificity of CRM. AI facilitates the practical interpretation of Raman spectra, with the high AUC scores reflecting the model's robust capability to differentiate various BCC regions (Figure 1). The results underscore the value of LC-OCT imaging for targeted chemical characterization.

Conclusion:

To our knowledge, this study represents the first integration of Raman spectroscopy guided by 3D microscopic imaging (LC-OCT) and AI-driven spectral analysis for accurately characterizing specific targets identified through imaging. The large dataset of spectra facilitated precise differentiation among various structural components within and surrounding BCC lesions.

Targets for Discrimination	AUC (%)
BCC Mass vs. Tumor Epidermis	98.2
BCC Mass vs. Healthy Epidermis	98.4
BCC Mass vs. Healthy Dermis	95.1
Tumor Epidermis vs. Healthy Epidermis	83.5
Tumor Epidermis vs. Healthy Dermis	98
Healthy Epidermis vs. Healthy Dermis	94.8

Table 1: Classification performance (AUC %) of Raman spectra between different skin structures, demonstrating high discrimination accuracy between BCC and surrounding tissues.

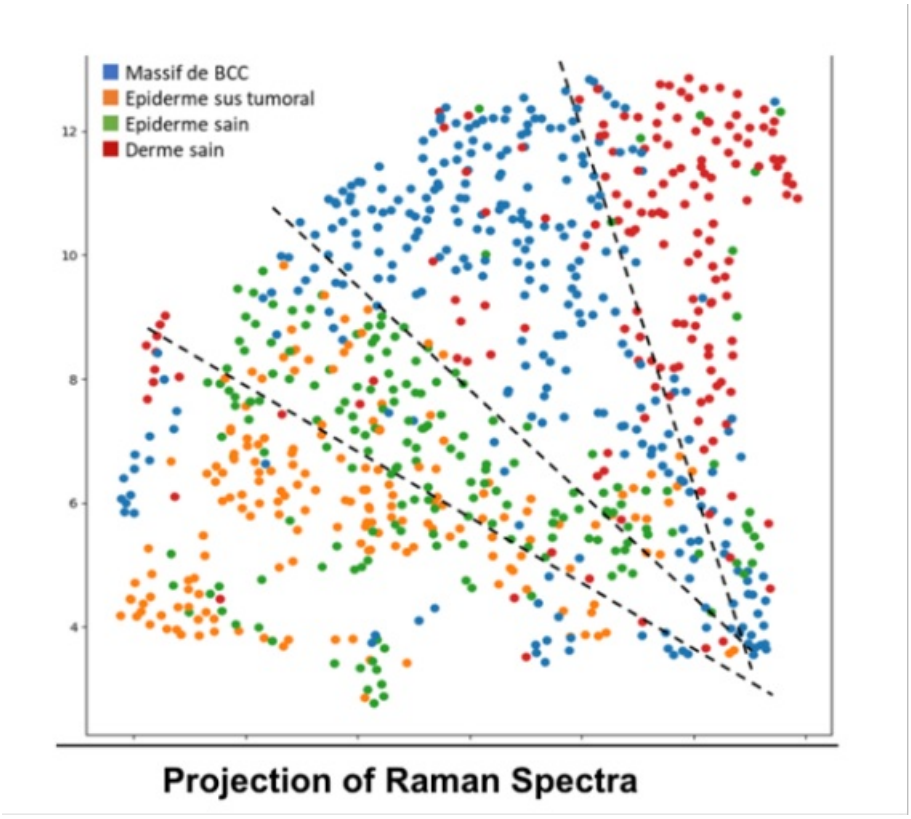

Figure 1**:** Raman spectral projection showing clustering of chemical signatures from BCC tumor masses, supratumoral epidermis, healthy epidermis, and healthy dermis.

Abstract N°: 3491

Beyond the Legs: An atypical presentation of Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type (PCDLBCL-LT)

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Background:

Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type (PCDLBCL-LT) is a rare, aggressive form of non-Hodgkin lymphoma typically presenting as rapidly growing erythematous to violaceous lesions on the legs of patients in their 70s. Diagnosis relies on clinical, histopathological, and immunophenotypic analyses, with the disease showing large B-cell lymphoblasts and a non-germinal center phenotype. Prognosis is poor, particularly in elderly females, with a five-year disease-specific survival rate of 40–60%(1). This report highlights an atypical case of PCDLBCL-LT occurring on the upper arm of a 91-year-old woman.

Case Presentation:

A female patient in her early 90s presented with a rapidly growing erythematous plaque on the right upper arm. On examination, the solitary plaque on the right upper arm measured approximately 60 × 50 mm.

Diagnostic punch biopsies of the plaque demonstrated dense dermal lymphoid infiltrate comprising diffuse sheets of large lymphoid blasts with immunoblastic features. Microscopy, Gram stain, and culture, including mycobacterial culture, excluded infection. EBER ISH was negative. Immunohistochemistry analysis revealed dense dermal lymphoid infiltrate with a non-germinal centre phenotype (CD20+, MUM1+, BCL2+, BCL6+, CD10–) (Figure 1). Histology confirmed the diagnosis to be (PCDLBCL-LT). Elevated ki-67 (90%) indicated aggressive disease. Subsequent PET-CT staging revealed right axillary lymphadenopathy and coincidentally diagnosed recurrent non-small cell lung cancer (NSCLC). The PCDLBCL-LT was treated with localised radiotherapy after the patient declined chemotherapy. **Conclusion:** This case underscores the importance of recognising atypical presentations of primary cutaneous diffuse large B-cell lymphoma, leg type (PCDLBCL-LT), which can arise outside the lower limbs in up to 10–15% of cases(2). Clinicians should maintain a high index of suspicion for any rapidly enlarging plaque or nodule, including those on the upper extremities. The differential diagnosis for rapidly growing solitary skin nodules is wide, and includes primary skin malignancy, cutaneous metastasis of visceral or haematological malignancy, infectious, and inflammatory aetiologies such as granulomatous disorders.Histopathological and immunohistochemical analysis are indispensable in distinguishing primary cutaneous lymphomas from cutaneous metastatasis and its other mimickers such as infections or granulomatous disorders. Furthermore, this case exemplifies the need for multidisciplinary and holistic care in the evaluation and effective management of elderly patients with multiple comorbidities or concurrent malignancies.

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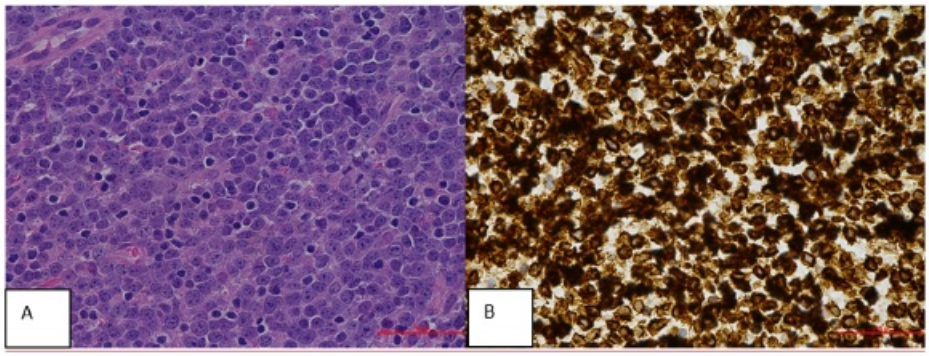

Figure 1:Histopathological examination revealed **(A)** a dense dermal lymphoidinfiltrate extending to the deep margin of the punch biopsy comprising diffuse sheets of large lymphoid blasts with immunoblastic features and **(B)** CD20-positive B-cell lymphocytes.

Abstract N°: 3495

Characteristics of primary cutaneous lymphomas : A single -center study

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Introduction & Objectives:

Primary cutaneous lymphomas (PCLs) are a rare group of extra-nodal non-Hodgkin lymphomas arising from the malignant clonal transformation of T or B lymphocytes. Data on PCLs patients in Tunisian population are limited. The aim of our study was to characterize clinical features of PCLs as well as to describe the treatment regimens and clinical responses of our patients.

Materials & Methods:

A retrospective and descriptive study was conducted from January 2012 to December 2024, including adult patients diagnosed and treated for PCLs in clinical hematologic department. Patients were classified according to TNM staging system.

Results:

Sixteen patients were included with a median age of 61 years [34-80] , and a sexe ratio of 0.86. The onset of cutaneous lesions was the principale presenting circumstance, observed in 94% of patients. Unifocal and multifocal involvement were noted in ten and six patients respectively. The type of cutaneous lesions identified were as followed: erythematous plaques (n=3), reddish swelling (n=2), subcutaneous nodules (n=5), verrucous lesions (n=2), ulceronecrotic lesions (n=2), and erythroderma(n=4). Eleven patients had cutaneous B-cell lymphoma (CBCL) and five had cutaneous T-cell lymphoma (CTCL). The histological subtypes of CBCL observed were primary cutaneous diffuse large B-cell lymphoma, leg type (n=4); primary cutaneous centrofollicular lymphoma (n=6); and primary cutaneous marginal zone lymphoma (n=1). Among CTCL were noted: mycosis fungoides (n=1), cutaneous intravascular T-cell lymphoma (n=1) , T-cell lymphoma NOS (n=1) , anaplastic lymphoma (n=1) , and acral T-cell lymphoma (n=1). Patients were classified as follows: T1N0M0 (n=2), T2N0M0 (n=5), T2N1M0 (n=1), T2N3M0 (n=1), T3N0M0 (n=7). For CBCL patients, marginal zone lymphoma was managed with surgical excision. One patient with centrofollicular lymphoma received 40Gy localized radiotherapy, while another was managed with active surveillance. The remaining CBCL patients were treated with RCHOP regimens. The patient managed with therapeutic abstention experienced disease progression after 65 months, presenting with bulky lymph nodes and autoimmune hemolytic anemia. She died after 4 months of corticosteroids. A complete response (CR) was achieved in 10 CBCL patients. For CTCL patients, wait and see was indicated for one patient and four received CHOP chemotherapy. We observed a CR in two patients and failure in one . One patient died following the first cycle of CHOP due to septic shock. Progression occurred in three patients with CTCL within a median time of 4 months [1-6] after the end of treatment. Patients with treatment failure received salvage therapy: ICE (n=2), cyclophosphamide (n=1), VP16+ ifosfamide (n=1). A CR was observed in the patient treated with cyclophosphamide, whereas the others showed persistent therapeutic failure. The 5-year overall survival and event-free survival rates were 79% and 40% respectively.

Conclusion:

PCLs encompasses a wide variety of lymphomas. Contrary to existing literature , our study observed a higher incidence of CBCL compared to CTCL. This discrepancy may be attributed to a selection bias as the study was

monocentric and did not include patients managed in dermatology departments. Furthermore, we noted in our study that CTCL was assoiated with a poorer prognosis compared to CBCL. Prospective studies are necessary to better characterize the features of PCLs in the Tunisian context.

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Abstract N°: 3606

Characteristics and risk factors of non-melanoma skin cancer among renal transplant recipients: A retrospective cohort study

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Introduction & Objectives:

Non-melanoma skin cancer (NMSC) is the most frequently reported cancer among renal transplant recipients (RTRs), and its incidence has been increasing. To study the incidence rate, clinical characteristics and factors associated with NMSC in RTRs.

Materials & Methods:

A retrospective cohort study was performed on 390 RTRs at Ramathibodi Hospital, Mahidol University. Epidemiological and clinical variables were assessed. Cox regression analysis was used to simultaneously evaluate the effect of several factors on survival.

Results:

The incidence rate of NMSC among RTRs was 12 cases in males and 6 in females per 1000 patient-years. The most commonly reported NMSC was squamous cell carcinoma (SCC) (77.5%), with an SCC-to- basal cell carcinoma (BCC) ratio of 4.43:1. Nearly half of NMSC (47.5%) developed on the head and neck. Univariable analysis revealed that NMSC development was significantly associated with older age (p=0.008), high occupational sun exposure (p=0.003), smoking history (p=0.003), previous renal transplantation (p=0.011), living-related donor type (p=0.008) and older age at transplantation age (p=0.001), particularly age over 50 years (p=0.001). Multivariate analysis demonstrated significant correlations of NMSC with smoking history [hazard ratio (HR)=3.06; (95% confidence interval (CI): 1.46-6.40); p=0.003], previous renal transplantation [HR=7.95; (95%CI: 2.33-27.14); p=0.001], and transplantation age over 50 years [HR=3.07; (95%CI: 1.59-5.94); p=0.001].

Conclusion:

This study identified a higher risk of NMSC among RTRs with transplantation age over 50 years, a history of smoking, and previous renal transplantation. RTRs with these risk factors should undergo regular screening and close monitoring for NMSC.

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EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 3607

A Case of Isolated Cutaneous Myeloid Sarcoma

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Introduction & Objectives:

Myeloid sarcoma (MS) is a rare extramedullary tumor arising from immature myeloid cells and is most commonly associated with, or precedes the diagnosis of, acute myeloid leukemia (AML). However, isolated MS without bone marrow involvement is exceedingly rare and may pose significant diagnostic challenges. In this case, we aimed to present an isolated cutaneous myeloid sarcoma in a patient with no history of hematologic malignancy, and to discuss its clinical, histopathological, and immunohistochemical features, emphasizing the importance of this rare presentation in the differential diagnosis.

Materials & Methods:

A 58-year-old female patient presented to our clinic with a 3×2 cm violaceous nodule on her right upper arm that had been gradually enlarging for approximately 1.5 years. The patient initially consulted the plastic surgery department due to dissatisfaction with the appearance of the lesion prior to her daughter's wedding, and she was subsequently referred to our department after excision was planned. She reported no associated symptoms such as pruritus or pain. There was no known history of systemic disease.

Results:

A total of four punch biopsies were performed with the preliminary clinical diagnoses of cutaneous lymphoma and sarcoidosis.

Histopathological examination revealed a diffuse infiltrative infiltrate within the dermis, sparing the epidermis with a grenz zone. The infiltrate extended between collagen fibers and was composed of atypical cells with round nuclei, inconspicuous nucleoli, and eosinophilic cytoplasm.

Immunohistochemical staining of the atypical cells showed the following profile:

MPO (-), CD117 faint (+), CD34 (-), CD13 (-), CD33 (+), CD43 (+), CD68 (+), TdT (-), CD56 (+), CD4 (+), CD123 (-), TCL1 (-), CD20 (-), PAX5 (-), CD30 (-), CD3 (-), CD5 (-), CD2 (-), CD8 (-), CD10 (-), BCL6 (-), MUM1 (-), CD23 (+), CD25 (-), CD138 (-), CD38 (-), mast cell tryptase (-).

A diagnosis of cutaneous myeloid sarcoma was established. The patient was referred to the oncology department. Bone marrow biopsy and positron emission tomography (PET) imaging were performed, and no additional pathology was identified.

Conclusion:

Myeloid sarcoma (MS) is a rare extramedullary tumor composed of mature or immature myeloblasts that arises in sites outside the bone marrow. It is also referred to as chloroma or granulocytic sarcoma. The most commonly affected sites include the skin, lymph nodes, and bones. Cutaneous involvement accounts for approximately 17–28% of all cases. Lesions are typically located on the trunk, scalp, and extremities, and may present as violaceous, greenish, or skin-colored papules, nodules, plaques, or tumors. MS is most often associated with acute myeloid

leukemia (AML).

In conclusion, cases of acute myeloid sarcoma remain diagnostically challenging due to their rarity and marked morphological heterogeneity. However, the lack of significant improvement in prognosis and survival rates over the years highlights the need for heightened clinical vigilance among dermatologists and effective interdisciplinary coordination. In this context, early recognition of cutaneous manifestations and minimizing the time to definitive hemato-pathological diagnosis are of critical importance for optimal disease management.

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Abstract N°: 3669

Primary Eccrine Porocarcinoma of the Medial Thigh: A Rare Cutaneous Malignancy in an Elderly Patient

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Introduction: Eccrine porocarcinoma (EPC) is a rare malignant adnexal neoplasm arising from the intraepidermal ductal portion of eccrine sweat glands. It represents only 0.005–0.01% of all epithelial skin tumors. EPC primarily affects elderly individuals, typically manifesting on the head, neck, and lower extremities. It may occur de novo or result from malignant transformation of a benign eccrine poroma. Clinically, it presents as a slow-growing, erythematous, or pink nodular lesion. Diagnosis relies on histopathologic and immunohistochemical evaluation due to overlap with other cutaneous tumors. Genetic alterations including YAP1-NUTM1 fusions and TP53, RB1, and EGFR mutations have been identified, offering potential diagnostic and therapeutic insights. Herein, we present a case of histologically low-grade EPC located on the medial thigh of a 66-year-old male, managed successfully with wide local excision and radiologic surveillance.

Case Presentation: A 66-year-old male presented with a gradually enlarging pink nodular lesion on the medial left thigh, persisting for several years. The patient denied trauma, insect bites, or prior procedures. There was no history of pre-existing poroma. Dermatologic examination revealed a firm, exophytic pink nodule measuring 2 cm in diameter, with a violaceous erythematous base. No palpable regional lymphadenopathy was detected. Dermoscopy showed structureless whitish-pink areas, surrounded by pinkish-white halos and a polymorphous vascular pattern composed of hairpin, linear-irregular, and dotted vessels. Histopathological evaluation revealed a dermally invasive epithelial tumor composed of eosinophilic polygonal cells arranged in lobules, with focal ductal differentiation. The tumor invaded the reticular dermis (Clark level IV) and exhibited both expansive and locally infiltrative growth. There were 11 mitoses per 10 high-power fields and focal but marked cytologic atypia. No angiolymphatic or perineural invasion was identified. Immunohistochemically, the tumor was CEA-positive, NUT-negative, and RB expression was preserved. These findings supported a diagnosis of low-grade EPC. Since the tumor was 3.8 mm from the deep margin and 5 mm from the lateral margin, a wide local re-excision was performed with 3 cm margins. Imaging, including PET-CT and inguinal ultrasound, revealed several reactive-appearing lymph nodes without signs of metastasis. The postoperative course was uneventful, and the patient required no additional therapy.

Discussion and Conclusion: EPC is an uncommon but potentially aggressive malignancy of eccrine origin. It should be considered in the differential diagnosis of persistent, slow-growing pink nodular lesions, particularly in elderly patients. Histologic and immunohistochemical evaluation are essential for accurate diagnosis. Surgical excision with clear margins is the preferred treatment and can be curative in localized cases, with success rates up to 80%. Although our patient had no metastatic disease, EPC's recurrence potential requires long-term follow-up. Increased awareness, prompt recognition, and early intervention are critical to improving outcomes.

Abstract N°: 3717

Topical treatment of actinic cheilitis with Tirbanibulin: Results of a monocentric phase II study to investigate efficacy and tolerability

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Introduction & Objectives:

Tirbanibulin 1% ointment is licensed for treatment of actinic keratoses. To date, there is no approved topical treatment for actinic cheilitis. There is an unmet need for topical therapy of actinic cheilitis.

Materials & Methods:

Twenty patients (10 female, 10 male, average age: 75.8 ± 6.8 years) with actinic cheilitis were treated with Tirbanibulin 1% on five consecutive days. Patients were examined after 7, 14 and 56 days. Efficacy was documented using optical coherence tomography (OCT). Additionally, the subject´s self-assessment score, oral health DLQI and local skin reaction score (erythema, swelling, crusts, flaking, vesicles/pustules and erosion/ulceration) were analyzed to assess potential side effects.

Results:

All patients completed the study according to protocol. Twelve patients (60%) showed complete remission upon OCT and eight patients (40%) showed partial remission. In patients with partial remission, the size reduction of actinic cheilitis was >75% in two patients, 50 - 75% in five patients and <50% in one patient. On day 7, 10/20 (50%) patients showed a mild local skin reaction; 9/20 (45%) showed a moderate reaction and 1/20 (5%) a marked reaction. No severe or systemic adverse events were observed. The oral health DLQI improved significantly after treatment (6 vs. 3, p=0.032).

Conclusion:

These results suggest, that treatment of actinic cheilitis with Tirbanibulin appeared to be safe and effective.

Abstract N°: 3764

CRKL amplification regulates YAP expression and synergizes with mechanical stress-induced signaling to dually activate YAP oncogenic pathways, driving plantar acral melanoma progression

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Introduction & Objectives:

Acral melanoma is a subtype of malignant melanoma with high prevalence in East Asian populations, typically arising on glabrous skin of sun-shielded acral sites, such as the soles of the feet. CRKL is an adaptor protein composed of one SH2 domain and two SH3 domains. However, its role in melanoma progression remains poorly understood. In this study, we investigated the relationship between CRKL and melanoma progression and elucidated the molecular mechanisms by which CRKL promotes tumor progression.

Materials & Methods:

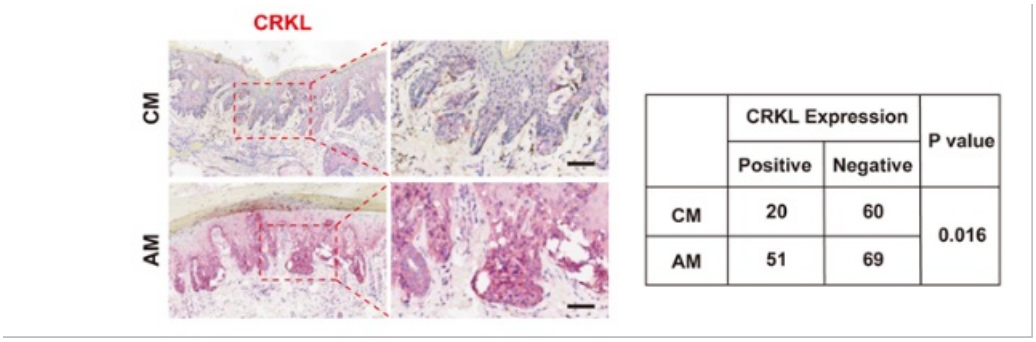
We conducted a retrospective analysis of 206 melanoma cases diagnosed at Shanghai Skin Disease Hospital between 2022 and 2024. CRKL expression levels in melanoma specimens were assessed by immunohistochemistry. The functional role of CRKL was evaluated through loss-of-function assays and analyzed using EdU staining, CCK-8, and colony formation assays. The relationship between CRKL and the mechanosensitive protein YAP was further examined by Western blotting and quantitative PCR.

Results:

Among the 206 melanoma cases analyzed, 157 were classified as acral melanomas, including 110 located on the foot. Goodness-of-fit analysis indicated that mechanically stressed regions are more prone to melanoma development than non–stress-bearing areas. In plantar weight-bearing regions, the Hippo pathway was activated, as evidenced by nuclear translocation of YAP and subsequent transcriptional activation of downstream targets. Additionally, CRKL expression was significantly higher in acral melanoma compared to cutaneous melanoma. Western blot analysis further demonstrated that silencing CRKL suppressed YAP expression, thereby inhibiting melanoma cell proliferation.

Conclusion:

CRKL gene amplification enhances YAP expression and cooperates with mechanical stress-induced signaling to dually activate the oncogenic YAP pathway, thereby driving the progression of plantar acral melanoma. Thus, targeting CRKL may represent a promising therapeutic strategy for acral melanomas characterized by high CRKL expression.



	CRKL Expression		P value
	Positive	Negative	
CM	20	60	0.016
AM	51	69	

Fig. 1 IHC detecting CRKL expression in cutaneous melanoma and acral melanoma, scale bar = 100 μm. Chi-square test to determine the difference in CRKL expression between cutaneous melanoma and acral melanoma.

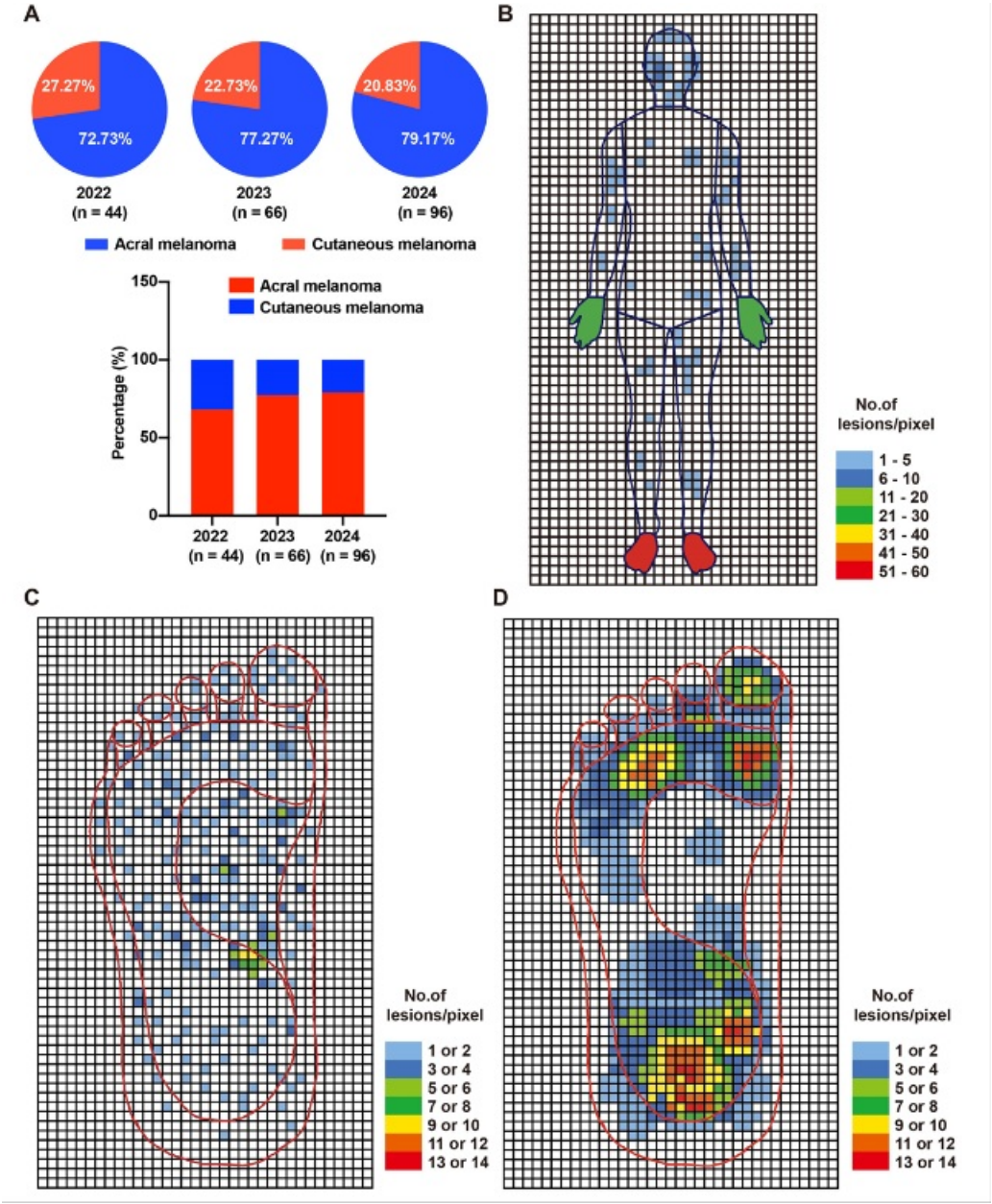


Fig. 2 (A) The number of cases diagnosed with AM and CM at the Shanghai Skin Disease Hospital from 2022 to 2024. **(B)** The distribution of melanoma occurrences in the human body. Distribution of nevi**(C)** or acral melanomas **(D)** in the plantar area.

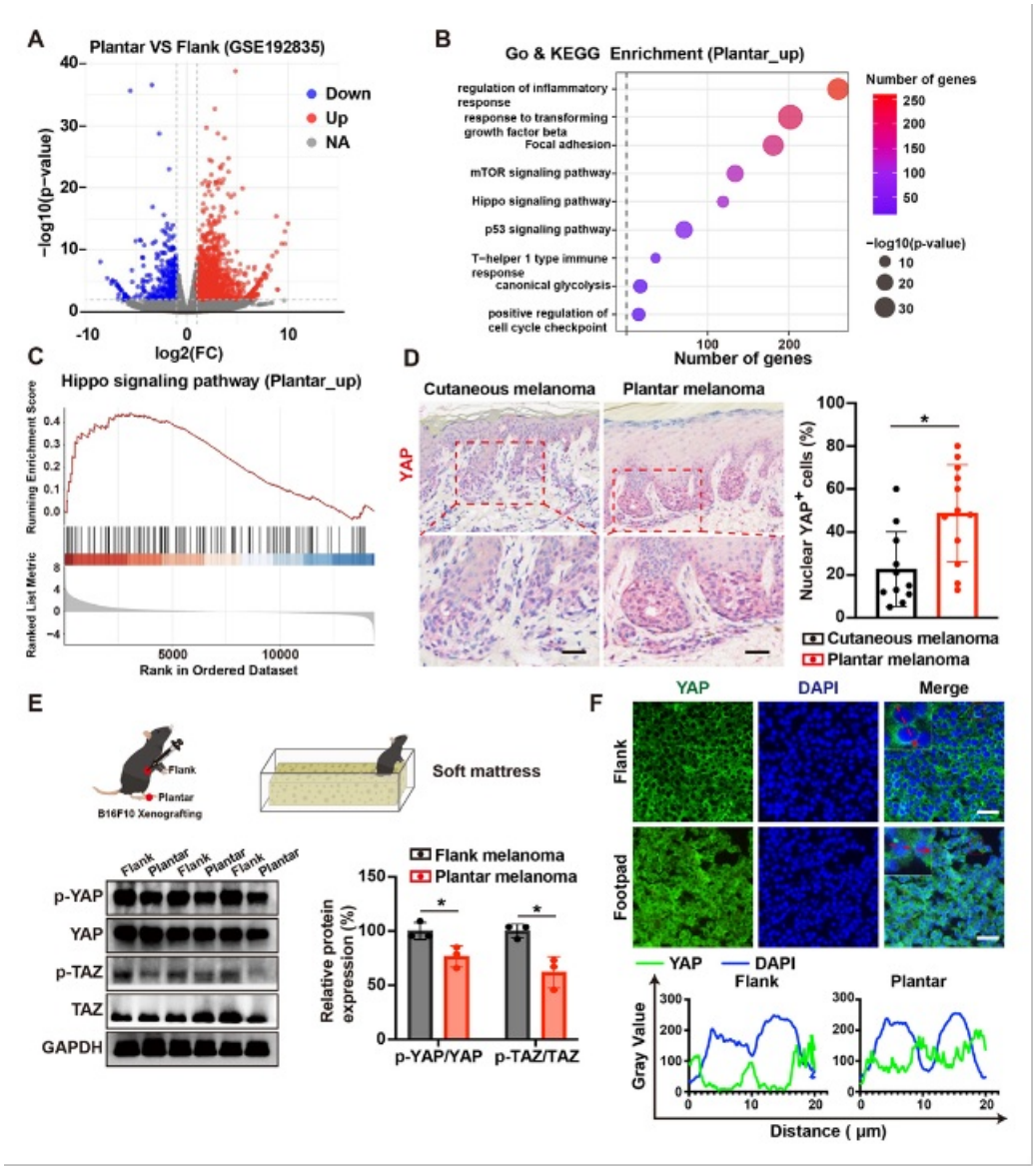


Fig. 3 (A) The volcano map showed differentially expressed genes from GEO database (GSE192835).**(B)** KEGG and GO enrichment analysis. **(C)** GSEA of Hippo signaling pathway.**(D)** IHC detecting YAP expression in cutaneous melanoma and plantar melanoma, scale bar = 100 μm. **(E)** Immunoblot analysis of the indicate proteins. (F) Immunofluorescence staining of YAP, scale bar = 40 μm.

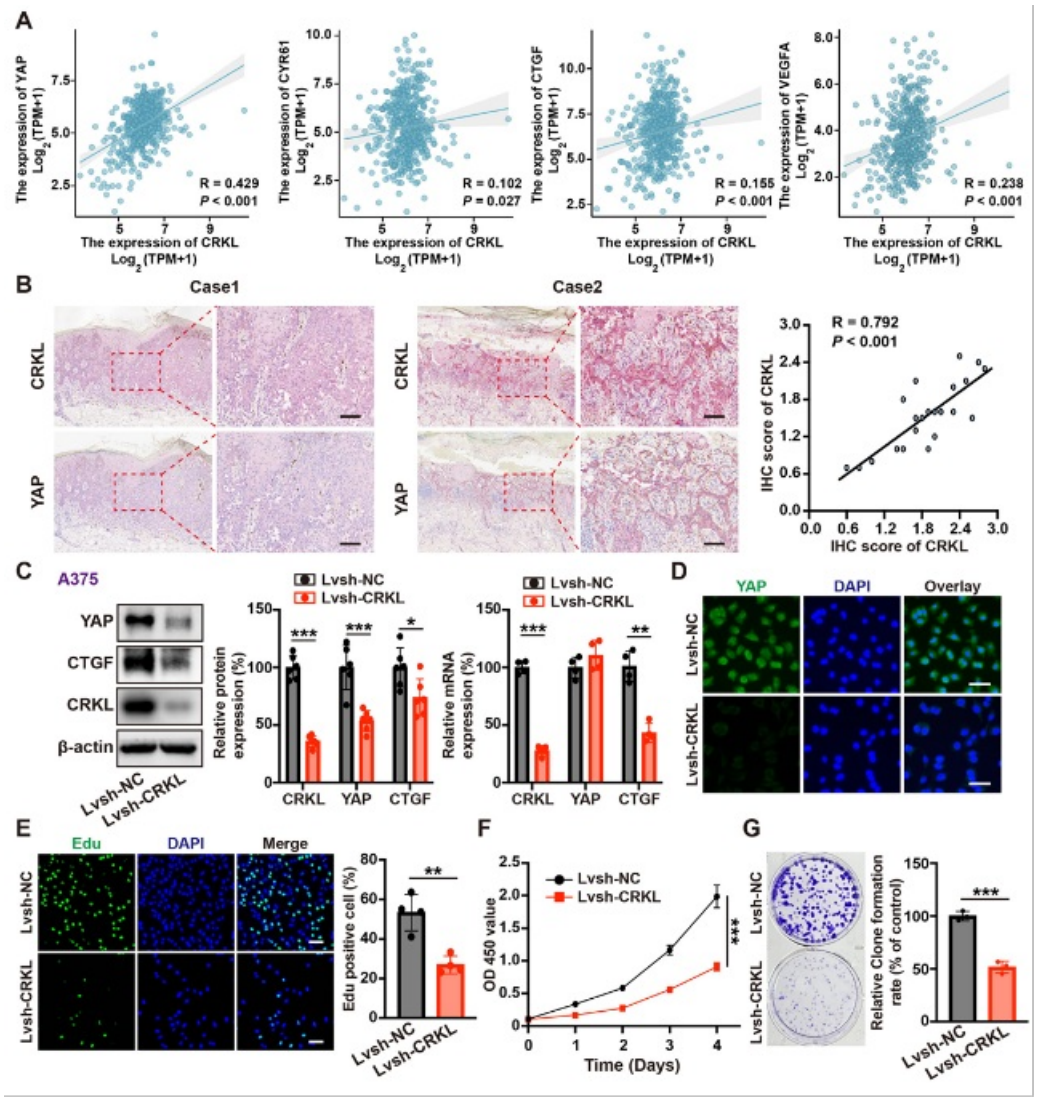


Fig. 4 (A) The correlation between CRKL and YAP, CYR61, CTGF and VEGFA expression was based on TCGA database. **(B)** IHC detecting CRKL and YAP expression in melanoma specimen. **(C)** Immunoblot and qPCR analysis of YAP, CTGF, CRKL of A375 cells with or without CRKL silencing. **(D)** Immunofluorescence staining of YAP in A375, scale bar = 20 μm. **(E)** Cell proliferation ability of A375 were determined by EDU staining, scale bar = 40 μm. (F) Cell viability determined by the CCK8 assay. (G) The colony-forming ability of A375 with or without CRKL silencing.

Abstract N°: 3785

Syringocystadenoma Papilliferum on the Thigh of a 76-Year-Old Woman: A Rare Anatomical Presentation

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Introduction & Objectives: Syringocystadenoma papilliferum (SCAP) is a rare benign adnexal tumor, most commonly arising during childhood and typically involving the head and neck region. We present an unusual case of SCAP occurring on the thigh of an elderly woman, highlighting its atypical age of onset and anatomical location.

Materials & Methods: A 76-year-old woman, admitted for surgical management of a left neck of femur fracture, was referred to the Dermatology Department for evaluation of a long-standing lesion on her left anterior thigh. The lesion had been gradually enlarging over 15 years, was prone to bleeding upon contact, but remained otherwise asymptomatic. The patient had not sought prior medical evaluation for the lesion.

On cutaneous examination, a solitary, sessile, polylobulated, moist, pinkish-red nodule measuring 2 × 2 cm was noted. No regional lymphadenopathy was present. The differential diagnosis included benign conditions such as pyogenic granuloma and chondroid syringoma, as well as malignant tumors such as squamous cell carcinoma and amelanotic melanoma.

A wide local excision of the lesion was performed. The excised skin specimen was submitted for histopathological examination.

Results: Histopathological analysis demonstrated an exo-endophytic lesion with papillary cystic invaginations lined by a double layer of cells—luminal columnar and basal cuboidal—with evidence of decapitation secretion. The stroma showed a prominent plasma cell infiltrate. No malignant features were identified, and surgical margins were clear.

Conclusion: This case underscores a rare presentation of syringocystadenoma papilliferum on the thigh of an elderly patient. To date, approximately 10 cases involving this anatomical site have been reported in the literature, with the previously oldest documented case occurring in a 67-year-old. This is, to our knowledge, the oldest reported case of thigh SCAP.

While SCAP is typically benign, rare instances of malignant transformation have been described. Therefore, complete surgical excision—via wide local excision or Mohs micrographic surgery—is recommended for definitive management.

Abstract N°: 3800

Evaluating the Synergistic noxious effects of combined cadmium and ultraviolet radiation on human skin explants co-cultured with endothelial cells

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Introduction & Objectives: Increasing human activity is exacerbating environmental pollution levels, which is now widely recognized as a major global health threat. The skin, our largest and most outward-facing organ, acts as a critical protective interface against the outdoor environment. Several pollutants have been recognized as responsible for skin damage although studies analyzing the possible additive effect of multipollutants and whether the damage is only localized in the cutaneous tissues or have a systemic effect are still missing. In the specific the possible interaction between heavy metals and ultraviolet (UV) radiation is of high interest due to the increase exposure to both elements

Materials & Methods: This study investigates the combined effects of cadmium (Cd), a highly toxic heavy metal, and UV radiation on human skin explants co-cultured with endothelial cells with the aim to compare the topical vs the systemic damage. This co-culture model more closely replicates the physiological interplay between skin and vasculature, providing a more relevant tool for toxicological and pharmacological studies. Skin explants were exposed to cadmium chloride ($CdCl_2$), UV radiation, alone or in combination, with or without VAS antioxidant pre-treatment. Samples were collected at 24, 48, and 72 hours to evaluate ROS production, oxidative damage, antioxidant responses, and melanocyte activity.

Results: The results showed that $CdCl_2$ exposure alone induced time-dependent oxidative stress in skin tissue and even more evident in in endothelial cells. When combined with UV radiation, a synergistic increase in ROS was observed, associated with upregulation of NADPH oxidase 4 (NOX4) upregulation in the skin. In addition, early nuclear translocation of the Nuclear Factor Erythroid 2-related factor 2 (NRF2) suggested a rapid activation of the antioxidant cellular response at 24 hours, which declined by 72 hours, indicating cellular exhaustion in the skin. Co-exposure to the two stressors also resulted in increased melanocyte proliferation and up-regulation of melanogenic markers such as TYRP1 and Tyrosinase1, suggesting a melanin-based response. Notably, VAS antioxidant pre-treatment attenuated ROS production and NOX4 expression in skin, or thereby partially mitigating tissue damage.

Conclusion: In conclusion, the results of this study demonstrated that the combination of Cd and UV significantly amplifies oxidative and inflammatory responses in human skin; moreover, the co-culture model used offers a valuable platform for studying in more physiological conditions the molecular mechanisms underlying pollutant-induced skin damage and for developing targeted protective strategies.

Abstract N°: 3810

Lipidomic profiling in cutaneous T-cell lymphoma: Comparative analysis of ceramide composition and treatment effect

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common subtype of primary cutaneous T-cell lymphoma, in which malignant T lymphocytes infiltrate the skin, resulting in patches, plaques, and eventually tumors. These lesions are associated with a reduced barrier function. Ceramides are an essential part of the skin barrier, forming a highly organized lipid matrix around the corneocytes in the stratum corneum. Alterations in the stratum corneum ceramide profile have been observed in skin diseases and correlated to the reduced barrier function.

In this study, we aimed to characterize the stratum corneum ceramide profile in lesional and non-lesional skin in MF patients with different disease stages and assess the effect of treatment on the ceramide composition.

Materials & Methods:

59 MF patients with different disease stages and 10 healthy volunteers participated in the study. In a subgroup of 21 early-stage MF patients the effect of topical chlormethine gel treatment on the ceramide profile was investigated. Ceramides were collected by tape stripping and subsequently analyzed using liquid chromatography-mass spectrometry.

Results:

The ceramide profile of lesional skin was significantly different from non-lesional and healthy skin. Specifically, lesional skin showed an altered ceramide subclass composition, a higher degree of unsaturation, and a reduction in average ceramide chain length. These changes are similar to ceramide alterations in other skin diseases with a disturbed barrier. Treatment with chlormethine gel resulted in a partial normalization of the ceramide profile.

Conclusion:

To conclude, MF lesions exhibit a distinct and altered ceramide profile compared to non-lesional and healthy skin, which can partially be restored with topical treatment.

Abstract N°: 3845

"Enhancing Accuracy in Early-Stage Mycosis Fungoides Staging: A Comparison of Clinical Assessment and Digitally Assisted Mapping for BSA Estimation"

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Introduction & Objectives:

Mycosis fungoides is a low-grade cutaneous lymphoma, with prognosis determined primarily by TNMB staging. Skin involvement (T stage) is considered the most reliable prognostic indicator of disease progression. T staging is based on the presence of patches, plaques, and the percentage of body surface area (BSA) affected. In early-stage mycosis fungoides, clinical staging is divided into two groups: stage IA (BSA involvement <10%) and stage IB (BSA involvement ≥10%). However, the estimation of BSA involvement through simple clinical inspection is often imprecise, leading to potential inaccuracies in staging and disease assessment. The Vectra 3D imaging system offers a more standardized, automated approach. The objective of this study is to compare clinician and Vectra-derived BSA measurements in patients with histologically confirmed MF.

Materials & Methods:

Twenty nine patients diagnosed with early-stage mycosis fungoides were enrolled in the study. Clinical assessment of body surface area (BSA) involvement was performed using standard visual inspection, while Vectra measurements utilized PASI study mode. Paired t-tests evaluated statistical differences, and Bland-Altman analysis assessed agreement. Staging discrepancies were analyzed using the 10% BSA threshold for IA/IB classification.

Results:

The mean BSA was 17.41% (±20.28) by clinicians and 10.59% (±15.07) by Vectra ($p = 0.0012$). Bland-Altman analysis showed a mean difference of 6.83% (limits: -13.17% to 26.83%). Staging changed in 9 patients (31%): 7 were reclassified from IB to IA, and 2 from IA to IB. Larger discrepancies occurred in cases with multiple small plaques, where clinicians overestimated BSA. Semi-automated annotation using Vectra demonstrated more consistent results, with lower variability. Digital mapping could not be performed in 2 patients due to technical challenges. Both cases involved folliculotropic disease with subtle lesions, making accurate digital recording unfeasible

Conclusion:

Our study identified significant discrepancies in disease staging when comparing clinical evaluation to digitally assisted mapping, with clinicians often overestimating the extent of disease involvement. Future refinements to the algorithm are essential to incorporate prognostic indicators, such as the mSWAT score, into the analysis. The Vectra semi-automated imaging system demonstrates significant potential in enhancing the accuracy of mycosis fungoides staging and optimizing treatment planning.

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Abstract N°: 3855

Primary cutaneous anaplastic large cell lymphoma mimicking B-cell lymphoma leg type: a case report

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Introduction & Objectives:

Primary cutaneous anaplastic large cell lymphoma (PC ALCL) is a malignant lymphoproliferation of the skin defined by the presence of anaplastic cells with high expression of the CD30 antigen. The course of the disease is generally favorable, although rare forms can progress aggressively requiring appropriate management.

Unlike B-cell lymphoma leg type is characterized by the proliferation of B lymphocytic cells, usually displaying aggressive and rapid progression with a high risk of extracutaneous dissemination especially to lymph nodes.

Materials & Methods:

A 68-year-old patient presents with an initially, solitary nodular lesion of 5cm on the left leg which rapidly evolves over 6 months into an ulcerated exophytic lesion on the anterolateral aspect of the left knee and leg measuring 32cm, associated with multiple inflammatory nodular lesions affecting the left lower limb.

Results:

On examination, the patient presents with ipsilateral inguinal lymphadenopathy. A biopsy with immunohistochemical analysis of skin lesions and lymphadenopathy showed a PCALCL. The extension assessment revealed an intraparenchymal subpleural micronodule of the external segment of the middle lobe measuring 4mm, subcarinal and left inguinal lymphadenopathy. The rest of the assessment showed no abnormalities. The patient received an emergency COP chemotherapy session and then initiated a CHOEP protocol.

Conclusion:

PC ALCL with involvement of the lower limb is rare and correlated with a more severe prognosis than other cutaneous locations. A study on the pathophysiological mechanisms and the specificity of this entity will help improve management and prognosis.

Abstract N°: 3869

A Cutaneous Squamous Cell Carcinoma of the Face Associated with Cutaneous Leishmaniasis

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Introduction & Objectives:

The association between leishmaniasis and malignancy can be classified into four categories: leishmaniasis mimicking malignancy, leishmaniasis coexisting with malignancy, malignancy developing in patients with a leishmaniasis scar, and leishmaniasis developing in patients with malignancy. The association of active cutaneous leishmaniasis and squamous cell carcinoma (SCC) is rare, and we report a case.

Materials & Methods:

A 74-year-old patient with no significant medical history presented with a tumor on the face evolving for 8 months in a generally good state of health. Clinical examination revealed a verrucous tumor with an ulcerated center, grossly oval, measuring 8 cm in its longest axis, with a sero-hematic base, infiltrated and elevated borders, and signs of skin retraction on the cervical area with a significant limitation of mouth opening. The lymph nodes were free. The initial biological workup was normal. The patient underwent parasitological sampling to search for Leishman bodies, which returned positive. He received treatment with intralesional meglumine antimoniate followed by a 15-day course of parenteral meglumine antimoniate without clinical improvement. A second parasitological sample was negative for Leishman bodies. The patient was referred to us, and a skin biopsy with histological and immunohistochemical studies was performed, which favored a diagnosis of verrucous squamous cell carcinoma. The extension workup (chest X-ray, CT thoraco-abdomino-pelvic scan) was negative. The patient was referred to maxillofacial surgery where he underwent complete excision of the tumor, and was subsequently directed to oncology for further management.**

Results:

Cutaneous SCC is the second most common non-melanocytic skin cancer after basal cell carcinoma. Relevant risk factors include prolonged unprotected sun exposure, age over 60 years, immunosuppression, and fair skin phenotype. Although many cancers are known to be triggered by chronic infections, such as human papillomavirus (HPV) and SCC, Epstein-Barr virus (EBV) and undifferentiated nasopharyngeal carcinoma, hepatitis B and C viruses and hepatocellular carcinoma, there is still no evidence linking cutaneous leishmaniasis with the pathogenesis of cutaneous squamous cell carcinoma [1, 2]. In fact, few reports have been published on cutaneous SCC associated with cutaneous leishmaniasis in immunocompetent patients [3, 4, 5, 6]. In most cases, SCC developed on the scar tissue of previous cutaneous leishmaniasis years later [7, 8]. However, three cases have been reported of an association between active cutaneous SCC and leishmaniasis [3, 4, 9]. Surgery is not recommended for the treatment of cutaneous leishmaniasis. However, a biopsy is necessary in cases of atypical presentation or evolution to exclude an associated malignant disease.**

Conclusion:

Although many viruses and parasites can trigger malignant tumors in humans, an association between cutaneous leishmaniasis and skin malignancy has been reported, but causality remains to be proven. However, in cases of resistant cutaneous leishmaniasis, a biopsy is mandatory to exclude an associated skin malignancy.

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Abstract N°: 3902

Incidence of skin cancer in patients treated for actinic keratosis: surgical excision as a measure of progression to squamous cell carcinoma? (EPIKA study)

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[2]Université Paris-Dauphine, LEDa-LEGOS, Paris, France
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[4]IQVIA, Courbevoie, France
[5]CHU Bordeaux, Dermatology, Bordeaux

Introduction & Objectives:

Actinic keratosis (AK) is a skin disease characterised by hyperkeratotic precancerous skin lesions, caused by cumulative lifetime exposure to ultraviolet radiation. These lesions may progress to squamous cell carcinoma (SCC), although the rate of progression has not been characterised precisely. The EPIKA study was a large study of over 250,000 patients treated for AK identified in the French national health insurance claims database. This resource provides an opportunity to investigate progression to SCC. Although a subsequent diagnosis of SCC is not identified systematically in the database, surgery for removal of skin lesions may represent a proxy marker for SCC. The objective of this study was to determine the frequency of later surgery in patients newly treated for AK, to estimate the rate of surgery over time and to identify variables associated with surgery risk.

Materials & Methods:

This study was performed in random sample of ~50% of all French residents in the*Système National des Données de Santé*. All patients aged >40 years with claims for a specific AK treatment between 1st January 2014 and 31st December 2019 were identified. For the present analysis, patients with claims related to AK, skin surgery or skin cancer in the two years prior to the index date were excluded. Patients were followed from the date of the first AK-related claim until 31st December 2021, or until they died. Claims related to surgery for removal of skin lesions during the follow-up period were identified from procedure codes. Time from first AK treatment to surgery was estimated from Kaplan-Meier survival analysis, and variables related to the risk of surgery were identified in a Cox proportional hazards model.

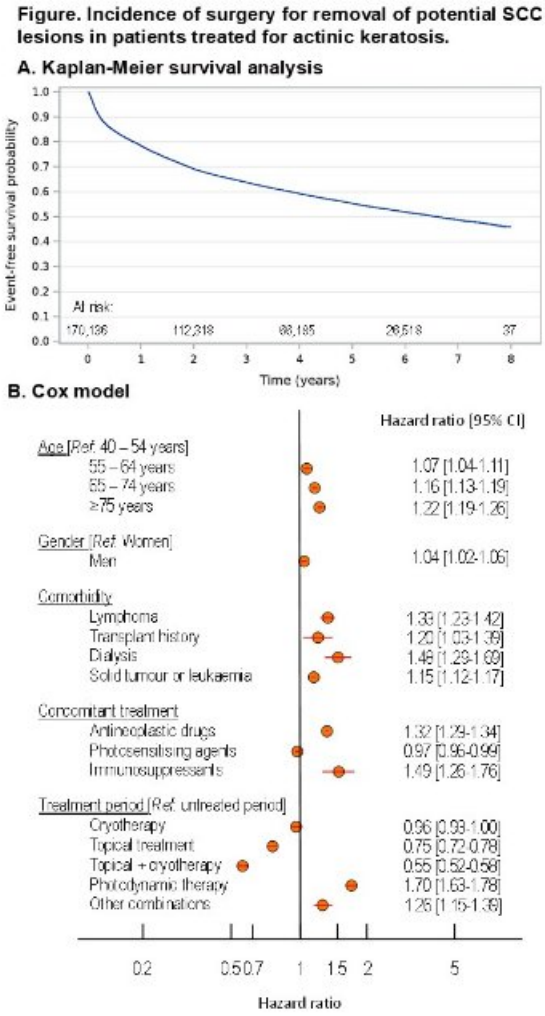
Results:

A total of 211,714 patients initiating AK treatment were identified, of whom 170,135 (80.3%) had no claims related to skin surgery of cancer in the previous year or at the time of initiation of AK treatment. These patients could be followed for a median duration of 5.5 years [IQR: 3.8 to 7.5 years]. Over the follow-up period, 73,458 patients (43.2%) underwent skin surgery. The mean interval between initiation of AK treatment and skin surgery was 6.6 years [95%CI: 6.5 – 6.7], with a cumulative incidence of 21.7% [21.5% – 21.9%] at 1 year, 31.0% [30.7% – 31.2%] at 2 years, 36.3% [36.1% – 36.6%] at 3 years, 44.8% [44.5% – 45.0%] at 5 years and 54.0% [53.6% – 54.5%] at 8 years. The Kaplan-Meier curve is presented in Figure A. Older age and male gender were associated with an increased risk of skin surgery, as were a history of cancer, dialysis or organ transplantation and use of immunosuppressants. Use of topical treatments for AK, alone or in association with cryotherapy, were associated with a reduced risk of surgery. A Forest plot representing the output of the Cox model is presented in Figure B.

Conclusion:

In the EPIKA study, the incidence of skin surgery in patients initiating treatment for AK was high (44.5% at 5 years). This can be considered an upper limit for progression to SCC. It is nonetheless unlikely that all these surgical procedures represent SCC, since the procedure codes used for case identification would also select patients with surgery for melanoma and basocellular carcinoma, the latter being the most common type of skin cancer. We also observed that treatment of AK lesions with topical treatments, especially when associated with cryotherapy, reduced the risk of skin surgery significantly.

Figure. Incidence of surgery for removal of potential SCC lesions in patients treated for actinic keratosis.



Abstract N°: 3933

A Silent Nodule: Sister Mary Joseph's Nodule Signaling Gastric Cancer Spread

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Introduction & Objectives: Sister Mary Joseph's nodule (SMJN) is a rare clinical manifestation of umbilical metastasis, most commonly linked to gastrointestinal or gynecological adenocarcinomas. Named after Sister Mary Joseph (1856–1939), the head nurse and surgical assistant to Dr. William Mayo, SMJN underscores the importance of umbilical lesions as indicators of advanced intra-abdominal malignancy and poor prognosis. SMJN typically presents as a firm, painless umbilical nodule, which may ulcerate or discharge serous or bloody fluid. Though rare, early recognition is crucial, as it may suggest progression in known cancer or indicate an undiagnosed malignancy. This report describes a case of SMJN in metastatic gastric adenocarcinoma, emphasizing its diagnostic and prognostic implications.

Materials & Methods: A 49-year-old woman with metastatic poorly differentiated gastric adenocarcinoma, confirmed by esophagogastroduodenoscopy (OGD) biopsy, presented with a 3-month history of a non-tender, enlarging umbilical lesion. She had received 17 cycles of chemotherapy with folinic acid, fluorouracil, and oxaliplatin and was on maintenance pembrolizumab. On examination, a 1 × 2 cm erythematous, exophytic umbilical nodule was noted. A 4 mm punch biopsy was performed, followed by histopathological and immunohistochemical analysis. CT and MRI scans evaluated disease extent.

Results: Histopathology showed dermal infiltration by poorly differentiated adenocarcinoma. Immunohistochemistry was positive for AE1/3 and CDX2, with variable CK7 and patchy CK20 positivity—suggesting gastrointestinal origin. Negative markers included CLA, S100, CK5/6, TTF1, GATA3, and PAX8, helping to exclude other primaries. Imaging revealed gastric fundus thickening and extensive metastases to the femurs, pelvis, paraspinal muscles, and axial and appendicular skeleton, confirming SMJN as a sign of widespread disease.

Conclusion: SMJN is a rare but important sign of advanced intra-abdominal malignancy, most often gastrointestinal adenocarcinomas. Its presence typically signifies extensive metastatic spread and correlates with poor prognosis, with a median survival of ~11 months. This case highlights SMJN's diagnostic value in identifying progression of gastric cancer and its role in guiding staging and treatment strategies. While management is largely palliative, early recognition aids in accurate staging and informed clinical decisions. In this case, adjuvant chemotherapy with folinic acid, fluorouracil, and oxaliplatin, along with pembrolizumab, were administered, though the disease remained progressive. Clinician awareness of SMJN's significance can improve timely diagnosis and patient care in advanced malignancy.

Abstract N°: 3937

Updates on cutaneous Merkel cell carcinoma (MCC) from U.S. Collaborative Institute. From ESMO 2024 Guidelines to AAD 2025 Multicenter Interest Group (MMIG) Meeting.

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Introduction & Objectives:

ESMO-EURACAN guidelines have been recently (2024) published to review diagnosis and treatment on MCC, but they report that no convincing evidence supports yet the use of the histopathological-molecular markers and serum tools to predict prognosis and response to therapy. This presentation is aimed to complete these guidelines with the findings of the Multicenter Merkel Interest Group (MMIG) meeting 2025.

Materials & Methods:

The 19th MMIG meeting during AAD Annual Congress 2025 has developed some emerging topics on MCC and has invited the international attendees to join into the Collaborative Institute for multicenter studies.

Results:

\1. Histopathological and molecular biomarkers (particularly, MCPyV status, intratumoral lymphocytes infiltration (TIL) and PD-1/PD-L1 expression) have been confirmed as very important prognostic factors to select patients responding to ICIs. Besides, a new histopathological marker (CD200) as immunosuppressive factor on macrophages and the possible experimental use of monoclonal antibodies against CD200 for ICI-refractory MCCs have been investigated. 2. The post-operative radiotherapy (PORT) is useful to avoid local recurrences (40%), but it is mandatory for high-risk MCC (particularly, on narrow resection margins). The conventional dose of 50 Gy permits to benefit the local control, but not the overall survival (OS), in spite of significant toxicity in these mostly older patients. Single fraction (SFRT) of 8 Gy and lower dose hypofractionation are better tolerated and similarly effective. 3. Beyond Amerk test, ctDNA is a valid serum test for MCC (MCPyV positive and negative) surveillance compared to standard scans for preceding clinical recurrences according to NCCN guidelines 2025. It should be used above all to identify high-risk subclinical MCC patients for initiating immune (ICI) therapy beyond to manage their therapeutic responses. 4. The ideal duration of ICI therapy remains to be 1-2 years with 40-60% responses and acceptable toxicity, but further clinical trials need to understand the best strategies of drug combinations to manage refractory MCCs. Actually, the combination of ICIs with targeted therapies (bcl-inhibitors, kinases and other apoptotic drugs) is being investigated rather than the combination of ICIs with other immunotherapies (IL, IFN, ipilimumab) in spite of poor efficacy and high toxicity. Alternative treatments with mRNA-vaccines alone or in combination with ICIs seem to be the best future strategies because of the high immunogenicity of the oncoproteins (in particular, LT-Ag) for refractory MCPyV-positive MCCs; on the contrary, the combination of ICIs with radioligand therapies could be the best therapeutic option for refractory MCPyV-negative MCCs.

Conclusion:

ESMO 2024 guidelines and MMIG 2025 meeting have confirmed both of them the fundamental role of RT in the post-operative management of MCC. MMIG has further stressed the emerging role of ctDNA detection to monitor early the systemic spreading of MCC as well as the importance of the hispotathological-molecular biomarkers to select responders to ICIs. Finally, refractory MCCs are still waiting for a salvage approach in combination with ICIs as actual targeted therapies are unsatisfying; moreover, vaccines and radioligand therapies could be the only

alternative treatments, but they are still under investigation and further clinical trials are needed for their definitive approval.

EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 3958

When a scrotal nodule masks a carcinoma: a rare entity that should not be overlooked.

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Introduction & Objectives: Squamous cell carcinoma of the scrotum (SCC) is a rare but severe malignancy that draws significant attention due to its high mortality rate. Although its incidence has decreased due to preventive measures, including the elimination of occupational exposures to certain carcinogenic agents, SCC remains challenging to diagnose and treat, primarily due to its slow progression and the discomfort it causes in patients. This cancer predominantly affects men exposed to risk factors such as smoking, human papillomavirus infection, chronic skin inflammations and chimney sweeping. Although the management is primarily handled by urologists, it is also essential for dermatologists to be aware of this condition, as it may present as a reason for consultation in their clinical practice.

Case report: This is a 55 year old patient, with no previous pathological history, who presented with a 3cm tumour in the scrotum, painless, ulcerated in the centre with pus discharge, which had been evolving for 2 years. A scrotal ultrasound scan revealed an oval, well-limited scrotal mass with a heterogeneous echostructure, a thick peripheral shell richly vascularised, measuring approximately 31 x 29 mm and fistulated to the skin, associated with an abscessed collection. There was associated fatty infiltration and thickening of the scrotal tunica. A skin biopsy was taken and a histological study performed, showing skin tissue bordered on the surface by epidermis with hyperacanthosis, papillomatosis and ortho- or parakeratotic hyperkeratosis. This is supported by a mucosal body with inconspicuous cytonuclear atypia. The underlying dermis shows moderate inflammatory changes without signs of infiltration. The diagnosis of a well-differentiated, mature, verrucous squamous cell carcinoma with no signs of infiltration. The patient was referred to the urology department, where the scrotal abscess was drained and the tumour resected, with further management.

Discussion: SCC accounts for approximately 35% of scrotal cancers, although its incidence remains relatively stable or slightly increases in some countries. The clinical presentation of this cancer is often a solitary, painless nodule that may progress to ulceration and infection, delaying diagnosis. Risk factors include occupational exposures to carcinogenic agents, viral infections (primarily HPV), as well as medical treatments such as radiotherapy or phototherapy (PUVA).

The primary treatment method is surgical excision of the primary tumor with negative margins, though reconstructive techniques may be required in more advanced cases. Less invasive treatments, such as CO2 laser and pharmacological therapies, are recommended for inoperable or in situ cases. Management of inguinal lymph nodes involves sentinel lymph node biopsy and selective lymphadenectomy if metastasis is confirmed. Adjuvant treatments include chemotherapy for advanced forms, although radiotherapy has shown no significant efficacy. Emerging therapeutic options, such as targeted therapies and immunotherapy, offer hope for improving treatment of advanced disease forms.

Conclusion: Scrotal squamous cell carcinoma (SCC), though rare, is the most common type of scrotal cancer, with evolving risk factors like HPV and certain medical treatments. Surgical removal is the main treatment, but emerging therapies like immunotherapy show promise for advanced cases, pending further research.

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Abstract N°: 4035

The effect of stress-related amygdala metabolic activity on tumor aggressiveness in melanoma

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Introduction & Objectives:

Stress has been regarded to be associated with cancer progression through neuroendocrine and immune pathways. The metabolic activity of amygdala (AmygA), a brain region involved in stress response, can be semi-quantitatively measured by 18F-fluorodeoxyglucose positron emission tomography/computed tomography (18F-FDG PET/CT). In this study, AmygA was used as surrogate imaging biomarker of chronic stress to evaluate the impact of AmygA on distant metastasis and recurrence in melanoma patients.

Materials & Methods:

A total of 61 patients who performed 18F-FDG PET/CT from 2021 to 2024 for staging of pathologically proven melanoma were retrospectively enrolled. AmygA was calculated as the ratio of the maximum standardized uptake value (SUVmax) of the amygdala to the mean standardized uptake value (SUVmean) of the temporal lobe on 18F-FDG PET/CT. SUVmax of spleen and bone marrow were also assessed to evaluate the effect of systemic inflammation. Along with these semi-quantitative PET indexes, other clinicopathologic factors were evaluated in determining distant metastasis and recurrence. Relationship between AmygA and systemic inflammatory markers was also assessed.

Results:

Melanoma patients with distant metastasis had higher levels of AmygA and spleen SUVmax than those without distant metastasis ($p < 0.0001$, 0.0298, respectively). AmygA and spleen SUVmax were also significant in predicting distant metastasis ($p = 0.0001$, 0.0306, respectively) and AmygA remained significant ($p = 0.0004$) in multivariate Cox regression analysis of these two markers. Patients with elevated AmygA and distant metastasis were likely to recur than those who did not (both $p < 0.0001$). In predicting recurrence, AmygA and distant metastasis were also statistically significant ($p < 0.0001$, 0.0007, respectively). Optimal AmygA cut-off values for determination of distant metastasis and recurrence were 1.133 and 1.097. Additionally, AmygA had weak to moderate correlation with systemic inflammatory markers of spleen SUVmax ($r = 0.349$, $p = 0.006$) and bone marrow SUVmax ($r = 0.493$, $p = 0.002$).

Conclusion:

Metabolic activity of amygdala on 18F-FDG PET/CT is suggested to be associated with tumor aggressiveness in melanoma. As a surrogate imaging marker reflecting neurobiological activity of chronic stress, elevated AmygA may imply higher risk of distant metastasis and recurrence, thus, requiring more aggressive treatment to achieve better treatment outcome in melanoma.

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Abstract N°: 4167

Secondary cutaneous lymphoma : A monocentric study results

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Introduction & Objectives

Secondary cutaneous lymphoma(SCL)is an extranodal spread of a diffuse lymphoma.It usually defines a stageIV.

The Aim of our study is to describe the clinical and therapeutic profile of this SCL for patients in a Tunisian population.

Materials & Methods

We conducted a retrospective and descriptive study in a clinical hematology department.We included patients diagnosed with SCL and treated between January 2012 and December 2024.

Results

Twenty patients were included, with a median age of 65 years[45-81] and a sexe ratio of 1.

Skin biopsy was performed for 19 patients.

The diagnosis of skin involvement was retained on pet scan in one patient.

The type of cutaneous lesions identified were as follows: erythematous plaques(n=1), squamous(n=1), papular(n=1), subcutaneous nodules(n=7), cutaneous nodules(n=6), ulceronecrotic lesions(n=4), erythroderma(n=1)and purplish hyperpigmentation(n=2).

Five patients had unifocal involvement. Fifteen patients presented with multifocal lesions.

Eighteen patients were classified according to Ann-Arbor's classification stage IV,three of them were classified as stage IV due to only skin involvement. And two patients were classified as stage IIE, contiguous skin involvement,located respectively in the back and in axillary hollow.

The indication for treatment was related to the type of lymphoma,the patient's stage and international prognosis score.

Histological analysis concluded a diagnosis of cutaneous diffuse large B-cell lymphoma(CBCL)in 11 patients, follicular lymphoma was diagnosed in 3 patients.One patient had mantle cell lymphoma and cutaneous T-cell lymphoma(CTCL) was diagnosed in 5 patients.

Among the patients with CTCL,the following types were noted:T-cell lymphoma NOS(n=1),anaplastic lymphoma(n=1),and acral T-cell lymphoma(n=3).

Median follow-up time was 16.6 months[2-65]

Sixteen patients were on intention-to-treat.Fourteen patients were evaluated.

During the study period,two patients were lost to follow-up,two patients died due to toxicity of chemotherapy(CTCL and CBCL),one patient has not yet started treatment and one patient is undergoing treatment.

For cutaneous B-cell lymphoma(CBCL),we obeserved a complete response in 7 patients,a partial respone in one patient,and a progression in one patient.

For follicular lymphoma,we found a complete response in one patient and a partial response in other patient.

Patient with Mantle cell lymphoma was in a complete response.

For cutaneous T-cell lymphoma(CTCL),we noted a complete response in one patient,a partial response in one patient and a progression in one patient.

A cutaneous relapse was confirmed with a biopsy in two patients:at 15 months for follicular lymphoma and at 16 months for CTCL.

Conclusion

Secondary cutaneous involvement in non-Hodgkin’s lymphoma is rare.It can upgrade the staging and empact the treatement.Given the rarity of this extranodal involvement,there are few publications. Research on a larger population could help us to better understand and adapt our management.

Abstract N°: 4182

Langerhans Cell Histiocytosis restricted to skin in male child: Case Report

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Introduction & Objectives:

Langerhans Cell Histiocytosis (LCH) is a myeloid neoplasm characterized by the accumulation of clonal CD1a+/CD207+ dendritic cells in various tissues. The disease can range from localized and self-healing to generalized and potentially fatal. LCH usually presents cutaneous involvement, nevertheless, LCH restricted to the skin is a rare condition and represents a diagnostic challenge. This work aims to report a case of genital LCH in a pediatric patient, highlighting the clinical presentation, diagnosis, treatment, and evolution.

Materials & Methods:

We retrospectively reviewed the patient's medical history, diagnostic workup, treatment course, and follow-up. Relevant data were obtained from the patient's medical records.

Results:

A 6-year-old male, phototype IV, with a personal history of asthma and no significant family history, sought our dermatology clinic in May 2024. The patient had developed papular lesions distributed throughout the body 5 months before the appointment. While most lesions were resolved, the genital lesions persisted. The patient reported pain and itching but no systemic symptoms. In previous consultations at other clinics, the hypothesis of nodular scabies was suggested. The patient was treated with ivermectin but showed no improvement. On physical examination, we observed erythematous-violaceous, non-coalescing papules on the shaft of the penis, scrotum, and inguinal region. The mucous membranes were not affected. We performed a skin biopsy. The histopathological examination revealed a proliferation of histiocytic cells with mild atypia associated with eosinophilia. The immunohistochemical study showed positivity for CD1a, S100, and Ki67 in some cells, confirming Langerhans Cell Histiocytosis (LCH). Following the diagnosis, we ordered laboratory and imaging tests. The patient showed no abnormalities in exams. With no evidence of systemic involvement, we concluded the disease was restricted to the skin. However, we referred the patient to joint follow-up with the pediatric oncology team. The prescribed treatment included betamethasone and gentamicin, but there was no improvement. We switched to topical tacrolimus, but there was still no satisfactory clinical response. Since July 2024, the patient's papular lesions have increased, affecting the left elbow and umbilical region. The patient is under regular clinical follow-up.

Conclusion:

LCH is more common in white male children, with a peak incidence between 1 and 3 years. The skin lesions can vary from erythematous-violaceous papules and papulonodular lesions to pustular, petechial, and vesicular lesions. When the disease is restricted to the skin, it presents a diagnostic challenge, as it can be confused with other dermatological conditions. In this case, the genital papular lesions resemble nodular scabies, but the patient did not respond to the treatment. Diagnosis relies on clinical manifestations, laboratory tests, and imaging, with definitive confirmation through biopsy and immunohistochemistry. Treatment ranges from topical corticosteroids for localized cases to systemic chemotherapy for more extensive or aggressive forms. Dermatologists should be

alert to the signs and symptoms of LCH, as early detection is crucial for proper management and a favorable patient prognosis. This case highlights the importance of a detailed clinical evaluation, accurate diagnosis, appropriate treatment, and continuous follow-up.

Abstract N°: 4190

Primary Cutaneous lymphoma B leg type : a case report

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Introduction & Objectives:

Primary cutaneous diffuse large B-cell lymphoma, leg type (PCDLBCL-LT) is a rare and aggressive lymphoma, accounting for approximately 2.6% of all primary cutaneous lymphomas. It predominantly affects elderly women and is most commonly localized to the lower limbs, particularly the legs.

Materials & Methods:

Case report and bibliographic research.

Results:

We report the case of a 67-year-old female with a medical history significant for type 2 diabetes, atrial fibrillation, and recurrent erysipelas. She was referred for evaluation of a well-demarcated, ulcerated lesion on the anterior surface of her left leg, which had progressively developed over the past six months. Initially, a squamous cell carcinoma was suspected due to the ulcerated appearance of the lesion. However, histological examination revealed findings more consistent with a cutaneous lymphoma, prompting further immunohistochemical (IHC) studies. The IHC analysis demonstrated strong positivity for CD20, confirming a B-cell origin, weak expression of BCL2 and CD10, negativity for BCL6, CD30, cyclin D1, and CD23, and a Ki67 proliferation index of 40% in the tumor cells. These findings were consistent with the diagnosis of leg-type B lymphoma**.**

A thoraco-abdomino-pelvic CT scan (TAP) was performed as part of the staging work-up, and had showed two suspicious pulmonary nodules.

Conclusion:

PCDLBCL-LT is a rare and aggressive lymphoma subtype, often marked by rapid local progression and systemic dissemination, with secondary involvement observed in up to 40% of cases. Histologically, the tumor is characterized by a monomorphic infiltrate of large, atypical lymphoid cells exhibiting high mitotic activity. Immunohistochemically, PCDLBCL-LT typically demonstrates strong expression of CD20, BCL2, and often BCL6, although the latter may be negative in certain cases. The atypical weak BCL2 expression noted in this case does not alter the diagnosis, as the World Health Organization (WHO) recognizes that approximately 10% of PCDLBCL-LT cases lack BCL2 expression. Furthermore, several studies have shown no significant correlation between BCL2 expression and prognosis.

The weak CD10 expression is also noteworthy, as it is uncommon in PCDLBCL-LT. However, this feature was instrumental in distinguishing this lymphoma from other subtypes, such as centrofollicular large B-cell lymphoma, which generally exhibits strong CD10 positivity. Negativity for CD23 and cyclin D1 effectively excludes the diagnoses of follicular lymphoma and mantle cell lymphoma, respectively. A high Ki67 proliferation index further supports the diagnosis of an aggressive lymphoma.

Prognostic factors, including ulceration and the tumor’s location on the leg, are critical for assessing the risk of

progression and dissemination. Additionally, the patient's comorbidities—namely diabetes, atrial fibrillation, and recurrent erysipelas—must be carefully managed, as they may negatively impact the prognosis by compromising the patient's ability to tolerate treatment and potentially complicating the overall disease course.

Abstract N°: 4251

Efficacy of cemiplimab in the treatment of advanced cutaneous squamous cell carcinoma. Real-life data.

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Introduction & Objectives: Anti PD-1 (programmed cell death protein-1) immunotherapy cemiplimab, which was registered in 2019, has been a milestone in the treatment of locally advanced and metastatic cutaneous squamous cell carcinoma. Real life data are still limited in the literature. The objective of our retrospective study was to evaluate the efficacy and safety of cemiplimab in our Dermato-oncology Department of a central institute.

Materials & Methods: We retrospectively evaluated the efficacy and safety of cemiplimab in 37 patients, diagnosed with locally advanced or disseminated cutaneous squamous cell carcinoma, treated with immunotherapy between January 2021 and April 2024. Patients were received immunotherapy treatment every 3 weeks at a fixed dose of 350 mg. The safety of the therapy was analysed according to the CTCAE (Common Terminology Criteria for Adverse Events) version 5. Progression-free survival (PFS) and objective response rate (ORR) were considered as primary endpoints, with adverse events (AEs) evaluated as secondary endpoints.

Results: Our study included 28 men (76%) and 9 women (23%) with a mean age of 77 years (64-92). Locally advanced squamous cell carcinoma was present in 20 patients (54%) and metastatic squamous cell carcinoma in 17 (46%). Patients were treated with cemiplimab immunotherapy for a median of 13 cycles, median follow-up was 15 months (2.5-48 months), objective tumour response (ORR) was 60%. We observed complete remission (CR: 11%) in 4 patients, partial remission (PR: 49%) in 18 patients, stable disease (SD: 18%) in 7 patients and progressive disease (PD: 22%) in 8 patients. The 6 month progression-free survival rate was 86.5%. The median progression-free survival was 12.0486 months. Drug side effects occurred in half of the treated patients (51%), Gr.1 side effects developed in 24% of cases and Gr.2 side effects in 24% of cases and Gr3 side effects in 16%. During therapy, a second primary skin tumour, squamous cell carcinoma or basal cell carcinoma (Gr.3 side effect), developed as a side effect of immunotherapy in about 11% of patients, which was surgically removed in all cases. Immune-mediated adverse events included nephritis, thyroiditis, bullous pemphigoid, maculopapular exanthema. Only 10,8% of adverse events required cessation of therapy.

Conclusion: In our study, cemiplimab was shown to be an effective therapeutic modality for the treatment of patients with locally advanced or disseminated squamous cell carcinoma of cutaneous origin with tolerable side effects. In correlation with literature data, mPFS was found to be 12 months in our patient cohort, while ORR was 60%. The side effect profile was compared with the literature data showed similar results. Compared to 9.8% in the literatured data, in our study 10,8% of AEs required discontinuation of therapy.

Abstract N°: 4293

Merkel Cell Carcinoma, Papillary Thyroid Carcinoma, and Gastrointestinal Stromal Tumor in a Patient with Neurofibromatosis Type 1: A Rare Multineoplastic Presentation

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Introduction & Objectives:

Neurofibromatosis type 1 (NF1)** is an autosomal dominant disorder caused by mutations in the NF1 gene, which encodes neurofibromin, a tumor suppressor that downregulates RAS signaling**.** Loss of neurofibromin leads to activation of the** RAS/MAPK** and** PI3K/AKT/mTOR** pathways, promoting tumor development.** NF1 patients are predisposed to various tumors. Merkel cell carcinoma (MCC) is an infrequent skin cancer of neuroendocrine origin, that can develop either through the integration of Merkel cell polyomavirus (MCPyV) into the host genome or as a result of ultraviolet (UV) light-induced genetic damage,** the latter often involving mutations activating the same oncogenic pathways as NF1. Although NF1 and MCC are clinically distinct, both share common molecular mechanisms involving RAS pathway dysregulation. The co-occurrence of MCC in a patient with confirmed NF1 is exceedingly uncommon, with only a few cases reported in the literature. This overlap raises important questions regarding the potential role of neurofibromin deficiency in developing MCC.

Materials & Methods:

A 70-year-old woman presented following the surgical excision of an MCC located on the left knee. Her past medical history** included NF1 and a papillary thyroid** carcinoma surgically removed 10 years ago. A PET-CT scan has been scheduled to assess for possible metastatic spread.

Results:

PET-CT scan revealed a hypermetabolic lesion located at the junction of the head of the pancreas and the duodenum, raising suspicion of malignancy. Given the patient's history of NF1, which is associated with an increased risk for multiple neoplasms, further investigation was pursued. A subsequent step in the workup included an MRI of the abdomen, which identified hypervascular lesions, the largest measuring up to 1.5 cm, distributed in the horizontal segment of the duodenum and the small intestine. A biopsy of the most prominent lesion in the duodenum was performed, and histopathological examination confirmed the diagnosis of a gastrointestinal stromal tumor (GIST), a neoplasm according to the literature, frequently associated with NF1. Following confirmation of the diagnosis of GIST, the patient was referred to a medical oncologist for further evaluation and management.

Conclusion:

Although NF1 and MCC are distinct entities, both involve RAS pathway dysregulation. The coexistence of MCC in a patient with NF1 suggests that neurofibromin deficiency may contribute to oncogenesis through pathways such as MAPK/ERK and PI3K/AKT/mTOR. The additional presence of papillary thyroid carcinoma and GIST in this patient further supports the tumorigenic potential associated with NF1, as these tumors have been reported in the literature to exhibit dysregulation of the previously mentioned signaling pathways. These findings highlight the importance of considering shared pathogenic mechanisms when evaluating rare malignancies in patients with

NF1.

Abstract N°: 4308

An Atypical Presentation of Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type

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Introduction & Objectives:

Primary cutaneous diffuse large B-cell lymphoma, leg type (PCDLBCL-LT), is a rare and aggressive form of cutaneous B-cell lymphoma, predominantly affecting elderly patients. We report an atypical case due to its occurrence in a younger individual, its unusual localization on the back, and a purely cutaneous presentation despite the presence of aggressive markers.

Materials & Methods:

Case Presentation:

A 59-year-old man presented with multiple papulonodular lesions on the upper third of his back, particularly in the right scapular region, evolving over the past three years. Laboratory workup revealed an LDH level twice the normal limit. Histopathological and immunohistochemical analysis of a skin biopsy confirmed a diagnosis of diffuse large B-cell lymphoma, leg type, with positivity for CD20, Bcl6, MUM1, and Ki67. Staging investigations showed no extracutaneous involvement. The lymphoma was staged as T2a N0 M0 and the patient was referred for R-CHOP chemotherapy.

Results:

Discussion:

PCDLBCL-LT is an aggressive subtype of primary cutaneous B-cell lymphomas, typically presenting as red to violaceous plaques, nodules, or tumors, sometimes ulcerated, often multiple and located on one or both legs. Less commonly, other anatomical sites can be involved. This lymphoma usually occurs in elderly individuals, with a female predominance, and extracutaneous dissemination is common. Our case is unusual due to the patient's relatively young age, the dorsal (non-leg) location, absence of systemic spread, and indolent evolution despite expression of Bcl2, a known marker of aggressiveness. In 2021, a study proposed a scoring system for the risk of systemic progression in PCDLBCL-LT, based on the presence of 2 out of 3 criteria: Bcl2 rearrangement, Ki67 index >30%, and two mutations among CREBBP, KMT2D, EZH2, and EP300 genes. Our patient met 2 of these 3 criteria, yet had no evidence of systemic involvement. This highlights the importance of close clinical monitoring due to the potentially aggressive nature of this lymphoma.

Conclusion:

We report an unusual case of PCDLBCL-LT characterized by early onset in a relatively young male patient, atypical clinical and anatomical presentation, and an indolent course despite poor prognostic indicators.

Abstract N°: 4359

A Reticular hyperpigmentation as a particular presentation of mycosis fungoides

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Introduction & Objectives:

Mycosis Fungoides (MF) represents the most common type of primary cutaneous lymphoma. In addition to its classic form, characterized by erythematous-squamous plaques, there are several rarer anatomo-clinical variants that can be confusing. We report a case of MF with a reticular hyperpigmented presentation.

Materials & Methods:

A 54-year-old man, phototype IV, had been followed for 16 years for parapsoriasis with a good response to topical steroids , presented multiple non pruritic hyperpigmented patches exhibiting a reticular pattern, with rounded erythematous-squamous borders of 1–4 cm diameter, disseminated on the trunk and all four limbs

Results:

Dermoscopy/ capillaroscopy finding was multiple pigmented polygonal structures without white scales,curved linear vessels with spermatozoa-like structures.A skin biopsy revealed a significant lymphohistiocytic, epidermotropic infiltrate composed of atypical lymphocytes. Immunohistochemistry showed CD3+ and CD4+, while CD8 was positive in only a few cells.

The diagnosis of early-stage hyperpigmented mycosis fungoides was established. Phototherapy with UVB treatment was proposed, with good clinical improvement.

Conclusion:

The hyperpigmented variant of MF is extremely rare. It primarily affects individuals with darker skin types at a younger age.Histopathology is comparable to the classic MF, but immunohistochemistry often reveals a CD8+ phenotype, although CD4+ cases, like in our observation, have also been reported. The etiopathogenesis of this variant remains poorly understood.Dermoscopy/capillaroscopy was helpful in the diagnosis, especially the spermatozoa-like vessels, which have been described as highly specific to early-stage MF in various studies. Although rare, clinicians should consider the diagnosis of hyperpigmented mycosis fungoides as a differential diagnosis in all acquired hyperpigmented dermatoses.

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Abstract N°: 4453

Blastic plasmacytoid dendritic cell tumor: A case report

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Introduction & Objectives:

Blastic plasmacytoid dendritic cell tumor (BPDCN) is a rare and aggressive hematologic malignancy with a poor prognosis. It often initially presents with cutaneous involvement before progressing to acute leukemia.

Materials & Methods:

We present the case of a male patient diagnosed with Blastic plasmacytoid dendritic cell tumor**

Results:

A 63-year-old patient with a history of Crohn's disease, a macrophage activation syndrome and a history of leukocytoclastic vasculitis. Presented with pruritic nodular skin lesions on the trunk, upper limbs, and pubic area with a preserved general condition. clincal examination revealed a conscious, hemodynamically and respiratory stable patient**.** Firm, mobile subcutaneous nodules were noted on the forehead, scalp, trunk, both arms, and pubis, with overlying skin appearing erythematous in some areas and violaceous in others. A livedo reticularis pattern was observed** on the trunk and both lower limbs. The remainder of the clinical examination was unremarkable, with no lymphadenopathy.

Biological investigations revealed pancytopenia, with an elevated LDH level.

Histological examination showed a dense, diffuse, and focally necrotic infiltration of the superficial and deep dermis, extending to some hypodermal adipose lobules. The epidermis was atrophic but not infiltrated. The infiltrate consisted of atypical lymphoid cells of variable size, some with moderately abundant pale eosinophilic cytoplasm and irregular, hyperchromatic, sometimes convoluted** or folded nuclei**.** These cells were largely crushed and interspersed with nuclear debris. Epidermotropism and vasculitis were absent.

Immunohistochemical analysis showed positive staining for CD56 and CD4, with less diffuse positivity for CD3 and CD8. Staining for CD20 and CD30 was negative. These findings confirmed the diagnosis of BPDCN.

Bone marrow examination revealed myeloblastic infiltration, suggesting transformation into acute myeloid leukemia, which was further evaluated by immunophenotyping. Despite the initiation of diagnostic procedures, the patient's condition rapidly deteriorated, and he passed away a few days after diagnosis.

Conclusion:

Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a rare and aggressive malignancy with a distinct clinical and immunophenotypic profile, notably marked by its early cutaneous involvement and expression of plasmacytoid dendritic cell markers such as CD4, CD56, and TCL1. Given its poor prognosis with conventional chemotherapy alone, early diagnosis and timely therapeutic intervention are crucial. Allogeneic stem cell transplantation, particularly when performed early, significantly improves survival outcomes. The emergence of targeted therapies like tagraxofusp offers promising new avenues, despite potential toxicity. Alternative regimens

such as vindesine combined with dexamethasone may also lead to durable remissions in selected cases, underscoring the need for individualized and innovative treatment approaches.

Abstract N°: 4566

An axillary Microcystic adnexal carcinoma: a clinical pathologic challenge

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Introduction & Objectives:

Microcystic Adnexal Carcinoma (MAC) is a rare, malignant eccrine cutaneous neoplasm characterized by slow yet locally aggressive growth. Its histogenesis and nomenclature remain subjects of ongoing debate. Due to under-recognition and the tumor's bland cytologic features, it is frequently misdiagnosed. Furthermore, subclinical tumor invasion contributes to the high incidence of local recurrence.

Materials & Methods: Case Report

We present the case of a 51-year-old female with a history of stage 2 Hodgkin lymphoma, diagnosed 24 years ago and treated with radio-chemotherapy. She presented with a painful lesion in the right axillary region that had been evolving for 10 years. Clinical examination revealed a 1 cm retracted, hardened, ill-defined plaque with slight brown discoloration. Ultrasound and mammography were performed, revealing bilateral ACR1 with no axillary lymphadenopathy.

The lesion was excised for diagnostic purposes without ensuring clear margins. Histologically, the excised specimen revealed a dermal proliferation consisting of several masses with cystic dilation, lined by a double cellular layer with malpighian metaplasia. Additional immunohistochemical analysis showed diffuse positivity for pan-cytokeratin, CK7, P63, AML, and focal positivity for GATA-3. CK20 was negative, and the Ki67 proliferation index (PI) was less than 10%.

Based on these findings, a diagnosis of MAC was concluded. A subsequent excision of the lesion was performed with negative margins. Four months later, during follow-up, a retraction of the scar was observed, indicating a relapse. A further excision is planned.

Results:

Histologically, MAC is characterized by a follicular and sweat gland differentiation, with overall benign features. However, it exhibits locally aggressive behavior, often extending several centimeters beyond the clinically visible margins and infiltrating deeply into muscle, cartilage, bone, and nerves. Perineural invasion is commonly observed in MAC and often contributes to local recurrence, which occurs in 15% to 60% of cases, typically within the first three months to three years following initial treatment.

Although MAC typically arises in the head and neck region, particularly on the upper lip and nasolabial folds, rare cases have been reported in extra-facial locations, such as the axillary region. This atypical location presents significant diagnostic and therapeutic challenges due to its anatomical complexity and proximity to the mammary glands. The true incidence of MAC is likely underestimated, and it is often misdiagnosed as other tumors in the facial region, particularly invasive basal cell carcinoma (BCC) and squamous cell carcinoma.

Conclusion:

This case highlights the critical need for dermatologists and pathologists to be familiar with this rare entity. Early

recognition of MAC, especially in atypical locations like the axilla, enables timely diagnosis and intervention, which is essential for effective management.

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Abstract N°: 4610

Kaposi sarcoma diagnosed with ex-vivo confocal microscopy.

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Introduction & Objectives:

Kaposi's sarcoma, in its Mediterranean (classic) form, typically presents as purplish papules and nodules on the lower limbs, often accompanied by lymphedema. While Kaposi's sarcoma is usually associated with HHV-8 infection and immunosuppression, the classic form generally occurs without any underlying immunodeficiency.

Diagnosis is often clinical and confirmed by histology.

We report the case of a 90-year-old woman with purplish nodules on both legs and lymphedema, initially diagnosed histologically with purpuric angiodermatitis. Our patient had no known immunodeficiency. Using line-field optical coherence tomography (LC-OCT) co-localized with ×20 dermoscopy and ex vivo confocal microscopy, we revised the diagnosis.

Materials & Methods:

Line-field optical coherence tomography was performed using the LC-OCT device from Damae® (Paris, France).

Ex vivo confocal microscopy was conducted with the VivaScope 2500® (Caliber®, New York, USA).

Results:

LC-OCT imaging revealed deep vascular structures resembling vascular lakes, surrounded by solid, reflective fusiform cells extending deep into the dermis (Figure 1).

Thanks to co-localization with dermoscopy, we accurately targeted the area where these cells appeared most invasive and performed a punch biopsy.

The biopsy was immediately examined with ex vivo confocal microscopy after rapid staining enhanced by AI, producing images closely resembling standard H&E histology (Figure 2).
Our pathologist identified a tumor composed predominantly of fusiform cells, compatible with a sarcoma (although the precise type—Darier-Ferrand or Kaposi—could not yet be determined).

The same sample was then processed in our pathology lab, where standard HES staining and HHV-8 immunohistochemistry confirmed the diagnosis of Kaposi's sarcoma.

Review of the initial biopsy, which had shown only angiodermatitis, suggested that the first sample likely missed the lesion. Thanks to precise targeting guided by LC-OCT and dermoscopy, the second biopsy enabled an accurate diagnosis.

Conclusion:

This case highlights the utility of LC-OCT and its co-localization with dermoscopy in guiding biopsies, leading to more accurate diagnoses.

Ex vivo confocal microscopy also proved to be a rapid and effective tool, producing near-histological images

without compromising the sample, thus enabling subsequent classical histology.

As these new imaging modalities evolve, they bring with them a novel and increasingly rich semiology—one that closely parallels conventional histopathology.

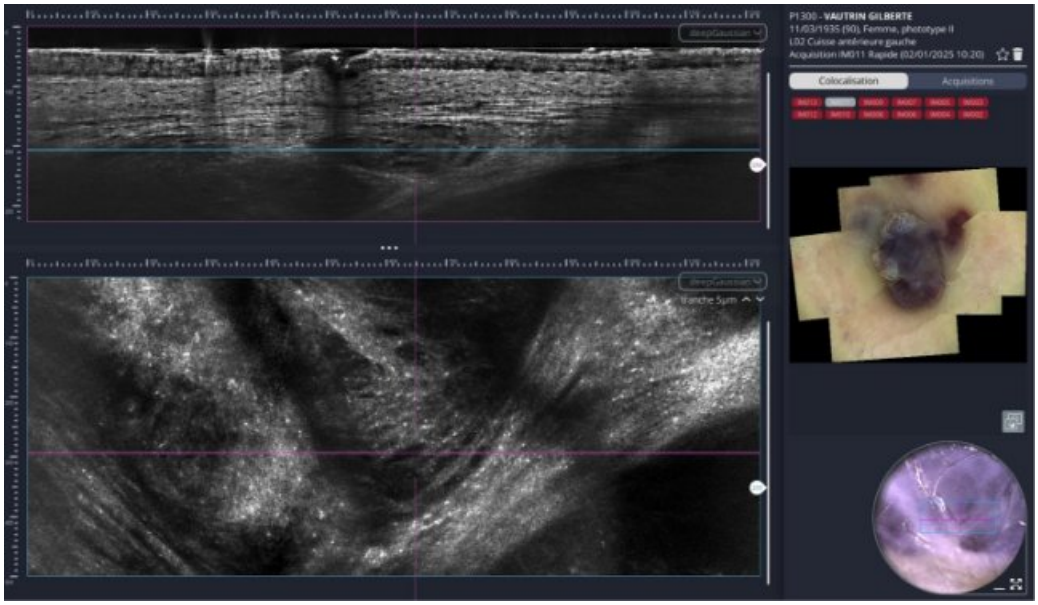

Figure 1 : LC-OCT co-localized with X20 dermoscopy, showing the fusiform cells, and allowing us to target the region of the biopsy.

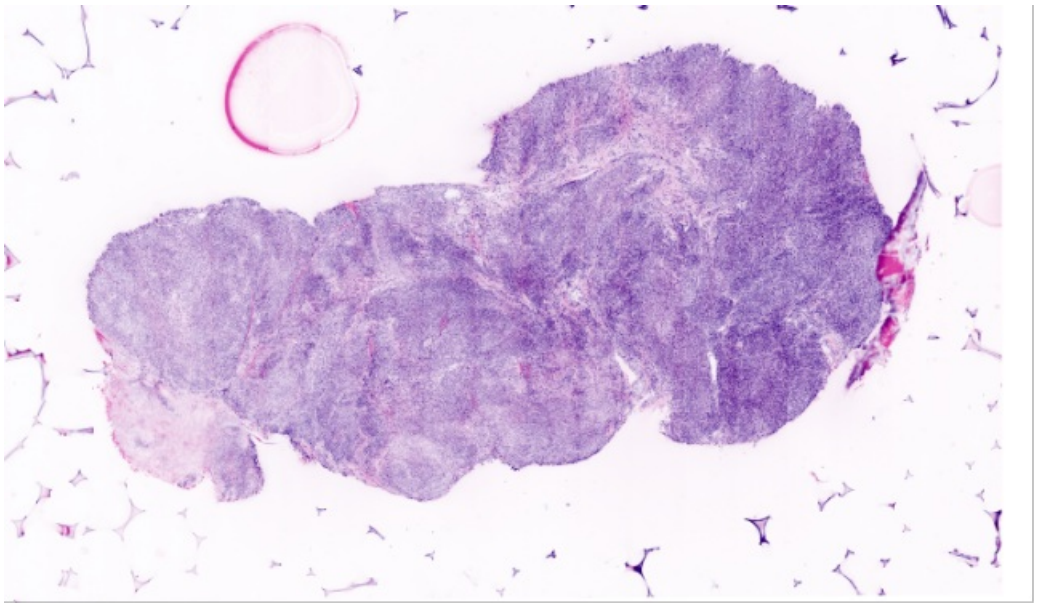

Figure 2 : Punch biopsy as observed in ex vivo confocal microscopy, showing the invasive aspect of the tumor made of mostly fusiform cells.

Abstract N°: 4649

Cutaneous Atypical Fibrous Histiocytoma Over a Tattoo: An Unusual Presentation of a Rare Tumor

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Introduction & Objectives:

Atypical fibrous histiocytoma is a rare cutaneous mesenchymal tumor considered part of the spectrum of low-grade superficial sarcomas. Although it generally behaves in a benign manner, it presents histological features that place it at the borderline between benign and malignant lesions. Its differential diagnosis includes other cutaneous spindle cell tumors, such as dermatofibrosarcoma protuberans, leiomyosarcoma, or tendon xanthoma. Definitive diagnosis depends on a combination of clinical, histological, and, in some cases, immunohistochemical findings. This case is particularly interesting due to its location in the malleolar region over a pre-existing tattoo, raising questions about the possible relationship between chronic trauma or exogenous pigment and tumor pathogenesis. The significance of this type of neoplasm lies in its potential for local recurrence and aggressive behavior

Materials & Methods:

We present a new case of atypical fibrous histiocytoma over a tattoo in a female patient.

Results:

A 32-year-old female patient with a medical history of depression treated with quetiapine and sertraline, with no history of cancer or immunosuppression. She presented to dermatology with a tumor on the posterior region of the right ankle, evolving over two years, showing slow growth and no accompanying symptoms. She reported the lesion had developed over a pre-existing tattoo. On physical examination, a dome-shaped nodular tumor was observed, with a smooth surface, well-defined borders, approximately 3 cm in diameter, firm to palpation, skin-colored with slight superficial hyperpigmentation and central vascularization. It was asymptomatic and located over a tattoo in the posterior right malleolar area. No regional lymphadenopathy was palpable

X-ray of the right ankle (frontal and lateral views): No evidence of bone involvement.

Ultrasound of skin and soft tissues: Oval-shaped lesion with regular borders and mixed content, measuring approximately 29 x 29 mm, associated with increased thickness and echogenicity of subcutaneous tissue.

Excisional biopsy: Skin and subcutaneous tissue showed a fibrohistiocytic-like proliferation with a storiform pattern and numerous giant cells with pleomorphic nuclei and xanthomatous cytoplasm, with hemosiderin pigment deposits.

Immunohistochemistry: Vimentin: positive, CD68: positive, Smooth muscle actin: focally positive, CD34: positive in vascular structure, Desmin: positive. **Histopathological diagnosis**: Atypical fibrous histiocytoma

The patient was referred to the Orthopedic Oncology Department for wide surgical excision with margins due to the possibility of local recurrence. She is currently under joint dermatological and orthopedic follow-up, with good progress and no recurrence.

Conclusion:

Atypical fibrous histiocytoma is a rare neoplasm with potential for local recurrence and, on rare occasions, aggressive behavior. Proper identification, especially in atypical locations such as tattooed areas, requires a rigorous clinical-pathological approach. This case highlights the importance of early diagnosis, complete excision, and prolonged follow-up.

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Abstract N°: 4669

CD4/CD8 Dual-Positive Unilesional Mycosis Fungoides: A Case Report

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Introduction & Objectives:

Mycosis fungoides is the most common cutaneous T-cell lymphoma, typically presenting in its early stages as erythematous patches or plaques, with epidermotropism as a hallmark histopathological feature. In recent years, numerous atypical variants of MF have been described, diverging from the classical presentation. These variants can mimic a wide range of benign inflammatory dermatoses, both clinically and histopathologically. One such variant is unilesional mycosis fungoides, characterized by a solitary lesion or contiguous area of involvement affecting less than 5% of the body surface area. Diagnosis is based on clinical presentation and histopathological findings. Typically, neoplastic T-cells in MF exhibit a CD3+/CD4+ phenotype with loss of CD7 and, less commonly, CD5. In a minority of cases, the atypical infiltrate may express CD8. The clinical course of unilesional MF is usually indolent, and the disease is considered a low-grade lymphoproliferative disorder. Treatments such as localized radiotherapy or surgical excision often result in long-term disease-free intervals and may be curative.

Results:

A 68-year-old male initially presented in 1998 with a single erythematous lesion on the medial aspect of the left thigh. A skin biopsy revealed histopathological features consistent with mycosis fungoides. The patient was treated with PUVA therapy and intermittent topical betamethasone for one year, achieving complete resolution.

Twenty-five years later, he returned with a new lesion reportedly identical in morphology and location to the previous one, with progressive growth over one year. He presented to our dermatology department in January 2024. On physical examination, a localized dermatosis was observed on the medial left thigh: an 18 × 15 cm erythematous plaque with central atrophy and two superficial ulcers with clean, erythematous bases and well-defined irregular borders. No regional lymphadenopathy was noted.

A fusiform incisional biopsy was performed. Histopathological analysis showed atypical lymphocytic infiltration with epidermotropism, confirming the diagnosis of MF. Immunohistochemical staining revealed: CD3+, 90%; CD4+, 70%; CD8+, 80%; CD7+, 30%; CD20–; and Ki-67+, 5%. The patient was referred to the Hematology Department for full staging work-up; however, he was subsequently lost to follow-up.

Conclusion:

This case is noteworthy because mycosis fungoides is one of the great mimickers in dermatology. Among its many clinical presentations, the unilesional form often appears benign, which may lead to misdiagnosis. In our patient the recurrence occurred 25 years later at the same site. Notably, immunohistochemistry revealed co-expression of CD4 and CD8 an uncommon finding. Although CD8+ variants of MF have been described, the limited data available in the literature prevent definitive conclusions regarding their behavior. Most CD8+ cases appear to resemble the classical CD4+ variants in clinical course. However, isolated case reports have described a more aggressive progression in some patients. The presence of ulceration in our patient raises concern for potential angiocentric or angiodestructive features, which may indicate a more advanced disease stage. Despite the generally favorable prognosis associated with unilesional MF, comprehensive staging and close clinical follow-up are critical to exclude extracutaneous involvement and to guide appropriate therapeutic decisions.

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Abstract N°: 4708

A Rare Case of Familial Classical Kaposi Sarcoma in Three Siblings Reported from Turkey

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Introduction & Objectives:

Kaposi sarcoma (KS) is a low-grade angioproliferative neoplasm associated with human herpesvirus 8 (HHV-8) and characterized by multifocal lesions. The majority of classical KS cases have been reported as sporadic, but familial clusters are rarely encountered. Here, we report the first documented Familial KS from Turkey, involving a 64-year-old male patient and his two siblings, with the aim of highlighting this rare clinical entity.

Materials & Methods:

The patient's medical history, clinical findings, histopathologic data, and treatment process were reviewed. A literature review on "Familial Kaposi's sarcoma" was performed to support the discussion.

Results:

A 64-year-old man presented with eruptive mucocutaneous lesions that had developed over a period of one month. Dermatologic examination revealed multiple blue-purple papulonodular lesions involving the retroauricular region, shoulders, extremities, hands, feet, hard palate, and penile shaft. Histopathologic examination revealed dermal proliferation of spindle-shaped cells forming slit-like vascular spaces, accompanied by extravasated erythrocytes and a sparse inflammatory infiltrate.** Immunohistochemical staining was positive for HHV-8 and CD31, confirming the diagnosis of KS. Interestingly, the patient's two siblings had also received this diagnosis previously. The first brother, now 62 years old, was diagnosed six years ago and had a single lesion on the lower extremity that regressed spontaneously within months without any treatment. The second brother, now 59 years old and diagnosed four years ago, initially presented with a single lesion on the heel that was surgically excised. Several lesions are currently being treated with cryotherapy. We referred our patient to a genetic counselor to identify possible predisposing HLAs associated with familial Kaposi sarcoma, but testing could not be performed due to our facility's limitations. Further investigation of our patient with thoracoabdominal imaging and gastrointestinal endoscopy revealed no evidence of visceral involvement. The patient received four cycles of chemotherapy with liposomal doxorubicin at an external center with significant improvement.

Conclusion:

Familial KS cases have a relatively benign course, generally do not show systemic involvement, respond well to treatment, and may even regress spontaneously. As in our case, most cases reported in the literature occur between siblings. Additionally, male siblings are more frequently affected, suggesting the possibility of a complex genetic transmission beyond Mendelian inheritance. This indicates that the disease may be associated not only with transmission but also with host genetic and immunologic factors. Familial KS cases have been reported mainly in Mediterranean countries such as Italy, Greece, and Israel. To the best of our knowledge, this is the first reported case of familial classical Kaposi sarcoma from Turkey, a country geographically adjacent to other Mediterranean nations.

Abstract N°: 4717

Management of Challenging Tumors in a Patient Diagnosed with Oculocutaneous Albinism IB

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Introduction & Objectives:

Oculocutaneous albinism (OCA) is an autosomal recessive disorder characterized by alterations in melanin synthesis affecting the skin, its appendages, and eyes. Consequently, it represents a significant risk factor for developing skin cancer, with a prevalence of malignant or premalignant lesions of 43%, primarily associated with squamous cell carcinoma, followed by basal cell carcinoma. In recent years, immunotherapy was approved in 2021 for the treatment of non-melanoma skin cancer (NMSC) with high tumor burden, which are locally advanced or inoperable, with a good response. However, there is limited evidence in patients with OCA with NMSC and the complementary use of pembrolizumab (PD-1 inhibitor) and cryosurgery. In addition to this, literature mentions the synergistic effect of cryosurgery and immune checkpoint inhibitors by inducing an immune-specific reaction, and the synergy of immunotherapy by allowing T cell activation, but it's been only reported in melanoma, lung cancer, and hepatic metastasis.

Materials & Methods:

A 38-year-old male patient diagnosed with OCA IB and multiple basal cell and squamous cell carcinomas with histopathological confirmation, some of them with active bleeding and severe associated pain, requiring blood transfusion due to severe anemia secondary to bleeding. In a multidisciplinary tumor board considering locally advanced and inoperable tumors was decided to initiate pharmacological management with immunotherapy (pembrolizumab) and complementary cryosurgery

Results:

After thirteen cryosurgery sessions and nine systemic applications of immunotherapy, the patient showed subjective and objective improvement in size, bleeding, and symptoms such as pain reported by the patient, with a partial response of 90%.

Conclusion:

It is important to have a multidimensional interdisciplinary assessment in patients with OCA, involving genetics, ophthalmology, internal medicine, and dermatology, to achieve an ideal and comprehensive approach, along with histopathological confirmation of lesions before making treatment decisions. This is the first case report of a patient with OCA IB with multiple synchronous NMSC (basal cell carcinomas and squamous cell carcinomas) who received treatment with pembrolizumab and complementary cryosurgery. While there are no publications on this in the literature review, there are reports of the synergistic effect of immunotherapy and cryosurgery in melanoma, which opens possibilities for complementary therapies in our patient.

Abstract N°: 4741

PRAME Expression In Cutaneous Melanomas: A Dermoscopic And Histological Retrospective Study

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Introduction & Objectives:

Cutaneous melanoma, despite advances in histopathology and dermoscopy, remains challenging to diagnose. Preferentially Expressed Antigen in Melanoma (PRAME) is a promising immunohistochemical marker for distinguishing benign from malignant melanocytic lesions, but its accuracy remains unclear. This study aims to evaluate PRAME expression in melanomas and its association with histological, immunohistochemical, and dermoscopic features.

Materials & Methods:

A retrospective analysis of a sample of cutaneous melanomas diagnosed at the Dermatology and Pathology Department of Verona University Hospital was conducted. Cases were evaluated for dermoscopic, histological and immunohistochemical expression. A logistic regression analysis was performed to identify associations between PRAME expression and dermoscopic or histopathologic parameters, including inflammation, tumor-infiltrating lymphocytes (TIL), irregular globules/dots, and blue-whitish veil.

Results:

The sample included 81 cutaneous melanomas . Forty-nine (60.5%) patients were male and the median age was 64 (53,75) years. PRAME positivity was observed in 53 cases (65.4%), with 44 (83%) showing expression in >50% of tumor cells. Significant associations were found between PRAME expression and dermoscopic features such as irregular globules/dots (OR 4.0) and blue-whitish veil (OR 3.19). In contrast, inflammation and TIL demonstrated a non-significant inverse association with PRAME positivity.

Conclusion:

PRAME is a useful ancillary immunohistochemical marker and its positivity is a good clue of melanoma, but its negativity or a weak positivity, in the adequate clinic-histological context, do not exclude the diagnosis of melanoma. For that reason, the accuracy of PRAME must be cleared and, with our study, we suggested that some features might be predictive of a PRAME positivity or negativity. Larger-scale studies are required to validate these findings and refine PRAME's role in melanoma diagnostics.

This is an encore.

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Abstract N°: 4831

Massive metastatic pleomorphic dermal sarcoma

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Introduction & Objectives:

Pleomorphic dermal sarcomas (PDS) are aggressive dermal malignant mesenchymal tumors that predominantly affect the UV-exposed skin of elderly men, particularly in the head and neck regions. PDS is marked by aggressive histological features, including tumor necrosis, deeper tissue invasion, and vascular or perineural infiltration, all of which contribute to its higher recurrence and metastasis potential.

Materials & Methods:

Results:

An 82-year-old man presented to our clinic with an enlarging, asymptomatic nodule on the left side of his neck, which had been developing over the past 15 days. His medical records were remarkable for arterial hypertension and bladder polyps. He had a history of sun exposure, but dermatological history negative for skin cancers. On physical examination, an exophytic, ulcerated nodule measuring 3x2.5 cm was observed. An incisional skin biopsy revealed atypical spindle cell proliferation into the dermis with numerous atypical mitotic figures and multinucleated giant cells. Perineural invasion was identified, but there was no evidence of lymphovascular invasion or necrosis. Immunohistochemical stains showed the tumor cells to be diffusely and strongly positive for CD10 and CD68 but negative for AE1/3, p63, CD34, Melan-A, and SOX-10. The tumor cells were positive for CD10 and CD163 and negative for S100, Melan-A, MNF116, tumor into dermis and subcutaneous fat composed of small clusters of atypical plump epithelioid and spindle cells with large pleomorphic nuclei. Brisk mitoses (.20/mm2) were present, including atypical forms. Both histological and immunohistochemical findings confirmed the diagnosis of pleomorphic dermal sarcoma (PDS).

Figure

Given the rapid growth of the lesion and the histological diagnosis, a staging CT scan was performed. The imaging revealed invasion of the left trapezius muscle and liquefied lymphadenopathy in the right upper mediastinum, adjacent to the superior vena cava. Additionally, multiple multilobulated nodules in both lungs were revealed, ranging in size from 4-5 mm, with the largest nodule measuring 28 × 13 mm in the left upper lobe. A subcutaneous mass measuring 18 mm was also noted in the right anterior thoracic region
. FDG-PET demonstrated increased uptake in the neck lesion, pulmonary parenchyma, mediastinal lymph nodes, adenopathies in the iliac fossa, and a neoplasm extending from the left kidney to the ipsilateral iliac crest. The findings on both CT and PET scans were highly suggestive of metastatic involvement. After discussing the case with a multidisciplinary team, the decision was made to initiate local radiotherapy combined with the tyrosine kinase inhibitor (TKI), pazopanib. Due to the extensive tumor invasion of fascio-muscular structures, radical excision was not considered, despite being the preferred treatment option for this type of neoplasm. Considering the significant deterioration in the patient's overall condition, palliative care was initiated three months after the diagnosis. The patient passed away 8 months following the diagnosis.

Conclusion:

Our report highlights the significant risk of metastatic spread in PDS, emphasizing the importance of early detection and accurate diagnosis. Moreover, it underscores the necessity for a comprehensive diagnostic and therapeutic approach to improve patient outcomes and ensure efficient management of this rare but aggressive malignancy.

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Abstract N°: 4867

Cutaneous Manifestations of Progressive Chronic Lymphocytic Leukemia in Intersection with Borderline Tuberculoid Leprosy Infection: Case Report

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Introduction & Objectives:

Chronic lymphocytic leukemia (CLL) is a B-cell neoplasm associated with significant immune dysregulation, increasing susceptibility to uncommon infections. Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*, rarely reported in immunocompromised hosts. Cutaneous lesions in CLL may reflect leukemic infiltration, infectious processes, or drug-related reactions, particularly with agents such as Bruton's tyrosine kinase inhibitors (BTKis).

The objective of this study is to describe a case of cutaneous infiltration by chronic lymphocytic leukemia in a plaque of borderline tuberculoid leprosy and to explore the therapeutic decisions and implications resulting from the use of immunosuppressive treatment in this patient.

Materials & Methods:

We describe the case of a 52-year-old woman with stage IV CLL who initially presented with erythematous, indurated, anesthetic plaques. Histopathology confirmed cutaneous CLL infiltration. After receiving RFC chemotherapy, the patient developed new lesions; biopsy revealed granulomatous inflammation and acid-fast bacilli, consistent with borderline tuberculoid leprosy. She was treated with multidrug therapy, with clinical improvement. Disease progression later required acalabrutinib, which was followed by purpuric and violaceous plaques. Histological evaluation showed capillaritis without vasculitis, and Richter transformation was ruled out. Targeted therapy was reintroduced.

Results:

This case highlights the rare co-occurrence of cutaneous CLL infiltration and *M. leprae* infection, illustrating how profound and prolonged immunosuppression can predispose to atypical infections. The overlapping clinical and histological findings required careful evaluation to differentiate between neoplastic, infectious, and drug-related etiologies. BTKis may contribute to cutaneous immune modulation, underscoring the importance of close dermatologic monitoring during treatment.

Conclusion:

The administration of intensive chemotherapy regimens with multiple cytotoxic agents may predispose to rare complications related to immunosuppression. Active surveillance of atypical manifestations, particularly neuropathies and cutaneous lesions, may reveal rare conditions such as Hansen's disease. A multidisciplinary approach to these patients with complex conditions is important to consider alternative therapeutic regimens that, although not exempt from risks, may offer a more favorable safety profile regarding susceptibility to coinfections such as leprosy.

Abstract N°: 4874

Cutaneous metastases: a retrospective study in a university tertiary healthcare center between 2004 and 2024

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Introduction & Objectives:

Cutaneous metastases account for only 2% of skin cancers (1,2), and their incidence is increasing. Occasionally, they may present as the first clinical manifestation of a malignant neoplasm or its recurrence (1,2,3), and their detection can influence its staging, with therapeutic and prognostic implications. Among the most common primary tumors are melanoma, breast, lung, colon, and kidney (3,4,5).

To describe the cutaneous metastases diagnosed at a university-based tertiary health center over the last 20 years and to identify the most common primary cancers, the location of the metastases, and their clinical characteristics.

Materials & Methods:

A descriptive, observational, cross-sectional, and retrospective study was conducted. Biopsy reports with a diagnosis of cutaneous metastases were collected from a pathology department at a tertiary university health center between 2004 and 2024. Data extracted included age, sex, primary tumor type, anatomical location of cutaneous metastases, and time between diagnosis of the primary tumor and the diagnosis of the respective cutaneous metastasis. Statistical analysis was performed using SPSS version 30.0.

Results:

One hundred seventy-three biopsy reports corresponding to cutaneous metastases were collected from 146 patients, 59% women and 41% men, with a mean age of 63 years (9–94 years). The most common primary tumors were melanoma (25.5%), breast (24.9%), kidney (8.7%), lung (7.5%), colorectal (6.4%), and myeloproliferative neoplasms (5.8%). According to the location of the metastases, head and neck (26.6%) and thorax (26.6%) were the most frequent anatomical sites, followed by lower extremities (11.6%), abdomen (10.4%), upper extremities (8.7%), and genitals (2.9%). Regarding the most frequent primary tumors, 44 biopsies (25.5%) corresponded to 28 patients with melanoma, with a mean age of 62 years, mostly men (64.3%), and 43 biopsies (24.9%) corresponded to 38 patients with breast cancer, with a mean age of 62 years (34-94), mostly women (97.7%).

Conclusion:

Cutaneous metastases are a rare but clinically relevant manifestation of tumor dissemination. In this 20-year retrospective series, melanoma and breast cancer were identified as the most prevalent primary tumors, demonstrating a predominant anatomical distribution on the trunk and slight variability in sex and age according to histological type. These findings are consistent with the international literature, although they provide updated data on local caseloads, underscoring the importance of maintaining systematic epidemiological records to allow for the timely characterization of these lesions. Accurate identification of cutaneous metastases, their correlation with the primary tumor, and their clinical characteristics are essential for a multidisciplinary therapeutic approach and to optimize decision-making for cancer patients.

Abstract N°: 4894

Use of A RAG-Enabled LLM to Build a Risk Stratification System for Cutaneous Squamous Cell Carcinoma

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Introduction & Objectives:

There exists significant heterogeneity in outcomes within T stages for patients with cutaneous squamous cell carcinoma (cSCC). To determine whether a customized Generative Pre-trained Transformer 4 (GPT-4) model, trained on a comprehensive dataset with over 1 trillion parameters and equipped with relevant focused context and retrieval augmented generation (RAG), could excel in aggregating and interpreting vast quantities of data to develop a novel class-based risk stratification system that outperforms the current standards.

Materials & Methods:

To build the RAG knowledge base, we conducted a systematic review of the literature addressing risk factors for poor outcomes in cSCC. Using the RAG-enabled GPT model, we developed a novel class-based risk stratification system, which assigns point values for risk factors, culminating in a GPT-based prognostication system, named AIRIS (AI-derived Risk Score). The system's performance was validated on a combined prospective and retrospective cohort of 2379 primary cSCC tumors (1996-2023) with at least 36 months follow up, against Brigham and Women's Hospital (BWH) and American Joint Committee on Cancer 8 (AJCC8) systems in stratifying risk for locoregional recurrence (LR), nodal metastasis (NM), distant metastasis (DM), and disease-specific death (DSD).

Results:

Performance metrics evaluated included distinctiveness, homogeneity, and monotonicity, as defined by the AJCC, as well as sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), accuracy, the area under the receiver operating characteristic curve (AUC) and concordance. The AIRIS prognostication system demonstrated superior sensitivity across all outcomes (LR 49.1%, NM 73.7%, DM 82.5%, and DSD 72.2%) and the highest AUC values (LR 0.69, NM 0.81, DM 0.85, DSD 0.80), indicating significantly enhanced discriminative capability compared to the BWH and AJCC8 systems. While all systems were comparably distinctive, the AIRIS prognostication system consistently demonstrated the lowest proportion of tumors exhibiting poor outcomes in low-risk categories, confirming its improved homogeneity and monotonicity.

Conclusion:

The AIRIS system outperforms the existing BWH and AJCC8 prognostication systems, providing a more effective tool for predicting poor outcomes in cSCC. This study illustrates the potential of large language models in refining prognostic tools, offering important implications for oncologic patient management.

Abstract N°: 4967

Squamous Cell Carcinoma Mimicking Pyogenic Granuloma in the Periungual Region: A Case Report

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Introduction & Objectives:

The nail unit's squamous cell carcinoma (SCC) is an uncommon, slow-growing malignancy and is considered the most frequently occurring malignant tumor in this anatomical region. Due to its insidious growth pattern and its ability to resemble benign conditions, such as pyogenic granuloma (PG), diagnosis is often delayed. This report aims to present a case of SCC that initially mimicked a PG in the lateral nail fold of the right second finger.

Materials & Methods:

We present a case of SCC located in the lateral nail fold of the right second finger, initially diagnosed as PG based on clinical presentation.**

Results:

A 64-year-old male patient presented to our clinic with a complaint of a non-healing wound in the periungual region of the right second finger, which developed following trauma, exhibited a tendency for frequent bleeding, and had persisted for two years. The patient had no history of verruca, skin cancer, or immunosuppression. On examination at our clinic, mild erythema, inflammation, and prominent granulation tissue were observed in the periungual region of the right second finger. The clinical findings were most consistent with a preliminary diagnosis of PG.

Direct radiographs revealed no pathological findings. Dermoscopic evaluation showed erosion, yellow-hemorrhagic crusts, polymorphic vessels, and ulceration. A 4 mm punch biopsy was performed to rule out other differential diagnoses, including amelonocytic melanoma, PG, SCC and verruca. The biopsy result revealed moderately differentiated SCC. Histopathological examination confirmed the diagnosis of SCC. Axillary ultrasonography did not show any pathological lymph nodes. Given the findings, the patient underwent a total distal phalanx amputation performed by plastic and reconstructive surgery.

Conclusion:

The first documented case of SCC of the nail complex was reported by Velpeau in 1850. Despite its rarity, SCC of the nail unit remains the most common malignant tumor in this region. Predisposing factors for digital SCC include trauma, human papillomavirus (HPV) infection, chronic inflammation, smoking, exposure to chemical carcinogens, arsenic, radiation, and immunosuppression. Tumors in the nail unit typically grow slowly and are often located in the lateral nail grooves or folds.

SCC in the lateral nail fold can present with various clinical appearances, most frequently as an ulcerative lesion with a verrucous plaque or crusting accompanied by scaling or erosion. Less commonly, SCC may resemble benign lesions, such as PG, leading to misdiagnosis and delayed treatment. Hence, it is crucial not to overlook malignant lesions even when benign diagnoses such as PG or verruca are suspected, and a biopsy should always be performed.

Bone invasion has been reported in 18-60% of SCC cases in the nail unit. Treatment for SCC in this region typically

involves Mohs surgery or distal amputation. As Mohs surgery could not be performed in our clinic and the lesion had persisted for a prolonged period, distal amputation was carried out.

In conclusion, SCC should be included in the differential diagnosis of non-healing lesions in the periungual area, and early diagnosis and treatment are essential for a favorable outcome.

Abstract N°: 5007

Rapidly Evolving Undifferentiated Pleomorphic Sarcoma: Fatal Outcome of a Malignant Skin Tumor in the Elderly.

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Introduction & Objectives:

Undifferentiated pleomorphic sarcoma (RLS), formerly called *malignant fibrous histiocytoma*, represents a rare soft tissue malignancy characterized by an undifferentiated phenotype and aggressive clinical behavior. It occurs predominantly in older adults, most often in the extremities. Its histogenetic origin remains uncertain, and the diagnosis is established by exclusion, by histological and immunohistochemical study. Although surgical treatment is usually curative in localized stages, in advanced cases it can present rapid progression, systemic compromise and fatal outcome. We present a clinical case with accelerated evolution, which highlights the need for an early and interdisciplinary approach in this type of tumors.

Materials & Methods:

We present the case of a 70-year-old male patient, with a pathological history of type 2 diabetes and severe smoking, consulted for dermatosis of 6 months of localized evolution in the right leg. He reported progressive growth, spontaneous active bleeding, weight loss, and deterioration of general condition.

Histopathological Diagnosis:** Undifferentiated pleomorphic sarcoma. FNCLCC Graduation: Grade 3.

The patient was hospitalized with interdisciplinary management with medical clinic, plastic surgery, traumatology, infectious diseases and vascular surgery. Due to rapid progression and systemic involvement, urgent supracondylar amputation is indicated. The patient presented a torpid evolution, with progressive clinical deterioration, and died days after the surgical procedure.

Results:

Undifferentiated pleomorphic sarcoma is a rare malignant soft tissue tumor, which represents a diagnosis of exclusion in the face of pleomorphic mesenchymal neoplasms without specific differentiation. It mainly affects older adults and is usually located in the extremities, with aggressive clinical behavior and metastatic potential in up to 20% of cases.

Histologically, it is characterized by high cellularity, pleomorphism, atypical mitosis and occasional presence of giant cells. Vimentin positivity and negativity of other markers allow it to be differentiated from other sarcomas or carcinomas.

The treatment of choice is surgical resection with wide margins. However, in advanced cases or with severe systemic deterioration, as in this patient, the options are limited to radical measures such as amputation.

This case highlights the importance of early diagnosis and an interdisciplinary approach to improve the prognosis in this type of aggressive and rare neoplasms.

Conclusion:

Undifferentiated pleomorphic sarcoma is a rare but potentially lethal skin neoplasm. Early diagnosis is essential given the possibility of aggressive progression and systemic involvement. This case highlights the need for an urgent multidisciplinary approach, especially in patients with comorbidities, and underscores the importance of including RLS in the differential diagnosis of rapidly evolving exophytic tumors in older adults.

Abstract N°: 5013

The unpredictable nature of proliferating trichilemmal tumors : Benign or malignant ?

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Introduction & Objectives:

Proliferating trichilemmal tumor (PTT) is an uncommon adnexal tumor arising from the isthmic portion of the external epithelial sheath of the hair follicle. Based on histological criteria, these tumors have been classified into three groups: benign, locally aggressive, and malignant. However, the histological appearance of PTTs does not always correlate with their clinical behavior. Indeed, marked cellular atypia associated with high mitotic activity can be observed in benign PTTs, and conversely, cases of histologically quiescent PTTs have had a fatal evolution. Accurate predictions about the clinical course of these tumors and therapeutic guidelines with a high level of evidence could not be established since PTTs are seen very rarely. Through this study of 12 scalp located PTTs and a review of the literature, we discuss the clinical, dermoscopic, histological and prognostic profile of this entity.

Materials & Methods:

We retrospectively analyzed 12 cases of proliferating trichilemmal tumors located on the scalp, diagnosed between 2022-2024. Clinical data, dermoscopic features, histological findings, and follow-up outcomes were collected and reviewed. A comprehensive literature review was also conducted using PubMed, Scopus, and Google Scholar to compare our findings with previously reported data and to better understand the clinical and prognostic spectrum of this entity.

Results:

Our 12 patients, 10 women and 2 men, had a mean age of 58 years (48-71 years), 6 of whom had multiple associated trichilemmal cysts on the scalp. The tumor evolution was long in all patients, averaging 9 years (2-30 years). All our patients reported pain and recent, rapid increase in size, which occurred after trauma in 3 cases. Tumor size ranged from 2 to 10 cm. The surface was ulcerated in 9 cases. The main dermoscopic findings were bright whitish structures, homogeneous blue areas, hairpin, irregular linear, arborescent vessels, and multiple shades of yellow coloration in the background. No regional or distant metastases were found. All our patients underwent surgical excision with verification of margins. We classified all our tumours as group 2, given the constant presence of cytonuclear atypia, multiple mitosis patterns and the absence of stromal invasion on histology.

Conclusion:

Unfortunately, there are as yet no immunohistochemical or molecular biological criteria for distinguishing benign from malignant forms. It is therefore preferable to consider all PTTs as tumors with indeterminate evolutionary behavior and at risk of malignancy. Treatment is surgical excision with a 1-cm margin. Radiotherapy and chemotherapy have been used as adjuvant therapy in aggressive cases. Recurrence is frequent despite adequate resection, therefore, long-term follow-up is essential.

Abstract N°: 5064

Efficacy and Safety of Imiquimod 5% for Lentigo Maligna of the Head, Neck & Face: A Systematic Review and Meta-analysis

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Introduction & Objectives: Lentigo maligna (LM), a melanoma in situ subtype, typically develops on chronically sun-exposed skin. While surgical excision remains the first-line treatment, it poses significant challenges for head and neck lesions due to cosmetic and healing concerns. With the rising incidence of LM in older populations, exploring effective non-surgical alternatives like imiquimod 5% is imperative. We aim to conduct a systematic review and meta-analysis to assess the efficacy and safety of topical imiquimod 5% for the treatment of LM of the head, neck, and face.

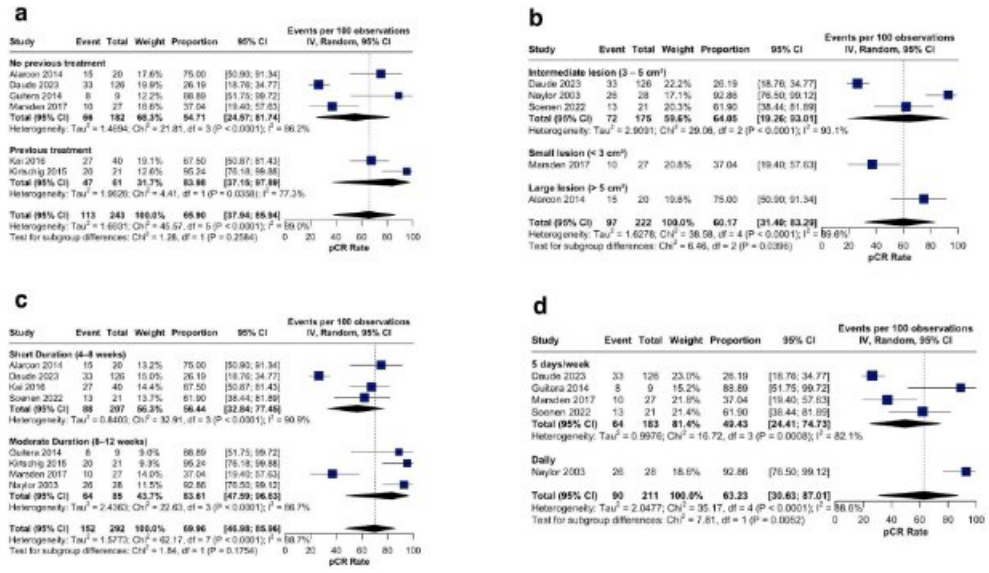
Materials & Methods: This study was registered in PROSPERO (CRD42024626150), conducted according to the Cochrane Handbook, and reported in adherence to the PRISMA guidelines. We searched PubMed, Embase, and Cochrane databases and our analysis incorporated data from 11 studies (n=507) to assess the pathological and clinical complete clearance rates (pCR, cCR), reflectance confocal microscopy CR (rcmCR) assessment, recurrence rates, partial response, and local reaction associated with imiquimod 5% for LM of the head and neck. Statistical analyses were performed using RStudio. A DerSimonian-Laird random-effects model was used. Heterogeneity was assessed using I2 statistics.

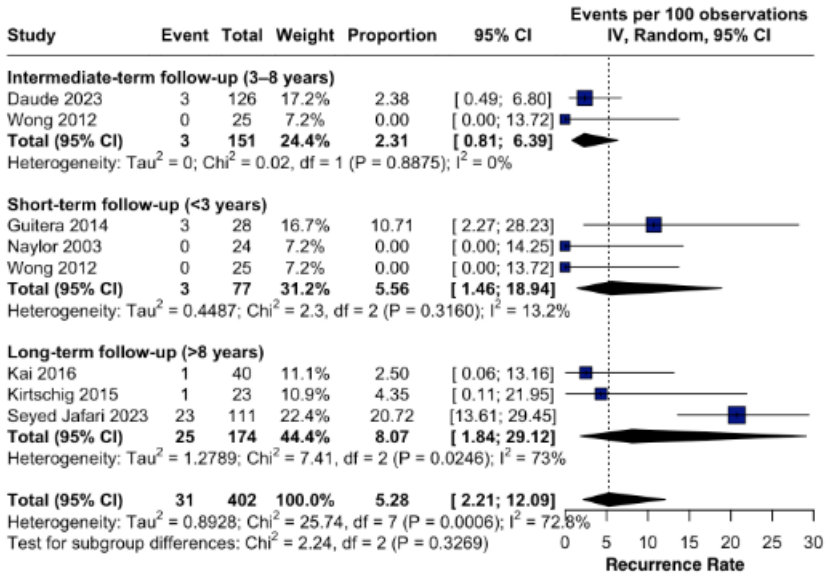
Results: Among 507 patients, pooled analysis revealed a pCR of 69.96% (95% CI, 46.98%-85.96%), cCR of 75.88% (95% CI, 57.28%-88.07%), and rcmCR of 62.72% (95% CI, 49.89%-75.55%). Partial response was observed in 38.24% of cases (95% CI, 18.82%-57.66%). Subgroup analyses indicated significantly higher pCR rates with daily application compared to 5-day-per-week regimens, and in larger lesions (>5 cm^2). Recurrence rate was 5.68% (95% CI, 2.29%-13.41%), with no significant difference based on follow-up duration. Adverse events occurred in 75% of patients (95% CI, 53%-88.7%), predominantly local skin reactions such as erythema and crusting.

Conclusion: Imiquimod 5% demonstrates promising efficacy and safety for LM treatment, offering a non-surgical alternative suitable for head and neck lesions. With outcomes comparable to surgical excision and fewer cosmetic concerns, imiquimod 5% merits further validation in larger studies and consideration for inclusion in clinical

guidelines.

Study	Type of study	No. of patients, n	Male, n (%)	Age (years), mean, range	Area of LM (cm^2), mean	Affected sites	Follow-up (months)	Treatment regimen	Previous treatment
Soenen 2022	RCT	21	8 (38.1)	68.7 11.9[‡]	3.37	Face Ear	1	5 days/week 4 weeks	N/A
Marsden 2017	Single-arm trial	33	N/A	72[*] 65-79	1.54	Head or neck	3	5 days/week 12 weeks	No
Daude 2023	RCT	126	57 (82.6)	70.58 9.86[‡]	4.16	Face Head and neck	36	5 days/week 6 weeks	No
Naylor 2003	Single-arm trial	30	25 (83.33)	67.5 42-91	4	Head	12	Daily 12 weeks	N/A
Kai 2016	Prospective study	40	N/A	N/A	N/A	Face	60	3 days/week, or 5 days/week 4 or 8 weeks	Cryotherapy, radiotherapy or surgical excision
Alarcon 2014	Prospective study	20	6 (30)	76.5[*] 33-90	6.19 5.52[‡]	Face	34[§]	Daily, 3 days/week, or 5 days/week 8 weeks	No
Seyed Jafari 2023	Retrospective study	111	43 (38.7)	72[*] 38-93	2.87 1.7[‡]	Face	96[*]	Twice daily 4.1 weeks	N/A
Papanikolaou 2019	Retrospective study	33	11 (33.33)	70 50-93	3.46	Head and neck	49.2	5 days/week, or twice daily 6 weeks	N/A
Guitera 2014	Retrospective study	39	N/A	N/A	N/A	Head	12	5 days/week 12 weeks	No
Wong 2012	Retrospective and prospective chart analysis	27	10 (37.03)	72.4 42-87	6.69	Head and neck	40.8	3 days/week 17.68 weeks	No, surgical excision with/without CO2 laser
Kirtschig 2015	Prospective study	27	6 (22.22)	71	N/A	Face	39[§]	Daily, thricely, or 3 days/week 12 weeks	Cryotherapy or surgical excision





EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 5087

Comparison of clinical and histopathological features and prognosis between sporadic and genetically enriched melanoma. A single center experience.

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Introduction & Objectives: Familial, early onset and multiple primary melanomas have been studied as distinct entities and compared with sporadic melanoma in terms of epidemiological, clinical and histopathological features. Patients with genetically enriched (GE) melanoma consisting of familial melanoma (FM), early onset (EO) or multiple primary melanomas (MPM) constitute a special population, with distinct characteristics.

The aim of this study is** to evaluate eventual differences in clinical and histopathological characteristics and survival outcomes between subjects with GE and sporadic melanoma and to explore possible features with prognostic role.

Materials & Methods: Clinical, histopathological, demographic and survival data of patients treated between 1980 and 2024 in a single melanoma center, were evaluated retrospectively. Clinicopathological characteristics of two distinct cohorts, GE melanomas and sporadic melanomas, were summarized using descriptive statistics and compared via chi-square test. Disease-free survival (DFS) rates were obtained via Kaplan–Meier analyses and compared between cohorts with the log-rank test. Univariate Cox regression models were applied to evaluate the effect of parameters of interest on DFS. Statistical significance was set at a two-sided p of 0.050.

Results: A total of 1874 patients, 796 with GE and 1078 with sporadic melanoma were included. Median age was 35 (17-40), 54.5 (22-88), 47.5 (17-83) and 57 (41-87) years for EO, MPM, FM and sporadic melanoma, respectively. The majority of patients in both cohorts had superficial spreading melanoma, were females and had Breslow thickness <1 mm. GE cohort was significantly related with female gender (p =0.024). There was also a significant difference in the distribution of histological types between the two study cohorts with sporadic cohort being positively associated with acral lentiginous and lentigo maligna melanoma (3.5% vs.1.1% and 5.2% vs. 1.4%, respectively) and negatively with in situ melanoma (15.2% vs. 20.2%) compared to GE cohort (p <0.001). Clinicopathological characteristics and their comparisons between the two cohorts are shown in ***Table 1***. Follow-up data was available for 1680 patients, 706 (88.7%) GE and 974 (90.4%) sporadic with a median follow-up time of 8 years (0.5-41). A total of 183 patients, 77 GE and 106 sporadic, experienced disease recurrence at the time of analysis. Median DFS has not been reached in both cohorts, while no statistically significant difference was observed between the two study groups in terms of disease free survival (DFS) (p =0.23), (***Figure 1***). 5-year DFS rate was 90% (95% CI 87.5-92.5) and 94.5% (95% CI 93-95.9) in the GE and sporadic group, respectively, while the 10 and 15-year DFS rates were similar between the two groups. In the GE cohort, age and gender were statistically significant impact factors for DFS (p =0.002) with male patients presenting a significantly higher risk of disease recurrence compared to females (***Figure 2***). Older age was significantly associated with higher risk of recurrence in both cohorts with each additional year of age increasing the risk of recurrence by 2% and 3% in the GE and sporadic group, respectively (p =0.003 and 0.004).

Conclusion: Evaluation of the distinct characteristics of GE melanoma in large scale studies is needed to establish possible correlations with prognostic factors. This study also highlights the importance of long-term followup.

Table 1. Comparison of clinicopathological characteristics between the two study groups.

Parameter	Genetically enriched (N=796)	Sporadic (N=1078)	p-value
	N(%)	N(%)	
Histological type *(N=1811)*			***<0.001***
ALM	8(1.1)	37(3.5)	
IN SITU	153(20.2)	160(15.2)	
LMM	11(1.4)	55(5.2)	
NM	84(11.1)	100(9.5)	
OTHER	20(2.6)	23(2.2)	
SSM	483(63.6)	677(64.4)	
Sex *(N=1874)*			***0.024***
Female	452(56.8)	554(51.4)	
Male	344(43.2)	524(48.6)	
Breslow *(N=1484)*			0.41
<1 mm	316(52.5)	457(51.8)	
1-2 mm	146(24.3)	244(27.7)	
2-4 mm	98(16.3)	125(14.2)	
>4 mm	42(7.0)	56(6.3)	
Locoregional recurrence *(N=183)*			0.30
Yes	26(33.8)	45(42.5)	
No	51(66.2)	61(57.5)	
Distant recurrence *(N=183)*			0.051
Yes	56(72.7)	61(57.5)	
No	21(27.3)	45(42.5)	

ALM : *acral lentiginous melanoma,* ***LMM :*** *lentigo maligna melanoma,* ***NM :*** *nodular melanoma,* ***SSM :*** superficial spreading melanoma

Figure 1. Kaplan-Meier curves for DFS by study group.

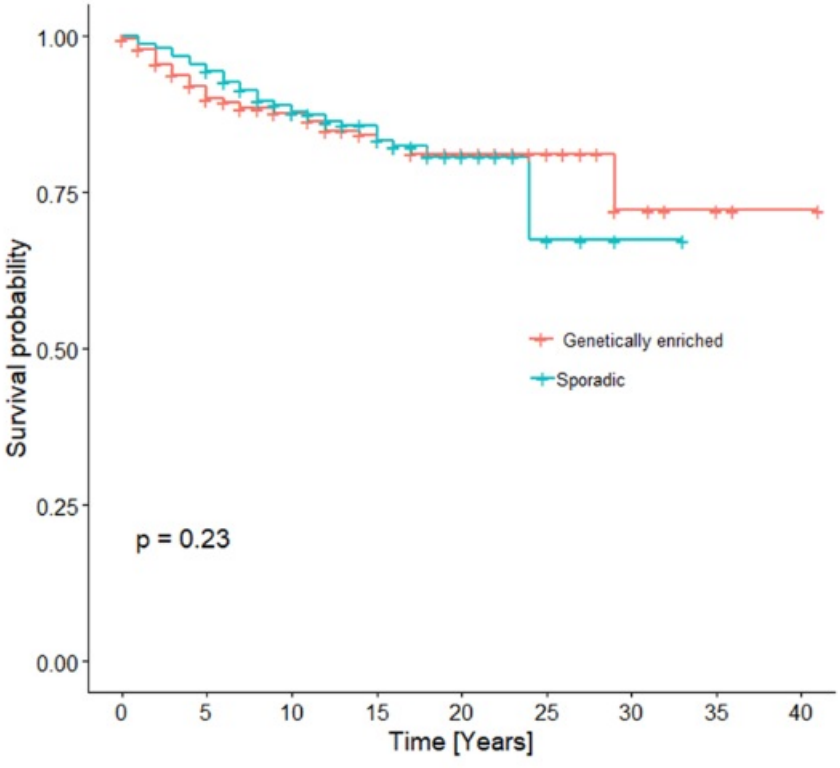
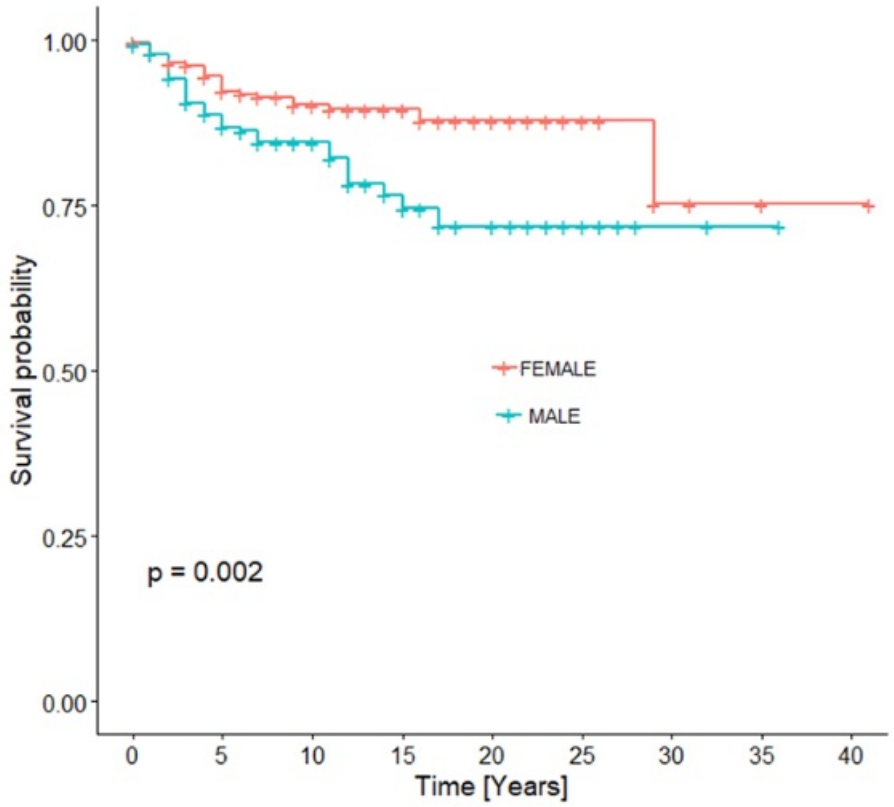


Figure 2. Kaplan-Meier curves for DFS by sex in the genetically enriched subgroup.



EA DV CONGRESS
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Abstract N°: 5173

Primary Cutaneous Mucinous Carcinoma Mimicking Advanced Merkel Cell Carcinoma

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Introduction: Primary cutaneous mucinous carcinoma (PCMC) is a rare neoplasm of the cutaneous appendages, characterized by its slow growth and low metastatic potential.

Materials & Methods: We present a 65-year-old woman who initially presented with a pink nodule without epidermal changes in the right parieto-occipital region. Over the course of six months, similar nodules appeared progressively, along with an indurated right cervical lymphadenopathy.

Results: The skin biopsy revealed a high-grade neuroendocrine carcinoma (synaptophysin+, chromogranin+, CK7+, CK20-, CD56-, TTF-1-), consistent with the fine needle aspiration (FNA) study of the cervical lymphadenopathy. A PET-CT scan excluded a primary tumor of another origin, confirming the diagnosis of primary cutaneous Merkel cell carcinoma, CK20-, stage IIIC (T4N3M0). A multidisciplinary team decided to proceed with radical loco-regional radiotherapy. The patient showed an almost complete progressive response throughout the year of follow-up, at which point resection of the residual primary tumor lesion was decided. Histological examination of the excised specimen revealed extensive dermal and subcutaneous tissue infiltration by nests of epithelial cells floating in mucin lakes, with immunohistochemistry positive for CK7, synaptophysin, chromogranin, GATA3, estrogen receptors, and progesterone receptors, which changed the diagnosis of the primary tumor to advanced locoregional primary cutaneous mucinous carcinoma, after ruling out another potential primary origin such as breast cancer. A new multidisciplinary team decision led to the request for a PET with Ga68-DOTATOC, revealing occipital and right laterocervical lymphadenopathies with somatostatin receptor overexpression. Surgical margin enlargement and excision of the positive lymph nodes, with the laterocervical node removed using the ROLL technique, were performed. Currently, three months after the last surgical intervention, the patient is disease-free and shows no clinical or radiological signs of locoregional recurrence.

Conclusion: PCMC is an extremely rare entity, as most cases are metastatic. The intense basaloid cellularity, along with the presence of positive neuroendocrine markers in the initial biopsy and the locoregional progression of the tumor, led us to the initial erroneous diagnosis of Merkel cell carcinoma. The treatment of choice for PCMC is surgical, as it typically shows a limited response to chemotherapy and radiotherapy. In our case, however, an excellent response of the tumor cellularity to radiotherapy was observed, resulting in the complete resolution of most of the lesions detected at diagnosis.

Abstract N°: 5203

Comparing risk factors in melanoma and benign skin lesions in an Irish cohort: Implications for dermatology triage

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Introduction:

Accurate triage of referrals optimises healthcare resources ensuring timely detection of malignant melanoma (MM). This study evaluated the diagnostic utility of melanoma risk factors (RFs) comparing their prevalence in patients diagnosed with MM versus benign lesions (BL).

Methods:

A single-centre, retrospective chart review analysed data from 50 MM and 50 BL patients attending a pigmented lesion clinic. All patients completed a questionnaire documenting RFs including sunburn history, sunbed use, time spent outdoors, residence in a sunny climate, immunosuppression, and personal/family history of skin cancer. Data on demographics and reason for referral were obtained. RF frequencies were compared using Chi-square test.

Results:

The mean age was 57 years (SD 19) in the melanoma group and 52 years (SD 18) in the benign group, with similar gender distributions. 44% of melanoma patients and 38% of benign lesion patients were referred as “likely melanoma”. Previous skin cancer was reported by 8% of MM and 6% of BL patients (p=0.7). Family history of melanoma was noted in 24% and 18%, respectively (p=0.46). Early-life sunburns were reported in 28% of MM and 32% of BL patients (p=0.66). 8% of MM and 18% of BL patients reported living in a sunny climate (p=0.14). Sunbed use was reported by 28% of MM and 20% of BL patients (p=0.35). 6% of MM and 2% of BL patients reported immunosuppression (p=0.31). In both groups, 22% reported spending >20 hours/week outdoors (p=1). There were no documented RFs in 28% of the MM and 32% of the BL patients.

Conclusion:

These findings suggest that RFs traditionally associated with MM may not reliably enable diagnostic differentiation versus BL in an Irish cohort, posing challenges for accurate referral triage. This highlights the need for further research to refine referral strategies ensuring the timeliest care for those who most need it.

Abstract N°: 5251

When a Skin Ulcer Hides More Than It Shows: Unmasking Extranodal NK/T-CellLymphoma, Nasal Type

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Introduction & Objectives:

Extranodal NK/T-cell lymphoma (ENKTL), nasal type, is a rare malignancy most frequently affecting the midline structures of the face. Skin, soft tissues, gastrointestinal tract, testicles, kidney, upper respiratory tract and more rarely, eye-orbita involvement can also occur. In this article, we present a case of ENKTL, nasal type, presenting with cutaneous lesions as ulcers on the foot, aiming to emphasize the importance of considering lymphoma in the differential diagnosis when evaluating cutaneous ulcers.

Materials & Methods:

A 39-year-old male presented to our outpatient clinic with a wound on his left foot. The patient was first evaluated one month after the appearance of his lesions and was prescribed oral amoxicillin-clavulanate and topical mupirocin; however, he showed no clinical improvement. There was no history of trauma. His medical history was unremarkable and there were no medications. Dermatological examination revealed a well-circumscribed, exudative ulcer on the lateral aspect of his left foot, measuring 2.5 × 1.5 cm, with an erythematous to violaceous border. Additionally, another well-circumscribed, exudative ulcer with an erythematous to violaceous border was observed on the plantar surface of the third and fourth toes of the left foot, extending to the interdigital region and the dorsal surface, measuring 3 × 1.5 cm. Lymphadenopathy and hepatosplenomegaly were not present.

Results:

Laboratory results indicated C-reactive protein level of 19.3 mg/L, erythrocyte sedimentation rate of 25 mm/h, lactate dehydrogenase level of 172 U/L and glucose level of 89 mg/dL. The fungal culture performed showed no growth. In the PCR examination no mycobacterial DNA was detected in the tissue.

A 5 mm punch biopsy was obtained from the ulcer border. Hematoxylin and eosin staining revealed mild acanthosis in the epidermis and atypical lymphoid cell infiltration consisting of small-medium sized cells with narrow cytoplasm and irregular nuclei, forming a diffuse distribution in the superficial and deep dermis. Immunohistochemical analysis, demonstrated positive staining for CD2, CD3, CD4 (focal), CD7 and CD56, and negative staining for CD5, CD8, CD10, CD21, CD30, PD1, CXCL13, PAX5 and CD79a in atypical lymphoid cells. Epstein Barr virus-encoded small RNA positivity was detected via in situ hybridization in a small number of cells. Findings were evaluated as compatible with extranodal NK/T cell lymphoma, nasal type. PET/CT imaging revealed increased FDG uptake in the left nasopharynx, right retromolar trigone, gastrointestinal system, left testicle, and third phalanx of the left foot. All findings were consistent with primary disease involvement. In light of these findings, the patient was classified as stage 3 ENKTL, nasal type.

The patient was treated with the CHOEP chemotherapy regimen, consisting of cyclophosphamide, doxorubicin, vincristine, etoposide, and prednisolone. Radiotherapy was also initiated for the ulcerative lesions on the foot.

Conclusion:

ENKTL is a rare malignancy that is classified as cutaneous T cell lymphoma according to WHO-EORTC classification

and is almost always associated with EBV positivity. Although the nasal cavity/nasopharynx is most commonly involved, the skin is the second most common site of involvement. Cutaneous manifestations are including erythematous or violaceous papular, plaque-like, nodular, tumoral, blistering or ulcerative lesions.

Abstract N°: 5330

Erysipeloid Carcinoma as the First Manifestation of Undiagnosed Breast Cancer: A Two-Case Series

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Introduction & Objectives:

Cutaneous metastases are uncommon, accounting for only 1–4% of all metastatic cases. In women, breast carcinoma is the most frequent primary source and should be suspected when lesions are located on the trunk and abdomen. In up to one-third of cases, the skin lesion is the first clinical sign of malignancy. This study aims to report two cases of erysipeloid carcinoma as the initial manifestation of previously undiagnosed breast cancer.

Materials & Methods:

We describe two female patients who presented with erythematous plaques suggestive of mastitis or erysipelas but were ultimately diagnosed with cutaneous metastases from breast adenocarcinoma. Histopathological analysis and immunohistochemistry were essential for diagnosis. Relevant imaging studies were also conducted to assess systemic involvement.

Results:

Case 1: A 57-year-old woman presented with a rapidly progressing erythematous plaque on the right breast, unresponsive to multiple antibiotic regimens. Biopsy showed dermo-hypodermic infiltration by atypical epithelioid cells with angiolymphatic embolization. Immunohistochemistry revealed positivity for CK7, BRST-2, GATA3, and Ki-67 in 10% of cells, confirming metastatic breast adenocarcinoma (HER2-positive, ER/PR-negative). Imaging revealed pleural effusion and lymphadenopathy, leading to the diagnosis of erysipeloid carcinoma.

Case 2: A 56-year-old woman had a slowly expanding erythematous plaque on the left breast extending to the arm and abdomen. The lesion was indurated and painful. After failure of empirical antibiotic therapy, biopsy showed dermal infiltration by neoplastic cells. Immunohistochemistry was positive for CK7 and GATA3, with high Ki-67 expression (60%) and negative ER/PR. Bone scintigraphy confirmed osseous metastases. The patient underwent palliative chemotherapy with paclitaxel but died five months after diagnosis.

Conclusion:

Erysipeloid carcinoma is a rare cutaneous manifestation of breast cancer that mimics infectious dermatoses such as erysipelas or cellulitis, leading to diagnostic delays. In both cases, misdiagnosis as mastitis delayed appropriate oncologic assessment. Dermatologists should consider early biopsy for atypical inflammatory plaques, especially on the breast and trunk. This presentation is associated with advanced disease and poor prognosis, as illustrated by systemic metastases and rapid progression in both patients.

Abstract N°: 5420

Eruptive cutaneous epithelioid angiomatous nodules: A case report and a promising therapeutic intervention

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Introduction & Objectives:

Cutaneous epithelioid angiomatous nodule (CEAN) is a rare benign vascular tumour of unknown etiology first described by Brenn and Fletcher in 2004. We present a case of eruptive CEAN showing significant response to treatment with cryotherapy and electrosurgery.

Materials & Methods:

A thirty-year-old, Caucasian female presented with a 4-month history of rapidly growing, asymptomatic papules and nodules localized to the left forearm. She was otherwise healthy, with no relevant past medical or family history.

Physical examination revealed multiple pink to violaceous, firm papules and nodules ranging from 3 to 10mm in diameter. Mild hyperkeratotic scale was covering the larger lesions. No superficial lymphadenopathy was detected.

A punch biopsy was performed to rule out Kaposi sarcoma, angiosarcoma, pyogenic granuloma, and bacillary angiomatosis. Histopathology showed a nodular vascular proliferation with epithelioid features. A mild inflammatory infiltrate composed of lymphocytes, histiocytes and eosinophils was present, along with red blood cell extravasation, and hemosiderin deposition. No significant cytologic atypia or increased mitotic activity was observed. Immunohistochemically, the lesion was positive for CD31 and ERG, and negative for human herpesvirus 8 (HHV-8), supporting the diagnosis of CEAN.

Results:

Larger lesions were treated with cryotherapy, using two freeze-thaw cycles of 10 seconds each, repeated monthly over seven sessions. Smaller lesions were managed with electrosurgery on two occasions. Although new lesions developed during this period of time, all lesions responded with either complete resolution or a significant reduction in size. Three residual lesions were surgically excised, and subsequent histopathological examination confirmed the initial diagnosis of CEAN. The patient was followed for 18 months, during which no recurrence was observed.

Conclusion:

CEAN is an exceedingly rare vascular neoplasm, with fewer than seventy cases reported in the literature. While most cases present as solitary lesions, multifocal presentations have been reported in 14 cases. Surgical excision is the treatment of choice for single CEAN; however, in cases with multiple or widespread lesions, this approach may not be feasible. Our case suggests that cryotherapy and electrosurgery may offer effective and minimally invasive

alternatives for managing multifocal CEAN. Further research is warranted to determine the optimal therapeutic strategies for such presentations.

Abstract N°: 5469

Real-world use of pomalidomide for the treatment of classic Kaposi Sarcoma: A case series

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Introduction & Objectives: Classic Kaposi sarcoma (cKS) is a rare vascular neoplasm arising from endothelial cells of blood and lymphatic vessels, etiologically linked to human herpesvirus 8 (HHV-8). It typically affects elderly individuals of Mediterranean, Arab, or Eastern European descent and follows a chronic, indolent course. Standard first-line therapies—liposomal doxorubicin and paclitaxel—often induce initial responses, though relapses are common. Pomalidomide, an oral immunomodulatory agent, demonstrated clinical efficacy in trials for both human immunodeficiency virus (HIV)-associated and non-HIV-associated Kaposi sarcoma, leading to its approval by the U.S. Food and Drug Administration (FDA). However, real-world data on its use in classic KS remain limited. **

Materials & Methods: We retrospectively reviewed records of patients diagnosed with cKS treated at our institution's KS Clinic over the past two years. We identified those who received pomalidomide and collected data on demographics, disease characteristics, prior treatments, response to pomalidomide, and adverse events (AEs).

Results: Seven patients (5 males, 2 females) received pomalidomide at a dose of 4 mg orally once daily for 21 consecutive days in a 28-day cycle. The mean age at treatment initiation was 74.9 years (SD: 10.4). All patients had cutaneous lesions on the lower extremities; two also had upper limb involvement, and one had nodal disease. Pomalidomide was administered as second-line therapy in one patient, third-line in two, fourth-line in two, seventh-line in one, and first-line in one elderly patient with poor performance status and preference for oral therapy. All patients except for one had previously received liposomal doxorubicin (mean: 16.3 cycles), discontinued due to toxicity (n=4) or lack of response (n=2). Regarding pomalidomide outcomes, one patient (14.3%) achieved complete response, two (28.6%) partial response, and two (28.6%) stable disease. One patient experienced disease progression, and one discontinued therapy after one week due to severe toxicity (angioedema and rash). Pomalidomide treatment duration averaged 4.6 months. One case of grade 2 neutropenia and anemia was managed with dose reduction.

Conclusion: Pomalidomide appears to be a promising and generally well-tolerated option for patients with cKS, especially in later treatment lines or when standard therapies are contraindicated. Clinical benefit was observed even in heavily pretreated individuals. Despite occasional AEs, its oral administration and immunomodulatory properties make it an attractive alternative. Larger studies are needed to validate these findings and better define its role in cKS management.

Abstract N°: 5485

Real-World Data on Characteristics and Management of Patients with Actinic Keratosis: A Cancer Center Experience

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Introduction & Objectives: Actinic keratosis (AK) is a benign intra-epithelial lesion that may progress into cutaneous squamous cell carcinoma. Therefore, all AKs should be treated, and clinical follow-up is recommended.

Objectives: To investigate potential correlations between patient and lesion characteristics, treatment option choice, and related clinical outcomes of patients with AKs, analyzing real-world data of a specialized cancer treatment center. Follow-up data were also collected to better comprehend the long-term management of patients with AKs.

Materials & Methods: This was a retrospective, observational study conducted in a specialized cancer treatment center in Milan, Italy. Data on adult patients ≥18 years treated or followed up for AKs during a six-year observation period were collected.

Results: A total of 369 patients with AK were included. Patient characteristics were: normal weight (58%), higher educational level (83%), comorbidities (57%), £3 concomitant medications (42%), personal skin cancer history (51%), childhood sunburns (68%), and outdoor sun exposure (71.8%). Lesion characteristics were: face localization (70%) and multiple contiguous distribution (54%). 45.5% of patients received multiple previous AK treatments, with 52.8% of PC. FDTs were prescribed in 84% of cases, with 32% of CC. 43% were considered lost to follow-up. Higher educational level, personal and familiar skin cancer history, previous atypical naevus excision, higher naevus count (>20 on the forearms), and multiple prescribed treatments (p<0.05) were associated with regularity in visit attendance, with a median encounters number for AKs was 2.0 (IQR: 1.0, 5.0). In multivariable analysis, immunosuppression (OR=5.01 [0.97, 29.5] p = 0.056) and multiple contiguous lesions (OR=2.78 [0.51, 13.3] p = 0.004) were found to be significantly more associated with incomplete clinical response.

Conclusion: Our study provided RWD on patient and lesion characteristics, which may influence treatment outcomes and adherence to follow-up. Further studies in the real-world setting are needed to identify a more personalized AKs management.

Table 1. Patient's characteristics.

Characteristics	N = 369 [1]
Mean Age at first diagnosis (IQR)	69 (57, 76)
Gender	
Male	168 (45.5%)
Female	201 (54%)
Median BMI (IQR)	23.8 (21.2, 26.0)
Underweight	20 (5.4%)
Normal weight	213 (58%)
Overweight	115 (31%)
Obesity	21 (5.7%)
Education	
Elementary school	61 (17%)
High school	155 (42%)
University	153 (41%)
Comorbidities	
No	160 (43%)
Yes	209 (57%)
Concomitant medications	
No	156 (42%)
≤3 medications	154 (42%)
>3 medications	59 (16%)
Personal cancer history	
No	292 (79%)
≤ 5 years/concomitant	23 (6%)
> 5 years/indefinite	54 (15%)
Immunosuppression	
No	359 (97%)
Yes	10 (2.7%)
Fitzpatrick phototype	
I	13 (3.5%)
II	241 (65%)
III	111 (30%)
IV	4 (1.1)
Personal skin cancer history	
No	182 (49%)
Melanoma	12 (6.5%)
NMSC	55 (30%)
Multiple skin tumours	120 (32.5%)
Family skin cancer history	
No	301 (82%)
Melanoma	19 (28%)
NMSC	35 (51%)
Multiple skin tumours	14 (20.8%)
Previous melanocytic naevi excision	
No	350 (95%)
Yes	19 (5.1%)
Childhood sunburns	
No	117 (32%)
Yes	252 (68%)
Sun exposure	
Indoor	56 (15%)
Outdoor	265 (71.8%)
Not specified	48 (13%)
Lentigo solaris (CSD)	
No	278 (75%)
Yes	91 (25%)
Melanocytic naevus count	
<20 on the forearms	322 (87%)
>20 on the forearms	47 (13%)

[1] Median (Q1, Q3); n (%)

BMI (body mass index); CSD (chronic sun damage); IQR (interquartile range); NMSC (nonmelanoma skin cancer).

Table 2. Lesion's characteristics.

Characteristics	N = 369 [1]
Site	
Face	259 (70%)
Face and rest of the body	24 (6.5%)
Scalp	30 (8.2%)
Scalp and rest of the body	2 (0.5%)
Face and scalp	31 (8.4%)
Face and scalp and rest of the body	10 (2.7%)
Rest of the body	12 (3.3%)
Unknown	1 (0.3%)
Distribution	
Isolated lesion	129 (35%)
Multiple contiguous lesions	198 (54%)
Multiple non- contiguous lesions	41 (11%)
Multiple not specified	1 (0.3%)
Clinical aspect	
Grade 1	32 (37%)
Grade >1	36 (41%)
Pigmented	19 (22%)
Not specified	282 (76.4%)
Previous treatments	
None	190 (51.5%)
FDT	74 (41.6%)
LDT	23 (13%)
Multiple treatments	81 (45.5%)
Unknown	1 (0.3%)
Previous treatments outcome	
CC	25 (14%)
PC	94 (52.8%)
SD	55 (31%)
New lesions	4 (2.2%)
Treatment	
None	43 (11.6%)
Field-directed therapy (FDT)	274 (84%)
Lesion-directed therapy (LDT)	32 (9.8%)
Multiple treatments	20 (6.1%)
Nicotinamide	
No	333 (90%)
Yes	36 (9.8%)
Treatment outcome	
CC	118 (32%)
PC	18 (4.9%)
SD	15 (4.1%)
New lesions	1 (0.3%)
Ongoing	57 (15%)
Lost to follow-up	160 (43%)
Median encounters number for AKs (IQR)	2.0 (1.0, 5.0)

[1] Median (Q1, Q3); n (%)

AK (actinic ketarosis); CC (complete clearance); FDT (field-directed therapy); IQR (interquartile range); LDT (lesion-directed therapy); PC (partial clearance); SD (stable disease).

Table 3. Patient's characteristics associated with regularity in follow-up visits attendance.

Characteristics	Regular in follow-up	Lost to follow-up	p-value[2]
	N = 209[1]	N = 160[1]	
Education			0.007
Elementary school	24 (11%)	37 (23%)	
High school	89 (43%)	66 (41%)	
University	96 (46%)	57 (36%)	
Personal skin cancer history	129 (62%)	74 (46%)	0.003
Familiar skin cancer history	46 (22%)	22 (14%)	0.043
Previous melanocytic naevus excision	15 (7.2%)	4 (2.5%)	0.044
Melanocytic naevus count (>20 on the forearms)	33 (16%)	14 (8.8%)	0.044
Treatment prescriptions			0.008
FDT	166 (81%)	108 (90%)	
LDT	21 (10%)	11 (9.2%)	
Multiple treatments	19 (9.2%)	1 (0.8%)	

[1]n (%), [2]Pearson's Chi-squared test; Fisher's exact test

Table 4. Multivariable association with no complete clearance after treatment.

Characteristic	OR[1]	95% CI[1]	p-value
Immunosuppression			
No	-	-	
Yes	5.01	0.97, 29.5	0.056
Lesion distribution			
Isolated	-	-	
Multiple contiguous lesions	4.62	1.75, 14.7	0.004
Multiple non-contiguous lesions	2.78	0.51, 13.3	0.2

[1]OR = Odds Ratio, CI = Confidence Interval.

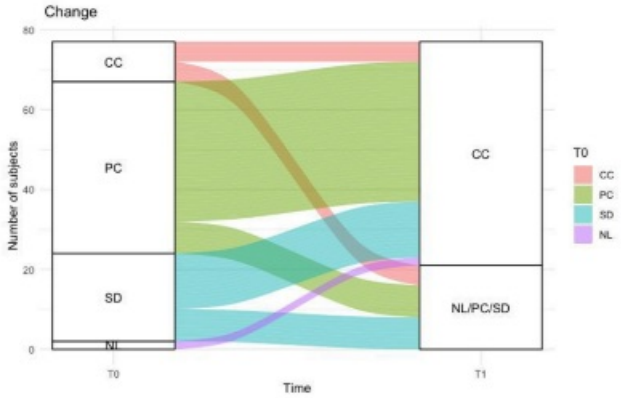

Figure legend

Figure 1. Flow diagram comparing the treatment response between patients previously and currently treated for AKs. A high proportion of previously treated patients who have not achieved CC, including PC, SD, and the development of new lesions, obtained CC after current treatments.

In addition, a consistent portion of previously treated patients maintained CC after current treatments.

Abstract N°: 5490

Effective Use of Mogamulizumab in CD30+ Large Cell Transformed Mycosis Fungoides: A Case of Early Remission

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Introduction & Objectives:

Mycosis fungoides (MF) is a low-grade cutaneous T-cell lymphoma with generally favorable prognosis in early stages. However, in advanced stages, particularly when large cell transformation (LCT) occurs, the disease becomes more aggressive and challenging to treat, with poor overall survival. CD30+ LCT-MF is typically treated with Brentuximab vedotin, which has demonstrated overall response rates of 67–75% in relapsed/refractory cases, though responses are often short-lived. Mogamulizumab, a defucosylated monoclonal antibody targeting CCR4, has been approved for relapsed/refractory MF/SS and is known to induce rapid blood responses, while cutaneous responses are typically delayed. Our aim was to see whether this drug could be effective for the treatment of CD30+ Large Cell Transformed Mycosis Fungoides.

Materials & Methods/Case presentation:

We report a case of a 66-year-old male with a 10-year history of MF (stage T2bN0M0B0 at diagnosis), managed with multiple lines of therapy including PUVA, UVB, bexarotene, topical nitrogen mustard (Mustargen), chlormethine gel (Ledaga), and methotrexate—all with partial or no sustained response. The disease recently progressed with the emergence of multiple infiltrated plaques (mSWAT 42). A new biopsy set the diagnosis of CD30+ LCT-MF. Due to refractoriness to conventional therapies and the presence of blood involvement (B1), mogamulizumab was initiated. To assess the treatment response consecutive biopsies were performed before treatment in a month's time and in three months.

Results:

After one month of treatment, clinical improvement was modest; however, skin biopsy revealed histologic clearance of large transformed cells from the epidermis and only sparse CD30+ small cells in the dermis, indicating early histologic response. Notably, the blood involvement (B1) reverted to B0 within the first month, consistent with literature reports of rapid hematologic response. At three months, the patient demonstrated major clinical improvement, and repeat biopsy showed no histological evidence of MF or large cell transformation.

Conclusions:

Although Brentuximab vedotin remains a first-line option for CD30+ LCT-MF, this case illustrates the potential of mogamulizumab to induce both hematologic and unexpectedly rapid cutaneous responses, even in transformed disease. To our knowledge, this is the first report demonstrating successful use of mogamulizumab in a patient with CD30+ LCT-MF with rapid response both in blood and skin. Mogamulizumab may represent a safe and effective alternative in select refractory cases.

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Abstract N°: 5618

Development of artificial intelligence model and comparison of performance between artificial intelligence and physicians in the diagnosis of common epidermal tumors

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Introduction & Objectives: Common epidermal tumors are difficult to differentiate clinically by non-dermatologists. Artificial intelligence (AI) trained for object detection and classification could possibly help in diagnosing epidermal tumors. The objectives are to train an AI algorithm via You Only Look Once (YOLO) and estimate F1 values in 2-class (cancerous vs. benign) and 5-class (individual diagnoses) classification. Additionally, to compare the performance between artificial intelligence and physicians who may encounter patients with epidermal tumors.

Materials & Methods: Seven-hundred and five pathology-confirmed photographs of seborrheic keratosis (SK), wart, actinic keratosis (AK), squamous cell carcinoma (SCC), and basal cell carcinoma (BCC) were used to develop a diagnostic model through a conventional neural network in YOLO. F1 values were estimated. The model and 50 doctors (10 each of dermatologists, general practitioners, family physicians, plastic surgeons, and general surgeons) gave diagnoses of 5 common epidermal tumors and identified cancers from 25 new photographs. Sensitivity and specificity among doctors were pooled using meta-analysis.

Results: F1 score of cancer identification was 69.8%, while it ranged from 39.9% to 73% in the 5-class classification. The 2-class sensitivity and specificity of AI were 70% (95% confidence interval: 34.8-93.3%) and 100% (78.2-100%), respectively, while those of the doctors were 81.3 (76.3-85.4%) and 76.7% (72.4-80.4%), respectively. For each of the 5 diagnoses, AI showed higher sensitivity and specificity than the doctors of all specialties.

Conclusion: Physicians tend to be more sensitive than AI in identifying epidermal cancers, while AI is superior in distinguishing common epidermal tumors, thereby could aid clinicians in making clinical judgments.

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Abstract N°: 5640

Multiple Glomus Tumours Clinical, Ultrasonographic and Histopathologic Findings Of Rare Disease

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Introduction & Objectives: Glomus tumours are rare hamartomas derived from the neuromyoarterial glomus body[1], accounting for 2% of soft tissue tumours. They are classified as solitary (90% of cases) or multiple (glomangiomas)[3], typically affecting the upper limbs, extremities, and nail beds. Clinically, they appear as elastic, violet-blue or pink nodules in the subungual area, with pain and sensitivity to temperature. Dermoscopy reveals a homogeneous, structureless purplish area surrounded by a whitish halo[1]. Reports of glomangiomas with multiple lesions and their clinical, ultrasound, and histopathologic features remain scarce. We present a case of glomangiomas involving the trunk and arms—an unusual distribution—emphasizing ultrasonographic and histopathological findings.

Materials & Methods: A 48-year-old woman reported painful nodules for four years, with onset in childhood and gradual increase in number and size. Pain intensified with temperature changes and pressure. Family history revealed similar lesions in her father and two nephews. Examination showed bluish-purple, painful, fibroelastic subcutaneous nodules (~5 mm) on the trunk, upper limbs, and knees. Dermoscopy revealed amorphous areas with dark red dots and no nail involvement. Ultrasound showed hypoechoic nodules (2.4–9.4 mm), with irregular borders and superficial subcutaneous location (depth: 1.9–5.1 mm). Doppler mode revealed high vascular flow with multiple pedicles. Excisional biopsy of an abdominal nodule revealed a normal epidermis and superficial dermis, and in the deep dermis, a well-circumscribed, nodular proliferation of small polygonal cells with regular nuclei, solid growth, and dilated, congested capillaries. Immunohistochemistry was positive for Alpha Smooth Muscle Actin, Desmin, HHF35, and Ki67.

Results: Glomangiomas occur more frequently in middle-aged men (11:3)[2], commonly affecting upper limbs and nail beds. When atypically located, 80% are initially misdiagnosed. Our patient, a middle-aged woman, presented with classic painful purplish nodules on the trunk, upper limbs, and knees—sparing nail beds. The classic triad of pain, cold sensitivity, and hyperesthesia is common[2]. Family history is relevant, with ~60% of cases showing autosomal dominant inheritance[5]. While spontaneous regression is uncommon, malignancy is rare[5]. Immunohistochemistry typically shows positivity for Alpha Smooth Muscle Actin in glomus cells and CD34 in surrounding endothelium. Surgical excision is the preferred treatment for isolated lesions, with recurrence rates around 10%[3]. Alternatives like sclerotherapy and laser may be considered for extensive cases[5].

Conclusion: Glomus tumours should be considered in differential diagnoses when lesions are located in uncommon areas such as the trunk and knees. The sensitive triad helps in clinical suspicion, while imaging and immunohistochemistry confirm the diagnosis in atypical presentations.

Abstract N°: 5670

Cutaneous Squamous Cell Carcinoma: Therapeutic Response to Topical Treatment and Systemic HPV-Vaccination

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Introduction & Objectives:

Non-melanoma skin cancer (NMSC), including basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), is the most common malignancy worldwide. In Mexico, around 16,000 new cases are diagnosed annually. While often curable when detected early, SCC can be locally destructive or metastasize if untreated. Cutaneous human papillomaviruses (HPVs), particularly those in the beta genus, have been implicated in SCC development, especially through synergistic effects with ultraviolet (UV) radiation. These beta HPVs may act early in carcinogenesis, with E6 and E7 proteins interfering with tumor suppressors p53 and Rb. Factors like age, sun exposure, and immunosuppression may increase infection risk and persistence.

The objective is to explore HPV's role in SCC pathophysiology and evaluate HPV vaccination as a potential adjunct treatment strategy.

Materials & Methods:

We present a case of SCC with atypical evolution in an elderly female, showing clinical response to topical immunotherapy and HPV vaccination, despite negative PCR results.

Results:

A 76-year-old woman with diabetes and hypertension presented with a long-standing lesion on her right posterior thigh, initially treated with cryotherapy. By 2024, the lesion had grown significantly. Clinical and dermoscopic evaluation revealed a 35x33 mm pigmented plaque. Biopsy confirmed SCC in situ. She was treated with imiquimod 5% cream and 30% urea. After six weeks, treatment was paused due to irritation, then switched to calcipotriol plus 5-fluorouracil. HPV genotyping was pending. In December 2024, she received the first dose of the nonavalent HPV vaccine. By January 2025, the plaque had reduced. PCR returned negative in February, and the second vaccine dose was administered. By April, the lesion had resolved clinically; biopsy confirmed clearance. A final vaccine dose was scheduled.

Conclusion:

This case illustrates the potential of HPV vaccination as adjunctive therapy for cSCC, even without PCR-confirmed infection. Beta HPV types may play a role in early cutaneous oncogenesis. Although HPV may not be required for tumor maintenance, its elimination could modulate immune responses favorably. PCR limitations and the lesion's location suggested a non-classical pathogenesis, justifying vaccination. Topical therapies like imiquimod and 5-FU may enhance local immune activation, especially when combined with systemic vaccination. While evidence remains limited, this case supports further exploration of off-label HPV vaccine use in select SCC cases. Preliminary trials in immunosuppressed populations show promise.

This case highlights the potential role of HPV in cSCC development, in the absence of photodamage, even in the presence of a negative PCR. It also sheds light on the possibly favorable effect of immunomodulatory treatment combined with anti-HPV vaccination in lesion remission. The therapeutic use of the recombinant nonavalent HPV vaccine could represent a promising adjuvant alternative in certain cSCC subtypes, especially those with chronic evolution. Further clinical and molecular studies are needed to validate this approach.

Abstract N°: 5681

LL-37 suppresses melanoma progression through keratinocyte interaction

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LL-37 suppresses melanoma progression through keratinocyte interaction

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Introduction & Objectives:

Melanoma is a highly aggressive skin malignancy with an increasing global incidence. Recent studies have highlighted the roles of antimicrobial peptides (AMPs) in skin immunity and cancers. Among them, LL-37 has been implicated in tumor suppression; however, its cellular source and function in the melanoma microenvironment remain unclear. This study aimed to explore the role of keratinocyte-derived LL-37 in melanoma progression.

Materials & Methods:

Transcriptomic data from the TCGA-SKCM and GTEx databases were analyzed to compare the expression of LL-37 (*CAMP* gene) between melanoma tissues and normal skin and access its correlation with patient survival. *In vitro*, keratinocyte-melanoma co-culture systems were established, with LL-37 overexpression or silencing in keratinocytes. Cell proliferation and migration of melanoma cells were evaluated using CCK-8 and transwell assay, respectively. LL-37 protein expression in human melanoma specimens was examined via immunohistochemistry to identify spatial distribution in tumor-adjacent keratinocytes. For *in vivo* validation, mice bearing subcutaneous melanoma tumor received intratumoral administration of synthetic LL-37. Tumor progression was monitored to evaluate the effect of LL-37 on melanoma growth.

Results:

Bioinformatic analysis revealed significantly decreased LL-37 expression in melanoma tissues compared to normal skin, with lower levels associated with poorer overall survival. *In vitro* experiments demonstrated that LL-37 overexpression in keratinocytes attenuated melanoma cell proliferation and migration, while LL-37 knockdown promoted these effects. Immunohistochemical analysis of human melanoma specimens confirmed downregulation of LL-37 in keratinocytes surrounding melanoma lesions. Furthermore, intratumoral injection of synthetic LL-37 in melanoma-bearing mice resulted in a significant suppression of tumor growth compared to control mice.

Conclusion:

These findings collectively demonstrate that keratinocyte-derived LL-37 exerts tumor-suppressive effects on melanoma by inhibiting cell proliferation and migration, both *in vitro* and *in vivo*. LL-37 may represent a promising

candidate for the development of novel therapeutic strategies targeting the melanoma microenvironment.

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Abstract N°: 5697

Evaluating the Diagnostic Accuracy and Challenges of the Two-Week Wait Referral Pathway for Skin Cancers in Primary Care

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Introduction & Objectives: Skin cancers, including squamous cell carcinomas (SCC), basal cell carcinomas, and melanomas, are among the most common cancers in the Western world. Their incidence, particularly cutaneous melanomas, has risen by 3-7% annually in the Caucasian population over the past 20 years. Early detection is crucial for survival, and in the UK, GPs assess skin lesions and refer suspected cases under the two-week pathway as per National Institute for Health and Care Excellence (NICE) guidelines. However, a challenge exists with a low proportion of these referrals resulting in a cancer diagnosis. This study aims to evaluate the efficacy of primary care referral pathways for suspected skin cancers and examine factors influencing diagnostic accuracy.

Materials & Methods: This retrospective audit was conducted at 3 general practices covering approximately 17,000 patients. It adhered to NICE guidelines, with the first standard set at 0% of fast-track referrals exceeding the two-week dermatology assessment target. A second local benchmark was set by GP partners: at least 50% of fast-track referrals should result in a confirmed diagnosis of skin cancer (basal cell carcinoma, squamous cell carcinoma, or melanoma). Referrals made between 8 September 2021 and 28 July 2022 under the two-week pathway were included; referrals under standard timelines (e.g., 4–6 weeks) were excluded. A search was performed on the SystmOne NHS system using terms: “Basal Cell Carcinoma,” “BCC,” “Squamous Cell Carcinoma,” “SCC,” “Melanoma,” and “Skin Cancer” to identify confirmed diagnoses. A total of 146 referral letters were identified, anonymised, and organised in a structured spreadsheet. The data were categorised by age group, and 35 cases were randomly selected for detailed analysis due to time constraints. Referral and dermatology appointment dates were compared to assess compliance with the two-week wait standard.

Results: A total of 146 referral letters were reviewed, with 35 selected for analysis. Only 13% of referrals resulted in a confirmed diagnosis of skin cancer, well below the 50% benchmark. While 74% of patients were seen by a dermatologist within two weeks, this did not meet the 100% compliance required by NICE.

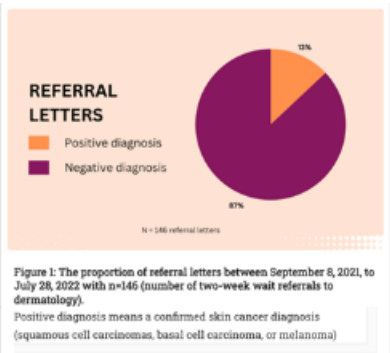

Figure 1: The proportion of referral letters between September 8, 2021, to July 28, 2022 with n=146 (number of two-week wait referrals to dermatology).
Positive diagnosis means a confirmed skin cancer diagnosis (squamous cell carcinomas, basal cell carcinoma, or melanoma)

Figure 2: The proportion of fast-track referrals in a sample subset (n=35) that were seen within two weeks.

Conclusion: This audit reveals significant limitations within the fast-track referral system for suspected skin cancers

in general practice. Although the two-week wait compliance rate was relatively high, diagnostic accuracy fell far short of the 50% benchmark. These findings highlight concerns regarding the specificity of referrals and suggest the need for improvements. The causes of diagnostic inaccuracy, including insufficient dermatology training for GPs, inconsistent use of validated screening tools, and lack of decision support, point to the need for systemic reforms. Strategies such as enhanced GP education through e-learning, increased use of screening tools (e.g., Glasgow seven-point checklist and ABCDE criteria), and integration of dermatology into the GP training curriculum are essential. Additionally, technological interventions like teledermatology and artificial intelligence offer promising solutions to improve triage efficiency and diagnostic accuracy. Together, these strategies could improve diagnostic precision and streamline skin cancer referral processes.

Abstract N°: 5715

Association between thiazide diuretic use and keratinocyte cancer incidence in a cohort of heart transplant recipients

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Introduction & Objectives:

Solid organ transplant recipients have an increased risk of keratinocyte cancer (KC), mainly due to chronic immunosuppression required to prevent graft rejection. Previous studies in the general population and kidney transplant recipients have suggested an association between thiazide diuretic use and a higher risk of KC. However, this association remains controversial, and no specific data are available for heart transplant recipients (HTRs). The objective of this study was to evaluate the association between thiazide diuretic use and the incidence of KC in HTRs.

Materials & Methods:

A retrospective cohort study was conducted over a 30-year follow-up period (1991–2021) at a tertiary university hospital. A total of 102 heart transplant recipients were included, with a combined follow-up of 1,631 person-years and 1,063 dermatological assessments. The risk of keratinocyte cancer associated with thiazide exposure was evaluated using multivariable survival analysis for recurrent events, accounting for intermittent exposures. The model was adjusted for relevant demographic and clinical variables, including the use of other immunosuppressive and photosensitizing drugs.

Results:

Thiazides were prescribed to 24% of patients, and 46% of those were exposed for more than 6 months. In the thiazide-exposed group, 33% of patients developed KC, compared to 42% in the non-exposed group ($p = 0.48$). Thiazide diuretic use was not associated with an increased overall risk of KC (HR 0.93; 95% CI: 0.39–2.24; $p = 0.87$). Prolonged thiazide exposure (>6 months) was also not a significant risk factor for KC in our cohort (HR 0.80; 95% CI: 0.39–1.64; $p = 0.54$).

Conclusion:

Thiazide diuretic use was not associated with an increased risk of keratinocyte cancer in a large cohort of heart transplant recipients. This finding is clinically relevant, as thiazide diuretics are often necessary for blood pressure control in patients with high cardiovascular risk.

Abstract N°: 5724

Atypical chondroid syringoma: Navigating the diagnostic grey zone

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Introduction & Objectives:

Chondroid syringoma is a benign adnexal tumor that originates from sweat glands, representing less than 0.01% of all primary skin tumors. It is also known as cutaneous mixed tumor due to its both epithelial and mesenchymal components; and to its histological similarity to the mixed tumor of salivary glands. The epithelial portion typically involves eccrine or apocrine sweat glands, while the mesenchymal portion can have a chondroid or myxoid stroma. Although its course is benign, there is a malignant counterpart known as malignant chondroid syringoma with metastatic potential, for which its adequate detection and diagnosis are essential.

Materials & Methods:

A 63-year-old man consulted with a 4 year history of a permanent and asymptomatic erythematous nodule on the right upper lip. He reported that the lesion had slowly increased in size over that time and denied having received treatment. A punch biopsy was performed revealing multiple tubulo-lobular structures formed by clefts lined by double contours of cuboidal cells of secretory appearance, accompanied by some cystic formations with squamous epithelium and, in the stroma, some myxoid degeneration and hypercellularity, findings most compatible with benign mixed tumor (chondroid syringoma), however, its poorly defined infiltrating histologic margin with cellular atypia was noteworthy, for which reason malignancy couldn´t be ruled out.

Results:

Chondroid syringoma presents as a papule or nodule, skin-colored or erythematous and asymptomatic, with slow progressive growth. It is mainly located in the head and the neck and the size ranges from 0.5 to 3 cm, although it can measure more than 3 cm and be located in the trunk and extremities. Dermoscopy findings include the presence of structureless white areas, milia-like cysts, blotches, peripheral linear telangiectasias, and a peripheral erythematous rim. In histopathology, a dermal or subcutaneous tumor with a biphasic pattern characterized by nests or cords of basaloid epithelial cells surrounded by islands or strands of myoepithelial cells forming ductal structures in a myxoid or chondroid stroma is observed.

Conclusion:

The treatment of choice is surgical resection; recurrence rates are low (2-9%) and the presence of metastasis has not been reported. Within the differential diagnosis are other benign adnexal tumors but perhaps the most important is with malignant chondroid syringoma; this is rarer than its benign counterpart, with only 51 cases reported in the literature. Histologically, this variant is characterized by presenting nuclear atypia or pleomorphism, hypercellularity, presence of frequent mitotic figures, infiltrative growth pattern, presence of satellite nodules, necrosis and perineural or vascular invasion. Its located more frequently in the extremities and trunk. This tumor can be very aggressive, with a metastasis rate of up to 52%, mainly affecting lymph nodes, lungs, bones, liver, and brain. In this patient, management with wide excision with sufficiently safe margins on the sample for its definitive classification was indicated, given the atypical features found and the poor circumscription. The case presented is an example of two ends of a spectrum which can be clinically and

histologically indistinguishable, becoming a diagnostic and therapeutic challenge, emphasizing in the importance of an early diagnosis and adequate management to offer the best treatment alternative and reducing tumor progression. **

Abstract N°: 5727

A Case of Chalazodermic Mycosis Fungoides

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Introduction & Objectives:

Chalazodermic mycosis fungoides (MF) is a very rare variant of MF characterized clinically by flaccid plaques or tumors due to loss of skin elasticity, and histologically by a dermal (± hypodermal) infiltrate of atypical lymphocytes, multinucleated giant cells, loss of elastic fibers, and sometimes elastophagocytosis and emperipolesis. Although difficult to treat, chalazodermic MF is considered indolent with a slowly progressive course. We report a case of chalazodermic MF in a male patient with disease onset at the age of 24.

Materials & Methods:

A 37-year-old man with no notable medical history presented with erythematous, flaccid plaques and redundant skin located in the inguinal folds, inner thighs, lower abdomen, and lumbosacral area. Histological analysis supported the diagnosis of chalazodermic MF, showing CD4+ CD3+ cerebriform lymphocytes and multinucleated giant cells with evidence of emperipolesis. Staging investigations (abdominopelvic CT scan and lymph node ultrasound) were negative. The patient was started on methotrexate at a dose of 20 mg/week, resulting in disease stabilization.

Results:

Chalazodermic MF is extremely rare, representing less than 1.4% of all MF cases, and primarily affects adult males. Clinically, it presents as flaccid plaques and tumors—termed “chalazodermic”—typically in large skin folds. Histologically, it is characterized by a dermal and/or hypodermal infiltrate of tumor lymphocytes with a CD4 phenotype, associated with multinucleated giant cells, loss of dermal elastic fibers (which explains the flaccid appearance), and occasionally emperipolesis and elastophagocytosis. Chalazodermic MF is considered indolent and slowly progressive, but remains difficult to treat. Complete and sustained remissions are rare. Various therapeutic approaches have been attempted, but methotrexate appears to yield the best outcomes.

Conclusion:

Chalazodermic MF remains a rare entity whose diagnosis relies on clinicopathological correlation. Despite its indolent nature, it can lead to significant functional and aesthetic impact, highlighting the importance of early diagnosis and treatment to help stabilize disease progression.

Abstract N°: 5743

Folliculotropic mycosis fungoides with reactive nodal histiocytosis : simple association or sign of rapid progression?

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Introduction & Objectives:

Folliculotropic mycosis fungoides is a rare form of cutaneous T-cell lymphoma that typically has a slow progression. We report a case with rapid evolution, associated with reactive nodal histiocytosis, an exceptional association raising the question of an aggressive variant.

Materials & Methods:

A 49-year-old man with no significant medical history presented with highly pruritic papulo-nodular lesions and alopecic patches on the scalp evolving for 8 months. Clinical examination revealed infiltrated papulo-nodular lesions on the face and trunk, diffuse follicular papules, acneiform lesions, extensive alopecia, and eyebrow loss. Peripheral lymphadenopathy was noted in cervical, axillary, subclavicular, and inguinal regions, measuring 1-2 cm in diameter, while the remainder of the physical examination was unremarkable. Laboratory tests showed leukocytosis (14,000/µL) with monocytosis (1,500/µL), elevated LDH (500 IU/L), and normal blood smear. Two skin biopsies demonstrated pilotropic lymphoid infiltrate without epidermotropism, and immunohistochemistry revealed CD3+ CD4+ phenotype with loss of expression of CD2, CD5, CD7, and CD8. Lymph node histology showed reactive histiocytosis (CD1+, S100+, Langerin-) without evidence of lymphoid infiltration. Thoraco-abdomino-pelvic CT scan revealed no visceral involvement. Initial treatment with methotrexate 25 mg/week combined with UVB phototherapy showed no clinical response, with worsening of lesions. Subsequent treatment with Re-PUVA therapy was similarly ineffective. Due to the rapid progression of the disease, a CHOP protocol was initiated.

Results:

Folliculotropic mycosis fungoides typically has a slow evolution, but rapidly progressive forms as observed in our patient have been reported in the literature. Furthermore, the association with reactive nodal histiocytosis, a rare and poorly documented entity in this context, may suggest an immunological activation secondary to chronic cutaneous antigenic stimulation induced by the lymphomatous infiltrate. This could promote the migration of dendritic cells and histiocytes to the draining lymph nodes, rather than representing an incidental association, thus raising the question of a possible link with the observed clinical aggressiveness.

Conclusion:

This rare case of rapidly progressive folliculotropic mycosis fungoides associated with reactive nodal histiocytosis raises questions about a potential connection between the latter and a more aggressive behavior of the lymphoma, justifying prompt and appropriate management.

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Abstract N°: 5747

Bazex Syndrome Revealing an Unsuspected Thymoma"

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Introduction & Objectives:

Bazex syndrome, also known as paraneoplastic acrokeratosis or neoplastic acrokeratosis, is a rare acral psoriasiform dermatosis associated with malignant tumors, most often squamous cell carcinoma. This carcinoma generally affects the upper aerodigestive tract; we report here a case of Bazex syndrome revealing an unsuspected thymoma.

Observation:

The patient is A.S., an 87-year-old with a history of diabetes and hypertension, admitted to our department for the management of erythematous, scaly, centrifugally evolving annular lesions of a violaceous color affecting the extremities; the backs of the hands and feet (fingers and toes); the tip of the nose; the area around the mouth; the earlobes, with some lesions on the trunk and simultaneous nail involvement consisting of subungual hyperkeratosis and xanthonychia; involvement of the oral and genital mucosa. The lesions were resistant to multiple therapeutic options: local and systemic corticosteroids and antifungals; hydroxychloroquine. A cutaneous histopathological study showed vacuolization of the basal membrane with a lymphohistiocytic dermal and perivascular inflammatory infiltrate. The investigative workup revealed: a slight biological inflammatory syndrome and abnormality in serum protein electrophoresis; ANA + at 1/640 Homogeneous / Anti-native DNA + at 60; Mammography: ACR 03 bilateral / CA125 elevated at 43; CT scan: potentially invasive thymoma. The patient was referred for chemotherapy cycles; after a few sessions, initial cutaneous improvement was noted.

Discussion:

Dermatological signs and symptoms are also common paraneoplastic manifestations of an underlying malignancy. In Bazex syndrome, all squamous cell malignancies can be associated; these patients require a complete evaluation to determine the location of the tumor. The pathogenesis of Bazex syndrome remains unknown. Bolognia reported that in 67% of cases of Bazex syndrome, the cutaneous lesions were predictive of an underlying malignancy. Risk factors for Bazex syndrome essentially include tobacco and alcohol consumption. Typical clinical signs include erythematous, sensitive, generally non-pruritic psoriasiform eruptions that mainly affect acral areas such as the fingers (61%), toes (39%), ears (79%), and nose (63%). Nail involvement is almost always present, impossible to distinguish from nail lesions associated with psoriasis, and often constitutes the first sign of the disease. Unlike psoriasis, the helical rim of the ear and the tip of the nose are affected. Intense violaceous erythema, erosions, and yellowish crusts may be present. Rarely, bullous lesions may also be present. According to Bazex et al., the disease progresses in three stages, the first being asymptomatic. Epidermal features may include spongiosis, interface change including vacuolar degeneration and dyskeratotic keratinocytes, and in the dermis, a lichenoid infiltrate, melanophages, and papillary dermal fibrosis. The success of treatment of paraneoplastic acrokeratosis depends on the primary malignancy.

Conclusion:

"Sometimes, the skin speaks before the body. Bazex syndrome is a rare but revealing example. This cutaneous mask, often unrecognized, can be the very first sign of a hidden tumor, particularly in the mediastinum.

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Abstract N°: 5748

The prevalence of skin diseases in patients residents of Ukraine who underwent kidney transplantation

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Introduction & Objectives:

Skin changes can be observed from the initial manifestations of renal failure to the development of end-stage renal disease, in uremia, during hemodialysis treatment and after kidney transplantation Kidney transplantation requires the use of immunosuppressive drugs, which are indispensable for avoiding transplant rejection, but their use increases the risk of a number of infectious and neoplastic skin diseases. Despite the challenges of the war, many patients in Ukraine need a kidney transplant. In Ukraine, transplantation began to develop actively only in 2019, when the relevant law was adopted. In 2024, 337 kidney transplants were performed in Kyiv.The purpose of our study - determine the prevalence of skin diseases in patients with kidney chronical disease stage 5 residents of Ukraine who underwent kidney transplantation.

Materials & Methods:

The analysis of clinical, laboratory, instrumental (digital dermatoscopy of neoplasms and automated digital mapping of the whole body using the Fotofinder ATBM system) and anamnestic data of 122 transplanted kidney transplant recipients with stage 5 chronic kidney disease was carried out. Patients were examined at the clinical base of the Department of Dermatovenereology, Allergology, Clinical and Laboratory Immunology of the Shupyk National University of Health of Ukraine and the “Center for Nephrology and Dialysis”.

Results:

The data obtained indicate a high risk of skin lesions in patients with renal system pathology. The largest percentage among the identified nosologies belongs to viral infections, which were diagnosed in 32 % of patients (viral warts – 34 (28,5 %), herpes – 30 (25 %), papillomas – 12 (10,2 %), anogenital condylomas –10 (8,1 %), molluscum contagiosum – 4 (2,9 %) patients. The diagnosis of fungal infection was made in 40 patients (skin mycosis – 32 (26,3 %) patients, onychomycosis – 22 (18,1 %) patients, candidiasis of the mucous membranes – 21 (17,4 %). Non-melanoma skin cancer was detected in in older patients (60-73 years old) - 14 patients – 11,8 %.

Conclusion:

The selection of an appropriate immunosuppressive regimen should be specific to the individual patient, taking into account the pharmacological properties of the drug, the adverse reaction profile and potential interactions between drugs, as well as the patient’s previous illnesses, risk of rejection and existing drug regimen.

It is advisable to examine and monitor skin neoplasms using digital dermatoscopy and automated digital mapping of the whole body. This will allow effectively assess the condition of the skin and mucous membranes in kidney transplant recipients, and detect pathological changes in the early stages.

Abstract N°: 5771

When Hope is Reborn: Impressive Response of CD30+ Mycosis Fungoides to Brentuximab

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Introduction & Objectives:

The prognosis for advanced-stage (IIb to IVb) primary cutaneous T-cell lymphomas is poor, given the limited number of available treatments that induce a complete response and the frequent adverse effects of chemotherapies. Brentuximab vedotin (BV) is an anti-CD30 monoclonal antibody with proven efficacy, notably in Hodgkin's lymphomas. Here, we report a case of multi-resistant, CD30-positive, tumoral mycosis fungoides (TMF) that presented a complete clinical remission under brentuximab vedotin (BV).

Observation:

The patient is A.B., a 27-year-old with no particular medical history, who presented with diffuse papular and tumoral lesions covering a large skin surface area with rapid progression. Histopathological and immunohistochemical results were consistent with transformed large cell mycosis fungoides. An investigative workup revealed distant metastases, including hepatic nodules and pulmonary involvement. Multiple lymphadenopathies classified the patient at stage 4B. She received multiple available and approved therapeutic options: MTTX, local radiation therapy; gemcitabine-based chemotherapy. All had failed, with even worsening of the lesions under treatment and intolerable side effects. Immunotherapy with BRENTUXIMAB was initiated. The patient received 4 cycles, spaced 21 days apart, noting a spectacular clinical improvement in the skin with subtotal clearance of the majority of the tumoral lesions and the disappearance of the papular lesions. A follow-up PET scan was performed, revealing the complete absence of any metastatic lesions.

Discussion:

Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma. Furthermore, large cell transformation and the appearance of CD30+ are well-established markers of a more aggressive clinical course and poor prognosis. Therapeutic options, especially in advanced stages, remain limited. To date, no curative option other than allogeneic stem cell transplantation is available. Recently, brentuximab vedotin, a conjugate of an anti-CD30 antibody and monomethyl auristatin E, which inhibits microtubule polymerization, has shown promising results in trials on CD30+ Hodgkin's lymphoma and anaplastic large cell lymphoma. Although trials evaluating the effect of brentuximab in CD30+ MF are currently underway, we present our experience; our case adds to the other successful experiences reported by Bhari N et al. This showed improved survival in 11 cases of CD3+ MF and suggests that brentuximab is a promising and well-tolerated new treatment option for advanced CTCL that provides clinical benefit in patients with CD30+ MF, with an "overall response rate for at least 4 months" of 56% and a progression-free survival of 9 months, and which can be integrated into an allogeneic stem cell transplantation plan by selectively depleting malignant CD30+ cutaneous lymphoma cells.

Conclusion:

In light of our observation, we emphasize the effectiveness of brentuximab as a therapeutic hope in CD30+ MF, thus enabling a curative hematopoietic stem cell transplantation with an improved toxicity profile compared to conventional chemotherapies

Abstract N°: 5787

Bednar tumor: pigmented variant of dermatofibrosarcoma protuberans

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare mesenchymal skin tumor, accounting for less than 0.1% of all malignancies and approximately 1% of all soft tissue sarcomas[1]. It is typically a slow-growing tumor with locally invasive behavior, rare distant metastases, and a high recurrence rate. DFSP most commonly affects the trunk and proximal extremities and can occur in all ethnicities, with peak incidence between the second and fifth decades of life[2].

Bednar tumor, first described in 1957, is a pigmented variant of DFSP. It consists of spindle cells arranged in a storiform pattern and dendritic cells containing melanin. This variant is even rarer, comprising only 1–5% of all DFSP cases[3]. Since its identification, only a small number of isolated cases have been reported. Our objective is to present a case report of this rare variant.

Materials & Methods:

A 34-year-old male presented with a lesion that first appeared five years ago as a normochromic, firm plaque on the upper back. It was initially diagnosed as a dermatofibroma. Over time, the lesion increased in size and developed hyperpigmentation, reaching 1.2 cm in its largest diameter. The lesion was excised, and histopathological analysis revealed a proliferation of spindle cells and dendritic cells containing melanin pigment. Immunohistochemistry showed positivity for CD34, and the cell proliferation index (Ki-67) was low (<5% of neoplastic cells).

Results:

Given the confirmed diagnosis of DFSP, Bednar variant, the patient was referred for Mohs micrographic surgery (MMS), the treatment of choice. The procedure was performed under general anesthesia for patient comfort. A single-stage resection was carried out, with 10 frozen tissue sections analyzed to confirm tumor-free margins through intraoperative histological evaluation.

Conclusion:

Complete surgical excision remains the gold standard for treating DFSP. The tumor’s characteristic infiltration into subcutaneous fat with finger-like projections results in an asymmetric growth pattern. These projections may be missed clinically and may not be visible on conventional histology unless all peripheral and deep margins are thoroughly examined.

Recent studies comparing conventional wide-margin excision with MMS have shown significantly lower recurrence rates with MMS (3% vs. 30%) and a reduction in the average excised tissue size (8.8 cm with MMS vs. 10.7 cm with conventional surgery), thereby preserving more healthy tissue. Based on these findings, MMS is strongly recommended as the preferred treatment modality.

Abstract N°: 5800

Is this just a burn?

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Introduction & Objectives:

A Marjolin ulcer is a type of skin cancer that develops in areas of previously damaged skin, such as old scars or chronic wounds. The most commonly found cancer is squamous cell carcinoma, though basal cell carcinoma has also been reported. These lesions tend to be aggressive and are associated with a poor prognosis due to their high recurrence rate. This case report discusses the clinical presentation of a Marjolin ulcer and emphasizes the importance of a collaborative, multidisciplinary approach to its management.

Materials & Methods:

We present the case of a 72-year-old male who was recently referred to the dermatology department for evaluation of a chronic ulcer on the lower extremity, with a reported evolution of six years. The lesion initially developed following a work-related thermal burn. The patient had self-administered unspecified topical treatments without medical supervision. He also reported systemic symptoms over the preceding three months, including unintentional weight loss (non-quantified) and nocturnal diaphoresis.

On physical examination, a dermatosis was observed on the inner aspect of the right thigh, characterized by an ulcerated neoplastic lesion with a necrotic base and purulent fibrinous exudate, measuring approximately 23 × 13 cm. The lesion exhibited raised, erythematous, edematous, and hyperpigmented borders, a verrucous surface, serohematic crusts, and a foul-smelling discharge. It was located over a pre-existing scar, with evidence of perilesional tissue retraction.

A skin biopsy was performed for histopathological analysis as part of the diagnostic work-up.

Results:

Laboratory studies revealed evidence of glycemic dysregulation, suggestive of underlying metabolic imbalance. Abdominal ultrasonography demonstrated structural alterations consistent with bilateral chronic nephropathy, indicating pre-existing renal compromise.

Histopathological evaluation of the skin punch biopsy from the ulcerated lesion identified a well-differentiated squamous cell carcinoma, exhibiting areas of ulceration and tissue fragmentation. These findings confirmed the malignant transformation of the chronic wound into a Marjolin ulcer.

Following diagnosis, the patient was referred to the oncology department for further evaluation and management. However, clinical progression was unfavorable, with a torpid course despite initial therapeutic planning.

Conclusion:

Marjolin ulcers are an uncommon but serious complication of chronic wounds and previously injured skin, especially burn scars. Their slow onset and aggressive nature often lead to delayed diagnosis and poor prognosis. This case highlights the importance of maintaining a high index of suspicion in chronic, non-healing wounds and performing early biopsies when malignancy is suspected.

Prevention relies on proper wound care, regular follow-up, and patient education. Once diagnosed, management should involve a multidisciplinary team and include appropriate staging. Early intervention and coordinated care are essential to improve patient outcomes and reduce recurrence risk.

Abstract N°: 5805

Old is Gold – traditional face-to-face review of skin cancer referrals is more efficient, comprehensive and cost-effective than current teledermatology models.

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Introduction & Objectives:

Triage of skin cancer referrals based on photos and proformas taken in the community and hosted on a shared digital platform is increasingly promoted to mitigate hospital and workforce issues. We set out to compare our traditional face-to-face consults with two well-established teledermatology (TD) services, focusing on patient experience, efficiency, safety and overall costs.

Materials & Methods:

We audited all suspected skin cancer referrals to our hospital, where we offer a same-day consult and surgery service, from Oct '23 – Mar '24 (n=2108). The cohort included those often unsuitable for TD, e.g. four or more lesions, anogenital lesions and darker skin types. Timelines, diagnoses and interventions were analysed.

Interventions were grouped as diagnostic surgery, surgery with intent to cure, and office treatments e.g. cryotherapy and prescriptions. We also recorded lesions not mentioned in the referral letter that received treatment.

MK costs were calculated assuming a top-of-scale consultant dermatologist, and Band 5 or 6 specialist nurse at every consultation and surgery respectively, though in practice more junior-grade doctors and nurses were often used at considerably lower cost. We compared our processes, clinical outcomes and costs against those provided by two well-established TD services using the linear three-step process of (a) photography, (b) triage and (c) face-to-face review or surgery.

Results:

Ten patients were excluded due to incomplete data. 95% of the remaining 2,098 patients were seen within two weeks. 73% were seen, treated and discharged after a single visit vs TD's 33%; including 23% who had cryotherapy and/or prescriptions, and 13% who had same-day surgery.

Overall, 39% required no intervention vs 33% (TD), and 38% underwent surgery vs 51% (TD). 11% had incidental lesions identified during initial consultation requiring reassurance and/or treatment.

The hospital cost to the point of discharge or first surgery shows our model costs £158/case vs TD £190/case.

Conclusion:

Compared to teledermatology, our traditional one-stop see-and-treat model results in 55% fewer patient visits with time and cost savings for the patient, 25% less surgery, 11% increase in diagnostic yield and 20% lower costs. Our findings do not support current models of teledermatology in skin cancer management.

Abstract N°: 5841

Cutaneous primary lymphoma after hair transplantation

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Introduction & Objectives: Hair transplantation is a technique that is increasingly being performed for the treatment of androgenic alopecia. The incidence of complications is around 5% and include: folliculitis, cysts, scars, poor growth and others.

Primary cutaneous follicular lymphoma clinically presents nodules, plaques or tumors on the head, neck and trunk and have an excellent prognosis. Scalp is one of the most affected areas, but to our knowledge, the history of previous hair transplantation have never been reported before.

Materials & Methods: A 31st year old man came to our clinic with two slowly growing nodules in the scalp. The lesions had appeared some months ago, and the patient reported he had undergone hair transplantation one year before. We did a biopsy of the bigger one and found dense B-lymphoid infiltrate (CD-20 and CD-79 positive) diffuse and nodular with follicular centers that spared epidermis but reached the subcutaneous cellular tissue and fascia, with positive rearrangement for IgGH gene. During the following weeks, new lesions appeared in the same area and the first ones grew very fast.

Blood tests, PET-CT and bone marrow biopsy showed no involvement. As there were several lesions grouped in the right side of the scalp, we decided to treat them with radiotherapy with excellent response.

Results: Primary cutaneous follicular lymphoma is the most common category of primary cutaneous B cell lymphoma. Pathogenetic links with *Borrelia burgdorferi* have been established in some cases and viral infections have been suggested but not deffinitively established (EBV, HCV, HIV…) in others.

Scalp is one of the most affected sites, but in our case, the lesions started to appear some months after hair transplantation. We have searched for similar cases but the only published one is a patient with pseudolymphomatous folliculitis with multiple lesions in the forehead.

Conclusion: We present a case of primary cutaneous follicular lymphoma of the scalp in a patient who had undergone hair transplantation one year before. We have only found a case of pseudolymphomatous folliculitis after hair transplantation in the literature. Our patient was treated with radiotherapy with complete response and he is under follow-up.

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Abstract N°: 5843

A report of rapidly progressing hypopigmented variant of mycosis fungoides with good response to mogamulizumab

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Introduction & Objectives:

Hypopigmented mycosis fungoides (HMF) remains a diagnostic and treatment challenge. It is commonly diagnosed in children, adolescents or young adults and more often occurs in individuals with darker phototypes. Majority of cases do not progress beyond stage IB and reponds well to topical corticosteroids and phototherapy

Materials & Methods:

A case report of young Caucasian male with HMF.

Results:

A 48-year-old generally healthy male Fitzpatrick II patient developed hypopigmented patches on the groins and armpits, with fine scaling and mild pruritus, with concomitant several erythematous macules. A skin biopsy from vitiligo-like and erythematous macules was performed and showed perivascular lymphoid infiltration with single atypical lymphocytes with enlarged nuclei and immunophenotype was CD3+, CD4+, CD8-, CD7-, CD5-, GATA3+, CD23-, CD20-, bcl6-, and PD1-. The patient was diagnosed with hypopigmented mycosis fungoides, and since the disease is normally slow-progressing, a short course of systemic alongside topical steroids with UVA-1 phototherapy were initiated.

Three months later the patient developed erythrodermic infiltrative erythematous lesions with a slightly orange hue, with intense itch, hyperkeratosis of the hands and soles, and peripheral lymphadenopathy. On the erythrodermic skin, hypopigmented macules were still present. A biopsy from an enlarged inguinal lymph node showed effaced nodal architecture. The immunophenotype was consistent between the skin samples and the lymph node. A PET-CT scan revealed metabolically active nodules and infiltrations in the skin and subcutaneous tissues, as well as bilaterally in the inguinal, axillary, and iliac lymph nodes. The bone marrow biopsy showed reactive changes in hot spot areas of the bone marrow. Blood flow cytometry was negative for Sezary cells. The patient was finally diagnosed with hypopigmented mycosis fungoides T4N3M0B0.

Treatment with methotrexate at dose of 25 mg per week, alongside clobetasol was initiated. Although initial improvement in skin lesions and lymphadenopathy, the partial remission was lost despite dosage increase to 30 mg per week. Then the patient was given mogamulizumab (1mg/kg i.v. in day 1., 8., 15., 22. of the initial 28-day cycle, and in day 1. and 15. in the following 28-day cycles) and currently, he has been treated for over four months with very good response. Hypopigmented lesions and majority of erythrodermic lesions, as well as peripheral lymphadenopathy resolved. The itch is now reduced from 9/10 prior mogamulizumab, to 1/10 in numerical scale. Current mSWAT is 27. The patient tolerates the treatment well, and it is planned to continue according to the recommended scheme until remission is lost or side effects occur.

Conclusion:

Hypopigmented mycosis fungoides in adult Caucasian population is uncommon. Typically, skin lesions are localized, have indolent course, do not progress to systemic involvement, and respond well to topical therapy alongside phototherapy.

The presented article underscores the importance of close monitoring in MF patients, irrespective of their clinical presentation and suggest a new possible treatment options for advanced cases.

Abstract N°: 5857

Skin involvement revealing angioimmunoblastic T-cell lymphoma

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Introduction :

Angioimmunoblastic T-cell lymphoma (AITL) represents 15 to 20% of peripheral T-cell lymphomas. The cutaneous manifestations may be inaugural.

Observation :

A 65-year-old patient consulted for skin lesions such as nodular lesions and infiltrated erythematous plaques on the face and back that had been developing for 5 months in a context of preserved general condition. The histopathological study showed a lymphocytic infiltrate comprising atypical small and medium-sized lymphocytes predominating in the dermis, with a few epidermotropic lymphocytes. Immunohistochemistry found a predominantly CD4+ CD8- infiltrate with intense expression of TFH markers(CD10, PD1, ICOS CXCL13). The initially normal ultrasound of the lymph node areas found generalized lymph nodes a few months later and the thoraco-abdomino-pelvic CT scan was normal.

Discussion :

The skin involvement found in nearly half of the cases may be inaugural, as in the case of our observation.

It produces a maculopapular erythema, resembling DRESS syndrom and more rarely papulonodular lesions and infiltrated plaques, these were the revealing mode of lymphoma in our patient. A histological cutaneous variability has been highlighted by Ortonne and colleagues such as epidermotropic forms, perivascular infiltrates and nodular forms. The classic markers were inconsistently expressed, in particular CD10, PD1 and the EBER transcripts of EBV.In our patient, the diagnosis of LTAI was made after several months of evolution based on comparison of histological, immunohistochemical and clinical data.

Conclusion :

Although LTAI is a systemic lymphoma, the skin involvement can be inaugural and isolated, therefore it is essential for the dermatologist to recognize it given the poor prognosis of this entity.

Abstract N°: 5874

Angiomatous cutaneous metastases revealing systemic peripheral T-cell lymphoma, not otherwise specified: A rare case report

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Introduction & Objectives:

The cutaneous manifestations of lymphoid haemopathies are rarely misleading and include tumours or nodules prone to necrosis. Specific cutaneous lesions are seen mainly in angioimmunoblastic T lymphoma, HTLV-1-associated lymphoma and B chronic lymphocytic leukaemia. Peripheral T-cell lymphomas are rare tumours with a poor prognosis, and their cutaneous manifestations have never been reported in the literature.

The aims of our work are to describe an unusual case of angiomatous cutaneous metastases revealing systemic (PTCL-NOS), to emphasize the importance of early dermatologic recognition and histopathologic confirmation, and to review the differential diagnosis.

Case report:

A 42-year-old patient with newly diagnosed lymph node tuberculosis on anti-tuberculosis drugs presented with a painful, pruritic, papulo-nodular rash that started on the face and neck and then spread to the rest of the body, developing 15 days after starting anti-tuberculosis drugs, or one month before admission. The patient presented with fever, night sweats and weight loss. Clinical examination revealed an asthenic patient with facial oedema. Cutaneous findings included papulo-nodular, erythematous, kaposiform lesions with smooth, locally necrotic surfaces, three to twenty millimeters in diameter, overlying purpuric infiltrated skin, localised on the neck, face, abdomen, back, lower and upper limbs and scalp.There was no mucosal or nail involvement. Lymph node examination revealed indurated adenopathies cervical and inguinal lymph nodes bilaterally and firm, tender adenopathies in the axilla. The rest of the clinical examination was unremarkable. Skin biopsy revealed a dermal localisation of the lymphoma, followed by an immunohistochemical study, which led to the diagnosis of a cutaneous localisation of T lymphoma. histological and immunohistochemical studies of the axillary adenopathy confirmed the diagnosis of PTCL-NOS. The positron emission tomography scan showed hypermetabolic overlying and subdiaphragmatic, cutaneous, diffuse subcutaneous, lymph node (cervical, axillary, bilateral pelvic), liver and bone involvement. Complete Blood Count showed microcytic hypochromic anaemia at hemoglobin 11.4 g/dl, white blood cells and platelets were normal, the level of lactate dehydrogenase was elevated to 339 UI/L, viral serologies, liver and renal workup were negative.

The patient was referred to the haematological oncology department where he is currently receiving R-CHOP chemotherapy with an intermediate response.

Conclusion:

PTCL-NOS belongs to a heterogeneous class of neoplasms characterized by aggressive behavior and widespread involvement.

The originality of our work lies in the description of the cutaneous lesions of PTCL-NOS, which has never been reported in the literature. It manifests as papulo-nodular angiomatous kaposiform lesions overlying erythematous-violaceous skin. The eruption begins on the head and progresses down the trunk. This angiomatous character

poses diagnostic and therapeutic problems. These lesions often mimic pseudolymphomas, benign tumors such as Kaposi's and Rosai-Dorfman's histiocytosis, and vascular tumors, which may lead to initial misinterpretation. Diagnosis relies on biopsy of tumor tissue or lymph node followed by immunohistochemical study.

Our work highlights the importance of a multidisciplinary approach involving dermatologists, pathologists, and oncologists.

Abstract N°: 5924

Effective Use of Ropeginterferon alpha-2b and PUVA in CD30+ Large Cell Transformed Mycosis Fungoides Refractory to BV-CHP

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Effective Use of Ropeginterferon alpha-2b and PUVA in CD30+ Large Cell Transformed Mycosis Fungoides Refractory to BV-CHP

Introduction & Objectives:

Interferon alpha-2a is an approved and established treatment option for cutaneous T-cell lymphoma (CTCL), including mycosis fungoides (MF) (1). Due to recent supply shortages in some regions, *off-label* use of alternative interferons has become more common, but lacks standardized dosing guidelines. We present a case of a 54-year-old male patient with CD30-positive large cell transformation of MF who was refractory to brentuximab vedotin, cyclophosphamide, doxorubicin and prednisone (BV-CHP), but showed significant improvement after treatment with ropeginterferon alpha-2b and psoralen plus UVA (PUVA) phototherapy.

Materials & Methods:

We present a 54-year-old Caucasian male with no associated comorbidities, who has been treated since 2016 for histologically confirmed MF. The disease initially responded well to narrow band-UVB phototherapy and topical corticosteroids. In early 2024, he presented with generalized plaques and tumours on the trunk and extremities (Fig. 1). Histology and immunophenotyping showed large cell T-cell lymphoma with CD30 positivity, ALK -, CD2+, CD3+, CD5+, CD7-, CD4+, CD8-, PD-1 negative, ICOS+, bcl-6+, bcl-2+, EBV-, CD10+ in some cells, Ki-67 >90%, MIB-1 80-90%. CT scans (cervical, thoracic, and abdominal) revealed no evidence of systemic involvement. Immunophenotyping of peripheral blood revealed monoclonal T cells with TCRB gene rearrangement. Bone marrow biopsy and aspiration showed 0.6% suspicious cells and monoclonal T cells with TCRB gene rearrangement. Following a multidisciplinary board discussion, the patient underwent chemoimmunotherapy with six cycles of BV-CHP, without clinical response (Fig. 2). As PET-CT scan showed no evidence of systemic progression, he started a combination therapy with PUVA twice weekly and ropeginterferon alpha-2b at a starting dose of 0.75 mcg/kg subcutaneously once weekly, with titration to 1.5 mcg/kg weekly beginning one week after the first dose.

Results:

Nearly three months into treatment, we observe a good regression of plaques and tumours without any symptomatic adverse effects. Laboratory tests are regularly monitored and revealed mild leukopenia (2.0 × 10^9/L; baseline 2.8 × 10^9/L), neutropenia (1.49 × 10^9/L; baseline 2.06 × 10^9/L), lymphopenia (0.26 × 10^9/L; baseline 0.41 × 10^9/L), and thrombocytopenia (138 × 10^9/L; baseline 180 × 10^9/L), with no other clinically significant abnormalities observed.

Conclusion:

This case highlights the potential of *off-label* ropeginterferon alpha-2b—officially approved for polycythemia vera—in combination with PUVA as an effective and well-tolerated treatment option for advanced, treatment-refractory large cell-transformed MF (2). Despite the absence of standardized dosing guidelines, the patient

demonstrated significant clinical improvement with minimal toxicity.

References:

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Abstract N°: 5962

Invisible Mycosis Fungoides A Diagnostic Challenge – A Case Report

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common cutaneous Tcell lymphoma and typically follows an evolution through patches, plaques, and tumorous stages [1], [2]. However, socalled “invisible” forms lack observable skin lesions, rendering diagnosis particularly elusive [3]. We describe a patient whose intractable chronic pruritus ultimately revealed invisible MF (IMF).

Materials & Methods:

A.M., a 52yearold man without notable medical history, suffered from relentless, severe pruritus resistant to antihistamines for one year. Physical examination showed no visible skin lesions. An extensive workup including liver and renal panels, complete blood count, viral serologies, serum iron, ferritin, calcium, TSH, stool parasitology, serum protein electrophoresis, chest Xray, and abdominopelvic ultrasound was entirely normal. A stepsectioned skin biopsy was then performed. Histology demonstrated epidermotropism by atypical lymphocytes with Pautrier microabscesses, and immunohistochemistry was strongly positive for CD3 and CD4. These findings led to a diagnosis of IMF. Treatment with MTX at 20 mg/week was initiated, with planned reassessment at three months. At that point, the patient reported moderate relief of pruritus and early clinical improvement.

Results:

This case underscores an unusual MF presentation in which intense pruritus is the sole clinical sign. Pujol et al. reported a similar case of generalized itch without lesions [1], and Olsen et al. emphasize that lack of visible skin involvement may delay or obscure diagnosis [2]. Dereure and Guilhou highlight that IMF demands high clinical suspicion and early biopsy [3]. Prior reports by Hwong et al. [4] and Jawed et al. [5] confirm that SB remains indispensable even when cutaneous changes are absent. Immunohistochemical identification of Tcell markers CD3 and CD4 definitively establishes MF and differentiates it from other pruritic conditions [6]. Together, these data illustrate the need to include IMF in the differential diagnosis of unexplained chronic pruritus unresponsive to standard therapies. A proactive diagnostic approach including prompt SB enables earlier identification and tailored management. Our patient’s favorable response to MTX aligns with literature supporting its role as a firstline option in IMF [4], [5], [6].

Conclusion:

Absence of visible lesions should not exclude MF, especially in cases of severe, persistent pruritus [1]. Although rare, invisible presentations demand vigilance and comprehensive evaluation [2]. Early diagnosis is crucial to optimize therapy and improve prognosis [4].

Abstract N°: 5971

Cryotherapy as a salvage therapy to Vismodegib in a patient with a giant, refractory, locally advanced, oculofacial Basal Cell Carcinoma . A case from a private office in a Greek small town.

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Introduction & Objectives:

Basal Cell Carcinoma (BCC) is the most common cancer worldwide, particularly affecting the head and neck region, with 20% of cases in the periocular area. Orbital invasion occurs in 2-4% of cases. In case of bulbar or extensive orbital invasion, orbital exenteration is inevitable. Surgery, including wide excision and Mohs micrographic surgery, remains the primary treatment. Other treatments include electrocoagulation, curettage, cryotherapy, radiotherapy, chemotherapy, photodynamic therapy, and topical imiquimod. However, those treatments are not always effective for metastatic and locally infiltrative BCC or even always available. Vismodegib, a Hedgehog signaling pathway inhibitor, is an FDA and EMA-approved treatment for locally advanced and metastatic BCC. However, some patients demonstrate tumor intrinsic resistance to the treatment or develop resistance during treatment. Furthermore, despite BCC incidence increasing with age, there is limited data for the management of people over 65 years old as well as for the management of patients for which vismodegib is no longer effective and tumor is not amenable to surgery, radiotherapy or any other systemic treatment.

Materials & Methods:

We present an 80-year-old male patient with a giant, refractory, locally infiltrative BCC (laBCC) of the whole right upper quadrant of the face, including the orbital area, recurring over 17 years. Patient's medical records were reviewed.

Results:

From 2007, patient underwent multiple local excisions, radiotherapy and finally in 2017 an orbital exenteration. As further surgical approach would lead to further disfigurement while radiotherapy and systemic chemotherapy were excluded by his therapists, in 2018 cryotherapy in combination with imiquimod was performed. In 2020 vismodegib was initiated in dosage according to drug protocol with good results and no evidence of disease (NED) six months later. However, a year after the last cycle, BCC recurred in the right orbital socket, right temple and right nasolabial fold. Patient was subsequently treated with 3 more cycles of vismodegib with dermoscopic and clinical improvement. Despite the good response patient's oncologist switched vismodegib to cemiplimab. Disease control was lost and disease progression could not be controlled. Vismodegib was restarted given previous improvement but this time and after 10 months there was lack of adequate improvement. Given this, and as no other therapies were either available or adequate, local cryotherapy was combined with vismodegib with rapid response. Seventeen months later patient displays of more than 50% clinical improvement.

Conclusion:

Despite the reported high overall safety and efficacy of vismodegib, clinical trials have shown that some patients with advanced BCC exhibit either intrinsic resistance or develop resistance during therapy, usually due to mutations in the proteins of the Hedgehog pathway.

These resistant patients can be treated either with switching Hedgehog pathway inhibitor agents, if available, or with a combination therapy.

In this case, vismodegib combined with cryotherapy yielded excellent response beyond treatment with vismodegib alone, suggesting that adjuvant cryotherapy may be a viable choice in treating patients, even elderly ones, with recurrent or refractory facial and/or periocular laBCC with durable control of disease despite failure of other modalities, when other therapies are not available or applicable.

Abstract N°: 5977

Mogamulizumab-associated rash, characteristics and prognostic significance: a single-centre retrospective study

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Introduction & Objectives: Mogamulizumab is a monoclonal antibody targeting CCR4 and approved for relapsed or refractory cutaneous T-cell lymphomas (CTCL), including mycosis fungoides (MF) and Sézary syndrome (SS). A common adverse event is mogamulizumab-associated rash (MAR), thought to result from T regulatory cell depletion and dysregulated immune activation. MAR may mimic disease progression and complicate clinical management. This study aimed to characterize the clinical and histopathological features of MAR and evaluate its association with treatment outcomes.

Materials & Methods: We conducted a retrospective, single-center case series of patients with MF or SS treated with mogamulizumab between January 2012 and September 2023. MAR was defined as the appearance or worsening of a rash during treatment, with histologic features of drug eruption and no evidence of active CTCL, based on clinicopathologic correlation, immunohistochemistry, and T-cell receptor (TCR) molecular studies. Treatment response was assessed according to ISCL/EORTC criteria. Survival outcomes were calculated, and descriptive statistics were used.

Results: Among 34 mogamulizumab-treated patients (19 men, 15 women; median age 65), 5 patients (15%) developed MAR after a median of 13 weeks (IQR: 9–161.5). MAR presented as erythematous, scaly plaques predominantly on the head and neck. Histology revealed granulomatous dermatitis in all cases, with CD4:CD8 ratio inversion or normalization and polyclonal TCR gene rearrangements. Topical corticosteroids improved symptoms in 4 patients; mogamulizumab was continued in all cases. All MAR patients responded to treatment (overall response rate [ORR] 100%), including 3 complete responses (CR, 60%). Median time to best response was 17 weeks (IQR: 3–132) in MAR patients vs. 3 weeks (IQR: 1–10.5) in those without MAR. Median progression-free survival (PFS) was 40 weeks (IQR: 28.5–257) in MAR patients and 22 weeks (IQR: 9.5–58.5) in non-MAR patients. Median disease-free survival (DFS) was 71 weeks (IQR: 5–215) in MAR patients versus 53.5 weeks (IQR: 15.25–72.25) in others. Among non-MAR patients, the ORR was 66% (19/29), with CR in 14% (4/29).

Conclusion: Mogamulizumab-associated rash may be a clinical marker of treatment response in CTCL but is not always predictive of long-term remission. Accurate differentiation between MAR and disease progression is essential to avoid premature discontinuation of mogamulizumab. Our findings support integrating clinicopathologic correlation and molecular diagnostics when evaluating new skin lesions under treatment. Further prospective studies are needed to determine whether MAR can serve as a reliable prognostic biomarker.

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Abstract N°: 5984

Comparative study of cutaneous malignant melanoma according to anatomical site: plantar versus non-plantar melanoma

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Introduction & Objectives:

Cutaneous melanoma is the most aggressive form of skin cancer, with high mortality rates. While global incidence is increasing, comparative studies of clinicopathological features across anatomical sites remain limited, especially outside Caucasian populations. Plantar melanoma, in particular, has been understudied despite its distinct presentation. Given its frequency and severity in Moroccan patients, this study aims to compare clinicopathological features and to define the prognosis factors, between melanoma on plantar region with melanoma at other anatomical sites.

Materials & Methods:

A retrospective comparative analysis was conducted on all cutaneous melanoma cases seen at a tertiary referral center over 20 years. Patients were categorized into two groups: those with plantar melanoma and those with non-plantar melanoma

Results:

The study included 239 patients, comprising 186 cases of plantar melanoma (77.8%) and 53 cases of non-plantar melanoma (22.2%). Non-plantar cases were most frequently located in the ungual area. A male predominance was noted in both groups, with a mean age of 61.4 years. Fitzpatrick phototype IV was most common. Plantar melanoma showed longer symptom duration (average 9 vs. 5.5 months, $p = 0.030$), and was more frequently associated with trauma ($p = 0.019$), pre-existing nevi ($p = 0.001$), and alcohol use ($p = 0.021$). Nodular melanoma was the predominant histologic type, especially in plantar cases (81.7% vs. 18.3%). Plantar melanomas were significantly thicker (median 9.4 mm vs. 3.2 mm, $p<0.001$), more ulcerated (81.1% vs. 18.9%, $p=0.02$), and had higher Clark levels ($p<0.001$). Lymph node involvement ($p = 0.001$), metastasis at diagnosis ($p = 0.0013$), and advanced AJCC stages ($p = 0.000$) were more frequent in plantar melanoma. Mortality was also significantly higher in this group (51.85% vs. 27.7%, $p = 0.016$).

Conclusion:

We observed that plantar melanomas predominantly affected men and older individuals. These melanomas were more commonly associated with nodular histology, deeper Clark invasion, thicker Breslow thickness, and a higher risk of ulceration. Furthermore, plantar melanoma lesions frequently associated with lymphovascular invasion and distant metastases, as well as preexisting melanocytic nevi and traumatized areas. We suggest that plantar melanoma should be treated as a distinct subgroup and even be considered as an independent prognostic factor.

Abstract N°: 5993

A melanoma-specific classifier employing elastic scattering spectroscopy and machine learning to evaluate suspicious skin lesions

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Introduction & Objectives:

Melanoma is a cutaneous malignancy which is highly curable when caught early, but survival rates decline significantly once the cancer spreads to distant organs. Non-invasive diagnostic tools have demonstrated clinical and economic value, however many rely on laboratory processing and cannot provide real-time results. Elastic scattering spectroscopy (ESS) is an optical technique that samples tissue non-invasively and is available in a handheld device which can assist clinicians in evaluating lesions suspicious for skin cancer. This study aimed to develop a melanoma-specific classifier for the ESS device and evaluate its diagnostic performance across diverse datasets.

Materials & Methods:

The melanoma classifier was trained using 18,700 spectral readings from 3,601 lesions, collected from multiple clinical studies and supplemental lesion sets. The training set included melanomas, keratinocyte carcinomas, and benign lesions across all Fitzpatrick skin types. To mitigate class imbalance due to melanoma's low prevalence, the Synthetic Minority Over-sampling Technique (SMOTE) was applied. Residual Network (ResNet)-based neural networks were trained. The independent test set included 44 melanomas and 326 benign lesions with histopathologic confirmation from a multicenter dermatology study. Severe atypia was categorized as negative. Additional analysis was performed on a pooled dataset incorporating 29 melanomas and 1,355 benign lesions from primary care.

Results:

The melanoma classifier achieved a sensitivity of 95.5% and specificity of 44.5% on the test set. In the pooled dataset, sensitivity was 90.4% and specificity 53.8%. When severe atypia was reclassified as positive, sensitivity increased to 93.2%; when kept negative, sensitivity was 84.6%. Area under the receiver operating characteristic curve (AUROC) was 0.811 for the test set and 0.791 for the pooled dataset.

Conclusion:

The melanoma-specific ESS algorithm achieved high sensitivity in detecting melanoma and moderate specificity. When integrated into a point-of-care handheld device, this technology can support clinical decision-making by enabling real-time assessment of suspicious lesions. Its potential to reduce unnecessary biopsies and associated healthcare costs makes it a promising adjunct in dermatologic practice.

Abstract N°: 6010

Assessing Recurrence Patterns of Cutaneous Squamous Cell Carcinoma (cSCC) in Post-Surgical Patients: A Cross-Sectional Study

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) is a common invasive skin malignancy. This study assesses recurrence patterns and risk factors in post-surgical Iranian patients, aiming to enhance understanding and inform prevention, diagnosis, and treatment strategies for cSCC.

Materials & Methods:

The study employed a cross-sectional design to evaluate the epidemiology of cSCC among patients operated at Shahid Faghihi Hospital in Shiraz, Iran, from 2016 to 2023. It included patients with confirmed cSCC who underwent surgical treatments, ensuring comprehensive data collection through medical records and patient contact. A total of 167 records were reviewed, with 78 patients meeting inclusion criteria. Data analysis utilized SPSS version 27, applying chi-square and Fisher's exact tests for statistical significance at $p<0.05$.

Results:

A total of 78 patients with cSCC were included, with a mean age of 61.3 years (SD: 17.03) and 28.2% being female. Tumors were predominantly located on the face (25.6%), head (23.1%), neck (20.6%), and extremities (20.6%). Margin involvement was observed in 34.6% of cases. The average tumor depth was 4.72 mm, with a mean lesion length of 24 mm and width of 22 mm. Recurrent disease occurred in 25.6% of patients, with a mean relapse time of 11.05 months. Metastasis was observed in 19.2% of cases, and 76.9% of patients were alive at the time of analysis. Tumor recurrence was significantly associated with margin involvement, adjuvant radiation therapy, chemotherapy, and metastasis ($p < 0.001$ for all). Patients with recurrent cSCC had significantly higher mean tumor depth (5.75 mm vs. 4.36 mm, $p < 0.001$) and wider surgical margins (5.90 mm vs. 4.62 mm, $p = 0.01$) compared to those without recurrence.

Conclusion:

This study identified surgical margins, tumor depth, and metastasis as key recurrence predictors in cSCC, emphasizing the need for personalized treatment and further research on biological and molecular factors.

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Abstract N°: 6054

Exploring the dermatological viewpoint on active surveillance and watchful waiting in older adults with basal cell carcinoma

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Introduction & Objectives:

Active surveillance (AS) and watchful waiting (WW) are increasingly considered management strategies for basal cell carcinoma (BCC) in older adults. However, limited European data exist on dermatologists' perspectives regarding their application in clinical practice. This study aimed to explore the attitudes of European dermatologists toward AS and WW for BCC in older adults and to identify factors influencing clinical decision-making.

Materials & Methods:

A cross-sectional, anonymous survey was developed through a consortium of 4 academic dermatology departments. The survey was distributed among 10-15 national colleagues and among the board members of the non-melanoma skin cancer group of the EADV who were encouraged to further distribute the survey. The survey covered clinical scenarios, decision-making criteria, follow-up practices, and concerns about AS/WW.

Results:

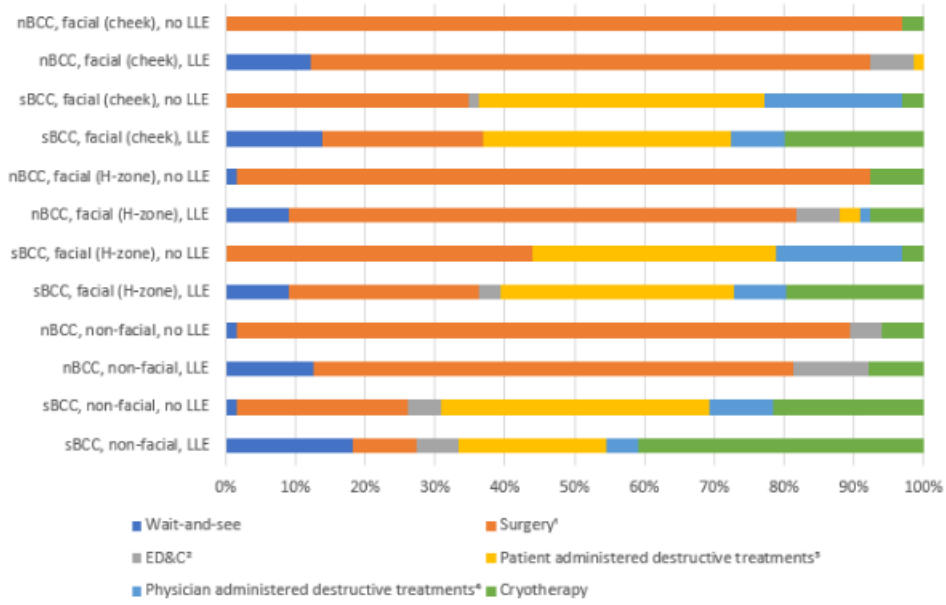
A total of 66 dermatology professionals (62 dermatologists and 4 residents) from 14 European countries completed the survey. The majority (97%) had previously proposed AS or WW. While only 18% selected AS/WW as their first-choice management for superficial, non-facial BCCs in patients with limited life expectancy (LLE), 70% expressed openness to the approach depending on patient and tumor characteristics. Physicians were presented with multiple clinical scenarios varying in tumor location, subtype, and patient prognosis. First-choice management decisions across these scenarios are summarized in *Figure 1*. The most influential factors for choosing AS/WW included LLE (85%), patient preferences (71%), and cognitive status (62%). Concerns were primarily related to tumor bleeding (77%), ulceration (68%), and functional impairment from progression (61%). Interestingly, 14% reported regretting an AS/WW approach due to rapid tumor progression, while 33% had treatment regrets stemming from complications in older adults with poor general health.

Conclusion:

Most European dermatologists are receptive to AS/WW for selected BCC cases in older adults, especially when aligned with patient values and clinical context. However, the lack of formal guidelines and concerns about complications limit broader implementation. There is a strong call for evidence-based recommendations to support individualized care decisions, optimal follow-up strategies, and integration of patients and caregivers in shared monitoring responsibilities.

Figure 1. Physician's first choice treatment option, across different scenarios with a small (1 cm)

asymptomatic BCC lesion in a older patient with or without limited life expectancy (LLE).



1 Surgery includes conventional excision and Mohs micrographic surgery 2 ED&C: Electrodesiccation and Curettage 3 Patient administered topical treatments include imiquimod and 5-fluoruracil 4 Other physician-administered treatments including CO2-laser and photodynamic therapy

Abstract N°: 6061

Disseminated Actinic Porokeratosis and Extensive Solar Elastosis in a Patient with Prior Basal Cell Carcinoma: A Diagnostic and Surveillance Challenge

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Introduction & Objectives: Disseminated actinic porokeratosis (DAP) is a rare keratinization disorder associated with chronic UV exposure. It typically involves sun-exposed areas and carries a risk for malignant transformation. This case aims to highlight an atypical presentation of DAP affecting the lower limbs, in a patient with a history of basal cell carcinoma (BCC), emphasizing the importance of clinical recognition and surveillance in the absence of histopathological confirmation.

Materials & Methods: A 68-year-old woman was evaluated for multiple slowly progressive annular, keratotic plaques, predominantly located on the lower extremities. The patient reported a 15-year history of lesion development and had previously undergone excision of a BCC on the left temple. No immunosuppression or systemic disease was reported. The diagnosis of DAP was made clinically based on morphology and distribution. No biopsies were performed, per the patient's preference. Dermoscopic evaluation and full skin examination were conducted to rule out malignant changes.

Results: The lesions were consistent with porokeratosis, showing classic features: well-demarcated plaques with raised keratotic borders and central atrophy. Interestingly, the most extensive involvement was on the legs, despite moderate photodamage on the upper body. No evidence of malignant transformation was found during follow-up. Dermoscopy showed regular features with no atypical vascular or pigment patterns. The patient was counseled on photoprotection and enrolled in regular dermatological monitoring.

Conclusion: This case illustrates a rare non-classical distribution of DAP, with lesions primarily on the lower limbs. In patients with a history of skin cancer, even clinically diagnosed porokeratosis warrants careful long-term follow-up. When biopsy is declined, dermoscopic surveillance and patient education remain essential to prevent delayed diagnosis of malignancy.

Abstract N°: 6074

A Painful Breast Nodule: Cutaneous Leiomyosarcoma

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Introduction & Objectives: Cutaneous and subcutaneous leiomyosarcomas, also called atypical intradermal smooth muscle neoplasms, are rare tumors, comprising only 4%–6.5% of soft tissue sarcomas. Dermal variants are thought to originate from arrector pili muscles or genital smooth muscle while subcutaneous forms likely arise from vascular smooth muscle. These tumors predominantly affect men, typically presenting in the fifth to seventh decades of life. Clinically, they manifest as solitary, firm, skin-colored to red–brown nodules or plaques, most commonly located on the lower extremities. Although tumors are often asymptomatic, some lesions may become painful or ulcerated. Dermal tumors range from 0.5 to 4cm in diameter, while subcutaneous lesions tend to be larger. Surgical management requires wide excision with careful assessment of margins due to the risk of recurrence.

Case Report: A 77-year-old female patient presented with a painful, slowly enlarging lesion on the superior region of the left breast, present for approximately two months. There was no history of trauma or radiation exposure. Dermatological examination revealed a firm, pink, papule approximately 7 mm in diameter accompanied by a smaller red papule inferior to the main lesion, consistent with a hemangioma. Dermoscopic examination demonstrated a central structureless area, thick branching vessels at the periphery, and keratinized zones. These findings initially raised suspicion of basosquamous carcinoma.

Histopathological evaluation revealed a dermal spindle cell neoplasm with moderate to marked cytologic atypia and a mitotic rate of 9 mitoses per 10 high-power fields. No necrosis was observed, but the tumor exhibited an infiltrative growth pattern. Immunohistochemical staining showed diffuse positivity for smooth muscle actin, desmin, and caldesmon, supporting smooth muscle origin. Pan-cytokeratin (PanCK) and S-100 were negative, effectively ruling out epithelial and neural differentiation.

Results: This case highlights a diagnostically challenging presentation of a painful, pinkish nodule on the breast—an uncommon location for leiomyosarcoma. Dermoscopy revealed thick arborizing vessels and keratinized zones—features initially suggestive of basosquamous carcinoma. However, pink nodular tumors exhibiting white homogeneous areas and prominent vascular patterns may also indicate malignancies such as Merkel cell carcinoma, atypical fibroxanthoma, and dermatofibrosarcoma protuberans.

In this case, the presence of marked cytologic atypia, a high mitotic rate, and an infiltrative growth pattern consistent with the aggressive biological behavior of cutaneous leiomyosarcoma.

Conclusion: We report a rare case of cutaneous leiomyosarcoma arising on the breast in a female patient, initially mimicking basosquamous carcinoma on dermoscopic evaluation. This case underscores the potential diagnostic challenges in evaluating pink nodular lesions with non-specific dermoscopic features. In such cases, dermoscopy alone may not be sufficient; therefore, careful clinical assessment and histopathological evaluation are essential. Timely diagnosis and complete surgical excision with adequate margin control are necessary to reduce local recurrence risk and ensure optimal patient outcomes.

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Abstract N°: 6076

From Thorn Injury to ALK-Positive sALCL

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Introduction & Objectives:

Systemic anaplastic large T-cell lymphoma (sALCL) is a rare subtype of CD30 (+) non-Hodgkin lymphoma, where the expression of ALK is a key factor in classification. ALK-positive sALCL is more frequently observed in adolescents and typically has a more favorable prognosis compared to ALK-negative variants. Although B symptoms and lymphadenopathy are common, atypical cutaneous manifestations can sometimes lead to diagnostic delays. We present a case of a 14-year-old male diagnosed with sALCL, associated with a rapidly growing tumoral lesion that emerged following a thorn injury.

Materials & Methods:

14-year-old otherwise healthy male presented with a 6×5×3 cm ulcerative mass in the right lumbar region, which developed from an erythematous papule following a thorn prick three months earlier. Despite receiving systemic antibiotics, there was no improvement.

Results:

Histopathological examination was conducted, with provisional diagnoses of deep fungal infection and pseudolymphoma. The findings revealed CD30-positive lymphoproliferation, and immunohistochemistry confirmed positivity for EMA, Granzyme B, and ALK. A PET-CT scan indicated the presence of an abdominal wall mass, axillary lymphadenopathy, and pleural nodules. The patient was ultimately diagnosed with stage III ALK-positive sALCL and initiated treatment under the ALCL99 high-risk protocol. Following just one cycle of treatment, the lesion exhibited significant regression, and the patient’s clinical condition remained stable.

Conclusion: ## In this instance, the absence of systemic symptoms combined with a deceptive infectious appearance led to a delay in diagnosis. The swift response to the ALCL99 protocol underscored the critical importance of early identification and timely oncologic referral.

Abstract N°: 6119

Angiogenesis gene expression after laser treatment of basal cell carcinoma

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Introduction & Objectives:

Basal cell carcinoma is the most widespread malignant skin neoplasm. Angiogenesis is critical for the growth and metastasis of malignant tumors.

We studied the changes in angiogenesis genes expression in the skin biopsies of patients with basal cell carcinoma before and after laser treatment.

Materials & Methods:

The genes expression investigated with real-time reverse transcription PCR: angiopoietin 2 (*ANGPT2*), calcitonin-related polypeptide alpha (*CALCA*), epidermal growth factor receptor (*EGRF*), fibroblast growth factor (*FGF2*), intracellular adhesion molecule (*ICAM1*), vascular endothelial growth factor (*VEGFA*) and its type 2 receptor (*EGFR2*), matrix metalloproteinase (*MMP9*), homologue protein of phosphatase and tensin (*PTEN*), tachykinin receptor (*TAC1*), and tumor necrosis factor protein genes (*TNF*).

The 31 patients provided skin punch biopsies from basal cell carcinoma (BCC) lesions before and after therapy from the same localization. Patients received treatment at the State Research Center of Dermatovenereology and Cosmetology of Russian Ministry of Health (Moscow), using a pulsed dye laser (585 nm) and long-pulsed neodymium laser (1064 nm).

Results:

An increased expression of the matrix metalloproteinase (*MMP9)* and the tachykinin precursor (*TAC1)* genes were revealed in skin biopsy samples of the superficial form of basal cell skin cancer during laser pulsed therapy. The expression of tumor necrosis factor (*TNF)*, epidermal growth factor receptor (*EGFR)*, fibroblast growth factor (*FGF2)* genes increases to a lesser extent. The increasing expression of (*MMP9)* and (*TAC1)* genes also established in skin biopsy samples of the nodular form of basal cell skin cancer. The expression of the calcitonin-related polypeptide alpha (*CALCA)* gene in the skin of patients is at basal level, which makes it possible to exclude the influence of the neuropeptide on the basal cell skin cancer pathogenesis. The average values allow to conclude the expression of all the studied samples is increased after pulse laser destruction therapy. This means neoangiogenesis is continued at the skin even after the destruction of basal cell skin cancer lesions.

Conclusion:

Among the factors of neoangiogenesis potentially influencing the development of basal cell skin cancer, the leading role of expression of the (*MMP9)* matrix metalloproteinase and (*TAC1)* precursor protein of tachykinin has been shown. Simultaneous changes in the level of these proteins may be due to neuroimmune interactions in the epidermis, which is probably realized by mast cells as the microenvironment of the basal cell carcinoma. In the process of laser destruction, there is also a slightly pronounced increased expression of additional factors of neoangiogenesis.

Abstract N°: 6125

Cutaneous Squamous Cell Carcinomas Arising from Chronic Inflammatory and Genetic Backgrounds: A Comparative Analysis of Clinical, Histopathological, and Epidemiological Features

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Introduction & Objectives: Cutaneous squamous cell carcinoma (cSCC) is commonly associated with ultraviolet radiation exposure. However, chronic inflammation and genetic factors also play a role in its pathogenesis. Inflammation-related cSCCs often arise on long-standing tissue damage sites such as scars, ulcers, and hidradenitis suppurativa (HS). Genetically driven cases such as xeroderma pigmentosum (XP), epidermodysplasia verruciformis (EV), and epidermolysis bullosa (EB) emerge due to defective DNA repair or immune dysfunction. Despite this understanding, direct comparative studies of these two etiologic groups remain scarce. This study aims to identify and compare clinical and pathological differences in cSCCs arising from inflammatory versus genetic backgrounds.

Materials & Methods: This retrospective study included 63 lesions from 45 cSCC patients of either inflammatory or genetic origin. The classification was based on clinical history and histopathologic confirmation. Patient age, modified Charlson comorbidity index, tumor multifocality, invasiveness, anatomic localization, and co-existing skin malignancies, were analyzed comparatively using appropriate statistical methods.

Results: The mean age at diagnosis was significantly lower in the genetic group (42.4 ± 18.3 years) compared to the inflammatory group (65.4 ± 15.2 years; $p<0.001$). Comorbidity scores were also lower in the genetic group (1.79 vs. 4.25; $p=0.010$). Genetically predisposed patients exhibited higher rates of multifocality (69.2% vs. 26.9%; $p=0.019$). Non-cSCC skin malignancies (e.g., basal cell carcinoma and melanoma) were more prevalent in this group (75.0% vs. 27.6%; $p=0.038$). Scar-associated cSCCs were notably more invasive (93.8% vs. 61.7%; $p=0.016$), with greater tumor depth (11.4 ± 8.3 mm; $p=0.021$) and surface area ($p=0.043$). Anatomic distribution differed significantly, scar-related lesions predominating in non-head and neck areas (53.6%), especially extremities.

Conclusion: Our findings reveal that cSCCs arising from genetic backgrounds manifest at significantly younger ages and in patients with fewer comorbidities, underlining the early and aggressive oncogenic potential of inherited syndromes such as XP and EV. The markedly higher rates of multifocality and other skin cancers in this group emphasize the need for lifelong dermatologic surveillance in genetically predisposed individuals. In contrast, inflammation-related cSCCs exhibited significantly greater invasiveness, tumor depth, and surface area, reflecting their clinically aggressive nature and supporting the classification of scar-related cSCCs as high-risk tumors. The distinct anatomic distribution patterns, including the tendency of scar-associated lesions to localize outside the head and neck region, highlight their tendency to localize in trauma-prone areas, particularly the extremities. Overall, these differences support etiology-specific diagnostic and follow-up strategies to improve patient outcomes in both subgroups.

Abstract N°: 6142

ALK-negative primary cutaneous T-cell anaplastic large cell lymphoma in a patient with DOCK8 hyper-IgE syndrome: A case report

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Introduction & Objectives:

DOCK8 (Dedicator of Cytokinesis 8) hyper-IgE syndrome is a rare autosomal recessive primary immunodeficiency disorder characterized by combined immunodeficiency, elevated IgE levels, eosinophilia, and recurrent viral, bacterial, and fungal infections. The DOCK8 protein forms a complex with the Wiskott–Aldrich syndrome protein, facilitating the connection between T cell receptors and the actin cytoskeleton. A deficiency in DOCK8 leads to elevated levels of Th2 cells and increased secretion of the itch-inducing cytokine IL-31, while simultaneously reducing the populations of Th1 and Th17 cells. A hallmark of DOCK8 hyper-IgE syndrome is the susceptibility to malignancies, particularly cancers such as mucocutaneous squamous cell carcinomas and lymphomas.

Materials & Methods:

We report a case of DOCK8 hyper-IgE syndrome complicated by the development of ALK-negative primary cutaneous T-cell anaplastic large cell lymphoma with nodal involvement.

Results:

A 28-year-old female was diagnosed with DOCK8 hyper-IgE syndrome at age three. Since age 15, she has received regular intravenous immunoglobulin therapy. Her family history is notable for a sister with hyper-IgE syndrome who died from pneumonia in adolescence.

She presented with several asymptomatic lesions primarily on the trunk for one week. She denied systemic symptoms such as fever, malaise, or unintentional weight loss. On physical examination, scattered violaceous, firm papulonodules were noted on the chest, abdomen, back, and upper extremities.

Histopathologic examination of a skin biopsy from the left forearm demonstrated dermal and occasional subcutaneous infiltration by small to medium-sized atypical lymphocytes along with larger atypical lymphoid cells. The overlying epidermis showed epidermotropism, with atypical lymphocytes aligned along the basal layer. Immunohistochemistry revealed that the atypical lymphocytes were positive for CD3, CD4, and CD25, with aberrant loss of other T-cell markers, consistent with a diagnosis of T-cell lymphoma.

FDG-PET/CT imaging showed involvement of lymph nodes above and below the diaphragm, as well as skin lesions on the scalp, left postauricular region, and left thigh. Excisional biopsy of the left inguinal lymph node revealed complete architectural effacement with cohesive sheets of large neoplastic cells, some showing Reed-Sternberg-like morphology. Frequent mitoses were noted. Immunohistochemistry confirmed a diagnosis of ALK-negative anaplastic large cell lymphoma. Bone marrow biopsy from the right posterior iliac crest revealed normocellular marrow with increased eosinophils but no evidence of lymphoma involvement. The final diagnosis was ALK-negative primary cutaneous T-cell anaplastic large cell lymphoma, stage IV.

Given the risks associated with conventional chemotherapy in the setting of profound immunodeficiency, the patient was managed with palliative therapy and best supportive care.

Conclusion:

This report highlights a rare but significant oncologic complication in a patient with DOCK8 hyper-IgE syndrome. To our knowledge, this is the first documented case of ALK-negative primary cutaneous T-cell anaplastic large cell lymphoma with nodal involvement in this patient population. The case underscores the importance of vigilant malignancy surveillance and the need for individualized, risk-adapted treatment strategies in patients with DOCK8 hyper-IgE syndrome.

Abstract N°: 6181

Primary Cutaneous Marginal Zone B-Cell Lymphoma: Conservative Approach in a Case of Infiltrated Recurrence Without Systemic Involvement

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Introduction & Objectives: Primary cutaneous marginal zone B-cell lymphoma (PCMZL) is an indolent non-Hodgkin lymphoma, confined to the skin, and generally associated with a good prognosis. Management relies on an individualized approach depending on the clinical presentation.

Materials & Methods: We report the case of a 58-year-old male patient with type 2 diabetes, presenting with a recurrence of PCMZL evolving since 2020. Initially described as a 1 cm nodule, the lesion progressed in 2024 into a 17 cm erythematous and hyperpigmented infiltrated plaque on the left scapular region. The patient's general condition was preserved, with no systemic involvement on imaging (cervico-thoraco-abdomino-pelvic CT scan). Blood tests showed a moderate acute inflammatory syndrome without hematological abnormalities. Histological and immunohistochemical analysis confirmed a B-cell lymphoid infiltrate expressing CD20++ and Bcl2++, with focal expression of Bcl6 and absence of CD10 expression. The diagnosis of PCMZL stage T2N0M0 was established.

Results: Following discussion in a multidisciplinary tumor board (Oncodermatology MDT), systemic therapeutic abstention was decided, with local treatment using topical corticosteroids. Radiotherapy and rituximab immunotherapy were not considered appropriate due to the flat presentation and absence of systemic progression.

Conclusion: PCMZL generally follows a slow course, allowing for conservative management in many cases. The absence of visceral dissemination and clinical stability justify a strategy of close monitoring with minimalist local treatment.

Abstract N°: 6183

Recurrence rates and Follow- up Outcomes of Pleomorphic Dermal Sarcomas across three Dermatology Departments: Results of an Audit against the UK Guidelines for the Management of Soft Tissue Sarcomas 2016/2024

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Introduction & Objectives:

Pleomorphic dermal sarcoma (PDS) is a rare skin cancer which displays an aggressive growth pattern, with an estimated 17% of cases demonstrating local recurrence and 16% distant metastases (Ørholt M, Abebe K, Rasmussen LE, Aaberg FL, Lindskov LJ, Schmidt G et al, Atypical fibroxanthoma and pleomorphic dermal sarcoma: Local recurrence and metastasis in a nationwide population-based cohort of 1118 patients. J Am Acad Dermatol. 2023 Dec;89(6):1177-1184). There is no consensus on management and follow up approach locally and UK guidelines on the management of soft tissue sarcomas in 2016 and 2024 do acknowledge the lack of universal agreement of resection margins but have outlined a follow up schedule for primary disease (Hayes, A.J., Nixon, I.F., Strauss, D.C., Sneddon B.M., Desai, A., Benson C. et al. UK guidelines for the management of soft tissue sarcomas. Br J Cancer. 2024).

This multicentre audit's aim was to improve patient safety by establishing a consensus-based follow-up schedule for patients diagnosed with PDS as well as highlighting trends and differences in management

Materials & Methods:

For each centre patients were identified with a PDS diagnosis made 5 years preceding. Characteristics of the primary tumour, all treatments received and incidences of recurrence or metastasis were recorded. Follow up schedules were compared against the current UK guideline.

Results:

52 cases of PDS were identified; analysis showed a wide variation in management and follow up, both within and between centres. At one centre with 22 patients, mean age at diagnosis was 79.5 years (range 59-97), and the majority of PDS diagnoses were located on the head and neck (17/22). 4/22 patients had 5 year follow up and 4/22 had staging investigations. Only 3/22 cases had a tumour histological grade stated which made risk stratifying challenging. At time of submission, the final results from the other two centres are undergoing analysis ready for publication.

Conclusion:

This project has demonstrated huge heterogeneity in the management and follow up of these high-risk tumours. Good practice was identified in each centre, but there were several areas where improvements could be made, which would be guided best by a UK-wide guideline for PDS management.

We present this evidence to support the need for a standardised approach of PDS management, focussing on standardised histopathological reporting, recommended staging investigations and defined follow up frequency

and period. In lieu of specific PDS guidelines we would currently suggest that current UK sarcoma guidelines are followed, until our data is used to help categorise the key criteria for best practice management of patients with PDS.

Abstract N°: 6212

Classification of High- and Low-Risk Groups in Patients with Dermal Leiomyosarcoma: An Exploratory Register-based Nationwide Cohort Study

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Introduction & Objectives:

Dermal leiomyosarcoma (dLMS) is generally considered an intermediate-risk neoplasm characterized by a considerable risk of local recurrence but a low risk of metastasis.** Although there is general agreement that dLMS presents a low risk of metastasis, the possibility of metastatic potential cannot be dismissed entirely, as reported metastasis rates in the literature vary from 0% to 14%.** Furthermore, risk factors for dermal leiomyosarcoma (dLMS) remain poorly defined because methodological constraints, small sample sizes, and short follow-up limit previous studies. The objective of this study was to investigate risk factors for metastasis and local recurrence and to propose a high- and low-risk classification for dLMS.

Materials & Methods:

The data in this study were extracted from the Danish National Health Registers. All patients diagnosed with dLMS in Denmark during 1980-2022 were included. Absolute 5year risks were estimated with the Aalen–Johansen method, treating allcause mortality as a competing risk. The results were presented as 5-year absolute risks and risk differences with 95% confidence intervals The classification of dLMS into a high- and low-risk group was based on risk factors associated with a 5-year risk difference of more than 5% for metastasis and more than 10% for local recurrence based on the overall 5-year risks for each outcome.

Results:

Among 381 patients (median age 66 years, 71% male), the 5-year risk of metastasis was 2.4% and 10% for local recurrence. The presence of tumor necrosis was associated with a 5-year metastasis risk of 9.3% compared to 1.5% of those without, yielding a risk difference (RD) of 7.8%. Patients with mitotic grade 3 had a 5-year metastasis risk of 6.5% compared to 1.4% for grades 1/2 (RD = 5.1%). Perineural or intravascular invasion was linked to a 25% risk of metastasis, compared to 2.1% in patients without invasion (RD = 23%). For local recurrence, positive surgical margins were associated with a 5-year risk of 26% compared to 8.4% in patients with negative margins (RD = 18%). Perineural or intravascular invasion was associated with a 50% risk compared to 9.6% in patients without (RD = 40%).

Conclusion:

We propose that high-risk dLMS could be defined by the presence of necrosis, mitotic grade 3, perineural/intravascular invasion or positive surgical margins. We suggest that all patients with dLMS could be followed with clinical visits twice the first year, followed by annual visits for three years for a total of four years, as no further relapses occurred after this time point. The follow-up of patients with high-risk dLMS could be extended to also include either PET/CT or CT of the thorax the first two years due to the risk of distant and pulmonary metastases. The follow-up of patients with low-risk dLMS could be limited to annual examinations at a general practitioner or dermatologist.

	Dermal Leiomyosarcoma (N = 381)
Age (years)	
- Median	65.7
- IQR	53.1, 76.7
Sex	
- Female	109 (28.6%)
- Male	272 (71.4%)
Anatomic region	
- Not specified	3
- Head and neck	187 (49.5%)
- Lower extremity	76 (20.1%)
- Trunk	115 (30.4%)
Pathologic surgical margins	
- Negative	346 (90.8%)
- Positive	35 (9.2%)
Tumor diameter (mm)	
- Not specified	153
- Median	15.0
- IQR	10.0, 25.0
Tissue invasion	
- Not specified	2
- No invasion	210 (55.4%)
- Subcutis	156 (41.2%)
- Fascia/Muscle	12 (3.2%)
- Periosteum/Bone	1 (0.3%)
Perineural or intravascular invasion	
- No	377 (99.0%)
- Yes	4 (1.0%)
Tumor necrosis	
- No	338 (88.7%)
- Yes	43 (11.3%)
Mitotic grade	
- Not specified	15
- 1	194 (53.0%)
- 2	94 (25.7%)
- 3	78 (21.3%)

Table 1: Baseline characteristics of the included patients

Figures and tables:

	Low-risk (N=249)	High-risk (N=132)	P-value
Age (years)			0.009
- Median	64.0	69.0	
- IQR	51.1, 74.5	56.9, 78.4	
Sex			0.955
- Female	71 (28.5%)	38 (28.8%)	
- Male	178 (71.5%)	94 (71.2%)	
Region			0.095
- Not-specified	3	0	
- Extremities	123 (50.0%)	64 (48.5%)	
- Head and neck	42 (17.1%)	34 (25.8%)	
- Trunk	81 (32.9%)	34 (25.8%)	
Margin status			< 0.001
- Negative	249 (100.0%)	97 (73.5%)	
- Positive	-	35 (26.5%)	
Tumor size (mm)			0.002
- N-Miss	101	52	
- Median	12.0 mm	17.0	
- IQR	9.0, 20.0	10.8, 32.5	
Tissue invasion			0.013
- No	150 (60.2%)	62 (47.0%)	
- Yes	99 (39.8%)	70 (53.0%)	
Perineural or intravascular invasion			0.006
- No	249 (100.0%)	128 (97.0%)	
- Yes	-	4 (3.0%)	
Tumor Necrosis			< 0.001
- No	249 (100.0%)	89 (67.4%)	
- Yes	-	43 (32.6%)	
Mitotic grade			< 0.001
- Not-specified	13	2	
- 1	162 (68.6%)	32 (24.6%)	
- 2	74 (31.4%)	20 (15.4%)	
- 3	-	78 (60.0%)	

Table 2: Baseline characteristics of patients classified in a high- or low-risk group

Side 2

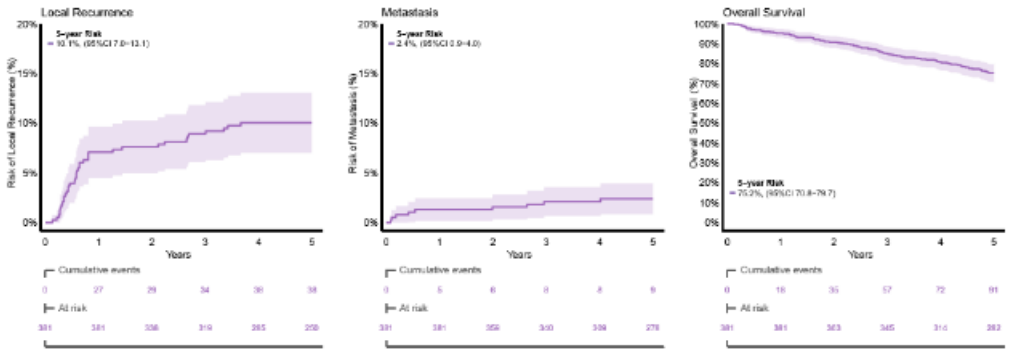

Figure 1: Cumulative incidence- and Kaplan-Meier plots for the estimates of local recurrence, metastasis, and overall survival in the entire cohort of patients with dermal LMS.

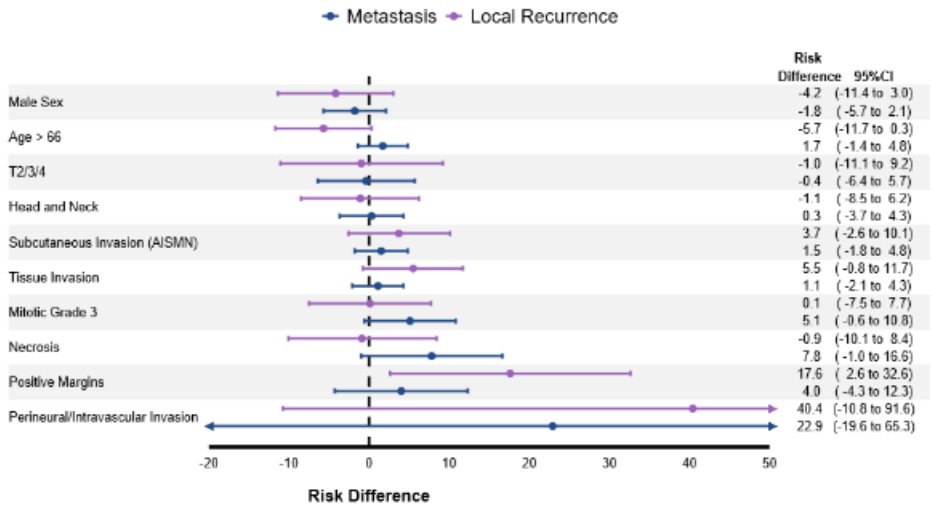

Figure 2: Forest plot of the univariable analysis of risk factors for metastasis and local recurrence from the univariable analysis.

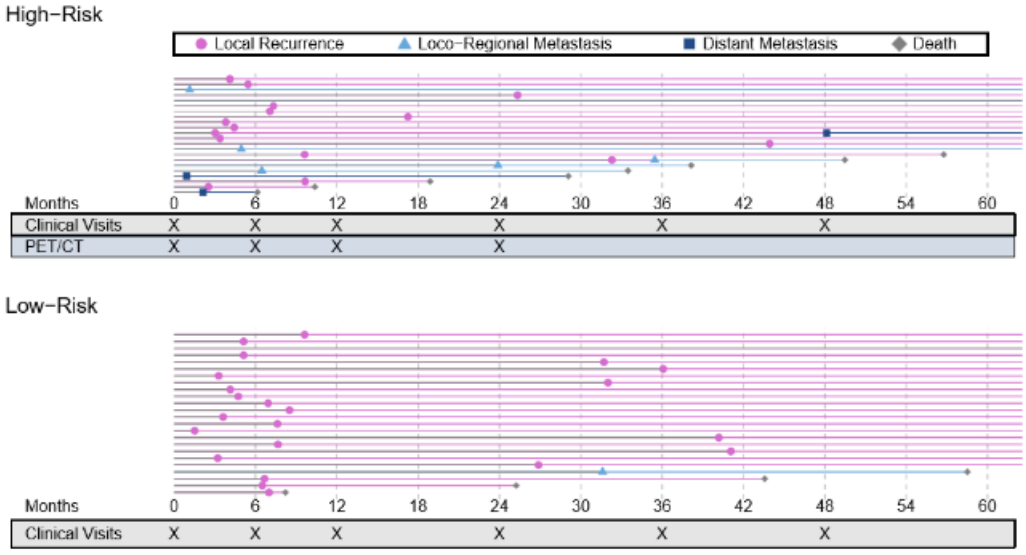

Figure 3: A swimmer plot of the observed local recurrences, locoregional, and distant metastases and total follow-up time in patients with high-risk and low-risk dLMS.

Abstract N°: 6275

Familial melanoma and neural system tumor in a middle-aged Caucasian male - A case report

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Introduction & Objectives: Familial melanoma accounts for approximately 5–12% of melanoma cases. The most prevalent high-risk gene associated with this rare disease is CDKN2A, a tumor suppressor gene on chromosome 9p21 which also confers an increased risk of pancreatic carcinoma and other malignancies. Melanoma and neural system tumor syndrome of inherited glioma predisposition is rare a variant of familial melanoma. We present a 40-year-old Caucasian male with multiple primary melanomas, a positive family history for malignant melanoma and a personal history of a glioma at the age of 15.

Materials & Methods: The patient was admitted to the Familial Melanoma Clinic of our hospital. Genetic testing was ordered and a detailed family history and the family pedigree were documented. Regular follow ups every 3 months with 3D total body skin examinations (TBSE), regular body imaging (CT, MRI, X-rays, ultrasound, MRCP) for visceral and neurological malignancies, and GI specialist referrals were performed and evaluated.

Results: The proband's mother and a 2nd degree relative from the same blood line perished due to melanoma during their 5th life decade with no other malignancies to be noted. Genetic testing revealed a sequence change that creates a premature translational stop signal (p.Trp110*) in the *CDKN2A* (p16INK4a) gene with a resulted absent or disrupted protein product. Loss-of-function variants in *CDKN2A* (p16INK4a) are known to be pathogenic and are associated with familial melanoma. A whole-body 3D imaging revealed >166 melanocytic nevi of which 3 were primary melanomas arising on dysplastic nevi. These lesions were located on the neck and trunk and were surgically removed. The primary melanoma of the left lumbar area had a Breslow's depth: 1.8mm. A sentinel lymph node biopsy (SLNB) of the left groin was negative. 2 years after patient initial presentation no new cutaneous or internal organ malignancies developed.

Conclusion: Multidisciplinary long-term screening for malignancies, dermatological examination from late adolescence, medical advice on healthy lifestyle and patient education on sun avoidance and self-examination are essential for carriers of *CDKN2A* pathogenic variants, since they tend to develop melanoma at a younger age and are at increased risk for multiple primary melanomas and other visceral and neurological malignancies. Genetic counseling should also be offered to family members and surveillance should be extended to include non-affected carriers.**

Abstract N°: 6293

Cemiplimab in Advanced Cutaneous Squamous Cell Carcinoma and Locally Advanced Basal Cell Carcinoma: Real-World Experience in a Dermatology Department

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Introduction & Objectives:

Basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC) are the most common malignant tumours in white population. Although most BCCs and cSCCs have excellent local control and survival rates, a minority of cases progress to metastatic or locally advanced disease. Cemiplimab, a programmed cell death-1 (PD-1) inhibitor, is approved for the treatment of locally advanced or metastatic BCC and cSCC.

The aim of this study was to evaluate the effectiveness and safety of cemiplimab in the management of advanced cSCC and locally advanced BCC** (laBCC) in a real-world clinical setting.

Materials & Methods:

We conducted a retrospective, observational, single-centre study including nine patients treated with Cemiplimab between July 2019 and April 2025.

Results:

A total of 9 patients (56% female; median age, 81) were included. Eight patients were diagnosed with advanced cSCC: five (63%) locally advanced cSCC and three (37%) metastatic cSCC. One patient had both laBCC and locally advanced cSCC (lacSCC), and another had laBCC. Six patients had received prior treatments. Immunotherapy was indicated as first-line treatment in three patients. Four patients (44%) responded to cemiplimab after a median of 5 cycles, including two complete responses (CR) and two partial responses (PR). One patient achieved stable disease. Disease progression occurred in five patients, including one who had initially achieved stable disease. Median progression-free survival for responding patients 14 months (range 6-63). Four patients developed adverse events (AEs) that were mild in most cases. Treatment was discontinued in seven patients: five due to disease progression, one because of immune-mediated hepatitis, and one after achieving CR. Three patients died due to disease-specific causes.

Conclusion:

LaBCC accounts for approximately 1% of all BCCs, while metastatic BCC (mBCC) is exceedingly rare. In contrast, cSCC carries a higher risk of progression to advanced disease (5% cases). Patients with epidermolysis bullosa (EB) have a high risk of early-onset and aggressive cSCCs. In our series, a 26-year-old patient presented with severe recessive dystrophic EB. Systemic therapies for advanced cSCC and BCC include PD-1 inhibitors. Cemiplimab is approved for metastatic or lacSCC in patients who are not candidates for surgery or radiotherapy. In the context of BCC, cemiplimab is indicated for patients with laBCC or mBCC who have previously been treated with an HHI or for whom an HHI is not appropriate. A recent meta-analysis reported an overall response rate (RR) of 54.5% in advanced cSCC treated with cemiplimab (21.3% CR; 35.8% PR). In our series, a slightly lower RR was observed (33.33%). Specifically, one patient with lacSCC achieved PR and two achieved CR. This analysis also showed a good safety profile, with fatigue and dermatitis as the most common AEs. Our findings are consistent with these

results, with only one treatment discontinuation. Regarding BCC, the primary analysis of a phase II trial evaluating cemiplimab in laBCC after HII, reported a RR of 31%. In our series, two patients with laBCC were included, one of whom achieved PR and is still receiving cemiplimab. The other didn´t respond and cemiplimab was withdrawn.

In conclusion, this study provides real-world evidence on the effectiveness and safety of cemiplimab in advanced cSCC and laBCC. Additional studies are needed to identify patient and tumour characteristics that can predict therapeutic response.

Table 1. Main clinical characteristics and treatment outcomes.

	Sex	Age	Primary tumour	Location	Extent of disease	Treatment before Cemiplimab	Number of cycles	Best response	Number of cycles to best response	Toxicity	Discontinuation of treatment (Yes;No) and cause	Treatment after Cemiplimab	Death (Yes/No) and Cause
1	F	92	cSCC	Anterior chest	Regional metastasis	Surgery	21	Complete response	3	Pruritus. Hype-rtransamina-semia	Yes / Toxicity	No	No
2	M	92	cSCC	Right foot	Locally advanced	No	8	Stable disease	2	Hypo-thyroidism	Yes / Progression	Amputation	Yes / Other cause
3	M	63	cSCC	Left leg	Regional metastasis	Surgery, RT	3	Complete response	3	Asthenia, diarrhoea, anemia	Yes / Complete response	No	Yes / Other cause
4	F	91	cSCC	Nead/neck (supra-clavicular)	Regional metastasis	No	5	Progression		No	Yes / Progression	No	Yes / Disease-specific
5	M	77	cSCC	Nead/neck (left forehead)	Regional metastasis	Surgery, Cisplatin	3	Progression		Asthenia, anorexia, anemia	Yes / Progression	No	Yes / Disease-specific
6	F	97	cSCC	Left leg	Regional metastasis	Surgery, RT	4	Progression		No	Yes / Progression	Amputation	Yes / Other cause
7	F	81	BCC	Left cheek and lower eyelid	Locally advanced	Sonidegib	21	Partial response	16	No	No	No	No
8	M	75	cSCC, BCC	Anterior chest	Locally advanced	Vismodegib, RT	22	Progression		No	Yes / Progression	Vismodegib, Sonidegib, RT	Yes / Disease-specific
9	F	26	cSCC (*EB)	Left foot (heel)	Locally advanced	No	9	Partial response	7	No	No	No	No

Abbreviations: F, female; M, male; cSCC, cutaneous squamous cell carcinoma; BCC, basal cell carcinoma; RT, radiotherapy; EB: epidermolysis bullosa.

Abstract N°: 6354

Treatment with 188-Rhenium resin for non-melanoma skin cancer. First treatments performed in Spain.

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Introduction & Objectives:

Treatment of non-melanoma skin cancer (NMSC) with 188-Rhenium resin (188-Re) is a therapeutic alternative to conventional techniques, such as surgery (gold standard), especially in patients who are not candidates for surgical treatment, either due to comorbidities or lesion characteristics (location and extent). In these scenarios, 188-Re is a useful tool, with good tolerance, low toxicity, and excellent response rates.

To assess treatment response, reported symptoms, and toxicity in a prospective sample of patients with NMSC treated in Hospital Universitario 12 de Octubre with 188-Re.

Materials & Methods:

We treated 11 patients (p) (3 women, 8 men) between June/2024 and January/2025, with a total of 13 lesions (L) in 3 treatment sessions. Our population has a mean age of 75.6 years (range 57-89 years). The lesions were all basal cell carcinomas (superficial type 3 (23.1%), extensive 4 (30.7%), infiltrative 5 (38.5%) and mixed type 1 (7.7%)), with an invasion depth < 3 mm (mean 1.5 mm, range 0.4-2 mm) and a mean surface area of 4.8 cm2 (range 2.1-13 cm2). The location of the lesions was: nasal tip 9L (69.2%), nasal wing 2L (15.4%), scalp 1L (7.7%) and nasal tip+wing 1L (7.7%). The target dose of 188-Re resin on all lesions was 50 Gy, with a mean administered activity of 397.65 MBq (range 89-670 MBq), and a mean treatment time of 120.5 min (range 50-186 min).

Symptoms were assessed 15–30 days post-treatment, acute toxicity at 30 days according to the “Common Terminology Criteria for Adverse Events” (CTCAE version 5.0) scale, and response after 3–6 months using dermoscopy and confocal microscopy.

Results:

An average follow-up period of 6.38 months (2-11) was performed for the lesions.

At the 15-day follow-up, the symptoms were: itching (9p: 81.8%), burning (4p: 36.4%), pain (1p: 9%) and other (1p: 9%). At 30 days, itching remained the predominant symptom (8p), although of lower intensity.

Toxicity at 30 days was: G1 7L (53.8%), G2 5L (38.5%) and G3 1L (7.7%), with complete resolution of toxicity during follow-up.

Treatment response was assessed in two patients with a minimum follow-up of 6 months, demonstrating a complete response with no evidence of recurrence. The remaining 9 patients are pending review as they have not completed the 6-month follow-up required to assess response and cosmetic outcomes according to the Radiation Therapy Oncology Group (RTOG) score.

Conclusion:

Treatment with 188-Rhenium resin is an effective therapy for NMSC in selected cases, with very good response, acceptable symptoms, and tolerable toxicity.

Abstract N°: 6359

Rarely occurring, unusually located: a peculiar case of Abrikossoff's tumor

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Introduction & Objectives:

Abrikossoff's tumor (AT), also known as granular cell tumor, is a rare, soft-tissue neoplasm that is thought to originate from Schwann cells, as indicated by the consistent expression of S100 protein. It typically presents as non-painful and slow-growing solitary lesion, most commonly found in the head and neck region, particularly the oral cavity. The number of reported cases in literature is low, due to the rarity of the tumor, with few cases describing malignant lesions.

Materials & Methods:

We report the case of a patient with an unusual localization of AT, describing the clinical, dermoscopic and histopathological features, differential diagnosis and management.

Results:

A 54-year-old otherwise healthy male patient presented with a two-months history of a rapidly growing nodular lesion on the right side of his upper back. Physical examination revealed a well-defined firm pigmented nodule, 2.5 cm in diameter, with a central ulcered area on its surface. Dermoscopy revealed a structureless reddish-to-brown pigmentation, central ulceration and a thin brown pigmented network at the periphery.

Surgical excision was performed. Histopathological and immunohistochemical findings were consistent with AT. There was no recurrence after a 1-year follow-up.

Conclusion:

Abrikossoff's tumor is a rare and usually benign neoplasm of soft tissue, usually found in patients between the fourth and the sixth decades of life.

Its clinical and dermoscopic presentation may vary significantly, with features mimicking skin adnexal tumor, dermatofibroma, neurofibroma, melanoma and non-melanoma skin cancers. Histopathological and immunohistochemical evaluations are crucial for the diagnosis of AT, particularly in distinguishing between benign and malignant forms.

The treatment of choice is wide excision of the lesion with histologically clear margins. Long-term surveillance is needed, due to the risk of recurrence.

Abstract N°: 6376

association between pdcd1 gene variant rs2227982 and the risk of developing basall cell carcinoma in mexican population

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common form of non-melanoma skin cancer worldwide. While ultraviolet radiation remains the primary environmental risk factor, genetic predisposition has become increasingly relevant in understanding its pathogenesis. The programmed cell death protein 1 (PD-1), encoded by the *PDCD1* gene, plays a critical role in immune regulation and tumor immune evasion. The single nucleotide polymorphism (SNP) *rs2227982* has been associated with various malignancies, but its link to BCC remains understudied in Latin American populations.

Materials & Methods:

This study aimed to evaluate the association between the *rs2227982* variant of the *PDCD1* gene and the development of BCC in a cohort of Mexican patients. We conducted a case-control study involving individuals with histologically confirmed BCC and a matched control group without a history of skin cancer. Genotyping was performed using polymerase chain reaction (PCR), and demographic, clinical, and histopathological data were collected and analyzed.

Results:

Our findings revealed no statistically significant association between the *rs2227982* variant and the risk of developing BCC. Interestingly, the odds ratio suggested a potential protective effect of the variant; however, this observation lacked statistical significance. Notably, female participants were overrepresented in the BCC group, possibly reflecting earlier medical consultation. Women tended to present with smaller, less aggressive tumors, whereas men more often exhibited larger or multiple lesions with aggressive subtypes.

Conclusion:

Although no definitive link was established between the *rs2227982* variant and BCC susceptibility, our findings underscore the relevance of investigating genetic factors in skin cancer, particularly in genetically diverse populations. This study contributes to the understanding of immune checkpoint-related polymorphisms in BCC pathogenesis and highlights the importance of personalized risk assessment.

Further studies with larger sample sizes and broader genetic profiling are needed to confirm the role of*PDCD1* variants in BCC and to explore their potential utility as biomarkers for risk stratification or targets for immunotherapy.

Abstract N°: 6381

Socio-demographic, clinical and histopathological comparison between well differentiated squamous cell carcinoma and keratoacanthoma

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Introduction & Objectives:

Cutaneous squamous cell carcinoma (cSCC) is highly prevalent, especially among immunosuppressed patients. Keratoacanthoma (KA) is a keratinocyte neoplasm that is often classified as a variant of cSCC. However, typically exhibit benign behavior and a tendency to spontaneously regress. This study aimed to compare socio-demographic, clinical, and histopathological features between well-differentiated cSCC and KA, with a focus on immunosuppressed kidney transplant recipient (KTR).

Materials & Methods:

A retrospective cross-sectional, single-center study was conducted from 2012 to 2023, and included 438 patients (330 cSCC, 108 KA). Age- and sex-matched histopathological analysis (46 cSCC vs. 46 KA) evaluated border architecture and atypia. The chi-square test or Fisher's ($n < 5$) test was used, through the Jamovi® Statistical Program. The level of statistical significance was $p < 0.05$.

Results:

The analysis of 438 patients showed median ages of 66 years old (cSCC) and 67 (KA). In the cSCC group, 62.1% were male and in the KA group, 54.6% were female ($p = 0.002$). Lesion evolution time was 20 weeks (cSCC) vs. 8 (KA). Most lesions appeared on sun-exposed areas: 87.9% (cSCC) and 72.2% (KA) ($p < 0.001$). Mean lesion area was 3.3 cm^2 (cSCC) vs. 2.0 (KA). Regarding KTR group, immunosuppression did not increase the proportion of cSCC (47.9%) compared to KA (38.9%), $p = 0.104$. About cutaneous comorbidities; 56.7% of cSCC patients developed other lesions of cSCC vs. 35.2% of KA patients had other cSCC. Thus, cSCC group presented more subsequent cSCC than KA group ($p < 0.001$). Concerning systemic comorbidities; systemic arterial hypertension (53.9% cSCC vs. 38.0% KA, $p < 0.004$) was more frequent in cSCC group (Table 1).

Among KTRs, 45.6% (cSCC) received grafts from living donors vs. 66.7% (KA) ($p = 0.015$). Median dialysis duration: 27.0 months (cSCC) vs. 15.5 (KA). About immunosuppression: azathioprine (AZA) in cSCC group (47.5%) vs. KA (66.7%), ($p = 0.027$); tacrolimus (FK): 65.8% vs. 40.5% ($p = 0.003$); cyclosporine (CS): 21.5% vs. 38.1% ($p = 0.027$); Mycophenolate (MF): 22.8% vs. 7.1% ($p = 0.023$); sirolimus/everolimus: 10.8% vs. 2.4% ($p = 0.092$), respectively (Table 2).

In histopathology, sex- and age-matched samples (n=46/group) showed preserved border in 93.5% of KA vs. 2.2% of cSCC ($p < 0.001$); marked atypia in 82.6% of cSCC vs. 2.2% of KA ($p = 0.001$), (Table 3).

Conclusion:

This study highlights the diagnostic challenge in comparison KA from well-differentiated cSCC due to their similarities. Comparing these neoplasms, cSCC was more frequent in males, with slow evolution in sun-exposed areas, larger dimension, and worse prognosis for the development of subsequent cSCC. In both immunocompetent and immunosuppressed patients, the pattern of associated lesions, comorbidities and

immunosuppressive therapies suggests oncogenic risks, higher for cSCC. Notably, immunosuppressive agents such as FK and MF were more frequently associated with cSCC, while AZA and CS showed greater correlation with KA. Histopathological differences in cellular atypia and border architecture support as distinct entities. Further studies are warranted to refine diagnostic criteria and guide management, particularly in immunosuppressed populations.

Table 1. Socio-demographic and clinical parameters of patients with well-differentiated cutaneous squamous cell carcinoma (n = 330) and keratoacanthoma (n = 108).

Characteristics	well-differentiated, cSCC	KA	p - value
Age - median and range (years)	66 (24 – 102)	67 (40 – 96)	NA
Gender *(%)*			**0.002**
Male	205 (62.1)	49 (45.4)	
Female	125 (37.9)	59 (54.6)	
Time of evolution – median and range (weeks)	20 (1 – 384)	8 (1 - 96)	NA
Primary tumor location (%)			**< 0.001**
Sun exposed area	290 (87.9)	78 (72.2)	
Non-sun exposed area	40 (12.1)	30 (27.8)	
Lesion size – mean (cm^2)	3.3	2.0	NA
KTR (%)			0.104
Yes	158 (47.9)	42 (38.9)	
No	172 (52.1)	66 (61.1)	
Skin comorbidities, patients (%)			
SCC	187 (56.7)	38 (35.2)	**< 0.001**
BCC	88 (26.7)	19 (17.6)	0.057
KA	11 (3.3)	2 (1.9)	0.431
Melanoma	2 (0.6)	2 (1.9)	0.237
Systemic comorbidities, patients (%)			
SAH	178 (53.9)	41 (38.0)	**0.004**
DM	71 (21.5)	18 (16.7)	0.277
Dyslipidemia	51 (15.5)	13 (12.0)	0.383

Legend: BCC: basal cell carcinoma; DM: diabetes mellitus; KA: keratoacanthoma; KTR, kidney transplant recipient; NA: not applicable; SAH: Systemic Arterial Hypertension; cSCC: cutaneous squamous cell carcinoma. Statistical analysis done by chi square, the value is considered significant with $p < 0.05$.

Table 2. Parameters of kidney transplant recipients with well-differentiated cutaneous squamous cell carcinoma (n = 158) and keratoacanthoma (n = 42).

Characteristics	well-differentiated, cSCC	KA	p - value
Donor type (%)			**0.015**
Living	72 (45.6)	28 (66.7)	
Deceased	86 (54.4)	14 (33.3)	
Kidney failure (%)			
SAH	57 (36.1)	14 (33.3)	0.741
Nephritis	25 (15.8)	8 (19.0)	0.617
DM	11 (7.0)	3 (7.1)	0.967
PKD	15 (9.5)	3 (7.1)	0.636
Tuberculosis	3 (1.9)	2 (4.8)	0.291
Other causes	8 (5.1)	2 (4.8)	0.937
Not determined	38 (24.1)	10 (23.8)	0.974
Dialysis (%)			0.341 (Fisher 0.263)
Yes	144 (91.1)	35 (83.3)	
No	2 (1.3)	1 (2.4)	
Not determined	12 (7.6)	6 (14.3)	
Dialysis time, months, median	27 (4 - 209)	15.5 (0 - 116)	NA
Dialysis time, months, mean	42.7	21.4	NA
Immunosuppressive drug use, patients (%)			
AZA	75 (47.5)	28 (66.7)	**0.027**
FK	104 (65.8)	17 (40.5)	**0.003**
CS	34 (21.5)	16 (38.1)	**0.027**
MF	36 (22.8)	3 (7.1)	**0.023**
mTORi	17 (10.8)	1 (2.4)	0.092

Legend: AZA: azathioprine; CS: cyclosporine; FK: tacrolimus; KA: keratoacanthoma; MF: mycophenolic acid or mycophenolate sodium or mycophenolate mofetil; mTORi: mammalian target of rapamycin inhibitor (sirolimus or everolimus); NA: not applicable; SAH: Systemic Arterial Hypertension; cSCC: cutaneous squamous cell carcinoma; PKD: polycystic kidney disease. Statistical analysis done by chi square, the value is considered significant with $p < 0.05$.

Table 3. Histopathological parameters of patients with well differentiated cutaneous squamous cell carcinoma (n = 46) and keratoacanthoma (n = 46).

Characteristics	well differentiated, cSCC	KA	p - value
Edge architeccture (%)			**0.001**
Preserved	1 (2.2)	43 (93.5)	
Altered	39 (84.8)	3 (6.5)	
Not assessable	6 (13.0)	0 (0.0)	
Atypia (%)			**0.001**
Discrete	6 (13.0)	44 (95.7)	
Moderate	0 (0.0)	1 (2.2)	
Marked	38 (82.6)	1 (2.2)	
Not assessable	2 (4.3)	0 (0.0)	

Legend: KA: keratoacanthoma; NA: not applicable; cSCC: cutaneous squamous cell carcinoma. Statistical analysis done by chi square, the value is considered significant with $p < 0,05$.

Abstract N°: 6390

Primary cutaneous Ewing sarcoma: A Case Report.

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Introduction & Objectives:

Skeletal Ewing sarcoma (ES) is a rare and aggressive tumor commonly arising in the bones of children. Extra-skeletal Ewing sarcoma, or primary cutaneous ES, is even less common than skeletal ES, with just over 100 cases described in the literature.

Herein, we present a case of primary cutaneous Ewing sarcoma to raise awareness of this rare disease and its diagnosis.

Materials & Methods:

We report the case of a woman diagnosed with primary cutaneous Ewing sarcoma.

Results:

A 41-year-old woman presented with a two-year history of a slowly enlarging mass on the sole of her right foot. She denied any prior history of local trauma or infection. Physical examination revealed a purplish nodule measuring 1.2 × 1.1 cm, exhibiting a peripheral collarette. Differential diagnoses included pyogenic granuloma, adnexal tumor, and melanoma.

An excisional biopsy demonstrated a solid, nodular dermal proliferation composed of medium-sized round cells with vesicular nuclei and small nucleoli, embedded within a loose stroma displaying pseudovascular spaces and focal melanin deposition. Immunohistochemical studies revealed that tumor cells were negative for pan-keratin AE1/AE3, CD31, actin, desmin, SOX10, Melan A, ERG, chromogranin, synaptophysin, INSM1, EMA, CD68, and ALK1, with only focal S100 positivity observed. Given these findings, a molecular study assessing the BRAF V600 mutation was performed and was negative. Fluorescence in situ hybridization (FISH) revealed a rearrangement involving the EWSR1 gene. Subsequent Sarcoma Fusion Next-Generation Sequencing confirmed the presence of an EWSR1-FLI1 gene fusion. Following molecular confirmation, an extended immunohistochemical panel demonstrated positivity for CD99, FLI1, and NKX2-2, supporting the diagnosis of primary cutaneous Ewing sarcoma.

A whole-body positron emission tomography (PET) scan revealed no evidence of osseous or metastatic lesions, and magnetic resonance imaging (MRI) demonstrated no evidence of tumor persistence or locoregional involvement. The patient was initiated on adjuvant multi-agent chemotherapy consisting of vincristine, adriamycin, and cyclophosphamide, followed by ifosfamide and etoposide phosphate, for a total of 10 cycles. The patient is currently undergoing chemotherapy.

Conclusion:

Primary cutaneous Ewing sarcoma is a rare subtype of ES and predominantly affects young women around 17 years old. It typically presents as a small, superficial tumor located on the lower limbs or trunk. Diagnosis can be

challenging and requires biopsy, immunohistochemistry, and molecular studies to differentiate it from other tumors such as Merkel cell carcinoma, lymphoma, and melanoma.

Despite its aggressive histology, it has a favorable prognosis with a 91% 10-year survival rate, which is better than that of skeletal ES. Early detection, superficial location, and smaller tumor size contribute to this better outcome.

Treatment mirrors that of bone ES, involving surgery, radiotherapy, and multi-agent chemotherapy. However, there is debate about whether aggressive chemotherapy is necessary for primary cutaneous ES. Given the rarity of this entity, there is no standardized treatment algorithm, and further studies are needed to better define the optimal therapeutic approach for this uncommon subtype.

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Abstract N°: 6412

Merkel Cell Carcinoma in the Lower Limb: Case Report in an Elderly Patient

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Introduction & Objectives:

Merkel cell carcinoma (MCC) is a rare and aggressive cutaneous neuroendocrine tumor whose clinical presentation can mimic benign lesions, making early diagnosis challenging. We report the case of an 83-year-old female patient with a history of type 2 diabetes mellitus and hypertension, diagnosed with MCC in the left lower limb. The patient underwent wide-margin surgical excision and remains under clinical follow-up without signs of recurrence. This case highlights the importance of clinical suspicion and multidisciplinary management, especially in elderly patients.

Materials & Methods:

A comprehensive review of the literature was carried out for this case.

Results:

An 83-year-old female patient with a medical history of type 2 diabetes mellitus and controlled systemic hypertension sought medical attention for a painless, erythematous nodular lesion of progressive growth located in the mid-third of the left lower limb, with an approximate evolution time of two months. Excisional biopsy revealed a proliferation of small, round cells with dense chromatin, consistent with a neuroendocrine neoplasm. Immunohistochemistry was positive for CK20 (perinuclear pattern) and negative for TTF-1, confirming the diagnosis of Merkel cell carcinoma. Positron emission tomography-computed tomography (PET-CT) showed no regional or distant metastases. The patient underwent surgical resection with wide margins. Clinical follow-up, performed quarterly, has shown no signs of recurrence to date.

Conclusion:

Merkel cell carcinoma (MCC) is a rare and aggressive skin cancer of neuroendocrine origin. It typically affects elderly and immunosuppressed individuals and is more commonly found in sun-exposed areas such as the head and neck. However, in this case, the lesion was located on the lower limb—an uncommon site—highlighting the importance of considering MCC in the differential diagnosis of rapidly growing nodules, regardless of location. The clinical presentation was nonspecific: a painless, erythematous, rapidly enlarging nodule. Such features can mimic benign or less aggressive lesions, which often leads to delayed diagnosis. In this case, early biopsy and the use of immunohistochemistry were critical. The tumor was positive for CK20 in a perinuclear dot pattern and negative for TTF-1, findings that confirmed the diagnosis and excluded other possibilities such as small cell lung carcinoma. Imaging with PET-CT ruled out regional or distant metastases, allowing the patient to proceed to curative surgery. Wide local excision remains the standard treatment, and close follow-up is essential due to the high risk of recurrence and metastasis, even in localized disease. This case reinforces the need for vigilance when evaluating skin lesions in elderly patients, especially when they present with rapid growth. Early recognition, histological confirmation, and multidisciplinary management are essential to improving outcomes in MCC.

Abstract N°: 6416

Association Between Fertility Treatments and Melanoma Risk in Infertile Women: A Systematic Review and Meta-Analysis

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Introduction & Objectives:

Infertility treatments, particularly ovulation-inducing medications, have raised concerns regarding their potential association with melanoma development. Although theoretical mechanisms suggest that hormonal stimulation during these therapies could influence melanoma risk, current evidence remains inconclusive. This meta-analysis of cohort studies aims to assess whether infertile women undergoing fertility treatments have a higher incidence of melanoma compared to untreated infertile women.

Materials & Methods:

We conducted a systematic review and meta-analysis in PubMed, Web of Science, Cochrane Library, and Scopus to identify cohort studies comparing infertile women treated with fertility-inducing drugs to untreated infertile controls. Outcomes included the incidence of melanoma. A random-effects model with 95% confidence intervals (CI) was used to estimate pooled hazard ratios (HR) and risk ratios (RR). Heterogeneity was assessed using the I^2 statistic. Statistical analyses were performed using R software (version 4.4.3).

Results:

A total of 8 cohort studies were included, reporting 11,061 cases of melanoma, with follow-up periods ranging from 8.8 to 21 years.. The pooled HR analysis demonstrated a statistically significant modest increase in melanoma risk among women exposed to any fertility treatment compared to untreated controls (HR: 1.16; 95% CI: 1.04–1.29; I^2 = 12.9%; p = 0.006). However, subgroup analyses by treatment type demonstrated no statistically significant association. Clomiphene use showed a non-significant trend towards increased risk (HR: 1.75; 95% CI: 0.93–3.33; I^2 = 78.5%; p = 0.085). Similarly, no significant associations were found for assisted reproductive technology (ART) (HR: 1.10; 95% CI: 0.81–1.36; p = 0.371) or gonadotropins (HR: 1.03; 95% CI: 0.49–2.16). The pooled risk ratio (RR) analysis across all fertility treatments also did not demonstrate statistical significance (RR: 1.45; 95% CI: 0.76–2.78; I^2 = 84.7%; p = 0.264).

Conclusion:

This meta-analysis suggests a modest, statistically significant increase in melanoma risk among infertile women treated with fertility-inducing medications overall. However, no significant associations were observed when analyzing specific drug types such as clomiphene, ART, or gonadotropins. The findings highlight the need for cautious interpretation due to heterogeneity among studies and the absence of significant results in subgroup analyses. Future largescale, prospective cohort studies are needed to clarify the relationship between fertility treatments and melanoma development.

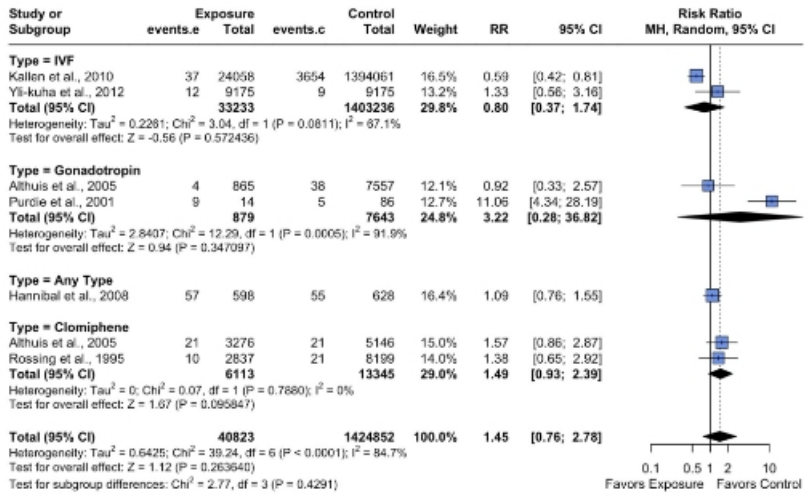

Figure 1. Forest plot of risk ratios (RR) for melanoma in infertile women undergoing fertility treatments vs. untreated controls, by treatment type.

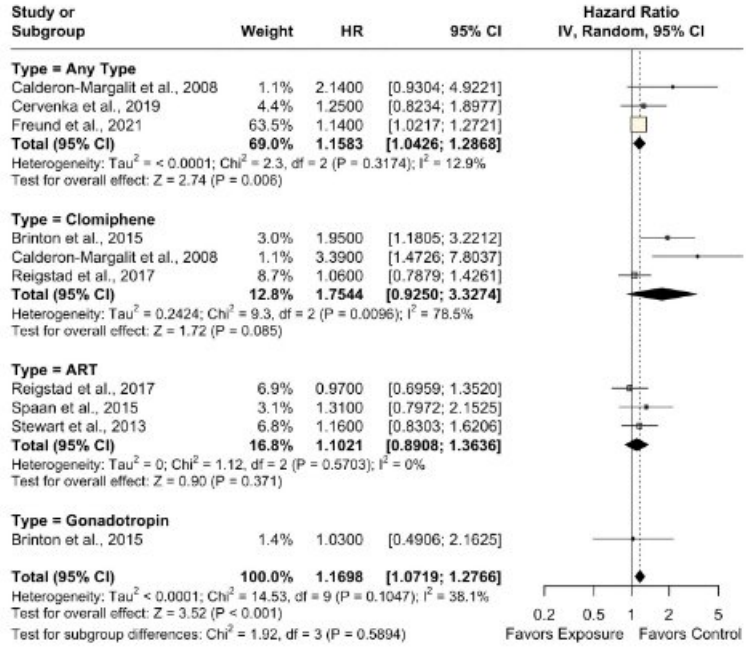

Figure 2. Forest plot of hazard ratios (HR) for melanoma in treated vs. untreated infertile women, with subgroup analysis by drug class.

Abstract N°: 6448

The significance of DNA methylation pattern in the etiology of basalcell carcinoma

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Introduction & Objectives:

Skin cancer, particularly melanoma and non-melanoma skin cancers (NMSCs), is a signifcant health concern; melanoma originates from melanocytes and NMSCs primarily arise

from keratinocytes. Among NMSCs, basal cell carcinoma (BCC) is the most common and least aggressive form, characterized by slow growth and a low likelihood of metastasis. Without treatment, BCC can invade surrounding tissues.

The incidence of skin cancer varies globally, with Australia reporting the highest rates and China the lowest. Genetic and epigenetic variations are crucial in the progression of

skin cancer. Epigenetic is known as the heritable alterations in gene expression that are not caused by direct modification in the DNA sequences. The most recognized epigenetic modification is DNA methylation.

Abnormal hypomethylation in the regulatory regions of oncogenes (OGCs) leads to an elevated expression of these genes. Conversely, abnormal hypermethylation in the tumor

suppressor genes (TSGs) results in reduced expression. Studies have shown that these modifications are important in the onset and progression of cancers.

Materials & Methods:

This narrative review, an investigation covering the years 2019 to 2025 was conducted, focusing on the latest findings related to DNA methylation patterns in BCC

Results:

A study by Yu, N et al. has shown that hypermethylation of the ARHGAP40 gene correlates with reduced protein expression in BCC patients, suggesting its potential as a diagnostic biomarker [1]. Additionally, a specific methylation site within the BACH2 gene affected by SNPs has been linked to its expression and BCC risk [2]. Another study also identified the function of methylation as a mediator between SNPs and skin cancer in pigmentation-related genes (ASIP, MC1R, CDK10) with employing DNA methylation data derived from 36 European cohorts [3]. Souza AM et al. showed that hypomethylation in the SMO oncogene along with SNPs could be considered as an important indicator for BCC in Brazilians [4].

Furthermore, it was identified that the importance of DNA methylation was less than genetic variation in TERT gene expression in BCC [5]. Accordingly, in certain genes, the methylation status and SNPs work together synergistically, whereas in other genes, they tend to inhibit one another. Jie Liu et al. found that the reduced expression of EphA7 is due to CpG hypermethylation, indicating this gene is a TSG in BCC [6]. It was reported in 2023 that the methylation of SMAD4 gene in BCC and SCC was different from healthy individuals; however, its protein expression in SCC was lower, therefore, more research is needed to evaluate its potential as a molecular marker in BCC.

Conclusion:

The interaction between genetic and epigenetic variations in BCC has received significant attention in recent studies. It is reported that specific SNPs can change the methylation status, which affects gene expression; this suggests that epigenetic variations could act as a mediator between genetics and malignancy. Recognizing these variations could contribute to the development of novel prognosis and diagnosis.

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Abstract N°: 6460

Clinical and Histopathological Analysis of 35 Cases of Inverted Follicular Keratosis

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Introduction & Objectives:

To investigate the clinical and histopathological features of inverted follicular keratosis (IFK).

Materials & Methods:

A retrospective analysis was conducted on the clinical and histopathological data of 35 patients diagnosed with IFK over a 12-year period, with literature review.

Results:

Among the 35 cases, 15 were male and 20 were female (male-to-female ratio 0.75:1), with an age range of 32–79 years (mean age: 55.20 ± 14.14 years). Disease duration ranged from 20 days to 20 years, with most cases lacking a clear trigger. Lesions typically appeared as solitary, isolated papules (0.1–1.5 cm in diameter), predominantly located on the head and face (26 cases). Clinically, IFK was often misdiagnosed, with common differential diagnoses including seborrheic keratosis (13 cases, 37.14%), melanocytic nevus (10 cases, 28.57%), and IFK itself (8 cases, 22.86%). Histologically, lesions had clear boundaries and showed endophytic growth, with majority showing both inward and outward proliferation. Features included papillomatous/warty or keratoacanthoma-like exophytic growth, columnar or cord-like endophytic proliferation, follicular keratin plugs (8 cases), and keratin cysts (5 cases). All cases displayed squamous eddies of various sizes, most of which were accompanied by inflammatory cell infiltration to different degrees; 2 cases showed mild cellular atypia and occasional mitotic figures; 2 showed solar elastosis. After surgical excision, most cases did not recur (34 cases, 97.14%); one case recurred and was cured with a second excision.

Conclusion:

IFK is rare and lacks distinctive clinical features, often mimicking other benign or malignant skin conditions. Histopathology is essential for diagnosis, with characteristic features being endophytic growth and squamous eddies. Prognosis is favorable, and surgical excision is the preferred treatment.

Abstract N°: 6565

Dermatofibrosarcoma Protuberans Beyond Common Sites: A Rare Case of Perianal Localization

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare, low-grade dermal sarcoma with indolent behavior and frequent local recurrences. It typically affects the trunk and proximal extremities. The diagnosis of DFSP relies on histopathology and CD34 positivity

Materials & Methods:

A 40-year-old female presented with a lesion in the perianal region that had been present for 8 years, progressively enlarging over the last 2 years. She reported no bleeding, pain, or systemic symptoms. On physical examination, a firm, mobile, pink nodule measuring approximately 3x1 cm in size was observed.

Results:

4 mm punch biopsy revealed spindle cell proliferation, with positive immunohistochemical staining for CD34, while SMA, S100, and factor XIIIa returned negative results. The lesion was excised with a 1 cm margin and subsequently underwent primary closure.

Conclusion:

DFSP accounts for approximately 1–6% of soft tissue sarcomas and 18% of cutaneous sarcomas, with perianal involvement being exceedingly rare, as fewer than four cases have been documented. The perianal region often receives insufficient dermatological assessment, leading to late-stage diagnoses for patients with various cutaneous tumors localized to this region. Fortunately, DFSP, while locally aggressive, carries a low risk of metastasis. Although wide surgical excision with 2 cm margins is the preferred approach to prevent recurrences, it may not be feasible in many cases, making Mohs surgery a suitable alternative.The case presented here requires vigilant monitoring for potential recurrence of DFSP. ## .

Abstract N°: 6592

Real-life data on the rate of missing amelanotic melanoma through digital triage

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Introduction & Objectives: Teledermatology is being widely used to provide rapid diagnosis of malignant melanoma. However, it proposes the risk of missing diagnoses due to the limitations of photographs and the lack of patient face-to-face review. So far, no study has examined the actual rate of these misdiagnoses. This study evaluates the efficacy of digital triage in expediting melanoma diagnosis within a high-volume tertiary dermatology service in the United Kingdom. It highlights the real-life rate of amelanotic melanoma that was misdiagnosed through digital triage.

Materials & Methods: We retrospectively analysed all new malignant melanoma diagnoses (n=132) referred from primary care between January and April 2024. Patients were categorised based on whether they received a narrow margin excision within 28 days of referral (timely, n=119) or experienced a delay (delayed, n=13). Breslow thickness was compared between the timely and delayed groups using an unpaired t-test.

Results: While the majority of patients (119/132) received timely treatment, 13 patients experienced delays. Of these, 7 (5.3% of all melanoma cases) were due to misdiagnoses during digital triage. These lesions were all amelanotic or hypomelanotic and were not initially suspected to be melanoma. The average Breslow thickness in these seven cases was 6.29mm, significantly higher (p=0.00002) than the timely treatment group (mean=1.59mm). The average time from biopsy to excision in the delayed group of the 7 patients due to misdiagnosis was 68 days. The remaining delayed cases were due to patient non-attendance or incorrect referral pathways, ultimately diagnosed correctly and triaged to face-to-face melanoma clinics.

Conclusion: Digital triage effectively facilitates the rapid assessment and treatment of many melanomas. However, it poses a significant risk of over 5% of missing, specifically thick amelanotic and hypomelanotic melanomas. Raising awareness of these melanoma variants and emphasising their inclusion in the differential diagnosis of atypical non-pigmented skin lesions is crucial for improving early detection and patient outcomes in teledermatology settings.

Abstract N°: 6596

Non-Classical Familial Epidermodysplasia Verruciformis Complicated By Multiple Cutaneous Carcinomas

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Introduction: Epidermodysplasia verruciformis (EV) predisposes patients to cutaneous infections with beta-type human papillomaviruses (HPVs) and to early development of cutaneous carcinomas. We report a familial case complicated by multiple cutaneous carcinomas with metastatic progression.

Clinical observation: A 35-year-old man, with a personal and maternal family history (restricted to males) of EV associated with a primary ciliary dyskinesia. He had been followed for EV since the age of 5, with no response to topical treatments or acitretin. At 31 years old, he was diagnosed with several basal cell carcinomas. Three years later, he developed a left retroauricular squamous cell carcinoma, whose histopathology revealed a tumoral proliferation originating from the epidermis, composed of lobules and nests of polyhedral cells showing cytonuclear atypia, abnormal mitoses, and keratin pearls. The patient underwent surgical excision with positive margins, requiring multiple surgical revisions. Clinical examination also revealed papular and verrucous plaque lesions mainly on the extremities, PV-like macular lesions, and a Buschke-Löwenstein tumor on the anogenital mucosa, for which histopathological analysis is ongoing. HIV serology was negative. A metastatic workup, including lymph node ultrasonography and chest-abdomen-pelvis CT scan, revealed multiple lymphadenopathies, some with suspicious necrotic centers.

Discussion: Clinically, our patient corresponds to the non-classical form of genetic EV, transmitted via autosomal recessive inheritance (although some cases of X-linked recessive inheritance have been reported), often associated with cellular immune deficiency. Several mutations have been identified in this form, including RHOH, MST1, CORO1A, ECM1, TPP2, DCLRE1C, ITK, LCK, RASGRP1, CARMIL2, IL7, TAOK2, DOCK8.

Genetic testing and evaluation of immune deficiency are underway in our patient. No prior cases of association with a primary ciliary dyskinesia have been reported to date. Mucosal involvement is atypical in the genetic form, as it is usually caused by alpha-type HPV (HPV 6 and 11) infection.

Management in our patient was complex due to irregular follow-up, leading to delayed diagnosis and treatment. This underscores the importance of regular, close monitoring of such patients, as well as the value of early dermato-oncologic intervention.

Conclusion: Our case highlights the potential severity of EV through the early onset of cutaneous carcinomas with metastatic potential. Management remains challenging, requiring a multidisciplinary approach and close follow-up.

Abstract N°: 6623

Assessing the Concordance of Clinical and Pathological Diagnoses in Basal Cell Carcinoma Among the Iranian Population: A Cross-Sectional Analysis of 229 Cases

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Assessing the Concordance of Clinical and Pathological Diagnoses in Basal Cell Carcinoma Among the Iranian Population: A Cross-Sectional Analysis of 229 Cases

Introduction & Objectives:

Nonmelanoma skin cancer (NMSC) is the most prevalent malignancy globally, with basal cell carcinoma (BCC) being the most common type. This study aims to evaluate the concordance between clinical and pathological diagnoses of BCC, emphasizing the importance of early detection.

Materials & Methods:

In this cross-sectional study, we conducted a retrospective review of clinical and pathological records for 229 patients diagnosed with BCC between 2020 and 2025. The analysis focused on gender, age, lesion location, and diagnostic accuracy.

Results:

Among the 229 patients, 193 were men (84.3%), and 131 (57.2%) had recorded clinical diagnoses. The mean age of diagnosed patients was 67.72 years. Lesions were primarily located on the scalp (29.5%), face (26.4%), and nose (13.9%). Of the pathological evaluations, 184 cases (80.3%) confirmed BCC, while 45 cases had alternative diagnoses. Notably, 94.6% of clinically diagnosed patients were suspected to have BCC by their physicians. A significant portion of cases (42%) lacked prior clinical diagnoses, reflecting a potential gap in education among nondermatologists regarding BCC recognition.

Conclusion:

The study found high concordance between clinical and pathological diagnoses of BCC, underscoring the need for improved clinical assessment skills among healthcare providers. Collaboration with dermatologists is essential for accurate diagnosis and improved patient outcomes. Enhanced training in recognizing BCC symptoms is recommended to address the identified gaps in clinical suspicion.

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Abstract N°: 6639

Germline predisposition in early onset melanoma: A study of a Greek patient cohort

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Introduction & Objectives: Recent studies suggest that melanoma has the highest heritability among all cancers. While mutations in high-penetrance melanoma genes account for a significant proportion of familial risk, 50-60% of melanoma's heritable component remains unexplained—a phenomenon termed "missing heritability" that may arise from undetected rare variants and polygenic interactions of common susceptibility variants. Early-onset melanoma (diagnosed ≤30 years) presents a critical model for investigating genetic susceptibility, as younger patients could lack cumulative UV exposure typically associated with sporadic cases while also being genetically enriched. To assess the prevalence and spectrum of germline predisposition in patients diagnosed with early-onset melanoma (<30 years) with comparisons to published data and population controls.

Materials & Methods: In this retrospective study, we included 45 patients from the Dermatology Department of Andreas Syggros Hospital, all diagnosed with melanoma at an age under 30 years. Germline genetic testing was performed using whole-exome sequencing to investigate rare variants with a minor allele frequency below 1%, and polymorphisms in the *MC1R* gene.

Results: Rare pathogenic or likely pathogenic (P/LP) germline variants in melanoma-associated *CDKN2A* and *MBD4* or other established cancer-predisposing genes in *MUTYH* and *XRCC4* were identified in 13% of patients. Heterozygous pathogenic variants in *EPHB2, PNKP, ERCC6,* and *UVSSA* were also observed at 9%, though its association with cancer remains uncertain. Moreover, a rare pathogenic loss-of-function variant in the pigmentation-related gene *PMEL* was found* and we observed rare biologically relevant variants of uncertain significance (VUS) in melanoma predisposing genes, affecting *CDKN2A, MITF, POT1, TERF2IP,* and *ACD* in 18% patients. Missense *ACD* VUS were statistically overrepresented in our cohort in comparison to gnomAD, while the presence of two *MC1R* polymorphisms was found to be more frequent compared to previously reported frequencies in unselected melanoma populations.

Conclusion: The P/LP rate in early-onset cases has a 13-25% prevalence of rare pathogenic or likely pathogenic germline variants, and 18% high relevant VUS. Given this prevalence, we advocate for germline testing, genetic counseling, and periodic reassessment of VUS in patients diagnosed with early-onset melanoma which will enable risk stratification and preventive interventions for this growing patient population.

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Abstract N°: 6665

Rosai-Dorfman-Destombes Disease with Cutaneous and Nodal Involvement

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Introduction & Objectives: Rosai-Dorfman-Destombes disease (RDD) is a rare non-Langerhans cell histiocytosis first described in 1969. It is characterized by a proliferation of histiocytes displaying emperipolesis. It primarily affects young adults and has a predilection for massive cervical lymphadenopathy. However, extranodal involvement can also occur, including the skin, bones, central nervous system, and upper respiratory tract.

Materials & Methods: We report the case of a 31 years old male, a chronic smoker, who presented with a right posterior cervical mass evolving over a year. The patient reported an initially small nodular lesion (1 cm) that progressively increased in size, accompanied by satellite cutaneous nodules. Physical examination revealed a patient in good general condition, afebrile, with a 5 cm diameter cutaneous mass, firm, red, mobile, slightly warm, and marked by telangiectasias. Satellite nodules (0.5–1 cm) were also noted, along with non-tender, mobile lymphadenopathies in the cervical, axillary, and inguinal regions. Laboratory investigations (CBC, CRP, electrolytes, blood glucose, liver and kidney function tests) were normal. The tuberculin skin test (TST) was strongly positive (23 mm). Facial MRI revealed a subcutaneous tissue mass over 50 mm, compatible with a conglomerate of lymph nodes; cultures for atypical mycobacteria were negative. A thoraco-abdomino-pelvic CT scan was ordered as part of the staging workup. Histological examination of the skin and lymph nodes revealed a large histiocyte infiltrate with pale cytoplasm showing emperipolesis, associated with nodular fibrosis and lymphocyte depletion. Immunohistochemistry showed strong positivity for S100 and CD68, and negativity for CD1a. Nasopharyngeal biopsy demonstrated reactive lymphoid hyperplasia without signs of malignancy.

Results: This case illustrates a nodal and cutaneous form of RDD, a rare entity with a challenging diagnosis due to the diversity of its clinical presentations. The combination of multiple lymphadenopathies and cutaneous involvement should raise suspicion for this diagnosis, particularly in young adults. The clinical presentation may mimic more common conditions such as tuberculous lymphadenitis, lymphomas, or other histiocytoses. In this case, the strongly positive TST necessitated the exclusion of co-infection or latent tuberculosis, although cultures remained negative. Diagnosis primarily relies on histology, with emperipolesis being a characteristic but non-specific finding, and immunophenotyping. The typical immunohistochemical profile (S100+, CD68+, CD1a−) helps rule out other histiocytoses, especially Langerhans cell histiocytosis. Although RDD usually follows a benign and sometimes spontaneously regressive course, more severe forms can occur, particularly with multi-organ involvement. Therefore, a comprehensive staging workup (imaging and targeted biopsies) is crucial to guide monitoring or therapeutic management, which may include corticosteroids, immunotherapy, or, more rarely, surgery. Finally, long-term clinical follow-up is recommended due to the risk of recurrence or progression to systemic disease.

Conclusion: RDD is a rare but important diagnosis to consider in cases of chronic lymphadenopathy associated with cutaneous involvement. Recognizing its characteristic histopathological features allows for an accurate diagnosis and helps avoid unnecessary treatments.

Abstract N°: 6701

Clinically Inspired Dual-Stage AI Framework for Resource-Efficient Melanoma Diagnosis: Integrating Clinical and Histopathological Imaging

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Introduction & Objectives:

Melanoma diagnosis remains challenging in resource-limited regions due to clinical heterogeneity, insufficient expertise, and the high cost of histopathological analysis. While AI-based approaches offer promise, existing methods rely solely on either clinical or histopathological images, neglecting the clinical workflow where initial screening precedes confirmatory testing. To bridge this gap, we propose a novel two-stage AI framework that mimics clinical practice, combining clinical image triage with histopathological verification to improve diagnostic accuracy while minimizing resource consumption.

Materials & Methods:

We present the first paired dataset linking clinical images with corresponding histopathological slides. Our framework employs two cascaded classifiers, a clinical image classifier optimized to reduce false negatives during initial screening, followed by a high-precision histopathological classifier for definitive diagnosis. We implement this approach using VGGNet and Vision Transformer architectures to evaluate performance.

Results:

Our dual-stage framework achieves 99.80% accuracy, significantly outperforming single-modality approaches. The clinical classifier demonstrates robust sensitivity (specific metrics if available), effectively prioritizing cases for histopathological analysis while reducing unnecessary resource expenditure.

Conclusion:

This study pioneers a clinically inspired two-stage AI strategy for melanoma diagnosis, aligning with real-world medical workflows. By synergizing clinical and histopathological data, our method balances accuracy and practicality, demonstrating potential for underserved regions with limited diagnostic infrastructure.

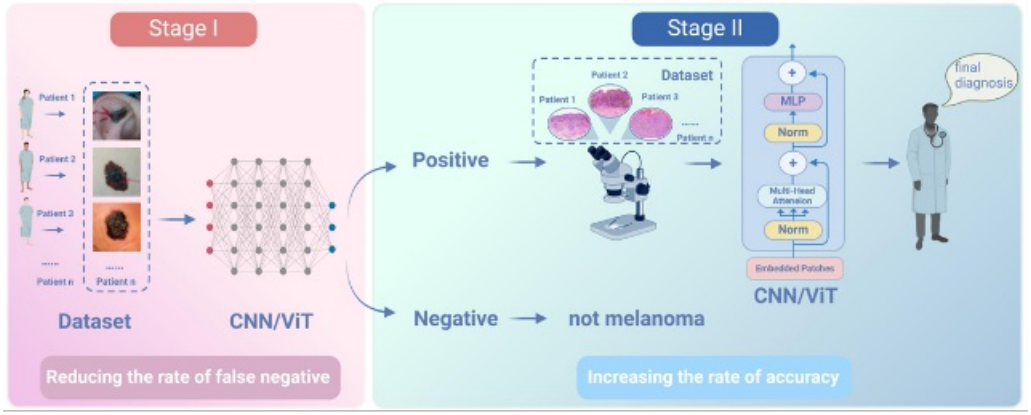

Fig. 1: The overview of our two-stage melanoma diagnosis framework.

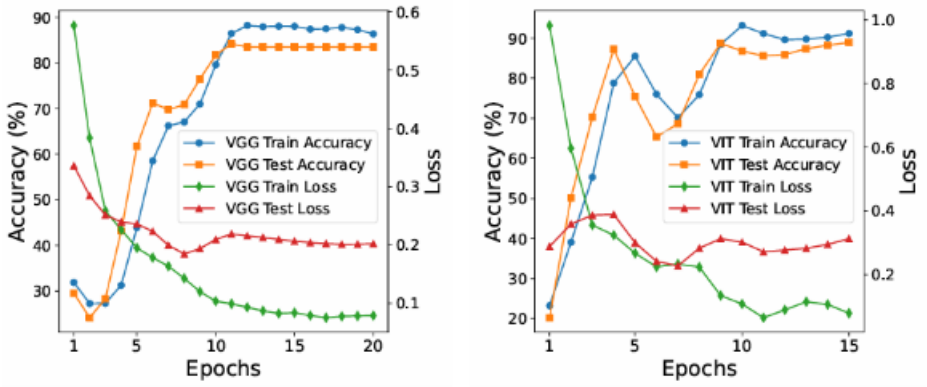

Fig. 2: Training loss, test loss, training Accuracy, test accuracy of clinical image classifier: VGGNet (a, left), Vision Transformer (b, right).

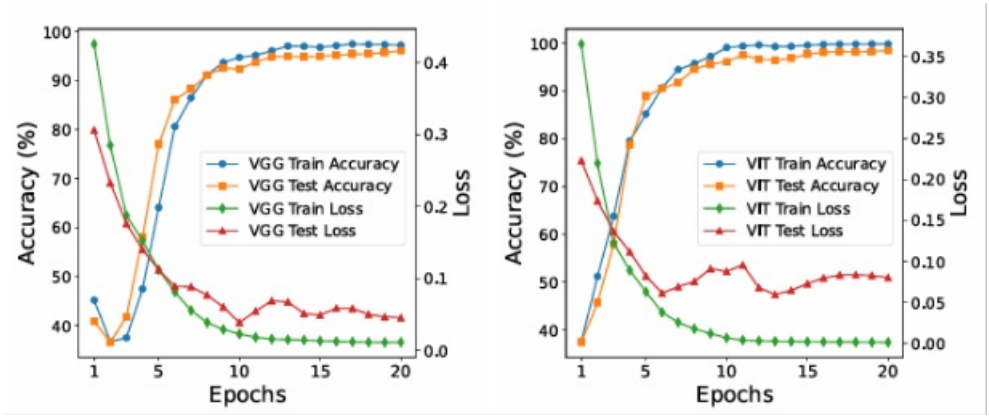

Fig. 3: Training loss, test loss, training Accuracy, test accuracy of histopathological image classifier: VGGNet (a, left), Vision Transformer (b, right).

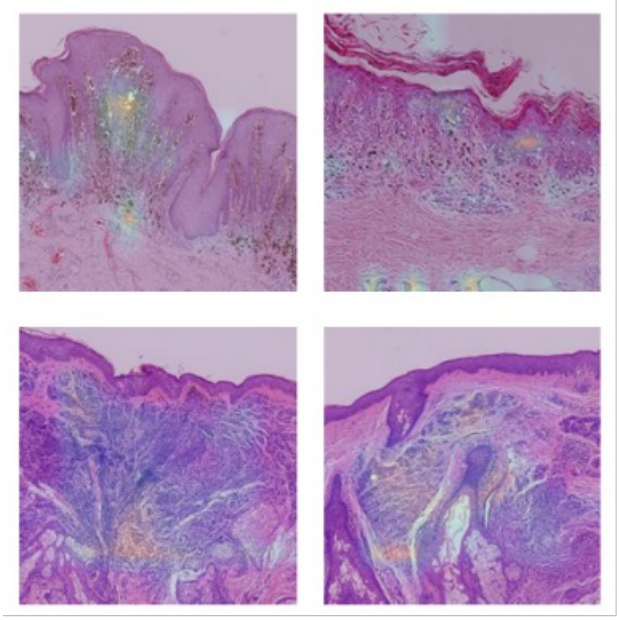

Fig. 4: Heatmaps of the true positive and true negative cases from histopathological image classifier: VGGNet true positive ((a) top left), Vision Transformer true positive ((b) top right), VGGNet true negative ((c) bottom left), Vision Transformer true negative ((d) bottom right).

Abstract N°: 6784

Myxofibrosarcoma of the scalp, an exceptional location of a soft tissue sarcoma.

Irene Alonso Rodríguez[1], Marta Menendez Sanchez[1], Joseph Simon Griffiths Acha[1], José María Añíbarro Vega[1], Javier Martin Alcalde[1], Diana Patricia Ruiz Genao[1], Jose Luis López Estebaránz[1]

[1]Hospital Universitario Fundación Alcorcón, Dermatología y Venereología, Alcorcón, Spain

Introduction & Objectives:

Soft tissue sarcomas (STS) are a heterogeneous and rare group of mesenchymal malignancies, representing approximately 1% of all adult malignant tumors.

Materials & Methods:

We present the case of a 75-year-old male referred for a right parietal lesion evolving over 5 months, initially diagnosed as a trichilemmal cyst. Four months later, surgery revealed a 12 cm mass.

Histological and immunophenotypic analysis confirmed a high-grade myxofibrosarcoma. Thoracoabdominopelvic CT showed no metastasis. However, two months later, the patient developed early local recurrence along with a new occipital lesion. He was referred to Hospital Universitario Gregorio Marañón, receiving preoperative radiotherapy (25 sessions, 5000 cGy), followed by en bloc excision including underlying bone. Reconstruction was performed using cranioplasty and a rectus abdominis flap. Pathology revealed residual myxofibrosarcoma (5% viable tumor cells) with clear surgical margins (ypT2). Postoperative CT showed no recurrence, and subsequent scans remained negative.

Later, the patient developed a cranioplasty infection with subdural fluid collection, requiring reoperation. He subsequently suffered right hemispheric and left frontal pneumocephalus, resulting in grade IV/V paresis and hypoesthesia of the left lower limb, though ambulation was preserved. He is currently undergoing rehabilitation and remains recurrence-free on the most recent imaging.

Results:

Myxofibrosarcoma is a common adult STS subtype, notable for high local recurrence and predilection for the extremities. Scalp localitation is exceptionally rare, posing diagnostic and therapeutic challenges. Histologically, shows pleomorphic malignant fibroblastic cells,, myxoid stroma, and curvilinear blood vessels. Due to the lack of specific immunohistochemical markers, detailed cytomorphologic analysis is crucial. Differential diagnosis with undifferentiated pleomorphic sarcoma is essential.

Optimal treatment includes wide surgical excision with ≥ 2 cm margins, combined with (neo)adjuvant radiotherapy. Selected cases may benefit from chemotherapy and/or immunotherapy especially those at high metastatic risk.

Conclusion:

This case highlights the clinical and diagnostic complexity of myxofibrosarcoma, particularly in atypical sites like the scalp. In elderly patients presenting with rapidly growing lesions, soft tissue sarcoma should be considered in the differential diagnosis to ensure timely multidisciplinary management.

Abstract N°: 6790

Clinical, histopatological and molecular characterization of cutaneous and extracutaneous melanoma in patients with non-small congenital melanocytic nevi

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[2]Hospital Clínic de Barcelona, Department of Pathology, Barcelona, Spain
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[4]Hospital Sant Joan de Déu, Department of Pathology, Barcelona, Spain
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[6]Hospital Sant Joan de Déu, Department of Pediatric Dermatology, Barcelona, Spain
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[8]Hospital Clínic de Barcelona, Molecular Biology CORE laboratory, Biochemistry and Molecular Genetics, Barcelona, Spain

Introduction & Objectives:

Non-small congenital melanocytic nevi (nsCMN) carry an increased melanoma risk. Our objective was to describe the clinical, histological and molecular characteristics of cutaneous and extracutaneous melanoma associated with nsCMN.

Materials & Methods:

A retrospective cross-sectional study of patients with medium, large or giant CMN associated melanoma was performed at the Melanoma Unit of Hospital Clínic of Barcelona. Clinical, histological and molecular data were collected.

Results:

Thirteen out of 250 patients (5.2%) registered from January 2013 to December 2024, with medium, large or giant CMN presented melanoma. A total of 24 primary tumors were included.

Eight patients developed 19 cutaneous melanomas (CM) (**table 1**) at a median age of 60.5 years (ICR 57-62). Four patients developed 12 *in situ* melanomas and 4 patients presented 5 invasive melanomas of superficial spreading type with a median Breslow of 0.6mm (ICR 0.5-0.9). Two patients presented with dermal melanomas, one of which was fatal. After a median follow-up of 4.2 years, 7/8 patients with CM remained disease-free, with one death due to melanoma.

Five patients developed extracutaneous melanoma (EM) at a median age of 10 years (IQR 3-25), including 3 lymph node (LN) melanomas and 2 central nervous system (CNS) melanomas (**table 2**). Patients with CNS melanoma and one LN melanoma died, while the remaining 2 patients with LN melanoma remain disease-free after a median follow-up of 10 years.

Immunohistopathological study (**Table 3**) showed that CM were PRAME positive in 62,5% (n=10/16) in contrast

to EM (40%; n=2/5), while all melanomas (n = 20/20) were positive for H3K27, regardless of location. Loss of p16 expression was found only 13.3% of CM (n=2/15) vs 40% of EM (n=2/5).

Molecular analysis identified NRAS mutations in 31% of melanomas (Q61K, Q61L or G13R; n = 7/22), which were concordant with the *NRAS* mutation found in the corresponding CMN. In addition, whole-exome and RNA sequencing of CMN, melanoma, and germline DNA are being conducted to identify molecular pathways involved in melanomagenesis.

Conclusion:

Patients with non-small CMN are at risk of developing cutaneous melanoma (CM), mainly in adulthood, while extracutaneous melanomas (EM) can appear throughout life, including infancy, and typically have a somber prognosis. Non-small CMN patients require lifelong dermatologic follow-up.

In contrast to previous reports, H3K27 was diffusely expressed in all melanomas in our series, and several cases lacked PRAME expression, which questions the utility of PRAME and H3K27 in distinguishing melanoma from proliferative nodules in CMN. Loss of p16 expression had been described in adult-onset melanomas on CMN, though in our series this marker remained expressed in most patients. Furthermore, 31% of melanomas were found to carry the same NRAS mutation present in the CMN, supporting the shared cellular origin between both cutaneous and extracutaneous melanomas and the CMN.

Table 1. Clinical and histologic characteristics of cutaneous melanomas. CMN: congenital melanocytic nevi; F: female; M: male, WT: Wild-type, WOD: without disease.

Case num/sex	CMN type and location/7B pattern	*NRAS* status of CMN	Treatment	Neurocutaneous syndrome	Age at diagnosis of 1st melanoma	Melanoma location	Melanoma	Outcome	Recurrence free survival (years)
1/F	Medium classic/Back	*NRAS* p.Q61K	No	No symptoms, no MRI	77	Back	invasive superficial spreading melanoma over melanocytic nevus (Breslow 0,5)	WOD	5
2/M	Medium classic/Head	No DNA	No	No symptoms, no MRI	45	Head	in situ superficial spreading melanoma over melanocytic nevus	WOD	17
3/F	Medium classic/Head and lower extremity	WT	No	No symptoms, no MRI	59	Head	Dermal melanoma	Deceased	
4/M	Medium spilus/Back	No DNA	No	No symptoms, no MRI	66	Back	in situ superficial spreading melanoma over spilus nevus	WOD	0,8
5/F	Large spilus/Extremity	*NRAS* p.Q61L	Yes, partial surgical resection	No symptoms, no MRI	59	upper extremity	invasive superficial spreading melanoma over melanocytic nevus (Breslow 1,7)	WOD	15
6/M	Giant agminated/Belly-Breast	WT	No	No symptoms, no MRI	56	Trunk	1 in situ superficial spreading melanoma over melanocytic nevus and 1 invasive superficial spreading melanoma over melanocytic nevus (Breslow 0,4)	WOD	8
7/F	Giant Agminated/Extremity	No DNA	No	No symptoms, no MRI	62	Lower extremity	9 in situ superficial spreading melanoma over melanocytic nevus; 2 invasive superficial spreading melanoma over melanocytic nevus (Breslow 0,5 and 0,6)	WOD	0,2
8/F	Giant classic/Bolero	*NRAS* p.Q61L	Yes, partial surgical resection	No symptoms, no MRI	33	Head	Dermal melanoma	WOD	0

Table 2: Clinical and histologic characteristics of extracutaneous melanomas. CMN: congenital melanocytic nevi; F: female; M: male, WT: Wild-type, WOD: without disease.

Case/ Sex	CMN type/7B pattern	NRAS status of CMN	Treatment	Neurocutaneous syndrome	Age at diagnosis of 1st melanoma	Melanoma location	Outcome	Recurrence free survival (years)
1/F	Giant classic/bolero	WT	No	No symptoms, normal MRI	54	Lymph node melanoma	WOD	3 years
2/M	Giant Spilus/Bathing trunk	*NRAS* p.Q61L	Yes, partial surgical resection	No symptoms, no MRI	3	Lymph node melanoma	WOD	8 years
3/M	Giant Spilus/Back	*NRAS* p.Q61L	Yes, almost complete surgical resection	No symptoms, no MRI	3	Lymph node melanoma	Deceased	
4/M	Giant classic/Bathing trunk	*NRAS* p.Q61K	No	Yes, leptomeningeal melanosis and hypoplasia of vermix cerebelosum.	25	Central nervous system melanoma	Deceased	
5/F	Giant Spilus/Bathing trunk	*NRAS* p.G13R	No	No symptoms, no MRI	10	Central nervous system melanoma	Deceased	

Table 3: Immunohistochemical and molecular characteristics of cutaneous and extracutaneous melanoma.

	PRAME	p16	H3K27	NRAS status in melanoma
Cutaneous melanoma	62,5% positive (n=10/16)	13% loss (n=2/15)	100% positive (n=16/16)	40% mutant (n=2/5) p.QG1L and p.Q61K
Extracutaneous melanoma	40% positive (n=2/5)	40% expressed (n=2/5)	100% positive (n=4/4)	80% mutant (n=4/5) p.QG1L, p.Q61K and p.G13R

Abstract N°: 6853

Myxofibrosarcoma o the scalp, an exceptional location of a soft tissue sarcoma.

Irene Alonso Rodríguez[1], Marta Menéndez Sánchez[1], Joseph Simon Griffiths Acha[1], José María Añíbarro Vega[1], Javier Martin Alcalde[1], Diana Patricia Ruiz Genao[1], Jose Luis López Estebaránz[1]

[1]Hospital Universitario Fundación Alcorcón, Dermatología y Venereología, Alcorcón, Spain

Introduction & Objectives:

Soft tissue sarcomas (STS) are a heterogeneous and rare group of mesenchymal malignancies, representing approximately 1% of all adult malignant tumors.

Materials & Methods:

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Results:

Myxofibrosarcoma is a common adult STS subtype, notable for high local recurrence and predilection for the extremities. Scalp localitation is exceptionally rare, posing diagnostic and therapeutic challenges. Histologically, it shows pleomorphic malignant fibroblastic cells,, myxoid stroma, and curvilinear blood vessels. Due to the lack of specific immunohistochemical markers, detailed cytomorphologic analysis is crucial. Differential diagnosis with undifferentiated pleomorphic sarcoma is essential.

Optimal treatment includes wide surgical excision with ≥ 2 cm margins, combined with (neo)adjuvant radiotherapy. Selected cases may benefit from chemotherapy and/or immunotherapy especially those at high metastatic risk.

Conclusion:

This case highlights the clinical and diagnostic complexity of myxofibrosarcoma, particularly in atypical sites like the scalp. In elderly patients presenting with rapidly growing lesions, soft tissue sarcoma should be considered in the differential diagnosis to ensure timely multidisciplinary management.

Abstract N°: 6864

Squamous cell carcinoma arising in chronic Pyoderma gangrenosum: A case report and new therapeutic approach.

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[1]University Hospital of Guadalajara, Dermatology, Guadalajara, Spain
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Introduction & Objectives:

Pyoderma gangrenosum (PG) and squamous cell carcinoma (SCC) are two distinct and well-characterized dermatologic entities. PG is a rare neutrophilic dermatosis characterized by painful, rapidly progressing ulcers often triggered by trauma, whereas SCC is a common cutaneous malignancy arising from keratinocytes. Although both conditions may coexist in the same patient or share overlapping clinical features that may lead to diagnostic challenges, the development of SCC within chronic PG lesions is extremely rare and scarcely documented in the literature. Chronic inflammation, repeated tissue injury, and prolonged immunosuppressive therapy may contribute to malignant transformation in these complex cases.

Materials & Methods:

We report the case of a 67-year-old female diagnosed in 2011 with post-surgical PG of the left arm, following ulnar nerve surgery. Over the following years, the patient received multiple systemic immunosuppressive therapies, including corticosteroids, cyclosporine, methotrexate, and dapsone, as well as several biologic agents such as ustekinumab, adalimumab, guselkumab and lastly tildrakizumab; sometimes in combination. Her disease course was marked by periods of partial remission and recurrence.

While on tildrakizumab, the patient experienced a progressive deterioration of the PG lesion with the development of irregular nodules within the ulcer. Biopsies of these nodules confirmed the diagnosis of SCC. MRI of the local area and distant staging showed no evidence of local invasion nor metastasis.

Results:

Surgical excision was performed, and histopathological analysis revealed a moderately differentiated SCC contacting with the resection margins. Subsequently, a wide local excision with reconstruction using split-thickness stamp skin grafts was undertaken, followed by adjuvant radiotherapy. The patient had a favorable outcome, with great improvement in pain management after the grafts, with no tumor recurrence and successful healing of the ulcer. Several months later, the PG became active again requiring courses of systemic corticosteroids, while continuing tildrakizumab.

Conclusion:

This case highlights the potential for malignant transformation of chronic PG lesions under prolonged immunosuppression and persistent inflammation. While no definitive association between PG and SCC has been established (only two reported cases), chronic wounds and immunosuppressive therapy are recognized risk factors for skin cancer development. Regular clinical surveillance of chronic ulcers is crucial to detect early neoplastic changes. Notably, this is the first reported case of successful surgical resection and stamp skin graft

closure of a PG lesion without exacerbation of the disease due to pathergy. These findings suggest that, in selected patients, surgical intervention with appropriate planning and post-operative care may be a viable therapeutic alternative in managing complex PG cases complicated by malignancy.

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Abstract N°: 6919

From Lymphoma to Skin Cancer: A Long-Term Consequence of Autologous Stem Cell Rescue

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Introduction & Objectives:

Both allogeneic and autologous hematopoietic stem cell transplantation are associated with an increased risk of secondary malignancies, including cutaneous cancers such as basal cell carcinoma, squamous cell carcinoma and malignant melanoma. Risk factors contributing to the development of these neoplasms include prolonged immunosuppression (following either ablative or non-myeloablative conditioning regimens), graft-versus-host disease (which occurs only after allogeneic transplantation), exposure to ultraviolet radiation, oncogenic viral infections (e.g., HPV), advanced age at the time of transplant and a personal or family history of skin cancers.

Materials & Methods:

We present the case of a 72-year-old patient diagnosed with diffuse large B-cell non-Hodgkin lymphoma, treated with chemotherapy followed by autologous hematopoietic stem cell transplantation with a myeloablative conditioning regimen in September 2017. Additionally, the patient's medical history includes a basal cell carcinoma excised in 2015.

Clinical examination revealed multiple well-demarcated erythematous lesions with slightly elevated borders, suggestive of superficial basal cell carcinomas, located on the posterior thorax and bilaterally on the shoulders. Additionally, a well-defined nodular, erythematous-crusted lesion with visible peripheral telangiectasias, consistent with nodular basal cell carcinoma, was noted on the right shoulder. The patient reports that the lesions appeared in 2024 and that an excisional biopsy was previously performed in another center on a lesion from the posterior thorax, with a histopathologic diagnosis of basal cell carcinoma, followed by topical treatment with imiquimod 5% for six weeks on the residual margin post-biopsy.

Results:

An excisional biopsy was performed on a nodular lesion of the right shoulder and on an erythematous lesion measuring approximately 3 cm in diameter on the left shoulder. An incisional biopsy was also performed on an erythematous lesion located on the posterior thorax. Histopathological examination is pending.

Following histopathological confirmation, considering the multiple and superficial nature of the lesions, treatment options include standard excision, curettage and desiccation, topical therapy (imiquimod or 5-fluorouracil) and photodynamic therapy.

Conclusion:

The occurrence of cutaneous neoplasms in patients with a history of imunosupression from autologous or allogeneic hematopoietic stem cell transplants highlights the importance of regular dermatologic surveillance and the avoidance of excessive ultraviolet radiation exposure.

Abstract N°: 6935

Primary Cutaneous Follicle Center B-Cell Lymphoma: Bcl2 Positivity and High Proliferative Index Ki67

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Introduction & Objectives:

Primary Cutaneous Follicular B-cell Lymphoma (PCFCL) is a rare, low-grade lymphoma typically presenting as papules, nodules, or tumors. Its progression is indolent but often marked by frequent relapses(1) This report describes a case of Primary Cutaneous Follicular B-cell Lymphoma

Materials & Methods:

This case concerns a 48-year-old man with no significant medical history. The patient had a painless and pruritic tumor-like lesion on his scalp for one year. Clinical examination revealed a round, red-violet mass of 4 cm in diameter, located on the posterior parietal region of the scalp.

Histological examination showed a dermis with a malignant lymphomatous proliferation composed mainly of small cells, slightly larger than normal lymphocytes. Immunohistochemistry revealed strong expression of CD10, Bcl-2, Bcl-6, anti-CD20, and Ki67, estimated at 90%.

The patient’s general condition was preserved, and no other lymphadenopathy or extranodal involvement was found. Biological tests (hemogram, erythrocyte sedimentation rate, lactate dehydrogenase levels) and radiological exams (chest X-ray, thoraco-abdominal CT scan) were normal. Based on these findings, a diagnosis of Primary Cutaneous Follicular B-cell Lymphoma was made, and radiotherapy was initiated.

Results:

Cutaneous B-cell lymphomas are rare, representing 10-20% of cutaneous lymphomas. The EORTC classification distinguishes two types: low-grade lymphomas (marginal zone B-cell lymphoma and follicular lymphomas) and those with less defined prognoses (2)

Primary Cutaneous Follicular B-cell Lymphoma (PCFCL) typically presents as red-violet, non-squamous, indolent nodules or plaques, either single or multiple, mostly on the trunk and head(3) as seen in our patient.

Diagnosis of cutaneous follicular lymphomas relies on histological biopsy showing a dermal lymphoid proliferation with a nodular architecture, mainly consisting of small B lymphocytes. Immunohistochemical analysis typically reveals positivity for B-cell markers such as CD20, CD22, and CD79a, as well as Bcl-6 expression, and sometimes CD10. Unlike nodal and secondary follicular lymphomas, these primary lymphomas generally lack Bcl-2 and MUM-1 expression, which distinguishes our case(3)

Prognosis is generally favorable, regardless of the percentage of lymphocytes or the nodular/diffuse architecture, with a 5-year survival rate around 95%(3)

Localized cases are best treated with radiotherapy, and cutaneous relapses, seen in about 20% of patients, can also be effectively treated with radiotherapy(4)

Our patient presented a unique form of Primary Cutaneous Follicular B-cell Lymphoma (PCFCL) with an unusual IHC profile, positive for Bcl-2 and CD10, raising the possibility of a systemic PCFCL(5) The expression of Bcl-2 and

the high Ki67 index help identify patients at risk of subsequent extracutaneous involvement, potentially leading to systemic lymphoma with a more aggressive progression, requiring more intensive monitoring(6)

Conclusion:

Primary Cutaneous Follicular B-cell Lymphoma (PCFCL) has a more indolent natural history compared to the secondary form. However, the expression of Bcl-2 worsens the prognosis, as it is predictive of progression to a systemic form(5)

Abstract N°: 6951

The Role Of Ultrasound in Staging Early- Stage Mycosis Fungoides: A Retrospective Analysis

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Introduction & Objectives:

Mycosis Fungoides (MF) is the most common type of cutaneous T-cell lymphoma. Treatment and follow up of MF requires evaluation of the disease stage. Although the prognosis is generally good, it worsens in advanced-stage MF patients, especially when lymph node involvement is observed. Therefore, detection of lymph node (LN) involvement in patients with early stage skin lesions has prognostic and therapeutic importance for patients suffering from MF.

In this study, clinical characteristics and imaging data of early stage MF patients followed in our clinic will be analyzed and the relationship with radiologic lymph node involvement will be revealed to evaluate the necessity of US imaging and the frequency of LN involvement in early stage disease.

Materials & Methods:

This retrospective study included 39 patients with early stage MF presentation admitted between 2015 and 2022. Histopathological examination, imaging reports and lymph node biopsies were reviewed.

The patients were staged according to the criteria of the International Society of Cutaneous Lymphoma (ISCL) and the European Organization for Research and Treatment of Cancer (EORTC). As defined by ISCL-EORTC, a LN site was considered radiologically positive if the long axis diameter of any LN measured ≥ 15 mm and short axis > 10 mm.

Results:

This study included 39 MF patients confirmed by skin and histopathological examination. The mean age of patients were 53.4±13.4 years. 51.3% of the patients were male. 38.5% of the patients were T1a, 41.0% were T1b, 5.1% were T2a and 15.4% were T2b according to skin examination. In 2 patients (5.4%), enlarged LNs were detected on clinical examination. Enlarged lymph nodes were detected on US in 69.2% of patients. Among patients with radiologically enlarged lymph nodes, T class distribution was T1b 44% (12/27), T1a 37% (10/27), T2b 15% (4/27), T2a 4% (1/27). Five patients underwent LN biopsy. In pathologic examination, four patients had N1 (dermatopathic lymphadenopathy) involvement in lymph nodes and the other patient was diagnosed with N2.

Conclusion:

MF is a rare cancer with an incidence of <1/100,000; however, its true prevalence is much higher when considering long survival in early stage disease. The clinical stage of MF is an important factor for disease prognosis and survival rate. Therefore, early diagnosis is important to ensure optimal patient survival in our treatments.

ISCL and NCCN guidelines do not recommend imaging in patients with T1a and T1b presentation unless there is no clinically palpable lymph node. However, as seen in the PROCLIPI study, lymph node involvement can also be detected in patients with T1 presentation and this may change the prognosis of the disease.

Lymphoma studies emphasized that clinical examination revealed a 12-13% less lymph node involvement decision when compared to that of clinical examination plus US imaging. These data show that clinical examination may be a valuable initial screening but US imaging offers a more detailed and comprehensive evaluation of the lymph node involvement.

There is no consensus in the guidelines regarding imaging in patients with early stage MF. In the light of the information obtained in our study, we want to emphasize the need for more comprehensive studies on imaging tools that should be preferred both in the diagnosis and follow-up of early stage MF patients.

Abstract N°: 6960

Cutaneous metastases revealing uveal melanoma: A clinical challenge

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[1]Ibn Rochd University Hospital, Dermatology and Venereology Department, Casablanca, Morocco
[2]Ibn Rochd University Hospital , Ophtalmology Department, Casablanca, Morocco

Introduction & Objectives:

Uveal melanoma is the most common primary intraocular malignancy in adults, accounting for 85-90% of ocular melanomas. It is classified into three subtypes: choroidal (90%), ciliary body (6%), and iris melanoma (4%). Despite effective local control, up to 50% of patients

develop metastases, primarily to the liver, which are resistant to systemic therapies. In some cases, cutaneous metastases can be the first sign, revealing the underlying uveal melanoma. We report a case of a 44-year-old woman in whom cutaneous metastases revealed metastatic uveal melanoma.

Materials & Methods:

Results:

Case presentation:

A 44-year-old woman presented to our hospital with metastatic uveal melanoma involving the liver, lungs, and skin. Her symptoms began in 2022 with a progressive decrease in visual acuity in the right eye. An ophthalmology consultation in the private sector diagnosed retinal detachment and unilateral blindness in the right eye. The patient remained asymptomatic for nearly two years.Six months prior to admission, she developed a dark conjunctival mass in the right eye, three hyperpigmented lesions on the scalp, and epigastric pain. A gastroenterological workup, including an abdominal CT scan, revealed multiple suspicious hepatic nodules. A liver biopsy confirmed metastatic melanoma, with positive immunohistochemical staining for S100, Melan-A, and HMB-45.Clinical examination showed a pigmented lesion on the sclera, three scalp lesions, abdominal distension with ascites, and lower limb edema.Dermoscopy of the scalp lesions revealed asymmetrical borders with a white-blue veil and dark papular areas. Ophthalmologic evaluation

identified a pigmented conjunctival lesion measuring 4.6 × 4.8 mm with surrounding vascular dilation. A subsequent ophthalmologic consultation at our institution confirmed the diagnosis of primary ocular melanoma.Staging investigations included PET-CT and abdominal ultrasound. PET

imaging revealed a hypermetabolic lesion at the posterior pole of the right eye, mediastinal and hilar lymphadenopathy, bilateral pulmonary and diffuse hepatic metastases, and a hypermetabolic nodule in the right breast. Abdominal ultrasound confirmed widespread metastatic liver

disease with multiple hypoechoic nodules in all segments.Given the extensive metastatic spread, onset of systemic symptoms (pain, malnutrition,and anxiety), and hepatic dysfunction, the patient was referred to palliative care for supportive management.

Conclusion:

Uveal melanoma (UM) is an aggressive cancer with a high risk of metastasis, primarily to the liver. Despite

advances in imaging,prognosis remains poor once metastases occur, particularly hepatic involvement, which often leads to rapid clinical deterioration. Early detection is challenging, as many patients remain asymptomatic until late stages. This case highlights the importance of regular ophthalmologicevaluations, particularly for high-risk groups, to facilitate early diagnosis and improve outcomes. Although treatment options for metastatic disease are limited, timely intervention and comprehensive care are crucial to managing this life-threatening condition.

Abstract N°: 6962

Electrochemotherapy with bleomycin for metastatic cutaneous melanoma

Katrin Nguyen*[1], Marisa Klemp[1], Kusch Kerstin[1]

[1]Charité - Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt- Universität zu Berlin, Department of Dermatology, Venereology and Allergology, Berlin, Germany

Introduction & Objectives:

The incidence of cutaneous melanoma increases worldwide. The presence of primary tumors as well as skin metastases, especially in visible or pain causing localizations, decreases patients' quality of life drastically. However, surgical resection of primary cutaneous melanoma or cutaneous metastases is not always feasible.

We present a case demonstrating the beneficial use of electrochemotherapy (ECT) with bleomycin for a metastatic cutaneous melanoma in a stage IIIB acral lentiginous melanoma patient.

Materials & Methods:

A 74-year-old female patient presented herself with a size-progressive and painful node at the tip of the right digitus pedis I, which initially appeared approximately 4 months prior.

At first visit we saw a 2 x 1 cm amelanotic node with subungual necrosis of the right digitus pedis I. Two additional amelanotic, partially necrotic papules were present on the medial aspect of the toe.

Computed tomography (CT) and magnetic resonance imaging (MRI) showed no evidence of lymph node or distant metastases. A positron emission tomography–computed tomography (PET-CT) displayed a markedly increased metabolic activity in the right digitus pedis I. We diagnosed a stage IIIB acral lentiginous melanoma at the right digitus pedis I with two satellite metastases along the medial site of the same toe.

Based on the recommendation of our interdisciplinary tumor board we initiated an immune checkpoint inhibition therapy with the PD-1-inhibitor pembrolizumab (200 mg every three weeks). Additionally, as the patient declined amputation of the right digitus pedis I as surgical treatment to ensure complete removal of the lesions, ECT with bleomycin was administered every six weeks, initiated following three cycles of immunotherapy with pembrolizumab. The patient underwent 5 cycles of ECT in total.

Results:

A PET-CT scan after 3 cycles of ECT with bleomycin showed significantly decreased and only weak residual metabolic activity in the right digitus pedis I. A residual necrosis was macroscopically visible. Moreover, the patient reported less pain resulting in a better quality of life. Further follow-ups were not possible as the patient died due to cardiac arrest.

Conclusion:

This case demonstrates that ECT can be an additional, supportive local treatment for cutaneous melanoma, especially when surgical options are limited, when preserving surrounding tissue is important or when conventional therapies are contraindicated. It can positively affect the patient's quality of life.

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Abstract N°: 6980

Hydroa vacciniforme lymphoproliferative disorder with systemic involvement in a latin american child

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Introduction

Hydroa Vacciniforme lymphoproliferative disorder (HVLPD) is an unusual primary cutaneous T cell lymphoma. Is a photosensitive dermatosis with varioliform pattern, mostly in young population, although there is no concrete statistics. Is associated with Epstein-Barr Virus (EBV) chronic infection and mosquito bite allergy. Clinically there is a cutaneous presentation, or systemic form with risk of systemic lymphoma. Evidence on treatment is limited, making therapeutic approaches nonspecific.

Clinal presentation

A 6 year old mexican boy with personal history of mosquito bite allergy, began with recurrent aphthous stomatitis and mononucleosis. Five years later developes varioliform generalized dermatosis, fever, malaise, and weight loss. Physical examination with hemorrhagic crusted papules.

Hospital admission showed anemia, elevated inflammatory markers and positive serology IgG to EBV. Computed tomography with enlarged lymph nodes in cervical, axillary and inguinal regions.

Histopathology showed epidermal spongiosis and atypical lymphocytic infiltration involving subcutaneous tissue, eosinophilic and histiocytic inflammation, and hypodermal necrosis. Immunohistochemistry was positive for CD3, CD4, CD8, CD30, CD20, and negative for CD56 and EBV. The final diagnosis was HVLPD. A T cell lymphoma protocol started including methotrexate and CHOP (cyclophosphamide, vincristine, daunorubicin), without improvement. A stem cell transplant (SCT) was declined. The condition worsened and due to poor prognosis and treatment failure, palliative care was initiated. The patient passed away after 2 years secondary to multiorgan failure.

Discussion

Evidence links HVLPD it to EBV chronic infection and chronic. According to the WHO-EORTC classification, is grouped among EBV-associated lymphoproliferative disorders (LPD), mainly reported in Asiatic and Latin-American males putting our patient at higher risk. Also, mosquito allergy showed predisposition, a Mexican hospital's nine-year review found seven NK/T cell lymphoma cases associated to this condition.

HVLPD lesions that spread from exposed to non-exposed areas with chronic relapses suggest LPD, as seen in our case. Histopathology shows spongiosis, histocytes and positive immunohistochemistry for T cell.

Treatment research is limited, Park et al. reported two cases surviving 5–11 years with CHOP, there are studies showed mortality in pediatric patients despite chemotherapy. Our patient relapsed 16 months after the last CHOP cycle and immunomodulators. Allogeneic SCT in a Cochrane review found no trials comparing it to standard therapy, underlining the need for clinical studies. This case stands out for its rarity, persistent course, and progression despite treatment, leading to death within two years. More research is needed to develop effective therapies, especially in CAEBV-prevalent populations.

Conclusion:

HVLPD is a rare condition closely associated with EBV which has limited evidence to guide management. This case report is relevant due to the rarity of fatal outcomes in the literature, highlighting the broad clinical spectrum of HVLPD and the urgent need for targeted therapies. Diagnostic complexity and the absence of specific treatment options often contribute to poor patient outcomes.

Abstract N°: 6983

Chronic Inguinal Ulcer Revealing Urothelial Carcinoma

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Introduction :

Urothelial carcinomas rarely present with secondary skin lesions. We report an atypical case of a 90-year-old patient with no significant medical history, in whom a chronic inguinal ulcer, likely resulting from the fistulization of a metastatic lymph node, revealed an advanced urothelial carcinoma.

Case report:

A 90-year-old patient with no notable medical history presented with a left inguinal ulcer that had been evolving for one year in the context of declining general health. Clinical examination revealed a 4 cm ulcerative lesion with a fibrinous base and everted, regular borders, surrounded by indurated, violaceous skin. Initial histopathological analysis identified an infiltrating, non-keratinizing squamous cell carcinoma of undetermined origin. Imaging via CT scan showed left ureteral wall thickening with hydroureteronephrosis and metastatic iliac and inguinal lymphadenopathy. The final diagnosis of urothelial carcinoma was confirmed by cystoscopy with biopsies, revealing an infiltrating high-grade urothelial tumor.

Conclusion:

The unusual presentation of this case raises several diagnostic and pathophysiological questions, primarily due to the histological resemblance between cutaneous squamous cell carcinoma and poorly differentiated urothelial carcinoma. Indeed, the initial pathological study concluded an infiltrating, non-keratinizing squamous cell carcinoma without being able to distinguish between a cutaneous or urothelial origin. This interpretive challenge arises because high-grade urothelial carcinomas can exhibit morphology similar to squamous cell carcinomas, featuring areas of spindle or polygonal cells, absence of keratinization, and associated inflammatory infiltrate.

Immunohistochemically, while markers such as GATA3, uroplakin, and CK20 are more specific for urothelial tumors, their expression may be absent or weak in poorly differentiated forms, complicating the diagnosis. Conversely, cutaneous squamous cell carcinomas typically express CK5/6 and p63, but these markers can also be positive in some urothelial carcinomas. Thus, in the absence of clear clinical context, distinguishing between these entities relies on rigorous anatomico-radiological correlation.

This case underscores the diagnostic pitfalls posed by the morphological overlap between urothelial and squamous cell carcinomas, emphasizing the need for a multidisciplinary approach integrating immunohistochemistry and clinical-radiological findings.

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Abstract N°: 7012

Cutaneous Plasmacytosis: Clinicopathological Evaluation and Successful Treatment of Two Cases

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Introduction:

Cutaneous plasmacytosis (CP) is a rare skin disease of unknown etiology. It is thought to be associated with genetic predisposition and infectious triggers. Plasma cell infiltrates suggest the possibility of infectious causes such as syphilis and borrelia infections. Current evidence points to dysregulated interleukin-6 (IL-6) production as a main factor in the pathogenesis. CP is predominantly reported among Asian populations, possibly due to genetic polymorphisms affecting IL-6. Clinically, patients present with red-brown plaques/nodules on the face and trunk. Histopathology reveals superficial and deep dermal plasma cell infiltrates. Although various treatments including corticosteroids, calcineurin inhibitors and rituximab have been used, no standardized therapeutic protocol has been established. With our two reported cases, we aim to increase awareness among dermatologists and introduce a novel treatment approach.

Case 1:

A 38 year old male patient of Uzbek origin presented to our clinic in June 2023 with red nodules located in the left preauricular region, left zygoma, persisting for the past six months. Following her presentation to our clinic a Tzanck smear was obtained to rule out leishmaniasis, the smear result was negative. CT scans, ultrasound were performed—all of which were reported as normal. VDRL, RPR, TPHA, Borrelia PCR, PPD test were conducted; all results were negative. Histopathology revealed diffuse lymphohistiocytic infiltration in the dermiş. Based on clinicopathological correlation, the patient was diagnosed with cutaneous plasmacytosis. Treatment was initiated in September with 32 mg of methylprednisolone and 15 mg/wk methotrexate (MTX). After four months of therapy, near-complete regression was observed. Methylprednisolone was tapered and discontinued in January and the treatment was completed with 15 mg/wk MTX for two months.

Case 2:

A 51 year old woman presented to our clinic in January 2024 with erythematous nodular lesions localized in both malar regions which had been present for 4 years. A biopsy was taken in an external center and was evaluated as a lymphoproliferative disease with plasma cells and eosinophils. The patient had received various treatments such as hydroxychloroquine, corticosteroid, tetracycline. The patient was diagnosed as cutaneous plasmacytoma based on the clinicopathologic evaluation. In January 2024, methyl prednisolone 32 mg and MTX 15 mg/wk treatment was started. At the 2-month visit, methylprednisolone dose was decreased and discontinuation was planned, MTX dose was increased to 20 mg/wk. During the treatment period significant clinical regression was achieved.

Conclusion:

Cutaneous plasmacytosis is a rare disease of mature plasma cell proliferation that should be considered in the differential diagnosis of persistent, red-brown plaques and nodules, particularly on the trunk and face. Dysregulated production of IL-6 is thought to play an important role in the pathogenesis. Diagnosis is confirmed by histopathological examination of polyclonal plasma cells. Our cases emphasize the importance of clinicopathological correlation in diagnosis and suggest that combination therapy of systemic corticosteroids and

MTX may be an effective treatment option by aiming the central mediator in the pathogenesis.

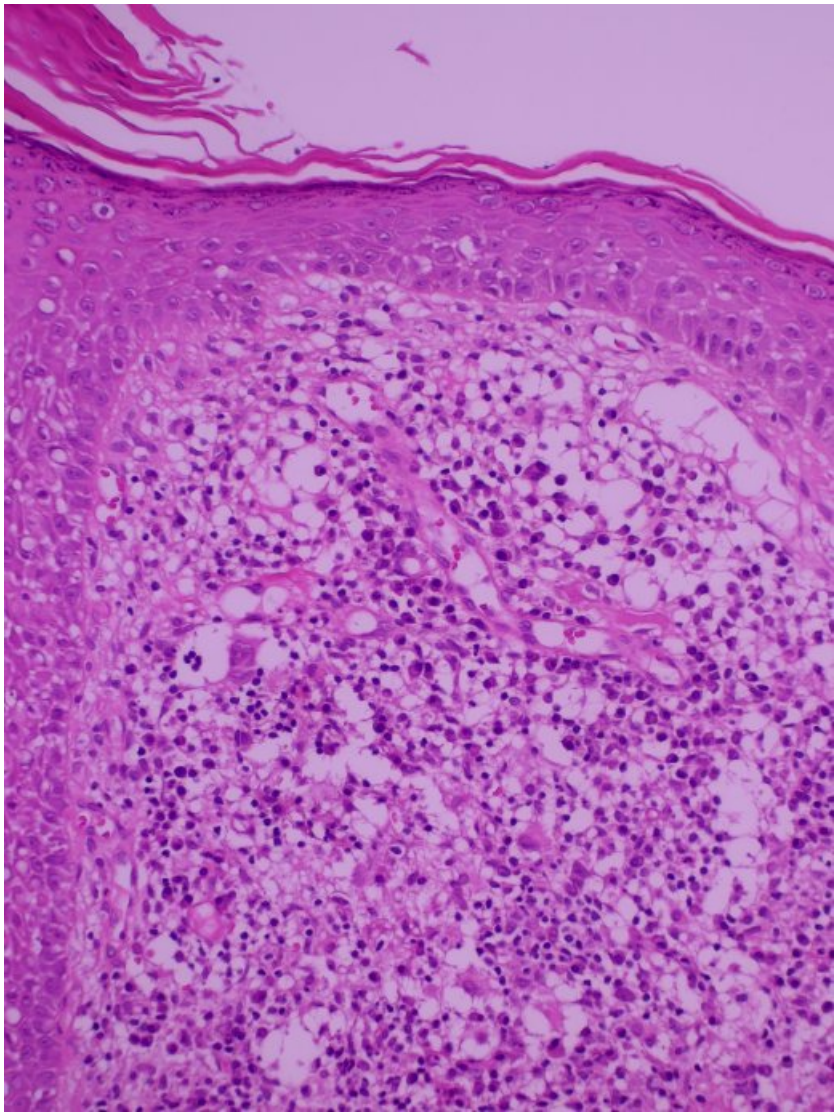

Figure-1: Plasma cell infiltrate in the dermis (H and E x100)

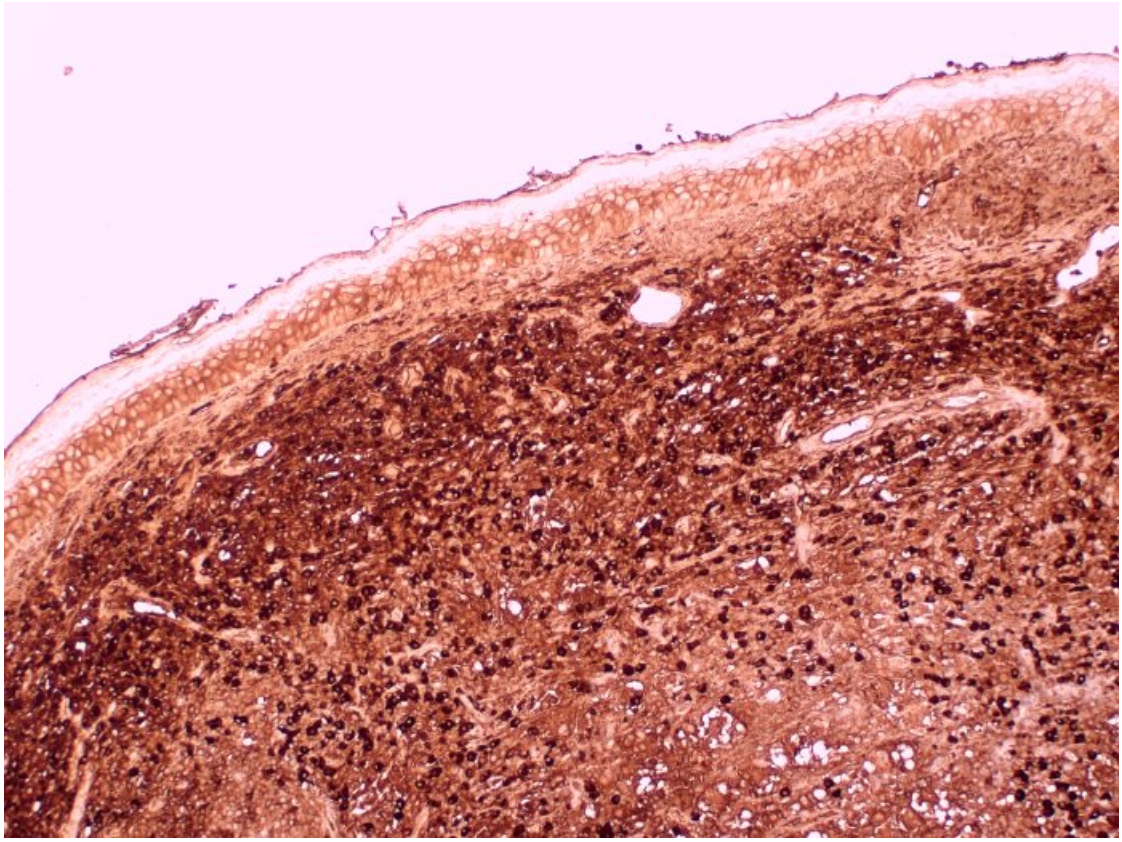

Figure-2: Plasma cell infiltrate in the dermis (Lambda x100)

Abstract N°: 7015

Squamous Cell Verrucous Carcinoma of the inter-Toe Space: A case report

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Introduction :

Verrucous carcinoma is a rare form of squamous cell carcinoma, characterized by predominantly local malignancy. Its occurrence in the inter-Toe Space is rare, we report one new case.

Case report:

A 91-year-old female presented with a chronic macerated intertrigo in the left 4th inter-Toe Space persisting for over 30 years, with a history of self-medication using topical corticosteroids and antifungal agents. She consulted for a painful, rapidly enlarging nodular lesion in the 4th inter-Toe Space evolving over 3 months. Clinical examination revealed a firm, nodular, ulcerated-crusty lesion measuring 3 cm in its largest axis, fixed to the deep plane, extending onto the dorsum of the foot, surrounded by erythematous and indurated peri-lesional skin without satellite lymphadenopathy. Histology was consistent with verrucous carcinoma. CT and MRI of the foot showed a locally advanced soft-tissue process in the 5th toe, extending to the 4th inter-toe space, with bone involvement. Thoracoabdominopelvic CT and lymph node ultrasound scans were without abnormalities. Therapeutically, the patient underwent forefoot amputation by CHOPART disarticulation.

Conclusion:

Verrucous squamous cell carcinoma is a well-differentiated, low-grade malignant carcinoma with a favorable local prognosis. It primarily occurs on the legs, feet, and mucous membranes. Our case is notable for its rare inter-toe space location, association with chronic intertrigo, and rapid progression over three months. The contributing factor in this case was the use of topical corticosteroids for intertrigo treatment, along with continuous maceration due to ablutions and lack of drying between the toes, highlighting the importance of proper intertrigo management and emphasis on foot hygiene, including drying between the toes specially in our Moroccan context (frequent ablutions).

Abstract N°: 7175

Cutaneous Vasculitis in Association with Mycosis Fungoides: A Report of Two Cases

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Cutaneous Vasculitis in Association with Mycosis Fungoides: A Report of Two Cases

Introduction & Objectives:

Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma and may present with a wide spectrum of clinical manifestations. Paraneoplastic vasculitis can occur in association with lymphoproliferative malignancies; however, its relationship with MF is rarely reported in the literature. The aim of this report is to present and raise awareness—given its rarity—of two cases of MF associated with cutaneous vasculitis (CV), and to further discuss therapeutic management.

Materials & Methods:

We report two cases of MF presenting with necrotic and livedoid skin lesions, consistent with CV associated with cutaneous lymphoma. Clinical presentation, diagnostic work-up, and treatment approach are described.

Results:

The first case concerns a 65-year-old male with an history of diffuse large B-cell lymphoma in remission since 2017, diagnosed with stage IB MF in 2024 and treated with topical betamethasone 0.5 mg/g. He developed widespread erythematoviolaceous papules and plaques with a livedoid pattern. Due to changes in the clinical morphology of the dermatosis, new skin biopsies were performed, revealing a dermal lymphohistiocytic infiltrate composed of atypical T lymphocytes with epidermotropism and folliculotropism, epithelioid granulomas, and vasculitis with necrosis. A diagnosis of folliculotropic MF associated with CV was made, and treatment with acitretin 25 mg/day was initiated, resulting in clinical improvement.

The second case involves a 63-year-old male followed in the Dermatology clinic for large plaque parapsoriasis diagnosed in 2020. Due to progression of the dermatosis, including erythematoviolaceous plaques with pustules on the face and livedoid patches with erosions on the gluteal region and wrist, prednisolone 60 mg/day was initiated and skin biopsies were performed. Histopathological examination revealed an interstitial and perivascular lymphohistiocytic and granulomatous infiltrate with multinucleated giant cells, necrosis, and hemorrhage of the subcutaneous fat, suggestive of an angiocentric process. A diagnosis of folliculotropic MF associated with CV was established. The patient was treated with bexarotene 225 mg/day and localized radiotherapy to two cutaneous tumors, with good clinical response. Due to severe hypertriglyceridemia after one and a half months of bexarotene therapy, treatment was switched to methotrexate 10 mg/week, maintaining a favorable response.

Conclusion:

Variants of MF are increasingly recognized, with the folliculotropic form now classified by the WHO as a distinct subtype. Most reported cases of CV associated with MF occur in this variant. Although the underlying pathophysiological mechanisms remain unclear, vascular infiltration by neoplastic lymphocytes or immune complex deposition may play a role. Retinoids, the first-line treatment for folliculotropic MF, showed good efficacy in both cases. Early recognition of this association is essential to prevent vasculitis progression and related complications, such as ulceration.

Abstract N°: 7227

Erythroderma and Beyond: A Retrospective Study of Epidemiological, Clinical , Paraclinical, and Therapeutic Data in Sézary Syndrome

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Introduction & Objectives:

Sézary syndrome (SS) is a rare and aggressive form of cutaneous T-cell lymphoma, defined by a clinical triad of generalized erythroderma, lymphadenopathy, and circulating Sézary cells. Diagnosis is often challenging due to its resemblance to other chronic inflammatory dermatoses, requiring a multidisciplinary approach involving flow cytometry, skin biopsy, and immunological studies.

Materials & Methods:

We conducted a retrospective study at Arrazi University Hospital in Marrakech between 2019 and 2024, including eight patients with confirmed SS based on the presence of Sézary cells in peripheral blood smears. Only patients with complete clinical, biological, and histological evaluations were included. Data were collected using standardized forms and included clinical signs, CBC, blood smear, flow cytometry, biochemical tests, imaging (CT scan of chest, abdomen, pelvis), and histopathological findings from skin and lymph node biopsies.

Results:

The mean age was 68.75 years with an equal male-to-female ratio. All patients had extensive erythroderma, pruritus, and frequent cutaneous findings such as onychodystrophy, palmoplantar keratosis, fissures, and alopecia (in six cases). Superficial lymphadenopathy was present in all patients, and two had hepatosplenomegaly. Blood tests showed lymphocytic leukocytosis with a mean Sézary cell count of 32.6%, elevated LDH, hypoalbuminemia, and vitamin D deficiency. Flow cytometry showed CD4+ T-cell dominance with a CD4/CD8 ratio >10. Histological analysis revealed atypical lymphocytic infiltrates, often with Pautrier microabscesses. Imaging confirmed deep lymphadenopathy and visceral involvement in two cases. All patients received symptomatic treatment (antihistamines, emollients, thromboprophylaxis), and curative therapies included extracorporeal photopheresis, gemcitabine, methotrexate, or COP chemotherapy.

Discussion Our findings support the predominance of SS in older adults, as previously reported by Guitart et al., although our equal sex distribution contrasts with the male predominance typically observed. Clinical features were consistent with those described by Miyashiro et al., including erythroderma, pruritus, nail changes, and alopecia. The frequent lymphadenopathy highlights the need for careful lymph node evaluation. The presence of Sézary cells and CD4+ lymphocytosis matched EORTC/ISCL diagnostic criteria. Histological confirmation included classic features such as epidermotropic atypical infiltrates and Pautrier microabscesses, in line with Guitart and Kim. Imaging played a crucial role in detecting subclinical disease extension, as emphasized by Hughes et al. Treatment was individualized, with notable efficacy of gemcitabine in refractory cases, as described by Buzyn et al. Despite the lack of longitudinal follow-up, the study emphasizes the importance of structured monitoring per international guidelines.

Conclusion:

Sézary syndrome is a rare T-cell cutaneous lymphoma, typically diagnosed at an advanced stage. Our study

underscores the value of a multidisciplinary diagnostic approach combining clinical, biological, histological, and imaging criteria. Management must be personalized, with no standardized protocol, highlighting the need for close and structured follow-up. Early recognition and broader studies are essential to improve outcomes in affected patients.

Abstract N°: 7228

Relationship Between Cardiovascular Outcomes and UV Exposure in a Large Cohort using Squamous Cell Carcinoma as a Proxy Measure

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Introduction & Objectives:

Seasonal and latitude-based variations in blood pressure (BP) and cardiovascular events are well-documented.1,2,3,4 Ultraviolet (UV) irradiation has been shown to lower BP.5,6 This study examines the relationship between UV exposure, using squamous cell carcinoma (SCC) as a proxy, and major adverse cardiovascular events (MACE).

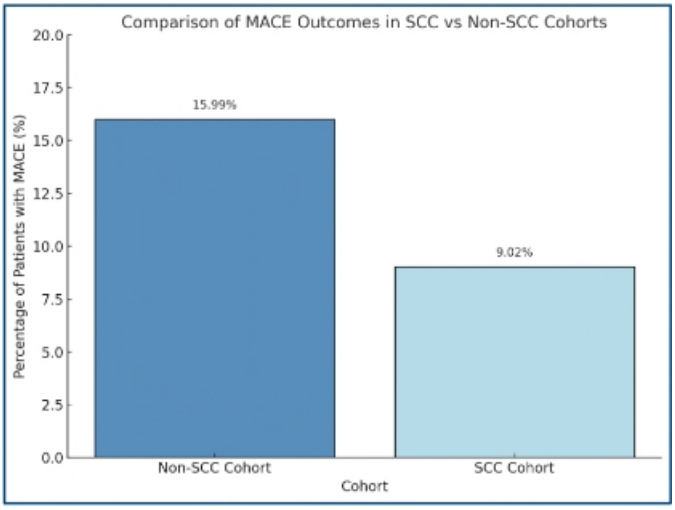
The objective of this study was to evaluate the association between UV exposure, using SCC as a proxy measure, and the occurrence of major adverse cardiovascular events (MACE) in a large cohort of patients.

Materials & Methods:

A retrospective cohort analysis was conducted using the TriNetX Linked Network to compare MACE outcomes, including cerebral infarction (ICD: I63) and acute myocardial infarction (ICD: I21), in patients with SCC and those without SCC.

Results:

Cohorts included 135,887 matched patients. In the non-SCC cohort, 15.995% (n = 21,735) experienced a MACE, compared to 9.02% (n = 12,257) in the SCC cohort. The absolute risk difference between the cohorts was 6.975% ($p<0.0001$). The relative risk of MACE in the non-SCC cohort was 1.773 (95% CI: 1.737–1.811), indicating a 77.3% higher risk of cardiovascular events in patients without SCC. The clinical relevance of this finding remains unknown.



Conclusion:

These findings show an elevated risk of MACE in patients without SCC compared to those with SCC, potentially suggesting the difference in risk between our two cohorts could possibly be explained by differences in UV exposure. Limitations include the inability to account for other known risk factors for SCC. Avoidance of UV radiation is the most important modifiable risk factor for reducing skin cancer risk.7,8,9 It is, however, worth considering potentially positive impacts of UV radiation on overall health. Multivariate analysis needs to be performed to assess confounder relationships between this finding and other risk factors to better assess the relationship found in this study.

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Abstract N°: 7231

CaSMO recommendations for prevention and treatment of cutaneous adverse events related to cancer therapies in darker skin phototypes

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Introduction & Objectives:

Patients with skin of color (SoC) experience disparities in cancer incidence, outcomes, and adverse events related to cancer therapies. This study, part of the Canadian Skin Management in Oncology (CaSMO) project, aims to provide practical guidance for managing cutaneous adverse events (CAEs) in SoC patients undergoing cancer treatment, highlighting the need for greater inclusivity in clinical trials and improved awareness.

Materials & Methods:

A comprehensive literature review was conducted to analyze the unique challenges and considerations for recognizing and managing CAEs in SoC patients. Specific cancers, including melanoma, breast cancer, prostate cancer, cutaneous T-cell lymphoma, and lung cancer, were examined, focusing on variations in clinical presentation, diagnosis, and treatment response based on skin phototype.

Results:

Several key disparities were identified. SoC individuals demonstrate distinct CAE presentations, increased susceptibility to post inflammatory hyper- and hypopigmentation, and varied responses to certain therapies. For instance, melanoma in SoC often presents in sun-protected areas, while acute radiation dermatitis can be underdiagnosed due to the difficulty of assessing erythema in darker skin. The review provides specific skincare and treatment recommendations tailored to SoC, including guidance on managing acute radiation dermatitis, rosacea related to hormonal therapy, papulopustular eruptions, and hirsutism.

Conclusion:

Recognition of skin diversity plays an important role in outcomes of CAEs induced by cancer treatment. Tailored strategies encompassing prevention, early diagnosis, and customized treatment protocols are essential to minimize post inflammatory dyspigmentation and improve outcomes in SoC cancer patients. Further research dedicated to SoC populations is critical to address knowledge gaps and ensure equitable cancer care.

Abstract N°: 7240

From benign neurofibroma to malignant sarcoma

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Introduction & Objectives:

Cutaneous sarcomas comprise a heterogeneous group of malignant mesenchymal tumors originating in the dermis or subcutis. they are significantly less common than other malignant cutaneous neoplasm (<1%). These tumors primarily affect young adults. We report a new case.

Materials & Methods:

A case observational approach was used involving a 66-year-old male patient with confirmed diagnosis of clear cell sarcoma .

Results:

A 66-year-old man with no significant medical history presented with a progressively enlarging tumor on the left shoulder, evolving over seven years. The patient had undergone several excisional biopsies, with histological results suggesting neurofibroma, Darier-Ferrand dermatofibrosarcoma, and desmoplastic melanoma.

Physical examination revealed a 15 cm firm, polylobulated tumor, fixed to both underlying and overlying planes. The lesion was topped by two ulcerations and surrounded by a pigmented patch with a central linear scar. Examination of lymph node areas was normal. The patient reported an electric shock-like pain within the tumor.differential diagnosis included Darier-Ferrand tumor with sarcomatous transformation, anaplastic B or T-cell lymphoma, and cutaneous sarcoma. Histological examination for biopsy revealed an undifferentiated sarcoma. Immunohistochemistry showed positivity for PS100 and negativity for CD34, Melan A, HMB45, H-caldesmon, myogenin, and desmin. Fluorescence in situ hybridization (FISH) analysis demonstrated an EWS gene rearrangement, confirming the diagnosis of CCS.

MRI of the shoulder showed a locally advanced subcutaneous mass invading the deltoid and trapezius muscles. A suspicious left axillary lymph node was identified, but biopsy revealed normal tissue.

A multidisciplinary tumor board recommended surgical excision. The surgery was performed with macroscopically clear margins, followed by a skin graft three months later. The patient showed no signs of recurrence after six months of follow-up.

Conclusion:

CCS is a rare malignant disease with numerous differential diagnoses. Histology and molecular genetic methods are the key to arriving at a correct diagnosis, and should always include ruling out other dermal neoplasms such as melanoma.

Abstract N°: 7248

Merkel cell carcinoma in a patient with non-Hodgkin's lymphoma: how can metastatic disease be ruled out in the face of systemic manifestations of lymphoproliferative disease?

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Introduction & Objectives:

Merkel cell carcinoma is a rare and aggressive cutaneous neuroendocrine neoplasm. It is related to sun exposure, advanced age and immunosuppression. It can be associated with hematological neoplasms, especially chronic lymphocytic leukemia and non-Hodgkin's lymphoma.

In this context, we report an atypical case. The correct interpretation of the staging tests was crucial for the success of the treatment.

Materials & Methods:

We report the case of a 62-year-old male patient with a previous diagnosis of diffuse large B-cell lymphoma. He was attended to in the emergency department with asthenia, weight loss, sweating and pancytopenia, and a myelogram, immunophenotyping, karyotype and bone marrow biopsy were carried out on him.

He suffered from a violaceous, infiltrated tumor measuring 6x5x2cm on his left thigh. In view of the diagnostic hypotheses of cutaneous infiltration by lymphoma, MCC and melanoma, an incisional spindle biopsy was indicated. The pathological examination revealed a small cell neuroendocrine carcinoma and immunohistochemistry showed positivity for CD56, chromogranin, CK20 and neurofilament, and negativity for CD20. These findings corroborated the primary cutaneous site and the diagnosis of Merkel cell carcinoma was established.

On returning to the outpatient clinic, progression of the initial lesion and a nodule in the posterior region of the left arm were observed, and this new lesion was biopsied. The anatomopathological analysis was consistent with low-grade histological NHL, immunophenotype B.

For clinical staging, positron emission tomography showed neoplastic involvement. The radiointervention-guided biopsy of the retroperitoneal mass was compatible with NHL, indicating a hematological neoplasm and not MCC metastases.

Results:

After histological and IHC analysis of these lesions, the diagnosis of NHL affecting the retroperitoneum and left arm was reached, and primary MCC was defined, located only on the skin. With regard to MCC, the lesion was then excised, in addition to chemotherapy and radiotherapy. The NHL was treated with the anti-CD20 monoclonal antibody.

Conclusion:

The case reported supports the prevalence of MCC in immunocompromised individuals with hematological neoplasms undergoing chemotherapy, as well as emphasizing the importance of the multidisciplinary team and the correct interpretation of diagnostic and staging tests.

Abstract N°: 7284

Is there more than one type of lentigo maligna?

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Introduction & Objectives:

Lentigo maligna (LM) is a subtype of melanoma in situ, that typically develops on chronically sun-damaged skin, particularly on the face and scalp. In a previous study, we found significant morphological, age and sex-related differences regarding the clinical appearance and specific topography of LM, which led us to speculate the existence of 2 different subtypes of LM with different risk profile of recurrence.

Materials & Methods:

Hypothetical concept based on personal experience and current literature on recurrence rates and treatment options of LM.

Results:

Two types of LM are hypothesized, taking into account data on epidemiological, clinical-dermoscopic features and risk of recurrence after surgical treatment: 1)** *LM type* 1, that arises at mean age below 60 years, presents as small solitary pigmented macule (< 10mm) with well-defined borders on otherwise normal skin, with a low risk of R1/2 surgery or recurrence after complete surgery; 2) *LM type 2*, that occurs in older individuals, usually with lighter skin phototype, presenting as a large diffuse pigmented macule, often with non-homogeneous pigmentation, expressing various shades of brown and light, and ill-defined borders on skin with clinical signs of actinic damage (i.e. freckles, actinic keratoses). This subtype appears to be commonly associated with R1/2 resection margins and high risk of recurrence even after R0 surgery. Albeit hypothetically, patients affected by type 2 LM may benefit form adjuvant treatment with imiquimod even after R0 surgery.

Conclusion:

The distinction of two types of LM may have useful implications in clinical practice, in particular in the risk assessment of recurrence after surgery and need of adjuvant topical treatment even after R0 resections.

Abstract N°: 7311

Sexually Transmitted Infections in Patients with Squamous Cell Carcinoma: A Population-Based Analysis

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Title

Sexually Transmitted Infections in Patients with Squamous Cell Carcinoma: A Population-Based Analysis

Introduction & Objectives:

Squamous cell carcinoma (SCC) arises from squamous cells lining the skin and various hollow organs. It is among the most common cancers worldwide. Although classically linked to ultraviolet exposure, emerging evidence suggests that inflammatory and immunosuppressive states may contribute to SCC pathogenesis. Sexually transmitted infections (STIs), which can induce chronic inflammation and immune modulation, are plausible drivers for the development of SCC. This study investigates the relationship between SCC and STIs, hypothesizing that patients with SCC have a higher prevalence of STIs due to shared inflammatory pathways and immunosuppressive mechanisms.

Materials & Methods:

Data were obtained from the All of Us Research Program. Patients diagnosed with SCC were identified and matched using nearest-neighbor propensity scoring to four controls on the basis of sex, age, race/ethnicity, income, education, and smoking status. Logistic regression analyses (univariate and multivariate) were used to evaluate associations between SCC and various STIs, including chlamydia, gonorrhea, genital herpes simplex, HIV, human papillomavirus (HPV), and syphilis. Statistical significance was set at $p < 0.05$. Odds ratios (OR) and 95% confidence intervals (CI) were calculated.

Results:

A total of 3,755 SCC cases were identified (41.0% female; mean age 75.8 years). The patient population was predominantly white (90.8%), had an annual income of ≥$50,000 (48.6%), and were college graduates (63.1%). Univariate analysis revealed significantly increased odds of several STIs in SCC patients compared to controls, including chlamydia (OR: 0.17, 95% CI [0.07, 0.38]), gonorrhea (0.52, 95% CI [0.28, 0.97]), genital herpes simplex (1.19, 95% CI [0.90, 1.57]), HIV (0.97, 95% CI [0.75, 1.26]), HPV (0.61, 95% CI [0.44, 0.87]), and syphilis (1.31, 95% CI [0.91, 1.90]) ($p < .001$). After multivariable adjustment, SCC remained significantly associated with chlamydia (OR: 1.36, 95% CI [0.49, 3.26]), gonorrhea (4.12, 95% CI [1.76, 9.66]), genital herpes simplex (2.07, 95% CI [1.52, 2.78]), HIV (2.38, 95% CI [1.75, 3.20]), HPV (1.60, 95% CI [1.07, 2.33]), and syphilis (3.65, 95% CI [2.34, 5.67]) ($p < .001$).

Conclusion:

This large cohort study reveals significant associations between SCC and multiple STIs, suggesting that underlying immunosuppression and chronic inflammation may contribute to shared pathophysiological pathways. Tumorigenic properties of viruses (e.g., HPV), STI-related immune dysregulation, and persistent inflammation are plausible mechanisms. These findings highlight a potential intersection between infectious disease and cancer epidemiology. Further research is important to determine potential causality and explore implications for SCC prevention and management in populations at risk for STIs.

Abstract N°: 7329

Microcystic Adnexal Carcinoma: Diagnostic Challenge and the Role of Immunohistochemistry — A Case Report

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Introduction & Objectives:

Microcystic adnexal carcinoma (MAC), also known as sclerosing sweat duct carcinoma, is a rare, locally aggressive cutaneous neoplasm with a predilection for the head and neck region of middle-aged to elderly Caucasian adults. Its development has been associated with ultraviolet and ionizing radiation exposure. Clinically, it presents as a slow-growing, non-ulcerated, white or yellowish papule, plaque, or nodule. Histologically, MAC shows ductal differentiation and may present follicular or sebaceous components. The objective of this report is to describe a rare case of MAC and emphasize the key role of immunohistochemistry (IHC) in establishing the differential diagnosis with other sclerosing epithelial tumors.

Materials & Methods:

We report the case of a 75-year-old patient with a sclerosing epithelial lesion located in the right supralabial region and nasal ala. Clinically, the lesion was suggestive of either sclerodermiform basal cell carcinoma or an adnexal neoplasm, particularly MAC. Histopathological analysis revealed a biphasic growth pattern with ductal differentiation and superficial follicular keratinization, confirming the diagnosis of MAC. Immunohistochemical staining showed positivity for AE1/AE3, CK7, CK5/6, BER-EP4, and EMA. The lesion was initially excised down to the periosteum and managed with healing by secondary intention. Three weeks later, a second surgical resection was performed, including removal of the inferior nasal spine and internal nasal vestibule. Reconstruction was achieved with a rhomboid nasolabial transposition flap. The patient received adjuvant radiotherapy as part of a multidisciplinary oncologic approach. Follow-up imaging with head and neck CT scans showed no recurrence. However, the patient developed reactive sinusitis and gingival recession, attributed to radiotherapy.

Results:

Microcystic adnexal carcinoma is a rare but locally invasive adnexal tumor that poses a diagnostic challenge due to its clinical similarity to basal cell carcinoma. Histopathological evaluation, supported by immunohistochemical markers, is essential for accurate diagnosis. MAC's frequent localization to the head and neck—particularly the upper lip, often left-sided—reinforces the suspected role of ultraviolet exposure in its pathogenesis. Although MAC has low metastatic potential, its infiltrative growth demands complete surgical excision with margin control, ideally through Mohs micrographic surgery or wide local excision with complete circumferential and deep margin assessment (CCPDMA). Adjuvant radiotherapy may be considered in selected cases but requires careful monitoring due to potential side effects.

Conclusion:

MAC should be considered in the differential diagnosis of indurated or sclerosing facial lesions, especially those resistant to standard treatments. Our case emphasizes the importance of considering early histological evaluation, supported by immunohistochemistry, as it plays a central role in diagnosis and surgical planning. Multidisciplinary management is key to optimizing outcomes and minimizing recurrence and treatment-related morbidity.

Abstract N°: 7356

Arsenicism as a Possible Risk Factor for the Development of a Rare Case of Basal Cell Carcinoma

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common skin cancer, accounting for approximately 80% of all non-melanoma skin cancers. It typically arises in sun-exposed areas and is strongly linked to cumulative UV exposure. While BCC is usually indolent and rarely metastasizes, it can be locally invasive. Its appearance in non–sun-exposed regions, such as the perianal area, is exceptionally rare and often misdiagnosed as benign anorectal conditions. This report describes a rare case of BCC in the perianal semimucosal region, emphasizing the diagnostic challenges, clinical features, and the importance of considering BCC in atypical perianal lesions.

Materials & Methods:

A 71-year-old woman presented with a one-year history of a non-healing, mildly painful, and occasionally pruritic ulcerated lesion in the perianal semimucosal area. She had no history of cutaneous malignancy, immunosuppression, or radiation exposure. Importantly, she had lived for many years in Argentina, where certain regions are known for groundwater contamination with arsenic—a recognized environmental carcinogen associated with BCC, even in non–sun-exposed locations.

An incisional biopsy was performed under local anesthesia. She was referred for proctological evaluation, and further investigations included colonoscopy, contrast-enhanced CT, pelvic MRI, and anorectal manometry. These tests ruled out systemic disease, deep invasion, or functional impairments. Histopathology showed basaloid cell nests with peripheral palisading and stromal clefting—hallmarks of BCC. Given the lesion's location and the need for functional preservation, Mohs micrographic surgery was selected.

Results:

The tumor was excised completely in a single Mohs stage, with histological confirmation of clear margins. Primary closure was achieved with minimal tension, and no reconstructive procedures were needed. The patient recovered uneventfully, with preserved sphincter function and no complications. At 12-month follow-up, she showed no signs of recurrence or new lesions.

Conclusion:

This case illustrates a rare presentation of BCC in a non–sun-exposed area, highlighting the importance of considering BCC in persistent perianal lesions. Environmental exposure to arsenic may be a contributing factor. Mohs surgery proved effective, ensuring complete excision and functional preservation. Ongoing surveillance remains essential due to the unusual location and diagnostic complexity.

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Abstract N°: 7376

Evaluation of popular large language model in skin cancer diagnosis

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Title: Evaluation of popular large language model in skin cancer diagnosis.

Introduction & Objectives: Large language models (LLM) have transformed artificial intelligence (AI) and are widely used by patients and healthcare providers. We compared different LLM models in real-world cases outside experimental settings.

Materials & Methods:

We analyzed clinical and dermoscopy images of biopsy proven non-pigmented basal cell carcinomas (BCC), pigmented basal cell carcinomas, and melanomas (10 of each). The LLM tested were Chat gpt 4.0, Gemini 2.0 Flash, Grok 3, Claude 3.7, DeepSeek-V3, Llama 4, and Copilot. We used the prompt: "Based on this image, what diagnosis seems most likely? Which histological subtype? We also evaluated platforms access, privacy, recommendations quality, if the answers were explainable, and suggest further dermatological evaluation.

Results:

We uploaded 30 images and analyzed their accuracy (**Figure1**).

Llama 4, Copilot and DeepSeek-V3 did not analyze the images.

Chat gpt 4.0.

Melanoma, clinical (MC): 50% accuracy, but it included the diagnosis as a secondary option in 40% (2/5). Diagnostic errors included diabetic ulcers.

Melanoma, dermoscopy (MD): 70% accurate, diagnosis secondary in 33.3%.

Pigmented BCC, clinical (pBCC-C): 0% accuracy with no right secondary options

Pigmented BCC, dermoscopy (pBCC-D): 0% accurate, diagnosis secondary in 10%.

Non-pigmented BCC, clinical (nBCC-C): 20% accurate, diagnosis secondary in 25% (2/8).

Non-pigmented BCC, dermoscopy (nBCC-D): 30% accurate, diagnosis secondary in 28.57% (2/7).

Gemini 2.0 Flash

MC: 1 image could not be assessed. 33.33% accurate, diagnosis secondary in 33.33% (2/6).

MD: 2 images could not be assessed. 38% accurate, diagnosis secondary in 60% (3/5).

pBCC-C: 20 accurate, diagnosis secondary in 50% (4/8).

pBCC-D: 20% accurate, diagnosis secondary in 12.5% (1/8).

nBCC-C: 1 image could not be assessed. 33.33% accurate, diagnosis secondary in 16.67% (1/6).

nBCC-D: 2 images could not be assessed. 25% accurate, diagnosis secondary in 50% (3/6).

Grok 3 (X-AI):

MC: 70% accuracy.

MD: 80% accuracy.

pBCC-C 50% accurate, diagnosis secondary in 80% (4/5).

pBCC-D: 50% accurate, diagnosis secondary in 80% (4/5).

nBCC-C: 100% accurate.

nBCC-D: 90% accurate, diagnosis secondary in 100% (1/1).

Claude 3.7

MC: 40% accurate, diagnosis secondary in 16.67% (1/6).

MD: 50% accurate, diagnosis secondary in 20% (1/5).

pBCC-C: 30% accurate, no secondary diagnosis.

nBCC-C: 20% accurate, diagnosis secondary in 12.5% (1/8).

nBCC-C: 30% accurate, diagnosis secondary in 14.28% (1/7).

nBCC-D: 40% accurate, diagnosis secondary in 33% (2/6). Diagnostic errors were intraepithelial neoplasia (thinks the image is a colonoscopy/hysteroscopy), dermatofibroma, lentigo, wound.

Conclusion: Some of the most popular LLM like Llama 4, Copilot and DeepSeek-V3 lack image analysis.

Chat gpt 4.0 and Claude 3.7 required a paid subscription, which limits its use.

Bad performance in melanoma could be associated with its anatomical location (acral).

Some lesions were confused with otoscopy and colonoscopy, which demonstrates the importance of clinical information.

The LLM with the best performance was with Grok.**(Figure 1).** The LLM must give advice for medical and dermatological evaluation **(Figure 2)**

There are weaknesses in our work: a low number of cases. Also, dermoscopy is not an easy access tool for patients. This study presents the challenge of comparing specialized dermatology diagnosis models vs LLM.

Figure 1

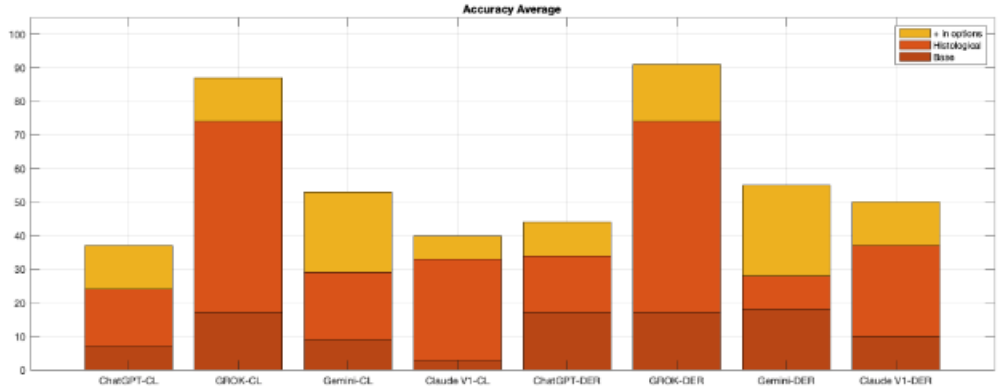
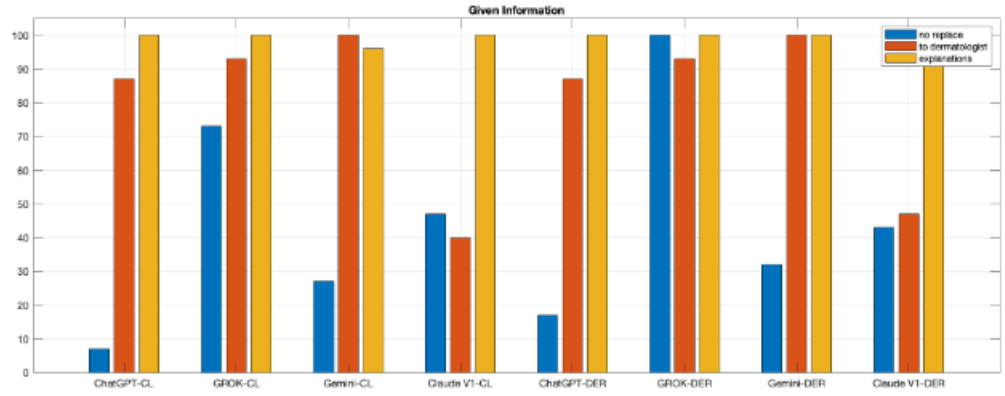

Accuracy Average
+ in options
Histological
Base
ChatGPT-CL
GROK-CL
Gemini-CL
Claude V1-CL
ChatGPT-DER
GROK-DER
Gemini-DER
Claude V1-DER

Figure 2


Given Information
no replace
to dermatologist
explanations
ChatGPT-CL
GROK-CL
Gemini-CL
Claude V1-CL
ChatGPT-DER
GROK-DER
Gemini-DER
Claude V1-DER

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Abstract N°: 7390

Merkel Cell Carcinoma in Collision with Squamous Cell Carcinoma: Case Report

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Introduction & Objectives:

Merkel cell carcinoma (MCC) is a rare, aggressive primary neuroendocrine skin tumor with rapid growth and high metastatic potential. Risk factors include advanced age, chronic UV exposure, immunosuppression, and infection by Merkel cell polyomavirus (MCPyV). Two molecular subtypes exist: MCPyV-positive (low mutational burden and viral antigen expression) and MCPyV-negative (UV-induced TP53 and RB1 mutations, more aggressive). Clinically, MCC presents as a rapidly growing, erythematous-violaceous nodule in sun-exposed areas, often asymptomatic. Diagnostic markers include CK20, chromogranin A, and synaptophysin. Dermoscopic features are nonspecific. Differential diagnoses include keratinocyte carcinomas, vascular tumors, adnexal neoplasms, and amelanotic melanoma. Management involves imaging, wide excision, sentinel lymph node biopsy, and, if needed, radiotherapy or checkpoint inhibitors. Recognition of its risk factors and potential coexistence with other tumors, as shown here, is a relevant contribution to the scientific community.

Materials & Methods:

Descriptive observational case report without intervention.

Results:

A 50-year-old male, phototype III, with a history of kidney transplantation, presented with multiple ulcerated tumors on the face and limbs, evolving over 3 months. He was taking tacrolimus, azathioprine, and prednisone. On the left pretibial region, a 3.0 cm well-defined erythematous-keratotic plaque was observed. Dermoscopy showed an erythematous-yellowish base, scales, and dark points suggestive of thrombosed vessels (Fig.2). Punch biopsy of multiple lesions confirmed squamous cell carcinoma (SCC); the pretibial plaque showed an ulcerated, poorly differentiated invasive SCC. Surgical excision with 5 mm margins was performed. Histopathology revealed keratinocytic proliferation (AE1/AE3-positive) and, centrally, nests of small round cells with scant cytoplasm and CK20, synaptophysin, chromogranin, and NSE positivity, consistent with MCC (Fig.3). A diagnosis of MCC-SCC collision tumor was made. Imaging and margin re-excision were performed. MCPyV molecular analysis is pending.

This case illustrates a rare MCC-SCC collision tumor, raising questions about terminology and tumor biology. “Collision tumor” refers to juxtaposed neoplasms; “combined tumor” suggests morphologic transition. The coexistence of neuroendocrine and epithelial tumors supports the role of microenvironmental and mutational factors—especially under immunosuppression—in promoting divergent differentiation. Although rare, such cases are increasingly reported with advances in immunohistochemistry and genomics. A shared keratinocytic origin with later neuroendocrine differentiation is proposed for MCPyV-negative MCC. Accurate diagnosis requires integrated clinical, histological, and molecular analysis to guide therapy, particularly in immunocompromised patients with unpredictable outcomes.

Conclusion: This case underscores the importance of recognizing rare tumor associations in immunosuppressed patients and highlights the potential role of MCPyV and microenvironmental factors in tumor pathogenesis, reinforcing the value of integrated diagnostic approaches.

Abstract N°: 7392

Cellular dermatofibroma: A diagnostic and therapeutic chalenge

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Introduction & Objectives:

This case report describes a 47-year-old female patient presenting with a firm, asymptomatic nodular lesion on the forehead. The lesion was biopsied, revealing a spindle cell proliferation. Further analysis of the diagnosis and treatment are discussed to elucidate the clinical significance and therapeutic aspects of this lesion.

Materials & Methods:

A clinical case involving a patient with a suspicious nodular skin lesion on her forehead was documented. Tissue samples were obtained for histopathological and immunohistochemistry for relevant markers. The lesion was treated using Mohs micrographic surgery.

Results:

A 47-year-old female patient presented with a firm, asymptomatic, nodular lesion located on the frontal region. A punch incisional biopsy was performed. Histopathological examination stained by H&E revealed a spindle cell proliferation arranged in a storiform pattern with increased cellularity, suggestive of dermatofibrosarcoma protuberans (DFSP).

However, immunohistochemical was positive for factor XIIIa and negative for CD34, leading to the diagnosis of a cellular dermatofibroma.

Given the lesion’s location in the frontal area, in close proximity to the eyebrow, and its poor delimitation of clinical margins, the patient was treated with Mohs micrographic surgery. The procedure resulted in excellent functional and aesthetic outcomes.

The patient has been followed postoperatively for four years, with no evidence of recurrence.

Conclusion:

Cellular dermatofibroma is a variant of dermatofibroma characterized by increased cellularity, which can pose diagnostic challenges—particularly in distinguishing it from dermatofibrosarcoma protuberans (DFSP) and other spindle cell neoplasms. Although it is a benign entity, the aggressive histopathological features of the cellular variant underscore the importance of accurate diagnosis to avoid unnecessary radical treatment and to prevent misclassification as a malignant tumor.

The primary treatment goal is complete excision to prevent recurrence and to obtain definitive histopathological confirmation. Conventional surgical excision with clear margins of 2 to 5 mm is the standard approach, providing tissue for histopathological assessment to confirm the diagnosis and exclude other malignancies. In situations requiring high precision such as lesions located in cosmetically sensitive areas, ill-defined margins, recurrent tumors, or cases where initial excisions are incomplete, Mohs micrographic surgery offers a highly effective

treatment, providing optimal tissue preservation while ensuring 100% margin control.

Abstract N°: 7429

Ulcerated Patches Revealing a Transformed Mycosis Fungoides: A Diagnostic and Therapeutic Challenge

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Introduction & Objectives:

Mycosis fungoides is the most common cutaneous T-cell lymphoma, accounting for approximately 50% of primary cutaneous lymphomas. It typically progresses through several stages: macules, patches, and then nodules or tumors. Transformation into a proliferation of large atypical cells exceeding 25% marks a worsening prognosis. We report a case of mycosis fungoides initially presenting as ulcerated infiltrated patches without prior nodular formation.

Materials & Methods:

A 50-year-old male was admitted for ulcerated infiltrated patches with peripheral involvement and intense pruritus, evolving over 4 years. Clinical examination revealed extensive ulcerated lesions on the trunk, face, and folds, with no palpable lymphadenopathy. Additional investigations, including CT scan (chest-abdomen-pelvis) and ultrasound, were unremarkable. Blood tests showed consistent moderate lymphopenia, negative antinuclear antibodies, and no Sézary cells on blood smear. Bone marrow biopsy aspiration was also negative. Skin biopsy supported the diagnosis of transformed mycosis fungoides. The patient received multiple successive treatment regimens, including methotrexate followed by gemcitabine. The disease progressed with the development of severe immunosuppression, leading to serious cutaneous superinfections and treatment interruption. The clinical course rapidly worsened, resulting in the patient's death.

Results:

Transformed mycosis fungoides is histologically defined by a proliferation of large atypical cells exceeding 25%. Clinically, it usually manifests as nodules or tumors developing on preexisting plaques, followed by ulceration. However, in rare cases, the initial presentation may be atypical, with extensive ulcerated patches without true tumor masses. In this case, the disease began with ulcerated infiltrated patches and no associated nodules. The progression was complicated by both disease-related and drug-induced immunosuppression, leading to severe bacterial superinfection. Notably, there was no lymph node involvement, Sézary cells, or bone marrow abnormalities, indicating strictly cutaneous involvement. The therapeutic management of transformed mycosis fungoides remains complex and often disappointing despite conventional treatments such as methotrexate, gemcitabine, or polychemotherapy, with a significant risk of severe infections due to immunosuppression.

Conclusion:

Transformed mycosis fungoides can rarely present as ulcerated patches without associated nodules, complicating diagnosis and leading to a more severe outcome. Immunosuppression, both secondary to tumor transformation and iatrogenic, significantly increases the risk of cutaneous and systemic infections, severely impacting prognosis.

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Abstract N°: 7441

Sebaceous Carcinoma in England (2013–2022): Mapping a Decade of Incidence, Care Pathways, Treatment and Survival

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Introduction & Objectives: Sebaceous carcinoma (SC) is a rare, aggressive skin cancer, associated with Lynch syndrome. There is a limited epidemiological and clinical pathway data on SC, which are prerequisites to inform equitable care provision. Our study provides the latest national statistics on the incidence, referral routes, treatment and survival of SC in England.

Materials & Methods: This retrospective cohort study includes all patients with histologically confirmed cutaneous SC in England, 2013-22. Data has been obtained from the National Disease Registration Service "Get Data Out" programme. European Age Standardised incidence Rates (EASR) are reported per 100,000 person years (PY) with 95% confidence intervals (CI) using the European Standard Population 2013. Five-year overall survival and net survival are reported between 2014-2016.

Results: 1,354 patients were diagnosed with SC with a mean of 135 per year. EASR was 0.26 PY (95% CI, 0.21-0.31) in 2013 and steadily rising to 0.31 PY (95% CI, 0.26-0.36) in 2022. This reflects a non-significant annual percentage increase of 3.7% (95% CI, 0.9-8.9 p=0.104). Most cases arose in White patients (88.4%). The remaining were reported in Asian (3.7%), Black (0.59%) Chinese (0.15%), Mixed (0.22%), other (0.96%) and unknown ethnicity (5.98%). Most cases occurred in the age range of 70-90 years, with a male-to-female ratio of 1.43:1.

Most cases were referred via the routine or urgent primary care pathway (57.1%), urgent suspected cancer (20.2%) and other outpatient routes (11.5%). Other referral routes included in-patient (1.1%), emergency presentation (4.4%) and unknown (5.7%).

Across 2013-2021, 1,191 patients received a recorded 'primary treatment'. Surgical excision remained the primary treatment modality (n=1089 (91.6%)). The use of Chemotherapy (n=24 (2.0%)) remained stable, while the number of patients who received radiotherapy (n=79 (6.7%)) has nearly halved from 13 in 2013 to 9 (4.9%) to 2021.

From the 2014-2016 cohort, the 5-year overall Kaplain-Meier (KM) survival and net survival were 61.4% (95% CI, 56-66.3) and 81.5% (95% CI, 72.4-90.5) respectively.

Conclusion: This study improves our understanding of this rare skin cancer, reporting comparable incidence rates to other countries. We are the first to report SC referral pathways within the NHS (National Health Service), showing the low proportion being referred along the urgent suspected cancer pathway. With 5-year overall survival (61.4%) below other reported rates (Cancer Data UK 2022 (78.2%)), raising awareness amongst clinicians, patients and charities is vital for early diagnosis and advance research for this rare skin cancer.

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Abstract N°: 7446

Non-invasive treatment of basal cell carcinoma: photodynamic therapy following curettage

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Introduction & Objectives:

To investigate the effectiveness, safety, patient satisfaction, and cosmetic outcome of Methyl Aminolevulinate-Photodynamic Therapy (MAL-PDT) following curettage in order to make recommendations for its use in dermatology practices.

Materials & Methods:

A retrospective chart review of patients who received MAL-PDT following curettage for the indication of basal cell carcinoma (BCC) between 2009 and 2016. Two hundred and seventy-eight patients with 352 BCC lesions were included, consisting of 44.2% males (n= 123) and 55.8% females (n= 155) with a mean age of 57.24 years. The primary outcome measurement consisted of the cure rate. Secondary outcome measurements included side effects, patient satisfaction, and cosmetic outcome, as reported in the medical charts.

Results:

The overall cure rate was 90.3%(n= 318). After controlling for age, sex, and lesion type, nasal lesions were approximately 2.82 (95% CI: 1.24-6.40, P= 0.01) times more likely to experience a recurrence. 18.3% of patients (n= 51) reported side effects, the most common being burning (n= 19). Of those who expressed satisfaction, 100%(n= 25) reported being happy. Of lesions with cosmetic data, 90.3% displayed a good response (n= 149).

Conclusion:

MAL-PDT following curettage is an effective and safe treatment option for BCC lesions with a good cosmetic outcome and suggested high patient satisfaction.

Table 1: Side effects experienced by 278 patients who underwent treatment of MAL-PDT following curettage

Side Effect	**No. (%)**
Burning	19 (6.8)
Pain	9 (3.2)
Pruritus	8 (2.9)
Tingling	8 (2.9)
Stinging	5 (1.8)
Erythema	5 (1.8)
Infection	3 (1.1)
Edema	1 (0.4)
Bleeding	1 (0.4)

Abstract N°: 7449

Clinical and Epidemiological Features Associated With Breslow Thickness, Multiplicity, and Early-Onset in Cutaneous Melanoma

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Introduction & Objectives: Cutaneous melanoma is an aggressive neoplasm with high metastatic potential. Its development is influenced by ultraviolet radiation, low phototypes, and genetic or phenotypic traits. Although less frequent than non-melanoma skin cancers, melanoma presents a major public health burden. This study aimed to describe the epidemiological profile of melanoma patients and evaluate statistical associations between clinical features and Breslow thickness, number of melanomas, and age at first diagnosis.

Materials & Methods: This cross-sectional, observational study was conducted with data from patient questionnaires and medical records at a national tertiary melanoma referral center. Collected variables included sex, age, education, smoking, alcohol use, history of other cancers, family history, phototype, hair and eye color, number of nevi, atypical nevi, freckles, sunscreen use, sunburn history, and sun exposure. Melanomas were classified by Breslow index as in situ, thin (<1.0 mm), or thick (≥1.0 mm). We also analyzed the number of melanomas (single vs. multiple) and early-onset melanoma (<40 years). Categorical variables were described as frequencies and compared using chi-square or Fisher's exact test. Multinomial logistic regression tested the association between sunscreen use and Breslow category, adjusted for sex, melanoma age, and cumulative risk factors. Significance was set at $p<0.05$ (SPSS v.23.0).

Results: Among 145 patients, 31.7% had in situ, 51.7% thin, and 16.6% thick melanomas. Most were female (64.1%), phototype II–III (82.1%), and over 50 years old (60.8%). Blonde hair (33.3%), light eyes (52.1%), >100 nevi (23.8%), and freckles (47.6%) were common. Multiple melanomas occurred in 28.3% of patients, significantly more frequent in men ($p=0.015$), those with >100 nevi ($p=0.001$), atypical nevi ($p=0.001$), other skin cancers ($p=0.001$), and fewer freckles ($p=0.028$). Early-onset melanoma (18.6%) was associated with blonde/red hair ($p<0.001$), >100 nevi ($p=0.002$), atypical nevi ($p<0.001$), freckles ($p=0.006$), intermittent sun exposure ($p=0.014$), lower smoking rates ($p=0.014$), and higher cumulative risk ($p=0.001$). No significant associations were found between Breslow groups and most risk factors. However, sunscreen use differed significantly ($p=0.028$): 95.8% of thick melanoma patients reported never using it. Adjusted regression showed regular sunscreen use was associated with lower odds of thick melanoma vs. thin (OR 0.14; 95% CI: 0.03–0.70; $p=0.017$).

Conclusion: Although causality cannot be inferred, this study identified statistically significant associations between clinical features and Breslow thickness, multiple melanomas, and early-onset melanoma. Regular sunscreen use was less frequent in thick melanomas, supporting the role of photoprotection in clinical risk assessment.

Abstract N°: 7491

A case of lymphangioma-like classical Kaposi sarcoma in an elderly Filipino woman

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Kaposi sarcoma (KS) is an endothelial proliferation strongly associated with Human Herpesvirus-8 (HHV-8) infection. Among its subtypes, classical Kaposi sarcoma (CKS) typically presents in elderly men from HHV-8-endemic regions, particularly in Sub-Saharan Africa, the Mediterranean basin, and Eastern Europe. However, sporadic cases have been documented outside these areas. We report a rare case of CKS in a 74-year-old Filipino woman with no immunosuppression, HIV infection, or relevant travel history. She presented with a 15-month history of progressively increasing violaceous nodules, papules, plaques, and patches, diffusely distributed but with notable predilection for the distal extremities.

Histopathologic evaluation revealed slit-like and sieve-like spaces consistent with vascular and lymphatic channel proliferation consistent with KS. Due to these findings, patient was tested for HIV and concurrent malignancy, all work up done turned out negative. Immunohistochemical staining was also done. The proliferation was positive for CD31 and D2-40. HHV-8 stain confirmed the viral etiology. These findings were diagnostic of a lymphangioma-like variant of classical Kaposi sarcoma.

This variant, while recognized histologically, is infrequently described in the literature, particularly in immunocompetent individuals outside endemic regions. To our knowledge, only two other cases of CKS in HIV-negative individuals have been previously reported in the Philippines. Both of whom were male and lacked the lymphangioma-like histologic pattern observed in our patient. The presence of this case broadens the demographic and histologic spectrum of KS within the Philippine population and underscores the importance of considering CKS in the differential diagnosis of vascular skin lesions—even in regions where the condition is thought to be rare and in patient populations not classically affected.

In conclusion, our report highlights the importance of histopathologic evaluation, including immunohistochemical profiling, in the diagnosis of KS variants. Recognition of such presentations in non-endemic areas is crucial for appropriate diagnosis and management. This case contributes to the growing body of literature supporting the global diversity of classical Kaposi sarcoma presentations, emphasizing the need for continued awareness among clinicians and pathologists alike.

Abstract N°: 7539

Real-world effectiveness and safety of Cemiplimab in advancend and metastatic cutaneous squamous cell carcinoma

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Introduction & Objectives: Cutaneous squamous cell carcinoma (cSCC) is among the most common skin cancers, with a steadily rising incidence. Cemiplimab, an anti-PD-1 immunotherapy, demonstrated antitumor efficacy in both locally advanced (lacSCC) and metastatic cSCC (mcSCC) in the EMPOWER-CSCC trialS. This study aimed to evaluate the real-world effectiveness and safety of cemiplimab in a cohort of patients treated outside of clinical trials.

Materials & Methods: We conducted a retrospective study at the University of Turin, Italy, including 83 patients treated with cemiplimab for lacSCC (n=53) or mcSCC (n=30). Eligibility required at least two standard-dose infusions (350 mg every 3 weeks). Survival analyses were performed using Cox proportional hazards models, with the proportional hazards assumption verified via Schoenfeld residuals. Logistic regression models identified potential predictors of treatment response and disease progression.

Results: The overall objective response rate (ORR) was 49.4%, including complete responses (CR) in 15.7% and partial responses (PR) in 33.7% of patients. Median progression-free survival (PFS) was 14 months (95% CI, 9–55), and median overall survival (OS) was 19 months (95% CI, 10–39). Adverse events (AEs) occurred in 50.6% of patients, and 8.4% discontinued therapy due to toxicity. Patients who progressed on treatment were significantly younger (p=0.002), had more advanced disease at baseline (p=0.003), and were more likely to have nodal involvement (p=0.041). Survival outcomes did not significantly differ by metastasis site (nodal vs distant), prior radiotherapy exposure, or immune status. However, patients with head and neck primary tumors experienced longer survival following disease progression (OS2, HR 0.29, 95% CI 0.09–0.89). Achieving a CR was strongly associated with improved OS (HR 0.15, 95% CI 0.04–0.64, p=0.010), whereas progressive disease (PD) predicted significantly worse outcomes (HR 2.81, 95% CI 1.43–5.55, p=0.003).

Conclusion: Our findings confirm the real-world effectiveness of cemiplimab, with an ORR of 49.4% comparable to both trial and observational data. The median PFS of 14 months closely aligns with the 14.7 months reported in EMPOWER Cohort 6, which also used a fixed-dose regimen. Conversely, the lower OS observed in our cohort may reflect older median age (78 vs. 71 years in EMPOWER Cohort 1). Prior radiotherapy and head and neck localization did not influence response, although longer post-progression survival in head and neck cSCC may be related to the availability of EGFR inhibitors in this subgroup. Notably, immunocompromised patients did not exhibit significantly worse outcomes, challenging prior evidence.

Abstract N°: 7596

Predictive and Prognostic Role of Inflammatory Biomarkers in Mycosis Fungoides Patients with Large Cell Transformation

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Introduction & Objectives:

Large cell transformation (LCT) in Mycosis Fungoides (MF) represents a rare but aggressive clinical progression associated with poor outcomes. Identifying predictive and prognostic biomarkers for LCT is essential for early intervention and individualized management.

Materials & Methods:

This retrospective study included MF patients with LCT who were followed at the Department of Dermatology, Ege University Faculty of Medicine. Between 2000 and 2025, 20 MF patients with transformation and 17 transformation-negative MF patients matched for age, sex, and clinical stage were included. Demographic, clinical, inflammatory, and histopathological parameters were analyzed before and after transformation. Pre- and post-transformation values of CRP/albumin (CAR), neutrophil/eosinophil (NER), neutrophil/lymphocyte (NLR), platelet/lymphocyte (PLR), eosinophil/lymphocyte (ELR) ratios, and LDH levels were compared using the Mann-Whitney U test. Their associations with 5-year survival, disease relapse, and treatment response were evaluated using Kruskal-Wallis, ROC analysis, and logistic regression. Additional variables included age at lesion onset, age at diagnosis, age at transformation, time to transformation, and transformation stage and lesion type.

Results:

The mean ages at lesion onset, diagnosis, and transformation in MF patients were 40.4, 49.3, and 54.8 years, respectively. The average time to transformation was 147.5 months, and the mean post-transformation survival was 57.5 months. Transformation most frequently occurred at stage 2B. Additionally, NER showed a statistically significant difference between patients with and without transformation ($p = 0.002$). According to ROC analysis, the NER had a moderate discriminative ability (AUC = 0.79), and the optimal cut-off value was calculated as 36.17 (sensitivity: 75%, specificity: 82%). Post-transformation NLR was significantly associated with treatment response ($p = 0.0117$), with higher NLR values observed in patients who achieved complete response (median: 5.83). Elevated CAR was clinically associated with mortality, relapse, and lack of treatment response, and although it did not reach statistical significance, it showed a trend consistent with poor clinical outcomes ($p \approx 0.06–0.10$).

Conclusion:

Considering that transformation most commonly developed at stage 2B and in association with tumoral lesions, patients in this group should be monitored more closely. NER may be an effective biomarker for predicting transformation in MF patients, while post-transformation NLR may be useful for monitoring treatment response. Although CAR did not reach statistical significance, it showed a clinical trend associated with poor prognosis. These findings suggest that inflammatory biomarkers may offer valuable contributions to predicting transformation and prognosis in MF.

Abstract N°: 7599

Phase II trial of atezolizumab (Anti-PD-L1) in the treatment of relapsed/ refractory IIB/IVB mycosis fungoides/Sèzary syndrome patients after previous systemic treatment. EORTC-1652-CLTG "PARCT"

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Introduction & Objectives: Advanced stages of mycosis fungoides (MF) and Sézary syndrome (SS), the most prevalent forms of cutaneous T-cell lymphomas (CTCLs), are often resistant to standard therapies, with limited treatment options available. Atezolizumab, a PD-L1 inhibitor, has shown promise in several tumor types, but its efficacy in CTCL remains underexplored. The primary objective of this study was to assess the antitumor activity of atezolizumab in patients with relapsed or refractory advanced MF/SS, as measured by the overall response rate (ORR) according to EORTC-ISCL-USCLC criteria.

Materials & Methods: This open-label, international, multicenter phase II trial enrolled patients with stage IIB–IV MF/SS who had relapsed after or were refractory to prior systemic therapies. Participants received atezolizumab at a fixed dose of 1200 mg intravenously every 3 weeks, for up to one year or until clinically significant disease progression or other withdrawal criteria. Patients were recruited across seven centers in Spain, France, Germany, Italy, Poland, Austria, Switzerland, and Greece between October 2018 and September 2019. The final analysis included data up to the database lock on August 18, 2022. Efficacy analyses were conducted on both intent-to-treat (ITT) and per-protocol (PP) populations.

Results: A total of 26 patients were enrolled, with a median follow-up of 36.6 months (IQR 35.2–37.3). Nine patients were excluded from the PP analysis due to protocol deviations. Disease progression accounted for 50% of

treatment discontinuations, while 15.4% discontinued due to toxicity. In the ITT population, 4 patients (15.4%) achieved a partial response (PR) within one year. The best response within one year was PR or stable disease (SD) in 58.8% of PP patients and 53.9% of ITT patients. One complete response (CR) was observed beyond one year. Among PP patients who achieved CR/PR, only one experienced disease progression by database lock, with a response duration of 4.27 months. Median progression-free survival (PFS) was 3.0 months (95% CI 1.4–4.9) for PP patients and 3.1 months (95% CI 2.4–4.0) for ITT. The 1-year PFS rate was 11.8% (95% CI 2.0–31.2%) for PP and 15.4% (95% CI 4.8–31.5%) for ITT. Median overall survival (OS) was not reached in the PP group and was 22.3 months (95% CI 20.0–NE) in the ITT population. One-year OS rates were 87.8% (95% CI 59.5–96.8%) in PP and 76.7% (95% CI 55.3–88.8%) in ITT. Median time to next systemic treatment was 5.9 months (95% CI 2.8–NE) for PP and 6.2 months (95% CI 3.1–14.8) for ITT. Grade ≥3 adverse events were reported in 15.4% of patients, most commonly fatigue and sepsis, with two deaths—one possibly treatment-related.

Conclusion: Atezolizumab demonstrated modest clinical activity in heavily pretreated advanced CTCL, with partial responses in 15.4% of patients and one delayed complete response. Despite limited overall efficacy, the durable response in select patients suggests a potential role for checkpoint inhibitors in MF/SS. Future studies incorporating spatial biomarker profiling may help refine patient selection and optimize the use of immunotherapy in CTCL.

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Abstract N°: 7603

Tumor profiling: A clinical and histopathological review of benign and malignant cutaneous neoplasms

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Introduction & Objectives: The skin is one of the most common sites for malignancy. Various predisposing factors include race, sex, age, localization, environmental factors and precancerous conditions. The aim of this study is to understand the epidemiology, clinical & histopathological profile of benign and malignant skin tumors in our setting.

Materials & Methods:

This is a retrospective analysis of skin tumors affecting skin, mucosae and nails confirmed by laboratory and histological evaluation at our hospital. Clinical, epidemiological histopathological profile of these patients was studied with respect to features like age, sex, site of predilection, origin of tumor and malignant potential.

Results:

Total 403 cases were included. Male is to female ratio was 1:1.1. Most of the patients were in third and fourth decade. Predisposing factors in our study were chronic sun exposure (31 cases), genetic predisposition (16 cases i.e. neurofibromatosis, tuberous sclerosis, familial cylindromatosis, Goltz Gorlin Syndrome, familial trichoepitheloima, dyskeratosis congenita), tobacco use (61 cases), smoking (69 cases), premalignant conditions (lichen sclerosus, leukoplakia, chronic ulcers, lichen amyloidosis), HIV (4cases), pre-existing nevi (1 case), underlying systemic malignancy (6 cases), burn scar (3 cases), chronic sari dermatitis (2 cases), chronic lymphedema (1 case).

Based on histopathology, keratinocytic tumors were most common consisting of 37% followed by appendageal tumors (17.6%), neural (10.5%), vascular (10.3%), fibrous and fibro- histiocytic (10.5%), tumors of subcutaneous tissue (4.1%), cutaneous metastasis (3.3%), lymphatic (3%) and miscellaneous (2.8%). In correlation tumors with age group, fibrous tumors(25%) were most common in children (n=51), followed by lympho-vascular and appendageal tumors (15% each) with lesser occurrence of malignant tumors (solitary case of oral SCC in a patient of dyskeratosis congenita and 2 cases of dermatofibrosarcoma protuberans). In adult males keratinocytic tumors (43%) were most common followed by vascular and lymphatic tumours (18.5%).

Seborrheic keratosis was the most common benign tumor and SSC was the most common malignant tumor, followed by cutaneous metastasis as 2nd most common in males. In adult females appendageal tumors (31.3%) were most common followed by neural (23.3%) and keratinocytic (18.2%) tumors. Based on location of tumors, face (36.9%) was the commonest site, followed by trunk (16.8%), lower extremity (11.1%), upper extremity (10.5%), scalp (10.3), oral cavity (7.6%) and genital (6.9%). On face, the most common site was cheeks (41.5%). Most common facial tumors were of keratinocytic in origin (34.1%) followed by appendageal tumors (17.1%).

Conclusion:

In the era of increasing prevalence of skin tumors, clinical suspicion, adequate knowledge about atypical presentations and diagnosis by histopathology are important factors for the early diagnosis and successful treatment of skin tumors.

Abstract N°: 7627

Real-world experience with Hedgehog inhibitor therapy in a case of Gorlin syndrome

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Introduction & Objectives:

Gorlin–Goltz or nevoid basal cell carcinoma (BCC) syndrome is an autosomal dominant disorder marked by multisystemic developmental defects due to pathogenic PTCH1 and/or SUFU gene variants. PTCH1 gene encodes for PTCH1 protein, the most important negative regulator of the Hedgehog (Hh) pathway. The aberrant activation of the Hh pathway plays a pivotal role in the pathogenesis of BCC.

Materials & Methods:

Clinical case and review of the literature

Results:

We present the case of a 16-year-old male patient with Gorlin syndrome. His personal history included a childhood medulloblastoma treated with radiotherapy. He had dozens of BCCs on his head and neck. In June 2021, the patient iniciated treatment with vismodegib. There was a gradual disappearance of the BCCs with no relevant adverse effects other than grade 2 alopecia. At that point, treatment with vismodegib was temporarily discontinued. Subsequent follow up showed a slow reappearance of new BCCs. In October 2023, therapy with another hedhegog inhibitor, sonidegib, was iniciated, with an excellent clinical response as well. In January 2025, the patient reduced the drug intake to every other day due to arthalgia and cramps, maintaining clinical response.

Conclusion:

This case illustrates the off label discontinuation of vismodedig and the dose reduction of sonidegib in the treatment of a young patient with Gorlin syndrome. In line with published literature, intermittent therapy and dose reduction of hedgehog pathway inhibitor therapy can be an interesting option for patients with this chronic condition.

Abstract N°: 7633

Use of a CE Class III Artificial Intelligence as a Medical Device in community-based diagnostic hubs to increase the detection rate of high risk skin cancers - a prospective, multi-centre clinical evaluation.

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Introduction & Objectives:

In NHS standard care models, a patient with a skin lesion of concern is reviewed by a primary care practitioner who makes the decision to either refer or not refer onto secondary care. If they do make an onward referral, this is done via either the urgent suspected cancer (USC) or routine pathway.

Cancer Waiting Times (CWT) data demonstrate that >30% of high risk malignancies (melanoma, squamous cell carcinoma (SCC) and rare skin cancers) are identified outside of the USC pathway. In England alone, there are >400,000 routine referrals waiting for a first review and >60% of these patients are seen within the 18 week constitutional standard. Patients with high risk cancers that have been under-referred in routine pathways are therefore at increased risk of disease progression.

This study aims to determine whether the use of an AIaMD in lieu of standard primary care assessment increases the detection rate for high risk skin cancers. The detection rate describes what proportion of high risk cancers were correctly referred via the USC pathway.

Materials & Methods:

A prospective, post-deployment, multi-centre clinical performance review of a CE Class III AIaMD was performed by an independent academic group.

Across three Integrated Care Boards (ICBs) between June 2023 and September 2024, eligible patients contacting their GP practice with up to three suspicious skin lesions were directly routed to community-based imaging clinics for AIaMD assessment without the need for primary care review.

The detection rate of the AIaMD pathway during the 12 month evaluation period was compared with ICB-level CWT data available from the preceding 12 months1. Detection rates are presented with 95% confidence intervals (Wilson method). Statistical comparisons are made using two-tailed Two-Proportion Z Tests (significance threshold $p < 0.05$).

Results:

In total, 21,308 lesions (13,954 patients) were assessed by the AIaMD and 271 high risk malignancies (100 melanoma, 164 SCC and 7 rare skin cancers) were confirmed by histology.

The detection rate in all three AIaMD pathways was significantly higher than standard care (Table 1). Overall, standard care pathways had a detection rate of 68.3% (67.0-69.6) which significantly increased to 94.1% (90.4-96.5) in AI-enabled pathways ($p < 0.0001$).

Conclusion:

In this pre- vs. post-deployment service evaluation, use of the AIaMD in a community setting significantly improved high risk skin cancer detection rates. At a population level, this is likely to significantly reduce the risk of

disease progression and upstaging.

In light of growing backlogs in non-urgent dermatology referrals - e.g. in England alone between March 2018 and March 2024, routine waiting lists grew from >180k to >400k - the use of AI-enabled community-based skin cancer pathways offers the opportunity to significantly shorten time to diagnosis and treatment for patients with high risk cancer.

Table 1: High risk skin cancer detection rates in standard care and AlaMD pathways

	Standard care pathway	AlaMD pathway	p value
ICB 1	63.1% (61.1-65.1)	96.3% (87.5-99.0)	< 0.0001
ICB 2	72.0% (69.2-74.6)	91.4% (81.4-96.3)	0.00119
ICB 3	71.4% (69.0-73.7)	94.4% (89.0-97.3)	< 0.0001
Combined	**67.6% (66.3-69.0)**	**94.1% (90.4-96.5)**	**< 0.0001**

Point estimates are presented with 95% confidence intervals.

Abstract N°: 7640

MCPyV seropositivity is associated with DNA methylation signatures of mitotic age acceleration in Merkel cell carcinoma tissue and cell lines

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Introduction & Objectives:

Merkel cell carcinoma (MCC) is an aggressive skin cancer associated with MCPyV seropositivity, for which the cell of origin remains elusive. Recent multi-omic studies demonstrate differences in genomic sequence, gene expression and DNA methylation (DNAm) in MCC cell lines based on MCPyV status [+/-]. These have functional implications in understanding disease mechanisms and underscore appropriate cell line selection to investigate diverse MCC subtypes. Mitotic age (total tissue-specific cell division) is a known proxy for cancer risk prediction, can be inferred using DNAm profiling and has not been investigated in MCC.

Materials & Methods:

We leveraged public DNAm data of MCC tissue (n=14, mean age 70.4±13.4 years, 12/14 MCPyV[+]), MCC cell lines (n=43, 22/43 MCPyV[+]), SCC cell lines (n=9), fibroblast cell lines (n=4), and matched healthy dermal/epidermal skin exposed to/protected from ultraviolet light (n=10 per subgroup, mean age 73.9±8.8 years), to investigate mitotic age across the spectrum of MCC. Mitotic age was calculated using algorithmic estimators based on cell-division-associated sites of hypermethylation (stemTOC, epiTOC3, epiCMIT_hyper) and hypomethylation (RepliTali, epiCMIT_hypo), and *EpiScore* was used for cell deconvolution analysis of 6 skin-related enrichment signals. **

Results:

Cancer cell lines and tissue exhibited higher mitotic age across all algorithms compared to healthy skin regardless of UV exposure and skin layer. SCC had significantly higher mitotic age compared to MCC, including MCPyV[+] tissue (all algorithms, $p<0.05$) and to both MCPyV[+] (EpiCMIT_hypo & RepliTali, $p<0.05$) and MCPyV[-] (EpiCMIT_hypo & RepliTali, $p<0.05$) cell lines. Conversely, MCPyV[+] tissue exhibited lower mitotic age versus MCPyV[+] (epiTOC3 & stemTOC, $p<0.05$) and MCPyV[-] (EpiCMIT_hyper & stemTOC, $p<0.05$) lines.

EpiScore accurately predicted greater fibroblast proportions in fibroblast cell lines (58.9%) and dermal skin (31.9-34.9%), and greater differentiated keratinocyte proportion in epidermal skin (39.7-42.0%) compared to cancer groups (6.4-28.5%). MCPyV[+] tissue and cell lines both exhibited significantly greater epithelial cell enrichment than MCPyV[-] cell lines ($p<0.05$) and SCC ($p<0.05$). Moreover, SCC exhibited significantly greater abundance of undifferentiated keratinocytes versus MCPyV[+] tissue ($p=0.0060$), and both MCPyV[+] ($p=0.028$) and MCPyV[-] cell lines ($p=0.01$). T cell abundance was greater in MCPyV[-] versus MCPyV[+] cell lines ($p=0.031$).

Conclusion:

Using five validated estimators, we demonstrate that mitotic age is accelerated in MCC tissue and cell lines compared to healthy skin, but lower than that in SCC cell lines. MCPyV[+] tissue had significantly reduced mitotic age compared to other MCC tissue and cell line groups, likely owing to the known lower mutational burden of MCCPyV[+] cancers. This is supported by the observation of greater proportion of differentiated keratinocytes

among MCCPyV[+] tissue and cell lines compared to other cancer groups and healthy skin. These findings highlight the potential for DNA methylation-based mitotic age estimates to differentiate between virus-positive and -negative MCC tissue and cell lines and to provide needed insights into MCC’s cell of origin. Further research will improve matching of cell lines to patient samples, promote identification of novel therapeutic targets and enable disease tracking on the individual patient level.

Abstract N°: 7646

Squamous Cell Carcinoma Arising in Hypertrophic Lichen Planus: A Rare Case with Metastatic Progression

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Introduction: Hypertrophic lichen planus (HLP) is a chronic variant of lichen planus characterized by pruritic, hyperkeratotic plaques, most frequently localized to the lower extremities. Although HLP typically follows a benign clinical course, rare instances of malignant transformation to squamous cell carcinoma (SCC) have been documented. This transformation is thought to be driven by persistent inflammation, repeated mechanical trauma, and, less commonly, exposure to carcinogens such as arsenic or radiation. Timely recognition of atypical morphological changes in HLP is critical, as malignant transformation may lead to aggressive disease if left undiagnosed.

Materials and Methods: We present a case involving a 49-year-old male with an eight-year history of pruritic, recurrent hyperpigmented plaques over the left lower leg. Three months prior to presentation, the patient developed rapidly enlarging nodular growths with intermittent bleeding over pre-existing lesions. Clinical examination revealed a well-defined depigmented plaque with superimposed hemorrhagic exophytic nodules, along with a separate lichenified plaque on the contralateral calf. Differential diagnoses included deep fungal infections, atypical mycobacterial disease, discoid lupus erythematosus, and lichen simplex chronicus.

Dermoscopy revealed features such as comedo-like openings, keratin plugs, ulceration, and a polymorphous vascular pattern. Two skin biopsies were performed from the hypertrophic plaque and one exophytic nodule, respectively. Histopathological and immunohistochemical analyses were conducted to confirm diagnosis. Whole-body staging with PET scan was undertaken to evaluate disease extent.

Results: Histopathology of the plaque demonstrated features of hypertrophic lichen planus, including marked hyperkeratosis, irregular acanthosis, saw-tooth rete ridges, and a dense lichenoid lymphocytic infiltrate. In contrast, the biopsy from the exophytic growth revealed a moderately differentiated (Grade II) squamous cell carcinoma, with tumor cells arranged in nests, cords, and occasional acinar structures, displaying vesicular nuclei, prominent nucleoli, brisk mitotic activity, and bizarre forms. Immunohistochemistry showed positivity for Pan-cytokeratin and p40, supporting the diagnosis. PET-CT revealed hypermetabolic foci suggestive of metastases to bilateral lungs, pelvic and popliteal lymph nodes, right psoas, and bone. The patient underwent wide local excision of the primary tumor and bilateral ilioinguinal lymphadenectomy, followed by initiation of systemic chemotherapy.

Conclusion: This case highlights the rare but significant risk of malignant transformation in long-standing hypertrophic lichen planus. Persistent inflammation, epidermal hyperplasia, and mechanical trauma may contribute to this progression even in the absence of environmental carcinogens. Clinicians should maintain a high index of suspicion for SCC in chronic HLP lesions that exhibit sudden morphological changes, ulceration, or nodularity. Early biopsy and histopathological evaluation are essential for timely diagnosis and management. Regular follow-up and patient education remain key to detecting malignant changes at an early, more treatable stage, ultimately improving clinical outcomes.

Abstract N°: 7654

Quality of Life in Xeroderma Pigmentosum: Effects of an SPF 99 Sunscreen with 2% Niacinamide

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Introduction & Objectives:

Xeroderma Pigmentosum (XP) is a rare, autosomal recessive genetic disorder characterized by a deficiency in the DNA repair pathway responsible for correcting damage caused by ultraviolet radiation. This deficiency leaves individuals with XP extremely sensitive to UV exposure, making them highly susceptible to developing skin cancers, including non-melanoma skin cancer (NMSC). This study aimed to investigate the impact of a broad-spectrum SPF 99 sunscreen containing 2% niacinamide on the quality of life (QoL) of XP patients.

Materials & Methods:

This single-arm, prospective, descriptive study was conducted in the villages of Araras and Faina, located in the state of Goiás, Brazil. 17 patients with a confirmed genetic diagnosis of XP, who were regular sunscreen users and free of active NMSC lesions were enrolled. Over 6 months, clinical evaluations were performed to monitor the appearance of new lesions (AK, BCC, and SCC) and assess treatment tolerance. These observations were then compared to the patient's medical history from the 6 months prior to study enrollment. Additionally, patients answered quality of life and cosmeticity questionnaires. Patients were instructed to apply the SPF 99 sunscreen to their face, arms, legs, and neck in the morning and reapply it every 3 hours.

Results:

Seventeen patients with XP and the XPV mutation (41.2% female, 58.8% male) completed the study. Fifteen were adults with a median age of 63 years, and two were children. Phototypes were distributed as follows: I (17.6%), II (5.9%), III (29.4%), and IV (47.1%).

After 6 months, there was a significant improvement in the quality of life of XP patients, with a 45.25% reduction in the DLQI score (4.67 at D180 vs. 8.53 at D0, p 0.006). A reduction of 28.96% was observed within the first month of use. Analysis of the occurrence of new AK, BCC, and SCC lesions revealed no new lesions among the 17 patients evaluated. However, 4 of these 17 patients had presented with one BCC lesion 6 months before the study started. Regarding cutaneous and ocular tolerance, no adverse events were reported, and the product was well-appreciated for not causing burning. At the end of the treatment, the average product satisfaction score (on a scale of 0 to 10) was 9.17, and 82.35% of the patients stated they would like to continue using the product.

Conclusion:

Daily use of broad-spectrum SPF 99 sunscreen with 2% niacinamide was effective in improving the quality of life and minimizing occurrence of new skin cancer lesions in XP patients over the 6-month treatment period. The absence of new AK, BCC, and SCC lesions suggests the product may help prevent the development of new NMSC lesions. Further studies in XP patients with longer follow-up periods are needed for more definitive conclusions.

Abstract N°: 7739

Demographic characteristics and distribution patterns of multiple primary cutaneous melanomas: a multicentre study from the Italian GIDO study group

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Introduction & Objectives: Earlier detection and more effective treatments affect an improved melanoma (MM) outcome, increasing the MM population. This population is at high risk of developing subsequent primary MMs, a condition known as multiple primary MM (MPM).

Materials & Methods: In the present multicentre retrospective study, we investigated as primary endpoint the demographic characteristics of the MPM population, and the differences between first and second MPM. As a secondary endpoint, we evaluated MM distribution according to skin macro sites and timing (1st and 2nd) of MM diagnosis, and skin surface proportion according to Wallace's rule. We evaluate nevi and atypical nevi density (n. nevi /skin m2) according to skin macro sites and the site of the first MM.

Results: A total of 1067 patients were enrolled. The mean number of MMs was higher in those who had familial MM (mean 2.7, SD 0.9) than in those who did not (2.5, 0.4; 0.025)

Of the 171 1st MMs diagnosed as MM in situ (MIS) (of which the status of the 2MM is known), 75 (43.9%) had a 2nd MIS. Of the 748 with 1st MM described as invasive (of which the status of the 2nd MM is known), 267 (35.7%) had 2nd MM in situ.

The mean thickness decreases from the 1st to the 2nd MM in both men and women ($p<0.001$). Women have lower mean values than men for both 1st and 2nd MM. In 87.5% of the 1st MM, there is a radial/horizontal growth phase compared to 92.6% of the 2nd ($p<0.001$). 31.5% of 1st and 16.0% of 2nd MM present a vertical growth phase ($p<0.001$).

The distribution by microsites of occurrence differs between 1st and 2nd MM ($p<0.001$). Among men the most frequent sites of the 1st MM are the post-trunk (42.3%), the anterior part of the trunk (24.9%), and the upper limb; the same sites are also the most frequent in the 2nd MM (36.5%, 27.3% and 9.5%). For women the most frequent site of 1st MM is the posterior part of the trunk (32.0%) followed by the lower limb (29.9%) and the frontal part of the trunk (16.3%); for 2nd MM the lower limb (33.7%), posterior trunk (31.1%) and anterior trunk (16.3%).

Women had a higher average density of nevi than men 58.7 vs. 49.4 ($p=0.0089$), particularly in the upper and lower limbs, and head and neck region.

Compared to the body surface, according to Wollace's rule, a higher frequency of 1st and 2nd MM is appreciated at the anterior and posterior trunk levels, and a lower frequency at upper and lower limb levels than expected. These differences are even more pronounced in the male population.

The mean density of nevi and atypical nevi of the lower limb correlates with the presence of the first MM at that site vs other site in men (37.6 vs 27.7, $p=0.04$, and 6.1 vs 2.3 $p=0.02$), in women, it is the mean density of nevi and atypical nevi of the upper limb that correlates with the presence of MM at that site (88.2 vs 58.9 $p=0.02$, and 9.0 vs 2.5 $p=0.06$).

Conclusion: MPM patients show a reduction in histological and growth stage severity between 1st and 2nd MM. The trunk and upper limbs are the preferred sites for MM occurrence in these patients, with a predominance of the lower limb in females and the trunk in males. Compared to the affected body surface, a higher percentage density is found on the trunk. The average density of nevi and atypical nevi in the lower limb and upper limb are associated with a higher occurrence of 1st MM in men and women respectively.

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Abstract N°: 7806

Dermatofibrosarcoma Protuberans Occurring in a Site of Previous Cutaneous Leishmaniasis

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare, low-to-intermediate grade soft tissue sarcoma originating in the dermis. It is commonly associated with a t(17;22)(q22;q13) translocation, resulting in a COL1A1-PDGFB fusion gene that drives abnormal cell growth. Though its exact origin is unclear, DFSP may arise in areas of prior trauma or chronic inflammation. It typically presents as a slow-growing, asymptomatic, firm plaque or nodule, often skin-colored to reddish-brown, on the trunk or proximal extremities. DFSP is locally aggressive with a high risk of recurrence and may transform into a more aggressive fibrosarcomatous variant. Its nonspecific clinical appearance can mimic benign or infectious conditions, making early diagnosis challenging.

Materials & Methods:

A 60-year-old previously healthy male presented with a one-year history of an asymptomatic, indurated brownish plaque on the scalp, initially on the forehead and gradually extending to the vertex. He reported no systemic symptoms, and clinical examination revealed no cervical lymphadenopathy or mucosal involvement. Initial skin biopsies suggested cutaneous leishmaniasis, and diagnosis was confirmed via positive smear and Polymerase Chain Reaction (PCR). The patient received intramuscular stibogluconate with significant initial improvement. After several months, the lesion recurred with surface ulceration.

A third, deeper excisional biopsy was performed by the plastic surgery team due to suspicion of malignancy. Differential diagnoses included DFSP, angiosarcoma, fungal infection, and recurrent leishmaniasis. Histopathological and immunohistochemical analyses were conducted to reach a definitive diagnosis

Results:

Histopathology revealed a dermal-based neoplasm infiltrating subcutaneous fat and skeletal muscle. The tumor was composed of diffuse sheets and short fascicles of spindle-to-pleomorphic cells with vesicular nuclei and prominent nucleoli. Immunohistochemical staining demonstrated strong CD34 membrane positivity, confirming the diagnosis of DFSP with fibrosarcomatous transformation. Wide local excision was performed with adequate margins, and a delayed skin graft was planned.

Conclusion:

This case underscores a rare clinical association, as DFSP arose at the site of previously treated cutaneous leishmaniasis. Literature reveals a few similar instances, including a reported case from Iran where DFSP developed at a site of previous leishmaniasis, suggesting a possible link between chronic inflammation and tumorigenesis. Persistent or recurring lesions at sites of previous cutaneous infection should prompt reevaluation, including repeat biopsies and immunohistochemical studies, to rule out malignancy. This case highlights the importance of clinical suspicion in the diagnosis of DFSP, particularly when fibrosarcomatous transformation alters the tumor's

behavior. Wide local excision remains the treatment of choice. Reporting additional cases of DFSP arising in post-leishmaniasis sites may provide further insight into potential inflammatory or infectious triggers in DFSP pathogenesis.

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Abstract N°: 7839

Analysis of the Clinical and Pathological Characteristics of Single-center Cutaneous Squamous Cell Carcinoma and Construction of a Prognostic Risk Model.

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Introduction & Objectives:

Cutaneous Squamous Cell Carcinoma (cSCC) is a malignant skin tumor that originates from the keratinocytes of the epidermis and is one of the more common types of malignant skin tumors. There remain certain limitations in accurately predicting the risk of postoperative recurrence and metastasis in cSCC patients. This study aims to investigate the role of clinical and histopathological features in predicting postoperative recurrence and metastasis risk by conducting an in-depth analysis of the clinical pathological characteristics and prognosis of cSCC patients from a single center, thereby providing a scientific basis for clinical treatment.

Materials & Methods:

This study conducted a retrospective analysis of patients who visited our department from June 2018 to June 2024 and were diagnosed with cutaneous squamous cell carcinoma (cSCC) through histopathological examination under a microscope. The clinical and pathological data of these patients were collected, and their prognostic outcomes were followed up.

The Kaplan-Meier method was employed for univariate survival analysis of the included factors. Cox regression analysis was used to identify independent risk factors associated with postoperative prognosis. Based on the included risk factors, which encompassed patient individual differences, clinical characteristics and pathological features of the lesions. Five machine learning methods were utilized to construct postoperative recurrence/metastasis risk models for cSCC patients.

The predictive performance of the models was evaluated using receiver operating characteristic (ROC) curves and decision curves to select the optimal model. Finally, SHAP (SHapley Additive exPlanations) analysis was conducted based on the optimal model to quantify the contribution of each risk factor to the model's predictive outcomes.

Results:

\1. 507 patients were ultimately included. Through univariate and multivariate analyses, the results showed that the clarity of the lesion margin (P=0.001), whether it is a recurrent lesion after surgery (P=0.003), presence of ulceration (P=0.002), lesion growth rate (P=0.022), whether the tumor is secondary to chronic inflammation or scar (P=0.046), and tumor differentiation degree (P=0.029) were significantly associated with the postoperative recurrence and metastasis of cutaneous squamous cell carcinoma patients from a statistical perspective.

\2. According to the SHAP heatmap of the constructed model, Clark level, lesion growth rate, lesion margin, presence of ulceration, tumor diameter, whether it is a recurrent lesion after surgery, and the location, are all important risk factors affecting prognosis. Among them, the Clark level of the tumor has the highest weight in the model.

Conclusion:

The depth of tumor invasion was identified as a key factor affecting the postoperative prognosis of cSCC

patients.The growth rate of the lesion, lesion boundary, ulceration, tumor diameter, whether it is a recurrent lesion, the location, and the degree of differentiation were also identified as important risk factors that significantly influence prognosis.

Figure

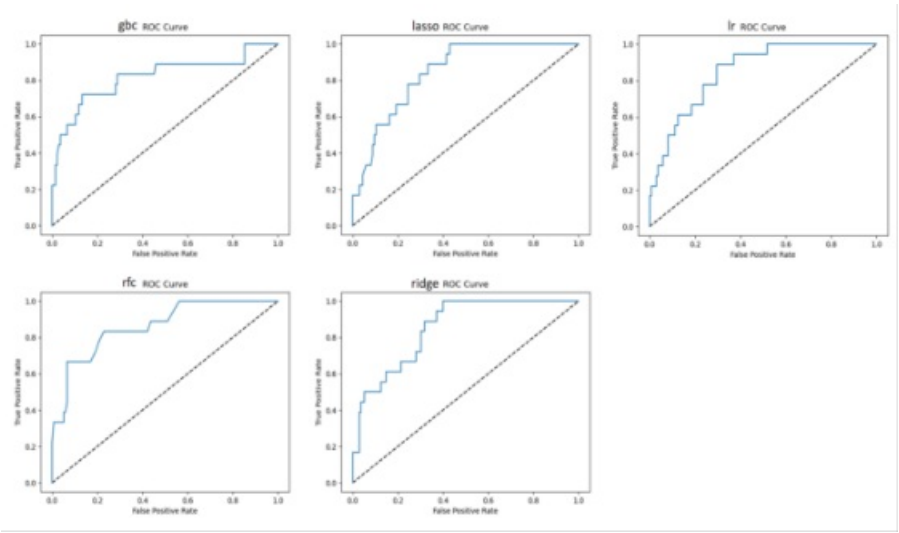


Figure 1. ROC Curves of the Individual Predictive Models

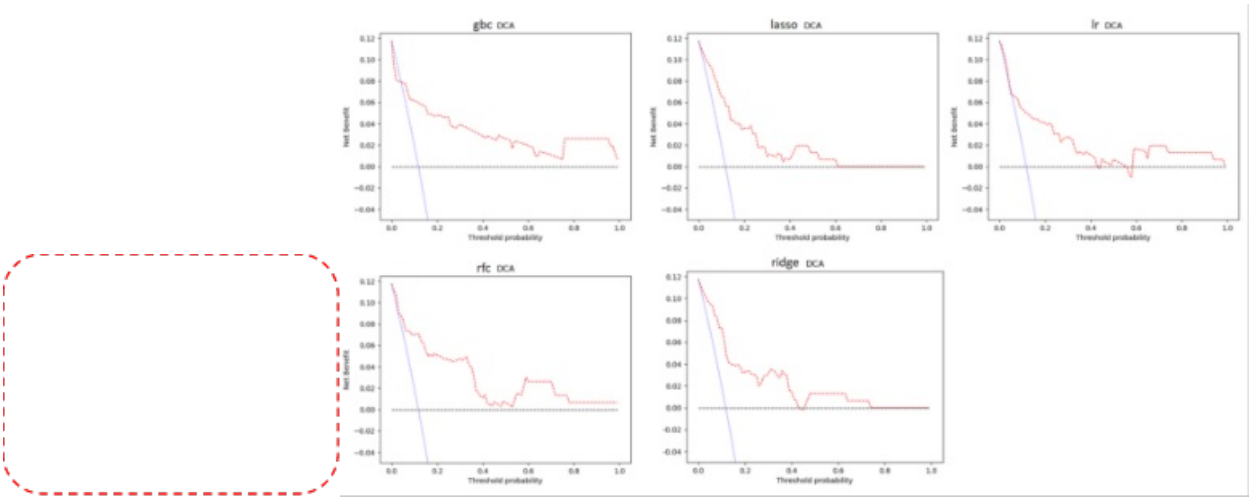
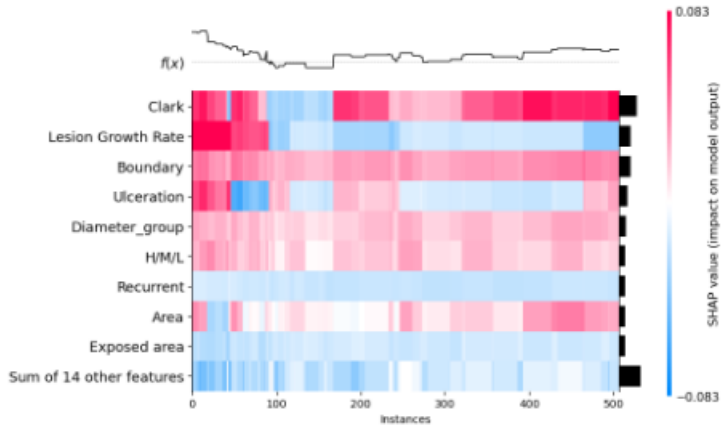


Figure 2. DCA Curves of the Individual Predictive Models



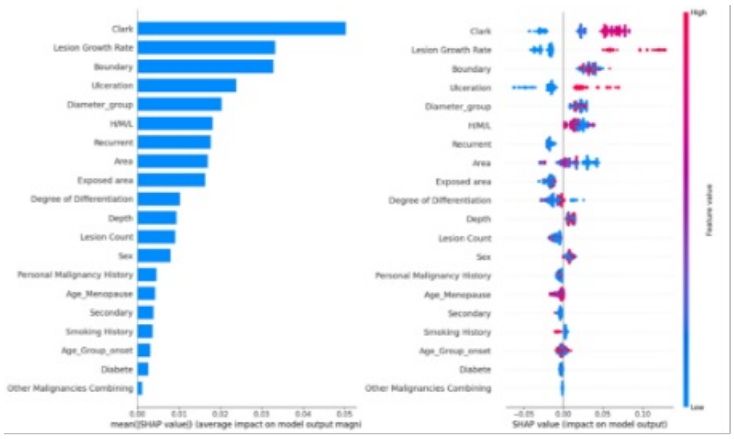


Figure 3. SHAP Heatmap Visualization of the RFC Model

Abstract N°: 7939

High-Intensity Focused Ultrasound (HIFU) for Multifocal Basal Cell Carcinoma in Gorlin-Goltz Syndrome

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Introduction & Objectives: Basal cell carcinoma (BCC) is the most common skin cancer worldwide, and patients with Gorlin-Goltz syndrome represent a unique therapeutic challenge due to the high number of recurrent, multifocal lesions and contraindications for repeated surgery or radiotherapy. High-intensity focused ultrasound (HIFU) offers a non-invasive therapeutic alternative with potential advantages in efficacy, tolerability, and cosmetic outcome.

Materials & Methods: We report an extended observational case of a 40-year-old female patient with genetically confirmed Gorlin-Goltz syndrome, who presented with 10 histopathologically confirmed BCC lesions. HIFU was selected as the treatment modality due to the patient's surgical history and the need for a non-invasive, tissue-sparing approach. Pre-treatment evaluation included high-frequency ultrasonography and dermoscopy to assess lesion depth and morphology. Ultrasonography was specifically used to determine the optimal focal depth of the HIFU handpiece for each lesion. HIFU procedures were performed using a 20 MHz system with a fixed pulse duration of 150 ms, energy of 1.3 J per pulse, and a focal depth consistently set at 0.8 mm. The treatment parameters were tailored to individual lesion thickness, with skin thickness ranging from 1.8 mm to 2.9 mm and lesion depth ranging from 0.47 mm to 0.77 mm. The number of impulses per lesion varied between 40 and 159. Patient-reported outcomes regarding pain, pruritus, and treatment tolerance were recorded using a numerical scale (0–10).

Results: Eight lesions were treated during the initial session, while the remaining two were intentionally scheduled for treatment at a subsequent visit as part of a staged therapeutic approach. The procedure was well tolerated, with pain intensity during the procedure ranging from 2 to 3 out of 10, and subsided to 0–1 out of 10 within minutes after the application. No anesthesia or analgesics were required. Immediate post-treatment reactions included localized erythema and transient edema. Crust formation occurred and resolved spontaneously within 7–14 days. No ulceration, infection, or delayed healing was noted. At the three-month follow-up, complete resolution of all treated lesions was documented. Dermoscopy showed fibrotic, avascular remodeling with white structureless zones and regression features. Importantly, no lesion recurrence was observed at the one-year clinical follow-up. The patient described the procedure as well tolerated and significantly less uncomfortable than prior surgical treatments.

Conclusion: This case highlights the potential utility of high-frequency HIFU as a tissue-sparing, non-invasive therapeutic modality for patients with Gorlin-Goltz syndrome. Complete dermoscopic and clinical regression was achieved in all of the treated lesions. HIFU may represent a promising alternative for patients in whom cumulative surgical interventions are not feasible or pose aesthetic concerns.

Abstract N°: 7974

Sudden onset of multiple monomorphic nodules on the eyelids and face

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Introduction & Objectives: Cutaneous lymphoma is a cancer of malignant lymphocytes located in the skin and is the second most common extranodal lymphoma after gastrointestinal lymphomas. They are classified by cell origin into T-cell and B-cell types, which can be primary (originating in the skin) or secondary (spreading from other lymphatic sites). Primary cutaneous T-cell lymphoma is the most common, accounting for 75% of cases, with Mycosis fungoides and Sézary syndrome being the most frequent. B-cell lymphomas make up 25%, including follicle center lymphoma, marginal zone lymphoma, and diffuse large B-cell lymphoma (leg type). These typically appear as pink to brown nodules, papules, or plaques, more common in older adults, especially women. Diagnosis is based on clinical appearance, histopathology, and immunohistochemistry, with systemic evaluation needed to rule out metastasis. B-cell cutaneous lymphomas usually have a better prognosis than their nodal counterparts, and understanding their behavior helps avoid overly aggressive treatment.

Materials & Methods: An 85-year-old woman presented with new nodules on her upper eyelids, forehead, and left cheek, developing over six months. She reported no associated symptoms like itching or pain. Her medical history included myocardial infarction and controlled hypertension. She had recently received bevacizumab treatment for a left eye infarction. Family history was negative for skin malignancies.

Physical exam revealed skin-colored nodules on the eyelids, cheeks, temples, and forehead. Dermoscopy showed non-specific features. A lesion on the left temporal region was excised for diagnosis. Histology revealed disorganized epidermal maturation and lymphoid follicles in the dermis. Immunohistochemistry showed B-cell lymphocytes (CD20+) with sparse plasma cells and T-lymphocytes (CD3+, CD5+), confirming primary cutaneous marginal zone B-cell lymphoma.

The patient was referred for further evaluation and treatment. Complete excision of the nodules was performed, with confirmed diagnosis via histology. Further testing showed no evidence of systemic disease, and the patient was discharged with recommendations for regular dermatologic and oncologic follow-up.

Results: Primary cutaneous marginal zone B-cell lymphoma is a rare, slow-growing lymphoma, making up 2% to 16% of cutaneous lymphomas. It usually affects younger males, with a median diagnosis age of 55. This case is unusual as it involves an elderly female. The cause is unclear but may be linked to infections like hepatitis C or Lyme disease. The disease is non-specific, typically affecting the trunk and upper extremities, with rare facial involvement. Diagnosis is confirmed by skin biopsy and immunohistochemistry, showing CD20-positive B lymphocytes. When localized to the skin, it is staged as IE in the Ann Arbor system, often without systemic symptoms. Treatment involves excision, and sometimes radiotherapy, with reports of spontaneous regression.

Conclusion: Primary cutaneous marginal zone B-cell lymphoma is rare and challenging to diagnose due to its nonspecific symptoms and unusual location. Its slow progression may suggest cutaneous lymphoma, requiring a

detailed clinical history and histopathological evaluation for accurate diagnosis. Excluding systemic lymphoproliferative disease is essential, and a multidisciplinary approach is crucial for staging, treatment, and monitoring.

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Abstract N°: 7982

Hyperpigmented mycosis fungoides: an unusual variant

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Introduction:

Mycosis fungoides (MF) is the most common primary cutaneous lymphoma. Aside from the classic type characterized by erythematous-squamous plaques, several rarer anatomic-clinical variants have been described, some of which can be misleading. We report a case of hyperpigmented MF.

Case presentation:

A 21-year-old woman with phototype IV presented with psoriasiform lesions since the age of 7, which responded to topical corticosteroids, and developed diffuse hyperpigmented lesions over the past 2 years. Dermatological examination revealed multiple pigmented macules, minimally pruritic, measuring 1 to 5 cm, with a reticulated appearance, scattered on the neck, trunk, and all four limbs. The rest of the clinical examination was unremarkable.

A skin biopsy of pigmented lesion demonstrated an epidermotropic lymphocytic infiltrate consisting of atypical lymphocytes of small to medium size, with an immunophenotype of CD2+, CD3+, and CD4+. CD8 positivity was noted in only a few cells. The diagnosis of hyperpigmented mycosis fungoides was established. Evaluation for secondary localization was negative. The patient was started on methotrexate at a weekly dose of 15 mg, which resulted in a good response.

Discussion:

The hyperpigmented variant of MF is very rare. It mainly affects individuals with dark skin and typically appears at an earlier age than the usual form. Clinically, the hyperpigmented macules, without poikiloderma, may present alone or in association with the classic erythematous squamous lesions of MF. Differential diagnoses include post-inflammatory hyperpigmentation, ashy dermatosis, and cutaneous amyloidosis.

Histologically, the findings are similar to classic MF. However, immunohistochemistry typically reveals a CD8+ phenotype, though it can also be CD4+, as in our observation. The exact pathogenesis of hyperpigmented MF remains poorly understood. The hyperpigmented appearance may result from the cytotoxic effect of CD8+ T lymphocytes on melanocytes.

The disease progression is often indolent over several years, with a few cases of transformation into large cell lymphoma (CD30+) reported. The treatment is not standardized and generally follows the approach for classic MF.

Conclusion:

Although rare, hyperpigmented MF should be considered as a differential diagnosis in cases of acquired hyperpigmentation.

Abstract N°: 7987

Multiple Subcutaneous Nodules Revealing a Carcinoma of Digestive Origin with No Evident Primary Site: A Case Report and Literature Review

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Introduction & Objectives:

Cutaneous metastases (CM) are an uncommon manifestation of internal malignancies, representing 0.6% to 10% of all metastases from solid tumors. We report a case of multiple subcutaneous nodules revealing a carcinoma of digestive origin without an identifiable primary site.

Case report:

A 51-year-old male patient, with a history of chronic smoking and alcohol consumption, was hospitalized for painful subcutaneous nodules on the scalp, evolving over four months, associated with general health deterioration. Clinical examination revealed erythematous infiltrated nodules on the scalp, and subcutaneous nodules on the abdomen and lower back. Laboratory tests showed an inflammatory syndrome. Histological examination of skin biopsies revealed a carcinomatous proliferation with CK7+ and CK20- expression; diffuse MUC5 positivity suggested a gastric origin. Additional positivity for anti-hepatocyte and Glypican-3 markers indicated a hepatic or digestive origin. Imaging studies (brain MRI, thoraco-abdominopelvic CT scan, and FDG-PET) confirmed multiple secondary localizations (pulmonary, hepatic, peritoneal, osseous, and lymph node). Tumor markers including LDH, CEA, and NSE were elevated. The patient’s condition deteriorated, and he passed away shortly after receiving palliative care.

Conclusion:

CMs typically occur in the context of a known malignancy but can occasionally be the initial manifestation, thus delaying diagnosis. Their clinical presentation is variable and can mimic other dermatological conditions. Immunohistochemistry is crucial for identifying the primary site, although it may remain undetermined despite exhaustive investigations. Cutaneous metastases can be the first sign of an internal malignancy. Persistent skin nodules associated with general health decline warrant thorough investigation. Identifying the primary site remains a diagnostic challenge and significantly influences therapeutic management.

Abstract N°: 8058

cd36 regulates the immunosuppressive function of pmn-mdsc via pai-1/stat3 signaling in melanoma

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Introduction & Objectives:

Polymorphonuclear-myeloid derived suppressor cells (PMN-MDSCs) are pathologically activated neutrophils that effectively drive immune suppression and play an important role in tumor proliferation and immunotherapy resistance in different types of tumors, including melanoma. Identification of the key molecules on PMN-MDSCs is required to selectively target these cells for melanoma treatment. CD36, a scavenger receptor involved in lipid metabolism, has been reported to mediate the functions of certain immune cells in tumors. However, the role of CD36 signaling in the acquisition of PMN-MDSC immunosuppressive properties remains poorly understood. Our study investigates how CD36 shapes PMN-MDSCs-mediated immunosuppression in melanoma.

Materials & Methods:

Flow cytometry was used to detect CD36 expression in tumor-infiltrated PMN-MDSCs in melanoma patients as well as B16F10-bearing mice. The CD36fl/fl mice were crossed with S100a8cre mice to generate mice with conditional knockout of CD36 in PMN-MDSCs. Mouse bone marrow cells were isolated and cultured in vitro, and GM-CSF, IL6, G-CSF and B16F10 cell supernatants were added to induce PMN-MDSCs. RNA-seq was used to screen for differentially expressed genes between WT PMN-MDSC and CD36 KO PMN-MDSC. qPCR and ELISA were used to verify the changes in the gene transcription and protein expression of PAI-1 after CD36 knockout. PMN-MDSCs were treated with PAI-1 inhibitor Tiplaxtinin and recombinant mouse PAI-1 protein in vitro, and the immunosuppressive function of PMN-MDSCs was evaluated by T cell inhibition assays.

Results:

In human and mouse melanoma, tumor-infiltrating PMN-MDSCs upregulated the expression of CD36, compared with peripheral PMN-MDSCs. Genetic ablation of CD36 in PMN-MDSCs inhibited the progression of melanoma in B16F10-bearing mice, accompanied by an increased number of CD8+ T cells and higher secretion of Gzmb, Perforin and IFN-γ by CD8+ T cells. Meanwhile, the expression of immunosuppressive molecules such as Arg1 and PD-L1 in PMN-MDSC decreased. In vitro, experimental data showed that knockdown of CD36 significantly weakened the inhibitory effect of PMN-MDSC on CD8+ T cells. In addition, both PAI-1 transcription and protein expression were reduced after CD36 knockout, determined by RNA-seq, QPCR and Elisa. Specifically, PAI-1 regulated PMN-MDSC activity through Stat3 signaling .

Conclusion:

Collectively, our findings indicate that CD36 mediates the acquisition of immune suppressive activity by PMN-MDSCs through PAI-1/Stat3 signaling in melanoma and suggest a new target to selectively inhibit the functions of PMN-MDSCs and improve the effect of melanoma therapy.

Abstract N°: 8074

Primary Cutaneous Extranodal NK/T-cell Lymphoma: A Rare and Aggressive Diagnostic Challenge

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Introduction & Objectives:

Extranodal NK/T-cell lymphoma (ENKTL) is a rare and aggressive subtype of non-Hodgkin lymphoma typically associated with Epstein–Barr virus (EBV). It commonly involves the nasal and upper aerodigestive tract, while primary cutaneous manifestations are exceedingly uncommon. Due to its variable and nonspecific skin presentation, ENKTL is often misdiagnosed as benign dermatologic conditions, causing diagnostic delays. Herein, we present a rare case of primary cutaneous ENKTL with exclusive skin involvement and discuss its clinical and histopathological features to increase awareness among clinicians.

Materials & Methods:

An 82-year-old male with no known comorbidities presented with three persistent nodular lesions on the left arm. Initial misdiagnoses included eczema and pyoderma; subsequent biopsy suggested mycosis fungoides. On dermatologic examination, violaceous-red nodules were observed on the medial wrist, forearm, and elbow. There was no lymphadenopathy. Routine labs were unremarkable, with positive EBV serology. PET/CT showed increased metabolic activity limited to cutaneous lesions. Histopathology revealed dense dermal infiltration of atypical lymphoid cells with high mitotic index. Immunohistochemistry demonstrated positivity for CD2, cytoplasmic CD3, CD56, granzyme B, and TIA-1, with EBER positivity on in situ hybridization. A diagnosis of primary cutaneous ENKTL was made.

Results:

The disease was classified as localized cutaneous lymphoma. Due to the absence of systemic involvement, radiotherapy was planned. The diagnosis highlighted the critical importance of clinicopathologic correlation and thorough immunohistochemical workup in persistent or atypical skin lesions.

Conclusion:

Primary cutaneous ENKTL is a rare yet aggressive malignancy that can clinically mimic benign dermatoses. Accurate diagnosis requires high suspicion, especially in lesions refractory to treatment. Prompt histopathologic evaluation with EBV testing is essential for diagnosis and treatment planning. This case underscores the importance of recognizing ENKTL in the differential diagnosis of persistent nodular dermatoses.

Abstract N°: 8075

Granulomatous squamous cell carcinoma of the finger : A Case Report

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Introduction & Objectives:

Squamous cell carcinomas, common in the elderly, are malignant epithelial tumors with cellular atypia. However, the presence of granulomas can lead to diagnostic confusion like tuberculosis, complicating their diagnosis and management. We report a case of squamous cell carcinoma initially misdiagnosed as tuberculosis in a young patient, showing the importance of thorough evaluation in chronic ulcers.

Materials & Methods:

A 28-year-old female, from a rural area, dressmaker with a history of repeated microtraumas and tuberculosis exposure. 3 years ago, the patient had a painless nodule on the pulp of her left index finger which progressed to necrosis, leading to amputation of the distal phalanx. One year later, she consulted for an ulcerating lesion on the amputation stump without other associated respiratory or general symptoms.

Dermatological examination revealed a bleeding ulcerating lesion on the distal end of the second phalanx, with irregular borders, a fibrinous base, measuring 1 cm in diameter. Lymph node examination found a firm, painless, fixed left axillary adenopathy measuring 4 cm.

Skin biopsy revealed a macrophagic granuloma with giant cells, without caseous necrosis or signs of malignancy. GeneXpert testing was positive, while mycological examination was negative. A full workup for other granulomatous diseases was normal. Antitubercular treatment was initiated. Given to worsening ulceration, an MRI of the hand was performed, revealing a locally infiltrating tumor. Amputation was performed, revealing an undifferentiated tumor proliferation, and lymph node biopsy confirmed a poorly differentiated squamous cell carcinoma, and the CT scan revealed pulmonary metastases.

radiotherapy with possible chemotherapy was planned, but the patient unfortunately died due to an ischemic stroke.

Results:

squamous cell carcinoma (SCC) is the most common malignant tumor of the hand, accounting for 11% to 16% of cases. It rarely manifests in young people, except in its lingual form, Risk factors include exposure to ultraviolet and ionizing radiation, immunosuppression, genetic syndromes, human papillomavirus (HPV), and chronic ulcers, as observed in our patient. Histologically, atypical keratinocytes with signs of differentiation are noted. Granulomatous inflammatory reactions have been reported in 4.4% of cases of uterine cervix and lung carcinomas, but no similar cutaneous cases have been mentioned in the literature.

First-line treatment is conventional or Mohs surgery (Recurrent or subungual lesions). In the cases of lymph node involvement, regional lymph node dissection is the treatment of choice, although radiotherapy may also be considered. For aggressive metastatic forms, chemotherapy can be used.

Carcinomas arising from chronic ulcers are at higher risk of recurrence (22%) and lymph node metastasis (39%). The mortality associated with SCC of the hand is higher than that observed in other locations, with a 5-year survival rate of (43%).

Conclusion:

Squamous cell carcinoma should be considered in the differential diagnosis of any ulcerative lesion of the fingers, regardless of the patient’s age, as a delayed diagnosis may lead to disease progression and lower chances of recovery.

Abstract N°: 8078

Orange-Peel Skin: A Case of Gastric Signet-Ring Cell Carcinoma Presenting with Cutaneous Metastases

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Introduction & Objectives:

Cutaneous metastases occur in fewer than 10% of oncology patients and often signal advanced disease. Gastric signet-ring cell carcinoma is characterized by diffuse infiltration and early dissemination, yet it rarely presents initially in the skin. We describe a 40-year-old woman whose left lumbar lesion evolved from a tender, cystic nodule into an indurated, erythematous plaque with a "peau d'orange" appearance, ultimately proven to be a cutaneous metastasis of gastric origin. The primary objective of this report is to illustrate the diagnostic challenges in the identification of an underlying gastric malignancy, thereby emphasizing the need for vigilance when evaluating atypical cutaneous nodules

Materials & Methods:

A 40-year-old woman presented with a painful 2×2 cm nodule in the left lumbar region, progressive fatigue, weight loss and anemia. Over three months, the lesion enlarged to 15×10 cm, became indurated, erythematous, and exhibited a peau d'orange appearance. CT showed a subcutaneous mass with peritoneal effusion. Skin biopsy revealed dermal infiltration by signet-ring cells (CK7+/CK20–). Gastroscopy with biopsy confirmed diffuse gastric signet-ring cell carcinoma.

Results:

The lesion's rapid growth and transformation raised suspicion of malignancy. Imaging supported deep tissue invasion and possible peritoneal spread. Histology and immunohistochemistry of the skin confirmed metastatic signet-ring cell carcinoma. Endoscopy revealed ulcerated gastric lesions, and biopsy confirmed the gastric origin. The diagnosis of gastric carcinoma with cutaneous metastases was established.

Conclusion:

This case underscores the importance of maintaining a high index of suspicion for metastatic disease in atypical cutaneous presentations, even in younger patients without known malignancy. Multimodal diagnostic workup—including histopathology, immunohistochemistry, and endoscopic evaluation—is essential to establish an accurate diagnosis. Early recognition of cutaneous metastases can expedite staging and management of the primary malignancy, potentially improving patient outcomes.

Abstract N°: 8084

Extensive Cutaneous Nodules Revealing Acute Lymphoblastic Leukemia

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Introduction & Objectives:

Acute lymphoblastic leukemia is the most common cancer in children; however, cases in infants remain relatively rare. Leukemic skin manifestations can present in various forms. We report the case of a 10-month-old infant in whom skin involvement led to the diagnosis of T-cell acute lymphoblastic leukemia.

Materials & Methods:

A 10-month-old female was referred to our department for acute skin nodules that had been developing over the past two months. Clinical examination revealed a well-preserved general condition. Dermatological assessment identified approximately twenty erythematous, firm, painless, and large cutaneous nodules (ranging from 3 to 6 cm in diameter) distributed across the entire scalp. These were associated with swelling of the upper lip and a nodular formation on the external ear. Additional nodular lesions were observed on the back and umbilical region of the trunk. Furthermore, clinical examination revealed bilateral supraclavicular, retroauricular, and inguinal lymphadenopathy.

Results:

A skin biopsy of one of the scalp nodules was performed. Histopathological analysis, combined with immunohistochemistry, confirmed a cutaneous localization of T-cell acute lymphoblastic leukemia. Regarding the biological assessment, the complete blood count revealed bicytopenia, characterized by normochromic, normocytic, non-regenerative anemia and thrombocytopenia. Bone marrow aspiration showed a reactive marrow. However, histological analysis of the bone marrow biopsy, along with immunohistochemistry, confirmed the diagnosis by revealing a hypercellular marrow with an excess of blasts (30%) expressing CD3+, CD2+, and CD5+, thereby confirming T-cell ALL. The patient was initiated on chemotherapy, resulting in good clinical improvement and a significant reduction in nodular lesions.

Conclusion:

Dermatological manifestations preceding the diagnosis of acute lymphoblastic leukemia (ALL) are rare. In the presence of acute-onset scalp nodules in an infant, leukemia, particularly ALL, should be considered, and a biopsy should promptly be performed.

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Abstract N°: 8088

A Rare Case of Cutaneous Rosai Dorfman Disease Manifesting as Tumor-Like Lesion Successfully Treated With Intralesional Steroids

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Introduction & Objectives:

Rosai-Dorfman disease (RDD) is a rare benign histiocytosis characterized by histiocytic proliferation with enlarged lymph nodes. Only 3% of RDD patients have skin lesions exclusively, and this is called cutaneous RDD (CRDD). We report a CRDD manifested as frontal mass successfully treated with intralesional steroid.

Materials & Methods:

A 36-year-old woman presented with an 11-month history of clustered erythematous papules and nodules on her forehead without any symptoms. Her medical history was unremarkable.

Clinical examination revealed a painless, infiltrated plaque, 4 cm sized, made of erythematous yellowish papules and nodules with telangiectasias, located in the middle of the forehead. Cutaneous and mucous examination was otherwise normal. No lymphadenopathy was found. Skin biopsy on a nodule demonstrated dermal-hypodermal infiltrate of large histiocytes with images of emperipolesis. They were CD68+, S100+ and negative for CD1a. Facial MRI did not show bone involvement. CT of the neck/chest/abdomen and pelvis was normal. These findings were consistent with the diagnosis of C-RDD. A decision was taken to treat her with Intralesional 40 mg triamcinolone acetonide leading to a significant clinical improvement and acceptable esthetic result.

Results:

Rosai-Dorfman-Destombes disease (RDD) is a rare non– Langerhans cell histiocytosis characterized by accumulation of activated histiocytes within affected tissues. The etiology of RDD is largely unknown. Infectious triggers, such as herpes viruses have been associated. Recent studies have found NRAS, KRAS, MAP2K1, and ARAF mutations in lesional tissues, raising the possibility of a clonal origin in some forms of RDD. But No data on the molecular profile of C-RDD could be found.

Patients with classical RDD present with bilateral cervical lymphadenopathy, but it has been reported that 43% of RDD patients have extra nodal involvement. The skin is involved in 10% of extra nodal RDD cases, and isolated C-RDD disease is rarely reported. The face is the most commonly affected area in C-RDD. Lesions are typically slow growing, painless, nonpruritic nodules, plaques, or papules with coloration varying from yellow to red to brown, such as those observed in our patient. Other presentations described include indurated plaques, tumor-like lesions, acneiform lesions and eruptive xanthoma-like lesions. C-RDD presents in patients with an older mean age (43.5 years) than nodal RDD, a higher proportion of female patients (2:1 ratio).

Histologically, C-RDD demonstrates an inflammatory infiltrate of numerous histiocytes, admixed with reactive lymphocytes and plasma cells. The hallmark of C-RDD is the presence of histiocytes containing intact lymphocytes within their cytoplasm (emperipolesis). They are positive for S100 and CD68, and negative for CD1a.

The prognosis of C-RDD is generally good. Most lesions can recede spontaneously and therefore do not require treatment. Surgical excision, radiotherapy, corticosteroids, retinoids, or thalidomide are indicated in patients with persistent or disseminated nodules. Our patient received 4 sessions of intralesional steroids and the skin lesions

subsided within few weeks.

Conclusion:

Cutaneous RDD demonstrates unique epidemiological and clinical features and is therefore classified separately from other forms of RDD. We describe an interesting case of C-RDD presenting as a frontal mass and responding well to intralesional steroid.

Abstract N°: 8103

Aggressive CD8+ Epidermotropic Cutaneous T-Cell Lymphoma: When the Skin Tells a Deadly Story

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Introduction & Objectives:

Aggressive epidermotropic CD8+ cytotoxic cutaneous T-cell lymphoma is an exceptionally rare malignancy characterized by rapid progression and a poor prognosis. We report a unique case with unusual initial presentation on the leg, illustrating the diagnostic and therapeutic challenges posed by this entity.

Materials & Methods:

A 36-year-old woman with no notable medical history presented with a painful, ulcerated, exophytic tumor of the right leg evolving over two months, in the absence of fever but with general health deterioration. Clinical examination revealed a 22 cm tumor with raised blackish borders, purulent discharge, areas of necrosis, and intense pain on palpation. Skin biopsy revealed a proliferation of large atypical T cells diffusely expressing CD8 and Granzyme B, with focal CD5 expression and sparse CD4 positivity, consistent with aggressive epidermotropic CD8+ cytotoxic T-cell lymphoma. MRI showed deep muscular infiltration, while initial systemic imaging was unremarkable. During hospitalization, secondary nodular lesions developed on the abdomen and soles. CHOEP chemotherapy induced partial remission after two cycles.

Results:

This rare lymphoma is provisionally classified by the WHO-EORTC. It typically presents with rapidly progressive cutaneous lesions, often ulcerated, with frequent systemic dissemination. Prognosis is poor. In our patient, neurological symptoms appeared after four chemotherapy cycles, and brain MRI revealed a secondary leptomeningeal lesion. She died one month later.

Conclusion:

Aggressive epidermotropic CD8+ cutaneous T-cell lymphoma represents a clinical challenge due to its rapid course and limited treatment response. Early recognition is crucial to initiate appropriate management strategies.

Abstract N°: 8138

Beyond the Surface: Breast Carcinoma and "En Cuirasse" Cutaneous Metastases

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Introduction & Objectives: Cutaneous metastases are relatively uncommon in clinical practice, but their early recognition can allow accurate and prompt diagnosis and timely treatment.

Materials & Methods: This paper explores the case of an 82-year-old patient presenting with erythematous, violaceous, infiltrated plaques and ulcerations in the right breast and submammary fold, indicative of "en cuirasse" cutaneous metastases stemming from breast carcinoma. The patient's medical history includes a prior left breast neoplasm treated with chemotherapy, sectorectomy, and radiotherapy, as well as a more recent right breast neoplasm with pulmonary metastases, currently undergoing chemotherapy with capecitabine. Despite the topical treatments with colloidal silver and 5-fluorouracil recommended by the oncologist, the ulcerations progressed, leading to dermatological referral. The patient's history of atrial fibrillation and anticoagulant therapy adds complexity to treatment decisions. In this case, the negative microbiological examination, the dermoscopic appearance and the oncological history guided the diagnosis, the patient refusing a skin biopsy. Skin metastases in breast cancer, while uncommon, pose significant challenges in management and prognosis.

Results: Hospitalization facilitated local wound care with epithelizing agents, resulting in improved ulceration, although plaques persisted on the chest and abdomen, imposing the redirection of the patient to the radiotherapy clinic.

Conclusion: This case underscores the importance of vigilance for cutaneous metastases in breast cancer survivors, as their presence often indicates advanced disease and carries implications for prognosis and management strategies, necessitating a multidisciplinary approach for optimal patient care.

Abstract N°: 8146

Male Breast Carcinoma Mimicking Melanoma: Diagnostic Pitfalls

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Introduction & Objectives:

Male breast cancer is rare and can present with various clinical forms, often leading to delayed diagnosis and confusion with other conditions.

Materials & Methods:

Results:

A 47-year-old male, chronic smoker (30 pack-years), presented with a black lesion on the right areolar-mammary plaque, evolving over four years following an accidental nipple bite. Dermatological examination revealed a blackish plaque with irregular, crumbly borders, a mamillated crusted surface in some areas, and ulceration in others. The lesion was infiltrated, non-bleeding, mobile relative to the deep plane, and fixed to the superficial plane. The nipple was retracted without bulging, ulceration, flattening, or peau d'orange appearance. Dermoscopy showed a homogeneous pigmented network, central ulceration, and a peripheral and central vascular network. No palpable lymphadenopathy was noted. Given the black appearance of the lesion, the primary differential diagnoses included melanoma, squamous cell carcinoma, pigmented basal cell carcinoma, breast carcinoma, Paget's disease, dermatofibrosarcoma, and Bowen's disease. A skin biopsy confirmed a poorly differentiated breast carcinoma, with immunohistochemical analysis revealing estrogen receptor (ER) positivity, HER2 negativity, and a Ki-67 index of 30%. The patient was treated with Patey's mastectomy followed by chemo-hormonal therapy.

Conclusion:

Recognizing the diverse clinical presentations, including cutaneous manifestations, of male breast cancer is crucial for earlier diagnosis and improved prognosis. Raising awareness among healthcare professionals and the general public is essential to achieving this goal.

Abstract N°: 8167

An unusual cutaneous presentation of langerhans cell histiocytosis mimicking superficial pemphigus

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Introduction & Objectives:

Langerhans cell histiocytosis (LCH) comprises a heterogeneous spectrum of rare clonal disorders, ranging from purely cutaneous forms to systemic involvement with multiorgan infiltration. Beyond the classical forms (Letterer-Siwe disease, Hashimoto-Pritzker disease, eosinophilic granuloma of the bone, and Hand-Schüller-Christian disease), LCH is currently regarded as a broader spectrum that may include polymorphic presentations not fitting within the four traditional entities. We report here a case of LCH mimicking superficial pemphigus.

Materials & Methods:

We report the case of a 47-year-old female with a history of diabetes insipidus under treatment, presenting with erythematosquamous and erosive-crusted skin lesions. Symptoms began 14 years prior with asymptomatic erythematosquamous lesions on the scalp that remained stable for several years. Two years ago, the lesions extended to the trunk and intertriginous areas, accompanied by pruritus and burning sensations. Clinical examination revealed diffuse erythema with greasy scales and erosive-crusted lesions. Nikolsky's sign was negative. Lesions were located on the scalp and hairline, trunk, genital-inguinal region, and large skin folds. The remainder of the dermatologic and systemic examinations was unremarkable. ELISA testing for anti-desmoglein 1 and 3 antibodies was negative. Histopathological examination revealed superficial dermal infiltration by monomorphic cells with reniform nuclei. Immunohistochemical staining was positive for CD68, S100, Cyclin D1, and CD1a, supporting the diagnosis of LCH. No acantholysis or intraepidermal blistering was observed. Laboratory workup was unremarkable, and imaging studies (thoracoabdominopelvic and brain CT scans) revealed no evidence of systemic involvement.

Results:

LCH predominantly affects children, with 60% of cases diagnosed before the age of 2; however, adult-onset cases, though uncommon, are increasingly recognized. The bone is the most frequently involved organ (80% of cases), followed by the skin (35%) and the pituitary gland (25%). Prognosis is largely influenced by hematologic or visceral involvement, particularly pulmonary or hepatic. In adults, the clinical presentation often includes isolated pulmonary involvement or skin manifestations affecting the scalp and folds. LCH results from the proliferation of immature myeloid precursors, with frequent mutations in the MAPK/ERK pathway (most notably BRAF), leading to macrophage activation.

In our patient, the clinical presentation and lesion distribution initially suggested superficial pemphigus. Histological, immunohistochemical, and immunologic evaluations led to the correct diagnosis of LCH.

Conclusion:

Adult-onset LCH is a rare condition with variable clinical presentations. It should be considered in chronic dermatoses affecting the scalp and intertriginous areas, especially when conventional diagnoses are ruled out.

Abstract N°: 8177

disseminated subcutaneous nodules revealing a T-lymphoblastic lymphoma

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Introduction & Objectives:

Lymphoblastic lymphomas are non-Hodgkin lymphomas derived from precursor B or T lymphocytes, sharing cytological characteristics with acute lymphoblastic leukemia cells. T-lymphoblastic lymphomas are rare (2% of non-Hodgkin lymphomas) and aggressive. We report a case of T-lymphoblastic lymphoma with an unusual and exclusively dermatological initial presentation

Materials & Methods:

A 16-year-old male adolescent with no notable medical history was referred to dermatology for erythematous cutaneous nodules ranging from 0.5 to 3 cm in diameter, evolving over 4 months in the context of preserved general condition. The lesions were disseminated, with a predilection for the trunk, face, and scalp. A skin biopsy revealed a lymphomatous tumor proliferation composed of small to medium-sized cells with irregular nuclei and a high mitotic index, associated with tingible body macrophages forming focal starry-sky patterns. Immunohistochemical analysis showed that tumor cells expressed CD3 and TdT (Terminal deoxynucleotidyl Transferase), while CD20 and CD30 were negative. Peripheral blood smear was normal, but bone marrow biopsy showed less than 1% abnormal T cells. A thoraco-abdominopelvic CT scan revealed: a necrotic anterior mediastinal mass suggestive of a thymic origin; two pulmonary and two hepatic nodules suggestive of metastases; multiple bilateral renal nodules; inguinal lymphadenopathy; and mild pleural and peritoneal effusion. A diagnosis of T-lymphoblastic lymphoma was established, and the patient was referred to the hematology department for specialized management.

Results:

T-lymphoblastic lymphoma is a rapidly progressing lymphoma that typically occurs in male children and adolescents. It often presents with mediastinal (nodal) involvement, sometimes accompanied by compressive symptoms. Secondary skin involvement is rare (4.3%) and is very rarely the initial presentation. When present, it manifests, as in our case, with multiple erythematous nodules in individuals under 30. However, our case is unique due to the purely cutaneous initial presentation that prompted dermatological consultation. Histopathological and immunohistochemical examinations were crucial in establishing the diagnosis and guiding further investigations.

Conclusion:

Although rare, cutaneous involvement can be the initial manifestation of this aggressive T-lymphoblastic lymphoma and should not be overlooked.

Abstract N°: 8209

Circonscribed Naeviform Angiokeratoma: A Rare Clinical Entity with Distinctive Features

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Introduction & Objectives:

Angiokeratomas are characterized by vascular hypertrophy associated with hyperkeratosis. They typically present as well-defined, red-black papules and/or verrucous plaques that are often hyperkeratotic. Five clinical variants are described: angiokeratoma corporis diffusum, Mibelli's angiokeratoma, Fordyce's angiokeratoma, solitary and multiple angiokeratomas, and circumscribed naeviform angiokeratoma. The latter is a rare clinical entity of angiokeratoma, which we report in this case.

Materials & Methods:

Results:

Ms. S.L., a 16-year-old female with no significant medical history, presented with a painful and bleeding lesion on the posterior aspect of her left thigh, which had been evolving for 2 years. Dermatological examination revealed a well-defined, firm, non-cystic, papulo-nodular angiomateous plaque measuring 12 cm along its longest axis. The lesion had a keratotic surface and an infiltrated base, disposed in a segmental fashion on the posterior aspect of the left thigh. Dermoscopy revealed an angiomateous lesion with a vascular network of arborescent vessels, hemorrhagic crusts, and a pearly white fibrous zone with no discernible structure. The mucous membranes and appendages were healthy, and the general physical examination was unremarkable. The differential diagnoses considered were circumscribed naeviform angiokeratoma, verrucous hemangioma, Darier-Ferrand dermatofibrosarcoma, Kaposi's sarcoma, and B-cell lymphoma. A skin biopsy was performed, confirming the diagnosis of angiokeratoma. An angiographic MRI was requested, revealing a diffuse subcutaneous vascular proliferation. The management consisted of surgical excision with no postoperative complications.

Conclusion:

We present a case of circumscribed naeviform angiokeratoma due to its rarity, emphasizing that despite its infrequency, it should be considered as a differential diagnosis for segmental verrucous lesions

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Abstract N°: 8213

Non-invasive imaging including Magnified dermoscopy and Reflcetance Confocal Microscopy help in understanding caruncle lesions

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Introduction & Objectives: The lacrimal caruncle is a small anatomical structure located at the medial canthus of the eye. Lesions arising in this region can be benign or malignant, with nevi being the most common, whereas melanomas remain exceptionally rare, comprising less than 0.3% of all ocular melanomas. Differentiating between benign and malignant caruncular lesions may represent a diagnostic challenge, and excisional biopsy remains the gold standard when malignancy is suspected. This study aims to characterize the clinical, dermoscopic (at 20x and 400x magnification), and reflectance confocal microscopy (RCM) features of lacrimal caruncle lesions to identify diagnostic criteria that may enhance accuracy and reduce the need for invasive procedures.

Materials & Methods: We conducted a multicenter retrospective analysis of 55 caruncular lesions from 53 patients (mean age: 47.2 years; 52.8% female) with clinical examination, dermoscopic, and RCM assessment. Histopathological confirmation was obtained for 7 lesions, while the remaining cases demonstrated no significant changes over a minimum follow-up of one year.

Results: Overall, 32 lesions located on the caruncle and 23 involving the adjacent semilunar fold. Standard dermoscopy of benign lesions revealed well-defined borders (74%), uniform pigmentation (66%), homogeneous patterns (56%), presence of dots (54%) and globules (46%), with coloration predominantly light brown (32%) or dark brown (24%). Symmetry in both pattern and color was observed in 82% of benign cases. Arborizing vessels were the most frequently observed vascular structures (28%). The melanoma case demonstrated complete pigmentation, poorly defined borders, asymmetry, dark brown dots and globules, a homogeneous light brown pattern, and a tortuous vascular pattern. At magnified dermoscopy, benign lesions exhibited small round brown cells (70.4%), homogeneous cellular patterns (88.9%), and dendritic brown cells (37%). In contrast, the melanoma displayed small and large round pigmented cells as well as dendritic pigmented cells. RCM analysis of benign lesions showed homogeneous cellular architecture in 94.2% of cases, with hyper-reflective round cell nests in the stroma present in 80.8%. Additional findings included dilated vessels, hair follicles (48.1%), Emmental-like stromal architecture (36.5%), and hypo-reflective stromal cell nests (36.5%). Smaller hyper-reflective round cells were observed in suprabasal (25%) and basal layers (11.5%), along with dendritic hyper-reflective cells. Melanophages and epithelial disorganization were infrequent. In contrast, the melanoma was characterized by irregular cell architecture, large hyper-reflective cells in suprabasal and basal layers, dendritic hyper-reflective cells of varying sizes, and prominent stromal nests with dilated vessels.

Conclusion: Our study describes the dermoscopic and RCM features of caruncle lesions. The presence of large, pigmented round cells under 400x dermoscopy and RCM may represent a diagnostic marker of malignancy. These findings suggest that advanced imaging techniques such as dermoscopy and RCM may significantly improve the non-invasive diagnosis of caruncular lesions, aiding in the early detection of malignancy and potentially reducing the need for surgical biopsies.

Abstract N°: 8214

A Case of Mycosis Fungoides Mimicking Morphea in the Early Stage

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Introduction & Objectives:

Mycosis fungoides (MF), the most common variant of cutaneous T-cell lymphoma, typically presents with patch and plaque lesions in its early stages. In approximately 30% of patients, these lesions progress over time. Morphea, by contrast, is a fibrosing and inflammatory disorder that affects the dermis and subcutaneous fat. Early-stage morphea presents as erythematous patches and plaques, whereas later stages are characterized by asymmetrical sclerotic plaques of varying sizes. Both MF and morphea can mimic a broad spectrum of inflammatory dermatoses and may, in certain cases, closely resemble each other, rendering the differential diagnosis particularly challenging. In such cases, repeated skin biopsies, detection of T cells with aberrant immunophenotypes, and T-cell receptor (TCR) gene rearrangement studies to assess clonality can assist in establishing a definitive diagnosis. In this case report, we present a patient with MF initially misdiagnosed as early-stage morphea and aim to underscore the diagnostic pitfalls associated with these two overlapping clinical entities.

Materials & Methods:

A 77-year-old female patient presented to our clinic with complaints of widespread bruising and indurated lesions on the body. Approximately 1.5 years earlier, she had presented to another clinic, where a few erythematous patches were noted on physical examination. A punch biopsy performed at that time was reported as consistent with deep morphea. The patient was managed with topical corticosteroids and did not return for follow-up due to the asymptomatic nature of the lesions. After 1.5 years, she returned to our clinic due to progression and induration of the lesions.

Current dermatological examination revealed tumoral lesions, the largest measuring 4 × 4 cm, located on the frontal region, right wrist, and right ankle. Additionally, livid erythematous patches and plaque lesions were observed on the chin, anterior trunk, bilateral axillary regions, medial aspects of the arms, inguinal regions, and medial thighs. Punch biopsy specimens obtained from the lesions were histopathologically consistent with the tumoral stage of mycosis fungoides (MF). Peripheral blood smear analysis revealed 12% atypical cells. Further diagnostic workup was initiated, and a hematology consultation was obtained. Chemotherapy was subsequently planned for the patient.

Conclusion:

Early-stage mycosis fungoides (MF) typically presents as erythematous patches affecting sun-protected areas and can closely mimic a range of inflammatory dermatoses. In our case, the initial clinical and histopathological findings were non-diagnostic for MF and were interpreted as consistent with morphea. Similar diagnostic challenges between MF and morphea have been documented in the literature. Therefore, patient education, close clinical follow-up, and further diagnostic evaluations in cases of persistent or progressive lesions are essential for establishing an accurate diagnosis and ensuring appropriate management.

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Abstract N°: 8236

Mycosis Fungoide Lichen Planus Like : A Rare Clinical and Histopathological Entity

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common form of cutaneous T-cell lymphoma (CTCL). In its classic form, it presents as macules, infiltrated plaques, tumor-like lesions, or even erythroderma. However, it can also manifest in various clinical and histopathological forms, mimicking inflammatory dermatoses such as eczema, psoriasis, and lichen planus. We report a case of a rare variant of MF, namely lichenoid MF.

Materials & Methods:

Results:

A 69-year-old man, Mr. H.E., with no significant medical history, presented with a generalized pruritic skin eruption that had been evolving for the past 3 years, with no other signs of systemic involvement. Dermatological examination revealed erythematous-violaceous infiltrated plaques, with Wickham's striae observed on dermoscopy. Skin biopsy showed a nonspecific lichenoid dermal infiltrate, leading to a provisional diagnosis of lichen planus. As part of the management, UVB phototherapy and topical corticosteroids were initiated. One year later, during follow-up, clinical examination revealed diffuse lymphadenopathy. Multiple punch skin biopsies (from 3 sites) were performed, revealing slight epidermotropism with atypical lymphoid cells at the basal membrane, as well as dermal sclerosis with atypical lymphoid proliferation composed of small to medium-sized cells. Immunohistochemical analysis showed dermo-epidermal lymphoid cells expressing anti-CD3 and anti-CD4 antibodies, while losing the expression of anti-CD5, CD7, and CD8 antibodies. A blood smear showed 1,635/µL Sezary cells, and a chest-abdomen-pelvis CT scan revealed deep supradiaphragmatic and subdiaphragmatic lymphadenopathy without visceral involvement. Based on clinical, biological, histological, and radiological findings, the diagnosis of stage 4A1 lichenoid MF (T2N2M0B2) was confirmed. The patient was then treated with three cycles of GEMOX chemotherapy, followed by weekly methotrexate injections (20 mg).

Conclusion:

Lichenoid MF is a rare variant of cutaneous T-cell lymphoma. The histopathology of this variant shows lichenoid infiltrates that resemble lichen planus. This case presents a significant diagnostic challenge for dermatologists and pathologists. It is essential to consider the clinical presentation, perform multiple skin biopsies, and use immunohistochemical studies to achieve an accurate and early diagnosis, which can improve the prognosis.

Abstract N°: 8246

Pediatric dermatofibrosarcoma: A case of unusual scalp localization

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Introduction & Objectives:

Dermatofibrosarcoma (DFS) is a rare, low-grade mesenchymal tumor known for its locally aggressive nature. Predominantly affecting young adults, its occurrence in pediatric patients is exceptionally rare, presenting significant diagnostic and therapeutic challenges. This study aims to examine the clinical presentation, histopathological characteristics, and management strategies for DFS in children, with an emphasis on enhancing early diagnosis and treatment outcomes.

Materials & Methods:

Results:

A 13-year-old child, with no significant medical history, presented to our department with a multinodular scalp lesion that had been evolving over the past three years, progressively increasing in size. The lesion initially appeared as a small nodule around the age of 10 and gradually expanded to form multiple contiguous nodules.Clinical examination revealed a multinodular, erythematous tumor measuring approximately 4 cm in diameter. It consisted of three closely associated nodules with an irregular, bumpy surface. The lesion was indurated, firm, and infiltrated into the surrounding tissues. Palpation revealed moderate tenderness, indicating a painful component.Paraclinical findings showed normal bone mineralization on skull radiography, with no osteolytic or osteosclerotic lesions. Cerebral MRI identified a dermo-hypodermic tissue lesion on the right scalp, without evidence of bone or intracranial invasion. Lymph node ultrasound revealed sub-centimetric lymph nodes with preserved architecture, and no suspicious adenopathy or signs of necrosis.The therapeutic decision was to proceed with surgical excision using the Mohs technique. Histopathological examination confirmed the diagnosis of dermatofibrosarcoma. The specimen showed a monomorphic proliferation of fusiform cells arranged in a storiform pattern, without significant atypia. The lateral resection margins were clear, but the deep margin was involved at the aponeurotic plane. A surgical revision was then carried out to ensure complete resection and clear the involved deep margin

Conclusion:

Dermatofibrosarcoma (DFS) is exceptionally rare in children and underrecognized, with the potential to present with atypical clinical features. In our case, DFS manifested unusually on the scalp, a location less commonly affected compared to the trunk and extremities, which are more frequently involved in both adults and children. Although pediatric DFS shares clinical and histopathological features with its adult counterpart, its rarity in children requires a particularly careful and individualized therapeutic approach. In this instance, Mohs micrographic surgery was chosen, a technique that optimizes tumor clearance while preserving healthy tissue. Early diagnosis, combined with complete resection, remains essential to minimizing the risk of recurrence and ensuring an improved long-term prognosis.

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Abstract N°: 8262

Melanoma as a Hematologic Carcinogenic Amplifier: Epidemiologic, Genetic, and Immunologic Insights

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Introduction & Objectives:

Despite constituting only 4.56% of global skin cancer cases in 2021, melanoma accounted for 58.06% of disability-adjusted life years among skin cancers, reflecting its disproportionate mortality burden compared to basal- and squamous-cell carcinomas. A December 2024 meta-analysis (n=499 061) revealed bidirectional associations between cutaneous melanoma and hematologic malignancies (standardized incidence ratios 1.25–3.12 post-melanoma; 0.83–4.12 post-hematologic malignancy) but was limited by extreme heterogeneity and variable cohort designs. We sought to quantify, in a demographically balanced cohort, the association between malignant melanoma and comorbid leukemia, lymphoma, and multiple myeloma, and to explore shared genetic and immunologic pathways.

Materials & Methods:

We leveraged the NIH All of Us Research Program to identify melanoma cases via SNOMED code 372244006 and/or ICD-10-CM C43; blood cancers via SNOMED/ICD-10-CM codes 93143009/C95.90 (leukemia), 118600007/C81-C96 (lymphoma), and 109989006/C90.0 (multiple myeloma). Cases were matched 1:4 to controls by nearest-neighbor propensity-score matching on sex, age, race/ethnicity, income, and education. Fisher's exact test and unpaired t-test compared categorical and continuous variables, respectively. Multivariate logistic regression models estimated odds ratios (ORs) and 95% confidence intervals (CIs), adjusting for age, sex, race/ethnicity, income, and education; statistical significance was set at $p<0.05$ with 95% CI.

Results:

Among 2,288 melanoma cases (mean age 73.8 years; 49.0% male) and 9,152 matched controls, univariate analysis demonstrated significant associations between melanoma and leukemia (OR 3.54; 95% CI 2.53–4.95; $p<.01$), lymphoma (OR 3.94; 95% CI 3.04–5.12; $p<.01$), and multiple myeloma (OR 6.63; 95% CI 4.54–9.68; $p<.01$). After adjustment for covariates, these associations remained significant: leukemia (OR 2.01; 95% CI 1.48–2.70; $p<.01$), lymphoma (OR 1.78; 95% CI 1.42–2.23; $p<.01$), and multiple myeloma (OR 3.29; 95% CI 2.39–4.51; $p<.01$).

Conclusion:

Malignant melanoma confers a two- to three-fold increased risk of hematologic malignancies, supporting shared genetic (TP53, CDKN2A, ATM) and immunologic (PD-1/CTLA-4 dysregulation, IL-6/TGF-β signaling) mechanisms. These findings underscore the need for multidisciplinary surveillance—including hematologic monitoring and genetic screening—in melanoma survivors and warrant mechanistic studies to inform targeted interventions.

Abstract N°: 8309

Title: Complete Remission of Inoperable Cutaneous Squamous Cell Carcinoma with Regional and Muscular Metastases following Cemiplimab Therapy

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Introduction & Objectives:

Cutaneous (c) squamous cell carcinoma (SCC) is the second most common form of skin cancer and can be life-threatening in its advanced stages. In patients with locally advanced or metastatic disease not amenable to surgery or radiotherapy, immunotherapy with PD-1 inhibitors has emerged as a novel therapeutic strategy. This case report aims to illustrate a complete remission of inoperable cSCC with lymph node and sof tissue metastases under cemiplimab monotherapy and to contribute real-world data to the growing body of evidence supporting its efficacy.

Materials & Methods:

A 79-year-old male presented in March 2023 with a 12 × 10.5 cm ulcerated, bleeding pre-sternal tumor that had been progressively enlarging over the previous 3–4 years, accompanied by systemic symptoms such as fatigue, unintentional weight loss and clinical signs of superinfection. CT imaging revealed a large pre-sternal soft tissue mass with infiltration of the pectoralis major, retrosternal necrotic lymph node conglomerates, suspected rib erosion and bilateral axillary lymph node metastases. The histological examination confirmed a poorly differentiated, non-keratinizing SCC (G3, pTxN3M0, R1). Due to the inoperable nature of the tumour, neoadjuvant immunotherapy with cemiplimab (350 mg iv every 3 weeks) was initiated.

Results:

Following 23 cycles of cemiplimab administered over approximately 16 months, imaging with CT and ultrasound showed in August 2024 progressive and ultimately complete remission of both the primary tumour and all regional lymph node metastases. Additionally, no new metastases developed during this period. Parallel histopathological evaluation with four biopsy samples taken from the original tumour site revealed absence of residual malignancy. The only immune-related adverse event observed during treatment was a lichenoid dermatitis, successfully managed with topical corticosteroids. Furthermore, the patient experienced normalization of initially elevated liver enzymes and inflammatory markers, along with overall improvement of his general condition.

Conclusion:

This case demonstrates a complete remission of inoperable, metastatic cSCC under cemiplimab monotherapy. The successful resolution of the infiltration of pectoralis major and lymph node metastases and histological clearance of the primary tumour underscore the importance of PD-1 inhibition as a curative-intent option in patients unsuitable for conventional treatments.

Abstract N°: 8311

Recurrent Trichoblastic Carcinoma of the Scalp in an Adult

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Introduction & Objectives:

Trichoblastic carcinoma is an aggressive malignant adnexal tumor whose progression may be marked by recurrences, making management challenging. We report the case of recurrent trichoblastic carcinoma of the scalp in an adult.

Materials & Methods:

A 62-year-old patient with a history of mycosis fungoides presented with a large, ulcerated scalp tumor that had been evolving over several years. Histological examination of the initial skin biopsy suggested basal cell carcinoma. The patient underwent surgical excision. However, histological analysis of the excised specimen favored a diagnosis of trichoblastic carcinoma. A full-body CT scan (head, chest, abdomen, and pelvis) showed no abnormalities.

The disease course was marked by three recurrences, each managed with surgery and radiotherapy. During the fourth recurrence, the patient declined further surgery and discontinued follow-up.

Results:

Trichoblastic carcinoma is a rare and aggressive malignant adnexal tumor, typically affecting males around 65 years of age, as in our case.

Clinical presentation is often nonspecific, and the lesion is frequently misdiagnosed as basal cell carcinoma (BCC), both clinically and on initial biopsy. The definitive diagnosis is usually made on the excision specimen.

Histological features distinguishing it from BCC include the absence of retraction spaces, no connection to the overlying epidermis, a hypercellular fibrous (non-myxoid) stroma, more pronounced keratinization, and deeper tumor invasion.

Prognosis is poorer than for BCC due to higher risks of recurrence and distant spread.

There are no established treatment guidelines. Surgical excision is the recommended approach, but often proves insufficient due to high recurrence rates, requiring repeated surgeries.

In locally advanced or inoperable cases, radiotherapy is an alternative. Recently, vismodegib has shown promising results in advanced forms.

In our patient, initial surgical management was followed by multiple recurrences. The scalp location contributed to therapeutic challenges, ultimately leading the patient to discontinue follow-up.

Conclusion:

Trichoblastic carcinoma is a rare malignant adnexal tumor that may represent a diagnostic and therapeutic challenge for clinicians in certain cases.

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Abstract N°: 8357

Disease-Specific Survival in Patients with Invasive Amelanotic Melanoma: Insights from SEER Database Analysis (2000-2021)

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Introduction & Objectives:

Amelanotic melanoma (AM) is an uncommon but aggressive subtype of melanoma lacking visible pigmentation, which often results in delayed recognition and advanced-stage diagnosis. While earlier studies suggested poorer outcomes for AM compared to melanotic melanoma (MM), updated survival patterns in the context of modern therapeutic advancements remain unclear. This study aimed to evaluate disease-specific survival (DSS) and prognostic factors in AM using contemporary data from the Surveillance, Epidemiology, and End Results (SEER) 17 registry spanning 2000 to 2021.

Materials & Methods:

We conducted a retrospective population-based cohort study including patients with histologically confirmed invasive cutaneous AM and MM, identified via ICD-O-3 histology and site codes (C44.0–C44.9). We excluded cases with missing survival or cause-of-death data from DSS analysis. Missing tumor stage data (6%) was addressed using multiple imputation. Kaplan–Meier survival curves and Cox proportional hazards regression were used to compare DSS between groups, adjusting for age, sex, stage, and year of diagnosis. Stage-stratified analyses were performed within the AM cohort to identify independent prognostic factors.

Results:

We identified 1,598 patients with AM and 417,974 patients with MM. Patients with AM were older at diagnosis, and a higher proportion had advanced stages (regional/distant stages: 26.8% vs. 12.4%). Breslow thickness exceeded 2.00 mm in 42% of AM cases compared to 17% in MM, and ulceration was likely more frequent in AM (35.6% vs. 13.1%).

Five-year DSS was significantly lower for AM (78.6%, 95% CI: 76.3–80.8) compared to MM (91.3%, 95% CI: 91.2–91.4; log-rank test $p<0.001$). Multivariable Cox regression analysis, adjusted for sex, age, and stage, was consistent with an increased mortality risk for AM (adjusted hazard ratio [aHR]: 1.31; 95% CI: 1.16–1.48; $p<0.001$).

Among patients with AM, unadjusted Kaplan–Meier estimates suggested a trend toward higher mortality risk among those with advanced stage, male sex, and diagnoses made before 2011 (Figure 1). In a stage-stratified multivariable Cox regression analysis (Tablble 1), male sex was associated with a higher disease-specific mortality (HR 1.38; 95% CI, 1.07–1.79; $p=0.014$); patients aged 85 and older had a higher mortality compared to those aged 45–64 (HR 1.86; 95% CI, 1.25–2.75; $p=0.002$). Conversely, diagnoses made from 2011 onward were linked to lower mortality (HR 0.55; 95% CI, 0.43–0.70; $p<0.001$). A trend of improved survival over time was also observed in the graphical analysis (Figure 2). For distant metastases, 2-year DSS more than doubled, increasing from 26.4% (95% CI 15.1%-39.1%) for years 2000-2005 to 58.8% (95% CI 37.6%-75.0%) for years 2016-2021. These findings may reflect the impact of immunotherapy on AM outcomes following its initial FDA approval in 2011.

Conclusion:

Limitations included the potential for selection bias inherent to the SEER database and limited follow-up duration for more recently diagnosed cases. Nevertheless, this study underscores the poorer survival outcomes associated with AM compared to MM and highlights a potential survival improvement following the availability of immunotherapy. Further studies with prospective design and comprehensive clinical data are warranted to validate these findings and guide tailored management strategies for AM.

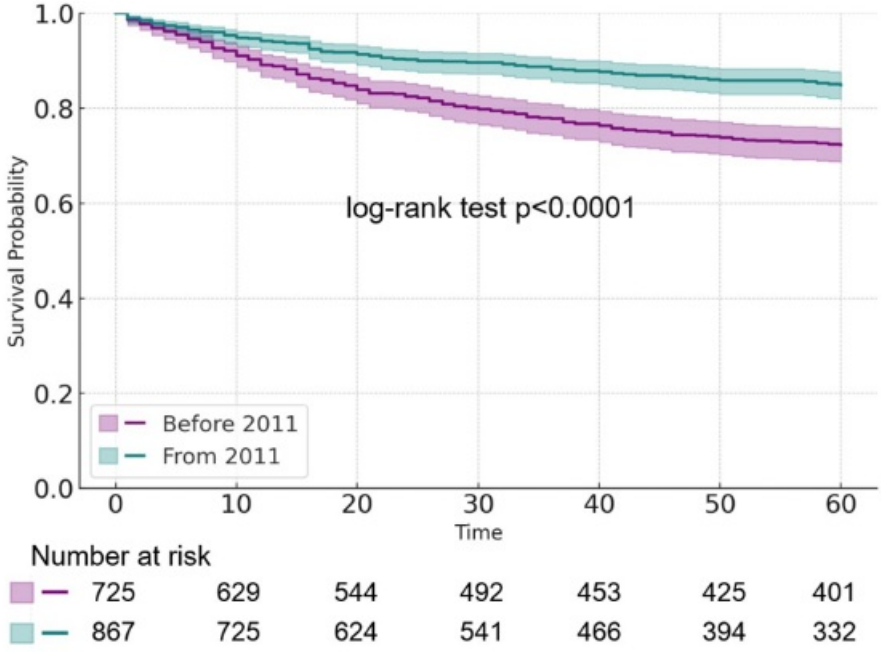

Figure 1. Kaplan–Meier estimates of disease-specific survival by year of diagnosis in patients with amelanotic melanoma (AM), before 2011: 72.3% (95% CI: 68.6-75.6); from 2011: 84.8% (95% CI: 81.8-87.4); log-rank test was significant at p<0.0001.

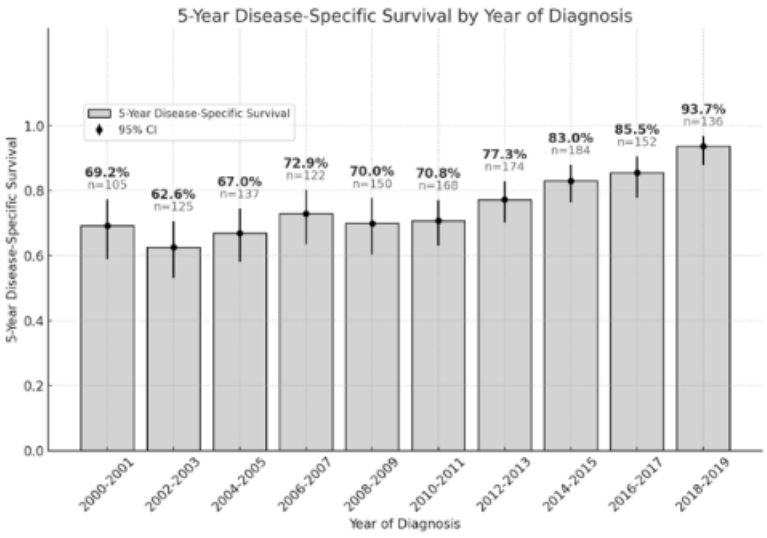

Figure 2. Five-year disease-specific survival by diagnosis year (biennial intervals, 2000–2019) in patients with amelanotic melanoma

Table 1. Stage-stratified multivariable Cox proportional hazards regression analysis of disease-specific mortality among patients with amelanotic melanoma, 2000-2021

Characteristics	HR	95%CI	p
Sex			
Female	1 (reference)		
Male	1.38	1.07-1.79	**0.014**
Age at diagnosis			
0-44	1.08	0.69-1.70	0.713
45-64	1 (reference)		
65-84	1.30	0.98-1.70	0.064
≥ 85	1.86	1.25-2.75	**0.002**
Year of diagnosis			
Before 2011	1 (reference)		
From 2011	0.55	0.43-0.70	**<0.001**

Analyses included 1,592 patients with amelanotic melanoma after excluding 6 patients with missing cause of death from the initial cohort of 1,598. Missing data on tumor stage were addressed using multiple imputations.
CI, confidence interval; HR, hazard ratio.

Abstract N°: 8363

Genomic and clinical characterization of anogenital basal cell carcinoma: a retrospective and prospective cohort study

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Introduction & Objectives:

Anogenital basal cell carcinoma (BCC) is a rare and under-characterised subtype that arises in sun-protected areas. While cumulative ultraviolet (UV) exposure is a well-established risk factor for BCCs, its role in anogenital cases is unclear. The atypical localisation presents unique diagnostic and therapeutic challenges, warranting a tailored clinical approach.

Objective: To investigate the clinical, histological, and genomic characteristics of anogenital BCC.

Materials & Methods:

Patients diagnosed with anogenital BCC between 2006 and 2024 were identified from a nationwide cohort combining retrospective and prospective data. Clinicopathological features were analysed, and whole-genome or whole-exome sequencing was performed for genomic characterisation.

Results:

Among 50 patients (40 female and 10 male), the vulva was the most affected site (n=38, 68%). Three had a history of pelvic irradiation for another malignancy. Nodular (n=23, 46%) and infiltrative subtypes (n=22, 45%) predominated, with 18% of vulvar BCCs developing on lichen sclerosus. Most cases (n=42, 84%) underwent local excisions alone, while three cases (6%) received neoadjuvant hedgehog inhibitors. Recurrence occurred in 15% of treated cases (median follow-up: 7 years). Genomic analyses on 12 samples revealed low tumor mutational burden (TMB = 3.4 mutations/Mb), no UV mutational signatures, frequent *PTCH1* mutations (75%), and activation of the Sonic Hedgehog pathway. *TP53* mutations were rare (16%).

Conclusion:

Anogenital BCCs display distinct clinical, histological, and genomic features, including UV-independence, Sonic

Hedgehog pathway activation, and elevated recurrence rates. These findings support the need for specific diagnostic and therapeutic strategies tailored to this uncommon presentation.

Abstract N°: 8372

Cutaneous T-Cell Lymphoma Mimicking Metastasis in a Patient with Newly Diagnosed Multiple Myeloma

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Introduction & Objectives:

Multiple Myeloma (MM) is a plasma cell proliferative disorder that belongs to a group of terminally differential B lymphoid neoplasms. Mycosis fungoides (MF) is lymphoproliferative disease of a T-cell lineage, it is the most common cutaneous lymphoproliferative disorder.

The simultaneous occurrence of MF (a T-cell lymphoproliferative disorder) and MM (a B-cell lymphoproliferative disorder) in the same patient is unusual, particularly since concurrent diagnosis of both malignancies is exceptionnaly uncommon.

We report a case of a concurrent MM and MF in a patient whose skin lesions were initially suspected to represent cutaneous metastases of myeloma. The improbable association of a T-cell cutaneous lymphoma in a patient with a MM delayed biopsy of skin lesions and subsequent MF diagnosis. This case is notable for its exceptional rarity, raising questions about shared immunological alterations, and to improve clinical awareness of this association that could be overlooked.

Materials & Methods:

A 76-year-old man with a history of arrhythmia presented in September 2024 with extreme fatigue, bone pain and generalized erythemato-squamous plaques progressing to involve the entire body.

Initial hematological workup revealed pancytopenia, and electrophoresis of serum protein detected an IgG kappa monoclonal gammopathy confirmed by immunofixation. Bone marrow biopsy demonstrated 25% plasmocytosis, supporting a diagnosis of multiple myeloma (MM).

Cutaneous lesions were initially thought to be myeloma metastases or sarcoidosis. Despite multiple dermatological referrals, a skin biopsy was not performed. The patient presented to our hospital in December 2024, a skin biopsy with immunohistochemistry confirmed mycosis fungoides diagnosis.

Results:

The coexistence of a peripheral T-cell malignancy and a B-cell malignancy, two clonal neoplasms of distinct lymphoide lineages is uncommon, but has been reported. Few case series have been reported, speculating that the incidence of the coexistence is greater than chance, mplying that a possible association could exist. Nevertheless, the cases reported are often cases of a secondary B-cell malignancies after a diagnosis of T-cell peripheral lymphoma diagnosis. It has been speculated that patients with a mycosis fungoides have a higher risk to develop a second malignancy, and also that the immune suppression induced by drug therapy could be responsible.

In our patient, a simultaneous diagnosis of a multiple myeloma and mycosis fungoides was made. Since the two diagnosis were simultaneous, this association raises an interesting question regarding the original immunological alteration at cause . Could it be a same lymphoid precursor with aberrations that induce the development of both clonal diseases, or a fortuitous association?

It is the modern molecular techniques that could answer the question, as a plausible explanation could be a common origin of both malignancies from a neoplastic stem cell, or genetic events predisposing the two cell lineages to acquire malignancies.

Conclusion:

To conclude, this exceptional co-occurrence of a multiple myeloma and mycosis fungoïdes in the same patient is interesting from the clinical point of view, to raise awareness among clinicians to this possible diagnosis, and also from an immunological point of view, to better understand on the molecular level the alterations at the origin of these neoplasms.

Abstract N°: 8405

Melanin and Misconceptions: A Deep Dive into Sunscreen Perceptions

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Introduction & Objectives:

It is known that clinical outcomes of melanoma are worse among patients with skin of colour (SOC). This disparity is suspected to arise from delayed diagnoses and subsequent treatment. Current research suggests there is inadequate dermatologic health literacy amongst SOC patients with respect to sun-health behaviours. Sunscreen use is a critical component of skin health, providing protection against ultraviolet radiation and reducing the risk of skin cancer and photoaging. However, perceptions and attitudes toward sunscreen among individuals with SOC remain underexplored. Often patients refer to social media as a primary source of dermatology medical advice.(1) However, the lack of regulated health-related posts on social media can be a catalyst for misinformation. TikTok is a social media giant with an influential space- there is an estimated 900 million users globally. Therefore, this study examines the perceptions, barriers, and trends in sunscreen use among SOC populations, as portrayed in TikTok content.

Aims:

To analyse key themes, concerns, and engagement metrics of TikTok videos discussing sunscreen in the context of SOC, in order to uncover perceptions, preferences, unmet needs and knowledge gaps regarding sun protection SOC patients.

Materials & Methods:

A cross-sectional content analysis was conducted on the top 50 relevant TikTok videos using hashtags such as #SunScreen #SkinofColour, and related posts. Metrics such as likes, shares, comments, creator demographics and views were analysed. Qualitative analysis of video content to identify recurring themes formed a thematic analysis.

Results:

Thematic analysis revealed the following themes: 1).**Barriers to Sunscreen Use**: Common challenges include a white cast, greasy textures, and misconceptions about the need for sunscreen in melanin-rich skin. 2). **Educational Content**: Dermatologists and skincare influencers frequently emphasised the benefits to sunscreen use- hyperpigmentation, skin cancer. Myths were primarily debunked by dermatologists. 3) **Product Recommendations**: Videos recommending tinted or chemical sunscreens garnered high engagement. Products with formulations combating and reducing the risk of pigmentation, melasma and post-inflammatory hyperpigmentation were popular. SOC users were more likely to engage in the comments and with video content that addressed their specific needs. 4). **Misinformation**: However, debunking misleading claims, such as the notion that melanin provides sufficient protection from ultraviolet rays, were also observed in viral videos.

Conclusion:

By uncovering the unique needs and challenges faced by SOC individuals, we aim to improve culturally competent patient education and promote effective sun protection practices across diverse populations.

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Abstract N°: 8567

ALK-positive histiocytosis in a 16-year-old boy with Cowden syndrome

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Introduction & Objectives:

ALK-positive histiocytosis is a rare histiocytic proliferation associated with ALK gene rearrangement, especially KIF5B-ALK fusions, first described by Chan in 2008. The clinical manifestation of the disease is heterogeneous and may be related with hematopoietic and neurologic involvement. Cutaneous ALK-positive histiocytosis usually presents as slowly growing papules or nodules. Due to the nonspecific clinical presentation of skin lesions, correlation with the histopathological image is essential to make the diagnosis.

Materials & Methods:

A 16-year-old boy was referred to Dermatology Outpatient Clinic due to a pink tumour of the left arm. He was previously diagnosed with Cowden syndrome confirmed with genetic testing. Clinically, a non-pigmented nodule of the left arm was observed. Histopathological examination allowed for the diagnosis of ALK-positive histiocytosis. The patient was later referred to Pediatric Hematology Department for further diagnostics. Brain MRI and PET scan showed no signs typical for systemic histiocytosis.

Results:

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Conclusion:

ALK-positive histiocytosis should be taken into consideration in the differential diagnosis of non-pigmented skin nodules. Patients diagnosed with this disease require extended diagnostic evaluation to search for signs of internal organs involvement, including the central nervous system.

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Abstract N°: 8574

A case of primary cutaneous anaplastic large cell lymphoma in black skin

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Introduction & Objectives:

Primary cutaneous anaplastic large cell lymphoma (PC-ALCL) is a CD30+ lymphoproliferative disorder (LPD) of the skin, accounting for approximately 8% of primary cutaneous lymphomas. It generally carries a relatively good prognosis without extra cutaneous disease.

Individuals with darker skin types appear to have up to twice the risk of developing cutaneous T-cell lymphoma compared to those with lighter skin types. Here, we report a case of primary cutaneous CD30+ anaplastic large cell lymphoma in a dark-skinned patient.

Case report:

A 39-year-old man with dark skin (phototype VI), with no notable medical history, was referred for multiple rapidly progressive ulcerated papulonodular lesions on the fourth finger of the right hand, evolving over the past year and resistant to antibiotic treatment. The lesions gradually extended to the dorsal surface of the right hand. Physical examination revealed multiple confluent ulcerated, vegetative plaques with an infiltrated base, elevated erythematous borders, and a central ulceration, affecting the fourth finger and extending to the dorsal aspect of the right hand. No similar lesions were observed elsewhere, and there were no palpable peripheral lymph nodes or hepatosplenomegaly.

Skin biopsy with immunohistochemistry confirmed the diagnosis of CD30+ ALK- anaplastic large cell lymphoma (ALCL). A PET scan revealed lymph node involvement in the right epitrochlear, brachial, and axillary regions. The lymphoma was classified as T2aN2M0 according to the recently proposed EORTC classification and the staging system (I-IVB or TNM). The patient underwent 18 radiotherapy sessions, resulting in clinical regression of the lesions. After six months of follow-up, no systemic involvement was detected.

Conclusion:

Primary cutaneous anaplastic large cell lymphoma (PC-ALCL) is a rare CD30+ T-cell lymphoma, typically ALK-negative, presenting as solitary or multiple nodules or plaques in older adults. Distinguishing PC-ALCL from systemic ALCL with secondary skin involvement is crucial for proper management. In cases without spontaneous regression, radiotherapy is preferred for localized disease, while methotrexate is first-line for multifocal forms. Alternative treatments include interferon-alpha, bexarotene, or, rarely, CHOP chemotherapy. Therapeutic decisions in extracutaneous involvement should involve a multidisciplinary tumor board. This case emphasizes the importance of early and accurate diagnosis. Favorable outcomes are achievable with appropriate treatment, though long-term follow-up remains essential due to risk of recurrence.

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Abstract N°: 8578

Infiltrating Lobular Carcinoma of the Breast: When the Dermatologist Is on the Front Line

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Introduction Cutaneous involvement by breast cancer is rare and most often associated with invasive ductal carcinoma, presenting as nodular lesions, peau d'orange retraction, or carcinomatous lymphangitis, typically during recurrence. We report an atypical case of cutaneous infiltration revealing a much rarer form of breast cancer.

Case Report A 65-year-old woman with no significant personal or family medical history presented with a slowly enlarging, pruritic erythematous plaque in the lower inner quadrant of the right breast, evolving over two years. A topical corticosteroid prescribed by her general practitioner was ineffective. A mammogram performed three weeks earlier was normal. Clinical examination revealed a painless, pink-yellowish infiltrated plaque (Figure 1). Dermoscopy showed a lupoid pattern with peripheral telangiectatic vessels (Figure 2). These features initially suggested a granulomatous disorder, such as sarcoidosis or annular granuloma. Skin biopsy revealed a dermo-hypodermic infiltration by tumor cells expressing CK7 and GATA3, with loss of E-cadherin expression, consistent with an infiltrating lobular carcinoma of breast origin (Figures 3 and 4). Immunohistochemistry showed strong hormonal receptor expression (estrogen 90%, progesterone 40%) and negative HER2 status (Figure 5). Breast MRI revealed a retractile infiltrating lesion with architectural distortion in the lower inner quadrant of the right breast, measuring 46 × 19 × 15 mm, in contact with the skin, classified ACR 6, confirming the diagnosis of infiltrating lobular carcinoma, staged as pT4bN0. The patient underwent total mastectomy followed by adjuvant chemotherapy, radiotherapy, and long-term aromatase inhibitor therapy.

Discussion Infiltrating lobular carcinoma is rare, accounting for only about 10% of breast cancers. Diagnosis is challenging due to its frequent invisibility on mammography, which has a sensitivity of only 34%—dropping to 11% in dense breast tissue, as in our patient. Loss of E-cadherin expression leads to poor cellular cohesion and diffuse stromal infiltration during tumor growth. MRI is the diagnostic gold standard, with a sensitivity of 60–80%, typically showing a round mass or architectural distortion with segmental or diffuse micronodular enhancement. Bilateral forms are more frequent than in ductal carcinoma.

Conclusion Infiltrating lobular carcinoma remains a diagnostic challenge for oncologists and breast specialists. The lupoid clinical and dermoscopic presentation observed in our patient is original and, to our knowledge, has not been previously described. Any atypical cutaneous lesion of the breast should raise suspicion of a neoplastic origin, particularly in postmenopausal women. A skin biopsy should be performed even in the absence of suggestive breast imaging findings.

Abstract N°: 8590

Verrucous Carcinoma of Interdigital Location: Two Misleading Clinical Presentations

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Introduction & Objectives:

Verrucous carcinoma is a distinct variant of well-differentiated squamous cell carcinoma. We report two cases of interdigital verrucous carcinoma whose clinical presentations posed significant diagnostic challenges.

Materials & Methods:

Case 1:

A 63-year-old diabetic woman had macerated intertrigo in the first inter-digito-palmar space of her right hand, evolving for 5 years and treated with several antifungals without result. The evolution was marked by the appearance of a verrucous tumor lesion with a painful ulceration at the base of the fold, progressively increasing in size. There was no locoregional lymphadenopathy. The rest of the physical examination was unremarkable. The skin biopsy revealed a well-differentiated verrucous squamous cell carcinoma. An extension workup was performed (ultrasound of the ganglionar areas and a thoraco-abdomino-pelvic CT scan), which showed no abnormalities. A wide excision of the lesion was performed.

Case 2:

A 61-year-old woman with no particular medical history presented with macerated intertrigo in the 4th inter-toe space of the right foot, evolving for 2 years. Several antifungal treatments had been prescribed but without complete remission. A year later, she began to develop a verruciform proliferation with a small ulceration at the base of the fold, progressively increasing in size without a tendency to regress. Two biopsies were performed, suggestive of a common wart, and she received two sessions of cryotherapy. The lesion continued to grow further, and the ulceration presented with infiltrated borders occupying the entire right inter-toe space, slightly extending onto the dorsum and sole of the foot. A 3rd biopsy was performed, revealing verrucous squamous cell carcinoma. The extension workup was negative, and the patient was referred to traumatology for surgical management with carcinologic excision margins.

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Results:

Verrucous carcinoma is a rare tumor that most often occurs in the last two inter-toe spaces. Chronic maceration and inflammatory conditions were considered the main favoring factors for its occurrence in the inter-toe area. In this location, the clinical and histological features are often misleading, which can lead to diagnostic delays with an average delay varying between 2 and 20 years. Clinically, it can present as intertrigo erosive refractory to treatment or as a budding, ulcero-budding, or verrucous tumor. Biopsies must be repeated, multiple, large, and deep. The evolution is essentially local with a risk of bone lysis. Distant metastases are rare. Treatment is surgical; wide excision or even amputation of the foot is often necessary. Clinical follow-up of these patients is very important because recurrences remain frequent.

Conclusion:

Diagnostic error is related to the misleading appearance of the pathology and the fact that it is rare in this location, and the practitioner should not hesitate to repeat the biopsy iteratively.

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Abstract N°: 8644

Squamous Cell Carcinoma of the Foot Involving the Nail Plate: Report of Two Cases

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Introduction & Objectives:

Squamous cell carcinoma (SCC) is the second most common malignant skin tumor. Though rarely localized on the toes, it is the most common malignant tumor affecting the nail plate. Early symptoms are non-specific and can mimic other benign nail diseases, which often leads to delayed diagnosis. We present two cases of SCC involving the nail plate of the fifth toe.

Materials & Methods:

Case 1: A 62-year-old female presented with pain in the fifth toe of the left foot, which had persisted for three years and was followed by nail separation. She had been previously treated with systemic and topical antifungal therapy for five months without improvement. Clinical examination revealed anonychia and a yellowish-brown crust at the site of the missing nail plate. Mycological cultures were negative on two occasions. X-ray imaging showed distal lightening of the base of the proximal phalanx of the fifth toe. Histopathological analysis confirmed SCC with moderate nuclear atypia. A partial toe amputation was performed. Histology confirmed that the tumor had not infiltrated the bone. Patient has remained recurrence-free at the one-year-follow-up period.

Case 2: A 66-year-old female patient presented with a growth on the distal phalanx of the fifth toe of the left foot which had appeared one year earlier. She had been treated for several months as *Tinea unguium*. Despite systemic and topical antifungal therapy, no improvement was observed. A clinical examination revealed a verrucous lesion with pronounced hyperkeratosis destroying the nail plate, painful to pressure, and surrounded by livid erythema. Histopathological analysis confirmed a well-differentiated SCC. X-ray imaging showed no bone involvement. A partial toe amputation was performed. No recurrence was observed during a four-year-follow-up period.

Results:

Due to its rarity and nonspecific clinical presentation subungal SCC is frequently misdiagnosed as benign conditions, such as onychomycosis or viral warts, leading to significant delays in diagnosis. Although chronic inflammation is a known etiological factor for development of SCC, a direct link between persistent onychomycosis and SCC has not been established.

Conclusion:

Despite its low metastatic potential, subungual SCC can exhibit local aggressiveness, including bone invasion, underscoring the importance of early recognition and appropriate surgical management. Histopathological examination remains the gold standard for SCC diagnosis and is indicated for any nail abnormality unresponsive to topical therapy.

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Abstract N°: 8650

Assessment of IL-4, IL-5, and IL-13 Cytokine Expression and IL-4 Gene Polymorphism in Patients with Mycosis Fungoides

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Introduction & Objectives:

Mycosis fungoides (MF), the most common cutaneous T-cell lymphoma, demonstrates a cytokine profile shift from Th1 dominance in early stages to Th2 polarization in advanced stages and Sézary syndrome. Th2 cytokines, including IL-4, IL-5, IL-10, and IL-13, are known to promote eosinophilia and elevated IgE levels. Dupilumab, an IL-4 receptor alpha blocker used in atopic dermatitis, has been associated with MF progression in some cases, raising questions about cytokine pathway involvement and possible receptor polymorphisms.

Materials & Methods:

This study included 21 MF patients followed at a Phototherapy Unit of an University Hospital. IL-4, IL-5, and IL-13 expression was assessed via immunohistochemical staining of diagnostic tissue samples. Thirteen breast cancer patients provided healthy control tissues from the re-excision of healthy tissue samples. IL-4 receptor gene polymorphism analysis was performed in both groups. Expression intensity and percentage were compared by disease stage and between MF and control groups.

Results:

Of the 21 MF patients (10 female, 11 male; mean age 55.8 ± 14.2 years), IL-4 expression intensity and percentage increased significantly with disease stage ($r = 0.57$, $p = 0.006$; $r = 0.45$, $p = 0.04$). IL-5 expression showed no significant stage correlation. Compared to controls, MF patients had significantly higher IL-4 staining (intensity: 2.00 vs. 0.00, $p < 0.001$; percentage: 43.3% vs. 0.0%, $p < 0.001$). IL-5 levels were also elevated in MF but not significantly. IL-13 could not be evaluated due to staining failure. No IL-4 receptor polymorphisms were detected in either group.

Conclusion:

Our findings confirm a stage-dependent increase in IL-4 expression in MF, independent of IL-4R polymorphisms. Reports of MF progression during dupilumab therapy highlight the need for caution and further investigation of cytokine signaling in CTCL.

Abstract N°: 8758

Rare Co-occurrence of Mycosis Fungoides and Hodgkin's Lymphoma: A Case Report

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common form of primary cutaneous T-cell lymphoma (CTCL), characterized by the clonal proliferation of malignant CD4+ T-cells in the skin. Patients with MF have an increased risk of developing secondary hematologic malignancies, particularly Hodgkin's lymphoma (HL). The coexistence of these two distinct lymphomas is exceptionally rare, with only a few cases reported in the medical literature. This report aims to describe a rare case of simultaneous MF and HL, discussing the potential mechanisms underlying their co-occurrence. The objective is to emphasize the need for close monitoring and multidisciplinary management in such complex cases.

Materials & Methods:

We present the case of a 56-year-old male who was referred to our clinic with a 4-year history of violaceous, indurated plaques localized to the face, trunk, and limbs. Initially diagnosed with lichen planus based on clinical and histopathological examination, the patient was treated with topical and systemic corticosteroids, leading to initial improvement. However, the lesions recurred when corticosteroid doses were tapered. Given the persistent nature of the lesions and the atypical response to treatment, a second skin biopsy was performed, which confirmed the diagnosis of MF with histopathological findings consistent with CTCL. The patient was subsequently treated with oral acitretin, phototherapy, and topical steroids, leading to transient improvement. However, the disease progressed, and he developed skin tumors and laterocervical adenopathy. A lymph node biopsy was performed to investigate the adenopathy, revealing features characteristic of HL, including Reed-Sternberg cells. Imaging studies revealed no visceral involvement.

Results:

Despite the initial therapeutic response, the patient experienced disease progression, including development of skin tumors and appearance of laterocervical adenopathy. A lymph node biopsy confirmed HL with the presence of Reed-Sternberg cells and fibrosis. The patient was informed about the available treatment options, including chemotherapy and radiation therapy, but he refused further treatment and was lost to follow-up. The co-occurrence of MF and HL was confirmed through histopathological and imaging findings. This case illustrates the rare simultaneous occurrence of two genetically distinct lymphomas, potentially related to immune dysregulation, genetic predispositions, or previous therapies.

Conclusion:

This case highlights the rare co-occurrence of MF and HL, two distinct hematologic malignancies. Although the mechanisms underlying this association are not fully understood, immune dysregulation, genetic factors, and environmental influences such as chronic UV exposure are likely contributors. Furthermore, immunosuppressive treatments used in the management of MF, including corticosteroids and phototherapy, may increase the risk of secondary malignancies like HL. Given the potential for secondary hematologic malignancies in patients with CTCL, this case underscores the importance of long-term, vigilant monitoring. Multidisciplinary management involving

dermatologists, oncologists, and hematologists is essential for early detection and optimal care. Close follow-up, including regular biopsies and imaging, is crucial for identifying the development of additional malignancies in patients with advanced MF or those undergoing aggressive treatments.

Abstract N°: 8785

Diffuse Large B-Cell Lymphoma Mimicking Annular Granuloma on the Breasts and Trunk of an Elderly Woman

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Introduction: Diffuse large B-cell non-Hodgkin lymphoma (DLBCL) can present as primary nodal disease or involve extranodal sites such as the gastrointestinal tract, bone marrow, and skin. Cutaneous lesions may be either primary or secondary and commonly affect the limbs and face. The most frequently observed manifestations include tumors, subcutaneous nodules, papular lesions, or indurated plaques.

Case Report: E.C.N., an 82-year-old retired woman, presented to a private dermatology clinic reporting the onset of lesions on the anterior chest and breasts, progressing over the course of one year. She had a history of hypertension, fibromyalgia, and chronic venous insufficiency, and was under continuous treatment with valsartan, clonidine, acetylsalicylic acid, diosmin and hesperidin, duloxetine, and pregabalin. Dermatological examination revealed diffuse, erythematous, annular plaques with some erythematous nodules located on the anterior thorax, involving both mammary and inframammary regions. The differential diagnoses considered included cutaneous lymphoma, drug eruption, erythema annulare centrifugum, and annular granuloma. A skin biopsy of the left breast area was performed for histopathological analysis, which revealed an atypical superficial and deep lymphocytic infiltrate consistent with non-Hodgkin lymphoma. A second biopsy of a cutaneous lesion on the left abdominal region also confirmed atypical lymphoid proliferation. A PET-CT scan was conducted and revealed a lesion in the breast. Further investigation included an additional skin biopsy and core biopsy of the breast nodule, followed by immunophenotyping, which confirmed the diagnosis of high-grade non-Hodgkin lymphoma, favoring diffuse large B-cell lymphoma with a germinal center B-cell–like immunophenotype. The patient was referred to the hematology department, where she underwent chemotherapy and continued follow-up care.

Conclusion: This case highlights the importance of broadening diagnostic consideration when encountering atypical cutaneous lesions, urging healthcare professionals to include cutaneous lymphoma in their differential diagnoses. Furthermore, it underscores the need for a thorough systemic evaluation in suspected cases of cutaneous lymphoma, as delayed diagnosis can significantly worsen the patient's prognosis.

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Abstract N°: 8814

Squamoid eccrine ductal carcinoma treated with Mohs micrographic surgery: A case report and review of literature

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Introduction & Objectives:

Squamoid eccrine ductal carcinoma (SEDC) is a rare cutaneous tumor with both squamous differentiation and adnexal ductal differentiation. It is often misdiagnosed as squamous cell carcinoma and carries a high metastatic rate up to 60%. It occurs most frequently on head and neck, but can also present on trunk, axillae, hands and feet. Elderly and immunosuppressed populations are most commonly affected. SEDC presents with an infiltrative pattern, often invading the dermis and subcutaneous tissue with perineural involvement. There is no recommended guideline for management of SEDC at this time. Wide excision is associated with a high local recurrence rate of 10-70% even in the context of clear margins. Herein we present a unique case of SEDC treated with Mohs micrographic surgery (MMS) and a systematic review of the literature demonstrating how MMS may provide superior margin clearing information and result in lower recurrence rate to be considered a preferred treatment modality for SEDC.

Case: An 88-year old male with a red ulcerated plaque on the upper back was diagnosed with SEDC by shave biopsy then treated with MMS at UC San Diego dermatologic surgery. Microscopic review of Mohs specimen revealed an infiltrative tumor extending from epidermis to dermis and subcutaneous tissue, with aggregates of squamoid neoplastic cells with central lumina, suggesting a ductal differentiation (Figure 1). Clear margins were achieved following the fourth stage. The 65x60mm defect was repaired with an advancement flap. Patient was also referred to cutaneous oncology for further evaluation of lymph node involvement and metastasis.

Methods & Results: A comprehensive literature review was performed using PubMed/MEDLINE to identify case reports and studies related to squamoid eccrine ductal carcinoma recommended management. The search criteria comprised terms such as “squamoid eccrine ductal carcinoma,” “Mohs,” “surgery,” “treatment” and related variations. Only cohort studies and case reports were included in the data analysis. Of the 23 SEDC cases treated with MMS, 3.8% (2/52) had local recurrence (Table 1) compared to 25% with WLE reported at a single institution [van der Horst et al. 2016].

Conclusion:

Because of the rarity of SEDC, there are limited large cohort studies comparing the clinical outcomes of different treatment modalities including conventional excisions and MMS. Despite a limited number of cases and short follow-up period, there was no recurrence of SEDC treated with MMS compared to WLE. Of the 7 prior reports and the 17 cases included in our systematic analysis, 4 patients received adjuvant radiation but none without radiation showed recurrence. Therefore, it is recommended that MMS be considered for removal of SEDC to prevent local recurrence and distant metastasis. MMS may further offer tissue preservation benefit given SEDC are most commonly located on the head and neck.

Figure 1. Histopathologic diagnosis of SEDC on Mohs specimen demonstrating aggregates of squamoid neoplastic cells with central lumina

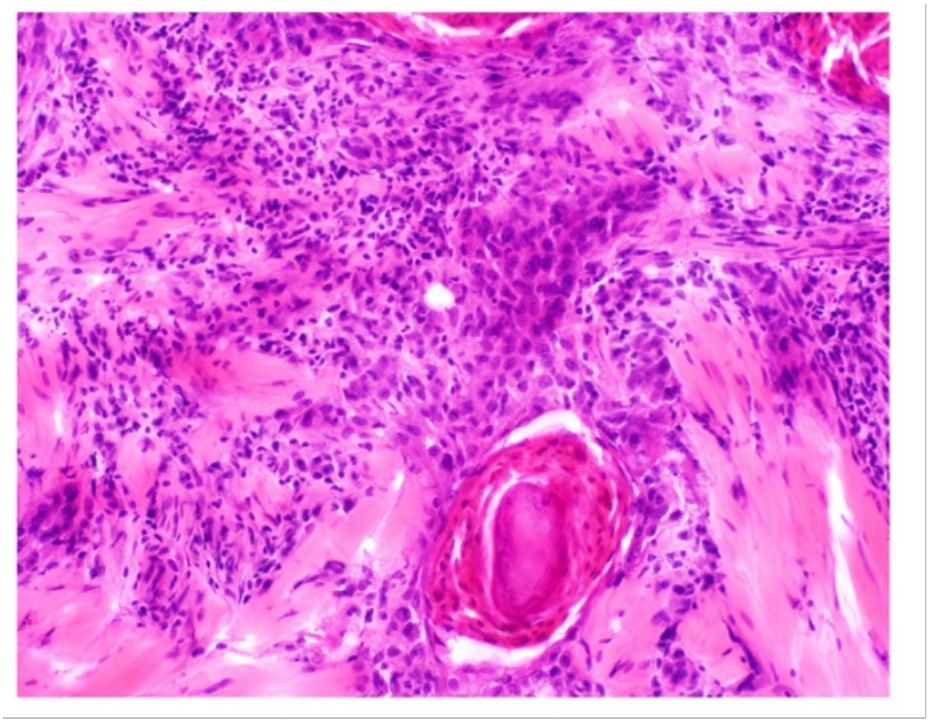

Table 1: Summary of clinical data from seven case reports and series alongside one index case of SEDC treated with MMS

Reference	*Age*	*Sex*	*Location*	*Tumor clinical size (mm)*	*Procedure*	*Adjuvant Radiation*	*Stages to clear margins*	*Final defect size (mm)*	*Follow-up time (months)*	*Local Recurrence*	*Metastasis*
Kim et al. 2005	30	F	Right neck	NR*	MMS	No	1	25x23 in width, 15 in depth	14	No	No
Terushkin et al. 2010	63	M	Left cheek	27x19	MMS	No	NR	NR	10	No	No
Clark et al. 2013	75	M	Left clavicle	1.6	MMS	No	3	33x31 in width	12	No	No
Chow et al. 2021	Mean age 76.9	1M : 2F	H&N 66% (4/6) Extremities 16% (1/6) Trunk 16% (1/6)	Median size 18 (range: 12-35)	MMS	Yes, 33% (2/6)	Median 2 (range: 2-3)	Median size 44.5 (range: 35-70)	Median time 32	No 100% (6/6)	NR
Svoboda et al. 2021	Mean age 81	4M:1F	H&N 100% (5/5)	Median size 20	MMS	Yes, 40% (2/5)	Median 2	Median size 4.5	Median time 10.5	No 100% (5/5)	No
Lim et al. 2022	78	M	Left cheek	32x5	WLE with positive margins followed by MMS	Yes	n/a	NR	Limited follow-up	NR	NR
Eghtedari et al. 2024	82	F	Right cheek	NR	MMS	No	2	NR	12 months	No	No
Index case	**88**	**M**	**Upper back**	**25x24**	**MMS**	**No**	**4**	**65x60 in width**	**96 months**	**No**	**No**

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Abstract N°: 8815

Distinct cutaneous TLR2 and TLR5 expression in Sézary syndrome in relation to idiopathic erythroderma

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Introduction & Objectives: Sézary syndrome (SS) is a leukemia erythrodermic form of cutaneous T-cell lymphoma. Sepsis due to bacterial infections by *Pseudomonas sp*, *Staphylococcus sp* and *Streptococcus sp* has been identified as a significant cause of mortality among these patients. The Toll-like receptors (TLRs) that are responsible for recognition of bacterial components, such as TLR2, TLR4, TLR5 and TLR9, along with the antimicrobial peptides (AMP), including beta-defensin and cathelicidins play a significant role in the innate cutaneous immunity. The investigation of the cutaneous expression of the pattern recognition receptors could provide insight into the understanding of the susceptibility to bacterial infections in patients with SS. Moreover, the role of erythrodermic skin, the cutaneous manifestation in SS, in modulating the TLRs expression remains to be elucidated.

Materials & Methods: We investigated the expression of TLRs of SS patients compared to IE and health donor skin samples. Skin biopsies of SS patients (n = 7; 6 M/1 F), with a median age of 61 years, ranging from 25 to 80 years. Patients with idiopathic erythroderma (IE) (n = 9; 8M/1F) with a median age of 60 (range of 39 to 90 years) and a control healthy donor group (HD, n = 18; all F) with a median age of 48.9 (range of 21 to 77 years), were used as control groups. Skin expression of TLR2, TLR4, TLR5, TLR9, and antimicrobial peptides, such as beta-defensin (BD) and cathelicidin (CATH), were assessed by immunohistochemistry.

Results: We compared the TLR expression levels of the healthy donor control group to the IE skin samples (Figure 1). An up-regulation of TLR2, TLR4, TLR5, TLR9 and BD expression was detected in the epidermal section of IE compared to HD. At the dermal layer, increased expression of TLR4, TLR5, TLR9 were also detected, with the exception of TLR2, which was decreased in IE. Plus, BD expression was increased in the epidermis of the IE group. This finding shows, for the first time, that the erythroderma skin manifestation may induce up-regulation of TLRs and BD.

Skin samples from SS patients showed diminished TLR2 epidermal expression and an increased expression at dermis (Figure 2). The observed aberrant TLR2 expression the receptor that recognizes *S. aureus*, may contribute to an impaired recognition of gram-positive bacteria in SS patients. Increased TLR2 expression was observed in the dermis of SS patients, which may be an attributable contribution of immune cells present at this compartment, in an attempt to control bacterial colonization. However, no differences in the expression of others TLRs, such as TLR4, TLR9, and CATH were found between the groups.

The expression of TLR5 in the SS patient's dermis was down regulated. TLR5 has an affinity for flagellin, the main component of flagellated bacteria, and a significant virulence factor for both gram-negative and gram-positive bacteria. The decreased TLR5 expression in the dermis of SS patients compared to those with IE, suggests a disturbance in the cutaneous innate immunity in individuals affected by SS.

Conclusion: The findings indicated that erythroderma is associated with heightened TLRs expression. Furthermore, the erythrodermic Sézary syndrome skin exhibited altered TLR2 and TLR5 expressions, which may be related to their increased bacterial susceptibility. These observations underscore the importance of enhancing the host's

ability to mount protective innate immune responses against flagellated pathogens and other bacterial agents.

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Abstract N°: 8846

Primary cutaneous gamma-delta T-cell lymphoma with right face and periorbital region swelling as a first-onset symptom and unusual immunohistochemical phenotype in a child.

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Case Report:

Primary cutaneous gamma-delta T-cell lymphoma (PCGD-TCL) is a rare disease characterized by rapidly progressing cutaneous nodules and ulcers as well as systemic involvements and most patients are adults. Here, we describe a 13-year-old boy who presented with a swollen right face and periorbital region for 1 month and the histopathological examination revealed a normal epidermis, while medium-sized lymphocytes with irregular nuclei infiltrated the dermis and subcutaneous tissues around blood vessels and appendages, as well as between skeletal muscle fibers. Immunohistochemical staining revealed positive expression of CD3, CD7, CD8, CD43, TIA-1, partial positive expression of CD2, CD5, CD4 and Ki-67 in approximately 40%-50% positive expression, while CD20, CD30, CD56, GrB, βF-1, CD117, MPO and EBER1/2 hybridization in situ were negative in the above lymphocytes and the diagnosis of PCGD-TCL was finally made. This study aimed to increase awareness of this rare disease and its unusual onset symptoms for early recognition and appropriate treatment strategies.

Figures

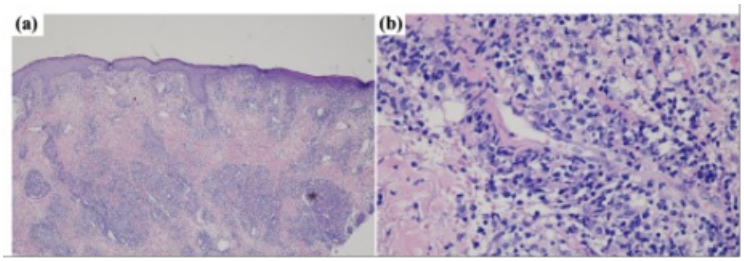

Figure 1. HE staining. (a) A large number of lymphoid cell infiltrates were observed around small vessels and appendages in the dermis (H&E, 4×). (b) These lymphoid cells were medium in size and irregular in karyotype, partially invaded the blood vessel wall (H&E, 40×).

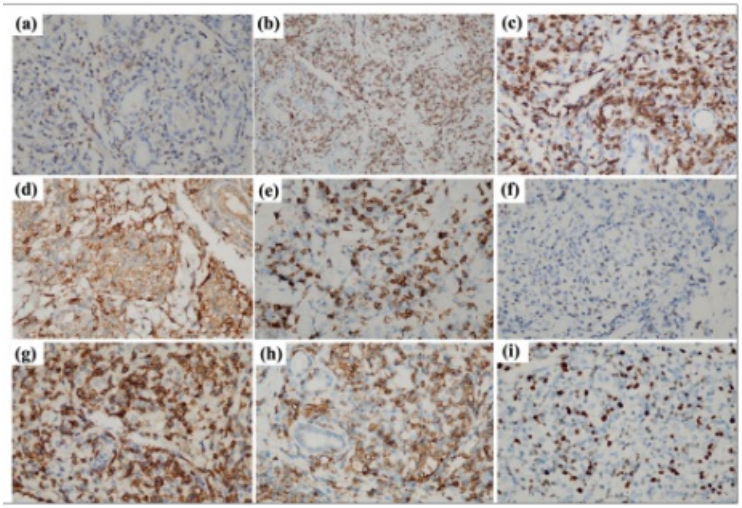

Figure 2. The neoplastic cells are partially positive for CD2 (40x). The neoplastic cells are partially positive for CD3 (40x). The neoplastic cells are positive for CD7 (40x). The neoplastic cells are positive for CD4 (40x). The neoplastic cells are partially positive for CD8 (40x). CD4: CD8=2:1. The neoplastic cells were partially positive for GrB (40x). The neoplastic cells are positive for CD43 (40x). The neoplastic cells are positive for CD99 (40x).The neoplastic cells were approximately 20%-40% positive for Ki-67 (40x).

Abstract N°: 8855

Atypical Cutaneous Infiltration of Multiple Myeloma: Case Report

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Introduction & Objectives:

Multiple myeloma is a neoplasm of plasma cells that infiltrate the bone marrow. Cutaneous lesions in multiple myeloma are rare and may be nonspecific or specific, with the latter being either primary or secondary. Secondary specific cutaneous lesions in patients with multiple myeloma may occur due to direct extension from underlying bone lesions or as metastatic extramedullary plasmacytomas.

The presence of cutaneous lesions typically indicates an unfavorable course of multiple myeloma and is more commonly observed in IgG-type myeloma, likely due to its higher prevalence. However, the present case concerns an IgA-type myeloma.

In addition to the typical clinical and laboratory manifestations of multiple myeloma—such as bone pain or bone dysfunction, renal impairment, and normocytic-normochromic anemia—the case described below presented with atypical features.

Materials & Methods:

A 73-year-old male patient was hospitalized at Hemorio from January to June 2021 for renal failure, requiring hemodialysis, and presented with infectious complications. He was diagnosed with IgG Lambda multiple myeloma. Initial treatment included MPTal (melphalan with varying doses per cycle and half-dose thalidomide) until August 2022. From September 2022 to March 2023, he received Dexa-Tal. The patient completed two years of treatment and underwent 24 applications of zoledronic acid (Zometa) by March 2023. Bortezomib was introduced in April 2022. He remained on hemodialysis and used erythropoietin three times weekly.

In March 2023, skeletal survey revealed osteolytic lesions in the skull, sternum, ribs, cervical, thoracic, and lumbar spine. Vertebral collapse was noted at D2, D8, and D12, with development of dorsal, right flank, and breast masses, consistent with plasmacytomas. Legal action was taken to obtain Daratumumab.

In August 2023, the patient developed a vegetative lesion on the penis and multiple nodules over the body suggestive of cutaneous plasmacytomas. On August 21, 2023, a biopsy of the penile lesion was performed, and histopathology was suggestive of plasmacytoma.

Due to the progressive enlargement of an aneurysm in the right arm and the associated risk of rupture, he was transferred for vascular surgery evaluation at Hospital Municipal Miguel Couto, where he later passed away.

Results:

Immunohistochemical analysis of the penile mass: Immunohistochemistry, along with morphological findings, confirmed infiltration by plasma cell neoplasia with lambda light chain restriction.

Conclusion:

Most patients with multiple myeloma who develop extramedullary manifestations have a poor prognosis, with high mortality. According to Luiz Pequena et al., cutaneous infiltration in multiple myeloma is exceedingly rare and usually occurs in terminal stages of the disease. The lesions appear as erythematous or violaceous plaques and arise regardless of prior therapy. The present patient exhibited atypical cutaneous infiltration and a course of refractory disease that was difficult to control.

Abstract N°: 8870

Tumors of uncertain differentiation: report of two cases of Pleomorphic Dermal Sarcoma

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Introduction & Objectives:

Pleomorphic dermal sarcoma (PDS) and atypical fibroxanthoma (AF) are rare tumors of the mesenchymal tissue that share clinical and morphological similarities. Differentiation is required for adequate risk stratification. We report two cases of PDS located on the scalp and discuss differential diagnosis and therapeutic approach.

Materials & Methods:

Patient 1, male, 72 years old, exhibited exophytic tumor, with rapid growth over one year, measuring 7x3x5 centimeters when excised with wide margins. Histologic examination showed pleomorphic epithelioid cells with extensive areas of necrosis. CD68 and CD10 markers were positive, and staining was negative for S100, 34betaE12, HMB45, AE1/AE3, CD31, desmine and CD45, confirming the diagnosis of PDS. Patient 2, male, 64 years old, was referred to our service for amplification of surgical margins. Previous anatomopathological study exhibited malignant ulcerated neoplasia, with pleomorphic spindle cells compromising superficial underlying fascia, deep margins positive. Immunohistochemical markers excluded other neoplasias and findings were compatible with PDS. After extending surgical margins, no residual neoplasia was observed.

Results:

Patient 1 is on follow up for 2 years and patient 2 for 4 years, and no signs of recurrence or metastasis were observed.

Conclusion:

PDS and AF share a clinicopathological spectrum, histologically presenting as spindle and pleomorphic cells randomly distributed. The differentiation between these two entities is not possible through superficial biopsies and the final diagnosis should preferably be made after complete tumoral excision. Tumor necrosis, infiltration of subcutaneous tissue, and lymphovascular or perineural invasion are present only in PDS. While AF generally presents a good prognosis, PDS courses with a 20-30% risk for local recurrence and metastasis to the skin, lymph nodes, or lungs. PDS tumor cells are negative for S100 protein, cytokeratins, HMB45 antigen, CD34, and desmin. CD10 staining is positive and diffuse, and there is an expression of SMA in 70% of the cases and of CD31 in 30% of the cases. Other differential diagnoses include melanoma, poorly differentiated carcinoma, and leiomyosarcoma. The treatment of choice is complete surgical excision and radiation therapy may be considered if adequate surgical margins cannot be obtained.

Abstract N°: 8889

Primary cutaneous Leiomyosarcoma. A rare malignant neoplasm with clear prognostic differentiation based on histological subtype

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Introduction

Cutaneous Leiomyosarcomas (LMS) are rare skin cancers (2-3% of soft tissue sarcomas). They can originate from hair follicle muscles, dartos muscles and areolar muscles (dermal LMS) or from vascular muscle cells of the subcutis (subcutaneous LMS). There is a 3:1 male predominance, between the fifth to eighth decades of life. LMS presents as painful, 0.3-5cm in diameter, erythematous to brownish nodules and tipically localized at the lower extremities. Dermatoscopic findings include arborizing teleangiectasias, linear irregular or polymorphic atypical vessels and white structures. Diagnosis is made by histopathology and immunohistochemistry. Pre operative imaging is usful in subcutaneous LMS and in syndromal conditions. TNM classification and histological grade are performed for staging. The first line treatment is microscopically controlled excision with safety margins of 1cm in dermal LMS and 2cm with deep margin to the fascia or periosteum on scalp in subcutaneous LMS. Radiation therapy could be an option for larger and less differentiated subcutaneous LMS. Medical treatment is indicated for inoperable primary tumors or metastases. It can be combined with radiation therapy. The local recurrence rate of dermal LMS is very low and metastases are very rare. Subcutaneous LMS recur and metastatisize more frequently. The lungs and distant skin regions are common sites of metastases. Clinical follow up examinations are recommended every six months for cutaneos LMS and every three months for subcutaneous LMS within the first two years. Locoregional lymph node sonography should be included in subcutaneous LMS.

Case report

71-year-old male consulted for a tumor on his left arm that had been developing for 1 year. Physical examination revealed a pedunculated, elastic, erythematous tumor measuring 2.5 x 1.7 x 1.5 cm, painful to palpation. No palpable lymph nodes were found. Dermoscopy revealed telangiectasias with a reddish background and whitish areas. Due to suspicion of amelanotic melanoma, a Merkel tumor, or sarcoma, the patient was referred for surgery for excisional biopsy. Histopathological examination revealed atypical mesenchymal neoproliferation in the dermis with extension into the subcutaneous tissue, with a storiform pattern, a focal sclerosing area and infiltrating borders. The neoplasic cells presented spindle-shaped features with an increased nuclear-cytoplasmic ratio and eosinophilic cytoplasm. Mitotic figures were present and focal area of necrosis (less than 5%). No lymphovascular invasion was observed. Histological grade was G1. Resection margins were free of lesions. Pathological staging (TNM p): p T1. Immunohistochemistry was positive for desmin. Therefore, the diagnosis of subcutaneous leiomyosarcoma was confirmed. Laboratory tests and a double-contrast whole body CT scan were ordered, revealing no abnormalities. The patient is currently being followed up with the oncology department every 3 months with no local recurrence.

Conclusion:

While complete microscopically controlled excision with an appropriate safety margin is sufficient for dermal LMS, subcutaneous LMS require an interdisciplinary therapeutic approach to avoid recurrence. Deeper tumours confer a worse prognosis. Any indication for medical treatment or radiation therapy should be discussed within an interdisiplinary tumor conference.

Abstract N°: 8892

cd36 regulates the immunosuppressive function of pmn-mdsc via pai-1/stat3 signaling in melanoma

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Introduction & Objectives:

Polymorphonuclear-myeloid derived suppressor cells (PMN-MDSCs) are pathologically activated neutrophils that effectively drive immune suppression and play an important role in tumor proliferation and immunotherapy resistance in different types of tumors, including melanoma. Identification of the key molecules on PMN-MDSCs is required to selectively target these cells for melanoma treatment. CD36, a scavenger receptor involved in lipid metabolism, has been reported to mediate the functions of certain immune cells in tumors. However, the role of CD36 signaling in the acquisition of PMN-MDSC immunosuppressive properties remains poorly understood. Our study investigates how CD36 shapes PMN-MDSCs-mediated immunosuppression in melanoma.

Materials & Methods:

Flow cytometry was used to detect CD36 expression in tumor-infiltrated PMN-MDSCs in melanoma patients as well as B16F10-bearing mice. The CD36fl/fl mice were crossed with S100a8cre mice to generate mice with conditional knockout of CD36 in PMN-MDSCs. Mouse bone marrow cells were isolated and cultured in vitro, and GM-CSF, IL6, G-CSF and B16F10 cell supernatants were added to induce PMN-MDSCs. RNA-seq was used to screen for differentially expressed genes between WT PMN-MDSC and CD36 KO PMN-MDSC. qPCR and ELISA were used to verify the changes in the gene transcription and protein expression of PAI-1 after CD36 knockout. PMN-MDSCs were treated with PAI-1 inhibitor Tiplaxtinin and recombinant mouse PAI-1 protein in vitro, and the immunosuppressive function of PMN-MDSCs was evaluated by T cell inhibition assays.

Results:

In human and mouse melanoma, tumor-infiltrating PMN-MDSCs upregulated the expression of CD36, compared with peripheral PMN-MDSCs. Genetic ablation of CD36 in PMN-MDSCs inhibited the progression of melanoma in B16F10-bearing mice, accompanied by an increased number of CD8+ T cells and higher secretion of Gzmb, Perforin and IFN-γ by CD8+ T cells. Meanwhile, the expression of immunosuppressive molecules such as Arg1 and PD-L1 in PMN-MDSC decreased. In vitro, experimental data showed that knockdown of CD36 significantly weakened the inhibitory effect of PMN-MDSC on CD8+ T cells. In addition, both PAI-1 transcription and protein expression were reduced after CD36 knockout, determined by RNA-seq, QPCR and Elisa. Specifically, PAI-1 regulated PMN-MDSC activity through Stat3 signaling .

Conclusion:

Collectively, our findings indicate that CD36 mediates the acquisition of immune suppressive activity by PMN-MDSCs through PAI-1/Stat3 signaling in melanoma and suggest a new target to selectively inhibit the functions of PMN-MDSCs and improve the effect of melanoma therapy.

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Abstract N°: 8916

Dermatomyositis revealing an undifferentiated nasopharyngeal carcinoma

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Introduction & Objectives:

Dermatomyositis is a rare connective tissue disease that combines characteristic skin involvement and muscle involvement predominantly affecting the limb girdles. In 18 to 32% of cases, it is associated with an underlying neoplasm (cancer) appearing before, simultaneously with, or after the cancer diagnosis. The incidence of DM associated with nasopharyngeal carcinomas is in the order of one per 1000 cases of nasopharyngeal cancer. We report a case of paraneoplastic dermatomyositis revealing an undifferentiated nasopharyngeal carcinoma.

Materials and methods (Cas report) : ** The patient, M.M., a 46-year-old male, presented to the dermatology department for a skin rash. The patient reported the onset of skin lesions one year prior and had been complaining of unilateral nasal and ear obstruction for the past two months. The onset of dysphagia was noted, as well as increasingly intense fatigue. Furthermore, the patient experienced muscle weakness and arthralgia.

Clinical examination found the patient to be in a relatively preserved general condition and revealed erythema on the face, extremities, and extensor surfaces of the limbs. Laboratory tests showed elevated muscle enzymes, notably lactate dehydrogenase (LDH) and creatine phosphokinase (CPK). An EMG (electromyography) was performed, which was suggestive of a myopathic syndrome. The patient was started on prednisolone at a dose of 1mg/kg/day.

An etiological workup, as well as a nasopharyngeal biopsy, led to the diagnosis of an undifferentiated carcinoma of the nasopharynx (UCNT). The staging workup did not find distant metastases, thus allowing it to be classified as stage II, and the patient received concurrent chemoradiotherapy.

Results (Discussion) :

The association between DM and cancer is frequent. All histological types and all cancer sites observed in the general population can be associated with DM. Its association with nasopharyngeal carcinoma is infrequently described; it is rare in Caucasian patients but much less so in East Asia or the Maghreb. Most often, it is associated with the undifferentiated type, somewhat less frequently with the poorly differentiated type, and never with well-differentiated cancer. It can appear before the cancer, at the same time, or after the cancer diagnosis. Its pathogenic mechanism still remains poorly understood. DM constitutes a poor prognostic factor for the cancer. The treatment is essentially etiological (aimed at the underlying cause). According to Hu et al., the 5-year and 10-year life expectancy is 50% and 34.5% respectively.

Conclusion:

The diagnosis of dermatomyositis requires an etiological investigation to search for a paraneoplastic origin. Paraneoplastic syndromes, which can sometimes reveal certain UCNTs (undifferentiated carcinomas of the nasopharyngeal type), thus constitute an element for both the diagnosis and monitoring of UCNTs.