Abstract N°: 218

Multiple Epidermoid Cysts in the Palpebral Eyelid Region: A Case Report

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Introduction & Objectives: Epidermoid cysts are benign, slow-growing lesions that can develop in various anatomical locations but their occurrence in the palpebral eyelid region is rare. This case report discusses multiple epidermoid cysts in the palpebral eyelid, particularly near the lacrimal sac. Due to their proximity to the lacrimal drainage system, these cysts pose potential complications such as obstruction, recurrent infections, and cosmetic concerns. This report highlights the importance of early recognition and management to minimize functional and aesthetic complications.

Results: A 73-year-old male presented with multiple, slowly enlarging, non-tender nodules in both upper and lower eyelids over a span of 3-4 years. The lesions were well-circumscribed, mobile, and varied in size, with the largest measuring 8 mm in diameter. There was no history of trauma, prior surgery, or systemic disease. Diagnosis is primarily clinical, supplemented by imaging when necessary. Ophthalmological examination confirmed normal visual acuity and ocular motility. Ultrasonography revealed hypoechoic lesions with well-defined margins, suggestive of epidermoid cysts, excluding deeper orbital involvement. Excisional biopsy of one of the cysts confirmed the diagnosis of an epidermoid cyst with a keratin-filled lumen and a stratified squamous epithelial lining. Surgical excision remains the treatment of choice, ensuring complete removal to prevent recurrence. Surgical excision of all cysts was performed under local anaesthesia with minimal scarring. Histopathological examination of the excised cysts confirmed the diagnosis. Postoperative recovery was uneventful, with no recurrence noted at a 4-month follow-up.

Conclusion: Multiple epidermoid cysts in the palpebral eyelid region are rare but should be considered in the differential diagnosis of eyelid nodules. Early diagnosis and complete excision yield excellent outcomes with minimal complications like abscess formation, eyelid ptosis, entropion, ectropion or functional impairment such as epiphora, psychosocial impact, the presence of visible cysts can lead to anxiety, reduced self-esteem, and social withdrawal. Awareness of these potential complications is essential for dermatologists and ocular specialists managing atheromatous cysts in the palpebral region. Early intervention and proper surgical techniques can mitigate many of these risks, ensuring optimal patient outcomes. Complete surgical excision is the treatment of choice to prevent recurrence.

Abstract N°: 242

Masson's Tumor in an Atypical Location in an Adult Male Patient: case report

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Introduction & Objectives:

Masson's tumor, also known as intravascular papillary endothelial hyperplasia (IPEH), is a rare benign vascular lesion that can mimic malignancy. It typically occurs in the head and neck region but is uncommon in the lower extremities. Histopathological evaluation is crucial for distinguishing IPEH from other vascular tumors, including angiosarcoma, as treatment strategies differ significantly. This case report aims to highlight the diagnostic challenges of IPEH in an atypical location, emphasizing the importance of histopathology in distinguishing it from malignant vascular tumors and guiding appropriate management.

Materials & Methods:

We report the case of a 49-year-old male hairdresser who presented with a slow-growing, non-tender subcutaneous nodule on the right posterior lower extremity. The lesion had been present for three years, with noticeable growth over the past six months. The patient had no history of trauma, systemic symptoms, or previous vascular abnormalities. His occupation required prolonged standing, but no direct occupational triggers were identified. On clinical examination, the lesion appeared as a well-demarcated, soft, and mobile subcutaneous nodule, measuring approximately 4 × 4 cm. The overlying skin was intact without discoloration, ulceration, or signs of inflammation. Given its benign appearance, the primary clinical differential diagnoses included lipoma, epidermoid cyst, or a benign vascular lesion. Due to financial limitations, no advanced imaging or biopsy was performed prior to excision.

Results:

The nodule was completely excised under local anesthesia. Gross examination revealed a vascular nodule encapsulated within fibrous bands. Histopathological analysis showed a dilated vessel with intravascular proliferation of endothelial cells, forming papillary structures lined by a single endothelial layer, characteristic of IPEH. No signs of malignancy were observed. Immunohistochemical staining further confirmed the benign nature of the lesion. The patient had an uneventful recovery, and no recurrence was observed at follow-up.

Conclusion:

This case highlights the diagnostic challenges of IPEH, particularly in atypical locations like the lower extremities. The clinical resemblance to benign soft tissue lesions, such as lipomas, underscores the importance of histopathology in differentiating vascular tumors. While surgical excision is curative, preoperative misdiagnosis can lead to unnecessary concerns about malignancy. Awareness of Masson's tumor in uncommon sites is essential to ensure accurate diagnosis and optimal patient management.

Abstract N°: 509

The Major Challenge in Nail Unit Biopsies: Clinical and Dermatopathological Correlation – A Series of 111 Cases

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Introduction & Objectives:

A nail unit biopsy is an indispensable diagnostic tool for identifying nail unit disorders and dermatological diseases with nail involvement. To ensure diagnostic accuracy, both a proper biopsy technique and a thorough dermatopathological evaluation are essential. However due to relatively infrequent performance and limited sample material, reaching an accurate diagnosis and achieving clinicopathological correlation can be challenging.

Materials & Methods:

This study assessed preliminary diagnoses, lesion characteristics, biopsy techniques and clinicopathological correlations of 111 cases who underwent nail unit biopsy in our Dermatology Department.

Results:

Incisional biopsy was performed in 51% of cases, excisional in 44%, and punch biopsy in 5%. Biopsy sites included the nail bed (41.4%), nail matrix (22.5%), both nail bed and nail matrix (23.4%), nail bed and nail plate (7%), and all three combined (5%). Fingernails were biopsied in 72% and toenails in 28%.

In 77% of cases, the biopsy was performed with a preliminary diagnosis of a benign lesion, while in 23%, it was due to a suspicion of malignancy. Malignant melanoma was the most frequently suspected malignancy, followed by Bowen's disease and squamous cell carcinoma (SCC). Among benign diagnoses, tumoral lesions, paticularly onychopapilloma was the most common, followed by inflammatory disorders and fungal infections.

The overall clinicopathological concordance rate was 67%. In cases with suspected malignancy, concordance was 56%, 40% had non-specific findings and only one case was initially suspected as malignant melanoma but diagnosed as SCC (Table 1). Among malignant cases, the highest concordance was with malignant melanoma (75%). In benign cases, complete concordance was observed in 71%, while 25% yielded non-specific findings. Only three cases showed a mismatch between clinical and pathological diagnoses (Table 1). Cases reported with non-specific pathological findings mostly had a preliminary diagnosis of a benign inflammatory disease, followed by subungual Bowen's disease. Notably, both conditions are clinically difficult to distinguish.

Another noteworthy finding was the increasing rate of clinicopathological concordance over the years. This improvement was attributed to advancements in biopsy techniques, growing experience with nail diseases and the increased experience of pathologists with the nail unit specimens.

Conclusion:

Clinicopathological concordance is one of the most challenging issues in nail unit biopsies. Although diagnostic yield is limited in inflammatory diseases, concordance is notably high in malignant cases. Therefore, especially in suspected malignancy, a biopsy should not be delayed. It is also important to note that increasing biopsy

frequency, coupled with improved technical execution, growing experience and interdisciplinary collaboration enables higher diagnostic accuracy and proper management of both bening and malignant nail pathologies.

Table 1: Cases with Complete Clinicopathological Discordance

	Age	Biopsy site	Preliminary Diagnosis	Pathological Diagnosis
Case 1	18	Right 3rd Fingernail	Viral Infection (Wart)	Benign Inflammatory Disease (Psoriasis)
Case 2	50	Right 1st Toenail	Viral Infection (Wart)	Benign Tumoral Lesion (Squamous Papilloma)
Case 3	72	Left 5th Fingernail	Benign Inflammatory Disease (Psoriasis)	Fungal Infection
Case 4	63	Left 1st Fingernail	Amelanotic Melanoma	Squamous Cell Carcinoma

Abstract N°: 606

Successful Management of Hidradenitis Suppurativa Using CO_2 Laser Deroofing

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Introduction & Objectives:

Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterized by painful nodules, abscesses, and sinus tract formation, leading to **significant morbidity and reduced quality of life**. Traditional surgical approaches, such as **wide excision**, can result in **prolonged healing times and excessive scarring**, impacting patient satisfaction. **CO_2 laser deroofing** has emerged as a minimally invasive alternative that allows for selective removal of the epithelialized roof of sinus tracts while preserving deeper structures for **secondary intention healing with minimal scarring**.

The objective of this study was to evaluate the**clinical outcomes, healing process, and patient satisfaction** following CO_2 laser deroofing for HS patients treated at **Andreas Syggros Hospital**, focusing on different anatomical regions affected by the disease.

Materials & Methods:

Patients diagnosed with **Hurley stage II–III HS** were included in this study. The following parameters were assessed:

- **Anatomical location** of treated lesions (axillae, groin, perianal, inframammary).
- **Healing time** and epithelialization progress.
- **Recurrence rates** within a 6-month follow-up.
- **Patient satisfaction and aesthetic outcomes.**

Procedure:

- Under **local anesthesia**, the CO_2 laser was used to **deroof sinus tracts**, preserving surrounding healthy tissue and ensuring **minimal invasiveness**.
- Open wounds were **left to heal by secondary intention**, with **daily antiseptic dressings** and proper wound care protocols.
- Patients were followed up at **2, 4, and 6 weeks**, with additional assessments at **3 and 6 months** post-procedure.

Results:

- **Complete healing** was observed within **4–6 weeks**, with excellent **granulation and re-epithelialization**.
- **85% of treated areas remained disease-free** during the **6-month follow-up**, demonstrating the effectiveness of CO_2 laser deroofing in preventing recurrence.
- **No major complications** such as secondary infections, delayed healing, or significant post-procedure pain were reported.
- **High patient satisfaction**, particularly due to:
  - **Minimal scarring** compared to wide excision.

- **Faster recovery** and return to daily activities.
- **Significant symptom relief**, including reduced pain and better mobility.

Importantly, **patients preferred CO_2 laser deroofing over traditional surgery**, as it **avoided large scars** and provided **aesthetic and functional benefits** without requiring extensive downtime.

Conclusion:

CO_2 laser deroofing is an **effective, safe, and minimally invasive** alternative to traditional surgical excision for **hidradenitis suppurativa**. This technique allows for **faster healing, lower recurrence rates, and high patient satisfaction**, particularly due to **reduced postoperative scarring**. Given its advantages, **CO_2 laser deroofing should be considered a first-line surgical approach** for patients with localized or recurrent sinus tracts who wish to avoid the morbidity of conventional excisional surgery.

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Abstract N°: 706

Influence of preoperative blood pressure on postoperative bleeding complications following Mohs Micrographic Surgery

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Introduction & Objectives:

Hypertension (HTN) is a common comorbidity in patients undergoing Mohs micrographic surgery (MMS). Evidence in other surgical fields has suggested high blood pressure (BP) increases the risk of perioperative bleeding, predisposing patients to complications such as hematomas, dehiscence, wound infection, and necrosis. This retrospective chart review was performed to identify an association between preoperative BP and bleeding outcomes in patients undergoing MMS.

Materials & Methods:

We reviewed medical charts of all patients who underwent MMS at our institution in one calendar year. Complications were defined as any documented follow-up by dermatology or other service regardless of intervention. For patients who had multiple surgeries, demographics were recorded at the time of the first surgery date; however, each site was considered a different surgery and all other data points were recorded separately as such. In accordance with the 2017 ACC/AHA guidelines, we defined HTN as systolic blood pressure (SBP) >130 and diastolic blood pressure (DBP) > 80.

Results:

530 patients were included in this study; 98% were male, and median age at time of surgery was 74 years (interquartile range: 69 – 79 years). A total of 397 (74.9%) patients had an existing diagnosis of HTN. 58% of patients were documented as receiving anticoagulation treatment preoperatively. A total of 41 (7.7%) cases had an associated postoperative complication; no intraoperative complications were identified. The most common complication was wound infection (n=17, 3.2%). Five patients (0.9%) developed a bleeding complication. Within this cohort, all (5/5) patients had an existing diagnosis of HTN, 3/5 were on anticoagulation, 2/5 had systolic BP >160 mm Hg, all 5/5 had diastolic BP <90 mm Hg, and 2/5 required more than 1 stage. Although not statistically significant, there was a 2.4x increased risk of complication with a SBP >180, 1.8x increased risk of complication with a SBP >160, and a 1.5x increased risk of complication on anticoagulation. Overall, there was a statistically significant increased risk of postoperative complications with secondary intention healing, flaps, and full thickness skin grafts compared with linear closure. All other perioperative variables did not convey a statistically significant increased risk of postoperative complications.

Conclusion:

As HTN is commonly encountered in MMS patients, knowing how HTN affects complication rates during and after MMS allows us to appropriately counsel patients on risks and expectations of surgery. We found that preexisting HTN and the use of anticoagulation did not significantly increase the risk of bleeding or other complications following MMS. However, there was a statistically significant increased risk of overall postoperative complications

with secondary intention, flaps, and full-thickness skin grafts compared with linear closure. Our findings are consistent with previous studies which suggest that the complexity of the closure required for larger tumors may increase the risk of complications.

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Abstract N°: 1171

A prospective randomized trial comparing post-surgical topical application of basic fibroblast growth factor versus combination of tacrolimus and basic fibroblast growth factor versus tacrolimus monotherapy in stable vitiligo patients following non cultured epidermal cell suspension procedure

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Introduction & Objectives:

Vitiligo is one of the common disorders of pigmentation which presents as depigmented macules and patches. Due to the multifactoral etiology, an armamentarium of treatment options are available for vitiligo. The medical management of vitiligo is aimed at achieving stability; however the repigmentation is not complete in resistant patches. These patches generally respond well to the surgical procedures (tissue graft or cellular graft). To enhance the rate of repigmentation following surgery, topical therapy can be added as an adjuvant. The objective of this study is to assess the efficacy of topical basic fibroblastic growth factor (β-FGF) as monotherapy in enhancing repigmentation of vitiligo patches following non-cultured epidermal cell suspension (NCES) procedure, in comparison with the combination of β-FGF and tacrolimus and tacrolimus monotherapy.

Materials & Methods:

Three interventions namely topical application of β-FGF (group 1), tacrolimus along with β-FGF (group 2) and tacrolimus alone (group 3) were done in patients following NCES procedure. A total of 24 patients were recruited and randomised into the three groups and the extent, colour match and pattern of repigmentation were recorded at 4, 8 and 12 weeks. Pre-surgery and post-surgery vitiligo quality of life index (VQoLI) and patient global assessment (PGA) post-surgery were also obtained.

Results:

The mean age of the study population was 30 years (range 18-60 years). Females were predominant (54%, n = 13). There was no significant difference in duration of stability ($p = 0.54$) as well as site ($p = 0.9$) and size ($p = 0.5$) of the vitiligo patches treated between the three groups. The mean percentage of repigmentation achieved by groups 1, 2 and 3 at 12 weeks were 96.6% , 82.3% and 43.8% respectively. On analysis of extent of repigmentation, there was no statistically significant difference at 4 weeks between the three groups ($p = 0.06$) but the difference was significant between group 1 and group 3 at 8 weeks ($p = 0.04$) and 12 weeks ($p = 0.006$) ; at 12 weeks between groups 2 and 3 as well ($p = 0.04$). There was no statistically significant difference between groups 1 & 2 in extent of repigmentation at any point of time. No significant difference was found in terms of colour match ($p = 0.17$) and pattern of repigmentation ($p = 0.38$) between three groups. On comparing the total scores of PGA post-surgery, a statistically significant difference was found between group 3 versus group 1 ($p = 0.01$) and group 3 versus group 2 ($p = 0.04$). The comparison of VQoLI pre- and post-surgery showed statistically significant reduction in group 1 only.

Conclusion:

The post-surgical use of topical β-FGF as well as combination of tacrolimus along with β-FGF enhances repigmentation compared to tacrolimus monotherapy. Topical β-FGF is even superior to the combination of

tacrolimus and β-FGF. Hence topical therapies can be added following surgical procedures to achieve rapid and aesthetically pleasing outcome in stable vitiligo patients.

Abstract N°: 1447

Pre-treatment with topical tirbanibulin of surrounding NMSCs cancerization field to improve the surgical outcome. A case-control study.

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Introduction & Objectives:

Basal (BCC) and Squamous cell carcinoma (SCC) are the most common cancers and represent a significant economic burden to health services because of a large volume of affected patients. Surgical excision, with histological assessment of the margins, is widely considered the mainstay of treatment. Incomplete excision is an important prognostic indicator of local recurrence or progression. Moreover, it could lead to further surgery, with a substantial impact on patient and on health system costs. Histopathological features found in the perilesional skin of surgical specimens, demonstrate the presence of actinic keratoses and actinic damage both in SCCs in BCCs. Therefore, improving the clearance of surgical margins before excision is a fundamental task. For this reason, "cleaning up" the cancer field surrounding a NMSC, appears to be a concrete possibility to improve surgical outcome.

The aim of our study was to evaluate if the surgical outcome, in terms of the percentage of margins affected by residual neoplasia after surgery, improved due to the pre-treatment of the perilesional region with topical tirbanibulin. Further objective was the assessment of the reduction/improvement of the target lesion (to be surgically removed) after tirbanibulin appliance.

Materials & Methods:

Study population included 60 subjects scheduled for NMSC surgery presenting lesions in the context of the cancerization field and/or severe photodamage. Subjects were administered with a single line treatment with tirbanibulin (1 application per day for 5 consecutive days) according to indication in an area of 25 cm2 containing the perilesional area centered by the target lesion to be surgically removed.

All NMSCs larger than 2.5 cm in diameter were excluded to allow proper treatment and assessment of surrounding the lesion field.

Only subjects who ended treatment at least 6 weeks before surgery were included in the study.

All treated areas (including NMSCs and the field of cancerization) were clinically and instrumentally (photodynamic diagosis, digital picture, thermographic image) evaluated, either before topical treatment or after 30 days.

Primary outcome was the percentage of positive margins in the study group, compared with a control group of 30 previously treated lesions matching for location, size and type, obtained from our register.

Secondary outcome was the modifications of NMSC target lesions after the topical treatment.

Results:

After surgery, the percentage of involved margins was lower for both SCC and BCC in the study group than the control group (3,7% and 3,3% vs 15,8% and 8,9% respectively; table 1).

Furthermore, the mean diameter of the target lesion decreased after pre-treatment with tirbanibulin for both SCC and BCC (from 21 and 23 mm for SCC and BCC to 17 and 21 mm, respectively; table 2)

Conclusion:

Pretreatment with tirbanibulin, improves surgical outcome and reduces NMSC diameters. Our data suggest that the pre-treatment with tirbanibulin, cleaning perilesional skin and reducing tumoral lesions, could help in the management of surgical patients affected by NMSC.

Table 1.

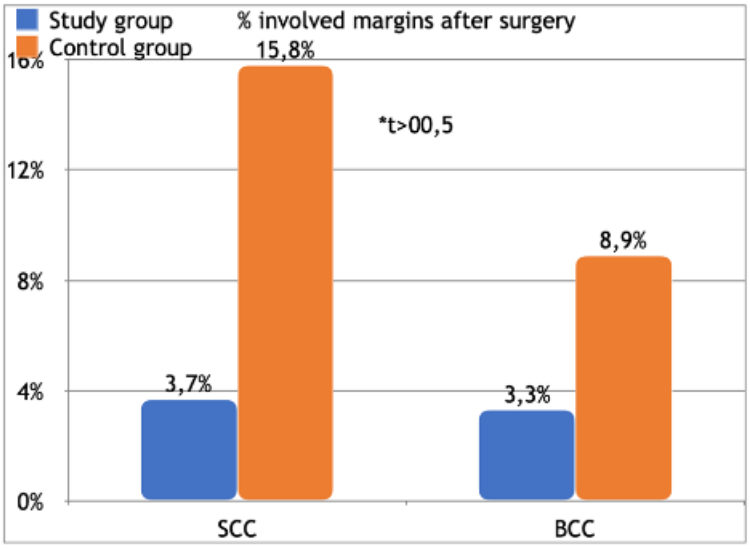
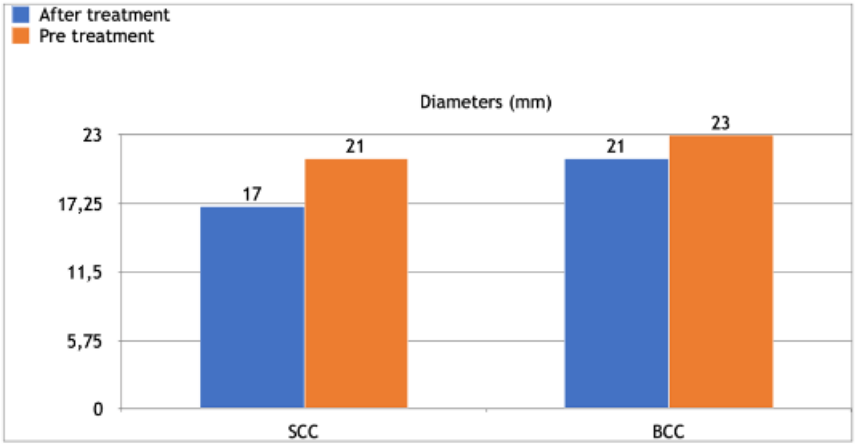


Table 2.



Abstract N°: 1473

Fat Menue: How to prepare the right meal for your skin

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Introduction & Objectives:

Facial aging was thought to be the result of the downward pull of gravity on skin & underlying fat only. Nowadays, it is known as a four structural planes process affecting muscle, bone, as well as skin & fat. Fat grafting has been used in clinical practice since the end of the 19th century. Coleman introduced the centrifugation for fat purification. Harvested fat may be emulsified in to macrofat, microfat & nanofat to be used in different indication. The concept of nanofat was first proposed by Tonnard et al in 2013.

Materials & Methods:

Facial evaluation should proceed systematically. Deficient compartments should be marked in the sitting position. Donor-site selection is based on accessibility & patient preference. Standardized photographs & 3-D imaging was performed to Tonnard described modified Klein solution (lidocaine 800 mg/L &adrenaline 1:1000000) which is infiltrated before fat harvesting. Adipose tissue should be harvested with a multiport 3 mm cannula with sharp side holes of 1 mm in diameter connected to a 10-cc Luer-Lok syringe with gentle manual aspiration. Processing by sedimentation or centrifugation or filtration. This divides lipoaspirate into the superior oily layer, the middle fat layer & the inferior aqueous layer. Middle fat layer is shifted between 10-cc syringes with a 2.4-mm then 1.2 Luer-Lok connector for 30 passes to emulsify fibrous fat. The fatty liquid is passed once through a strainer cartridge with a dual 400/600-um filter to remove connective tissue. Nanofat is transferred to 1-cc syringes to be injected.

Results:

Fat grafting is used nowadays in different aesthetic and volume restoration procedures. It became an essential tool in revision rhinoplasty, in addition to 1ry rhinoplasty procedures do not require cartilage grafting. Nanofat transfer may be used in facial rejuvenation with very low morbidity. Autologous fat can play an important role in the treatment of disfiguring syndromes such as Parry-Romberg syndrome, En Coup De Sabre & facial scleroderma. Intradermal or subcutaneous nanofat injection in atrophic or postburn facial scars could effectively improve pigmentation & flexibility of scar tissue. In genital lichen sclerosus, fat injection of labia majora & clitoris of vulva improve skin texture & elasticity. Nanofat grafting can be applied to scalp as a supplement for hair follicle transplantation or as a regenerative treatment for alopecia. Smoking, coagulation disorders, prior surgical or skin-tightening procedures, comorbidities & medications are the most important risk factors need to be assessed before the procedure. Complication may occur in donor or recipient site. Donor-site morbidity range from bruising, hematoma, pain, infection, contour irregularities & damage to the underlying structures. Recipient-site complications, such as infection, cellulitis, cyst formation, temporary dysesthesia & fat reabsorption were reported. Accidental intra-arterial injections in “dangerous” areas such as the glabella & nasolabial fold may result in cerebral or ocular artery thrombosis.

Conclusion:

This lecture describes current recommendations on fat grafting, supported by before and after photos for different indication treated by different sizes of fat molecules. Autologous fat grafting is reported to be a very safe procedure with very low morbidity.

Abstract N°: 1585

Prospective observational study on the use of confocal microscopy in defining pre-operative surgical margins of Non melanoma skin cancers of the head and neck treated with Mohs Surgery

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Introduction & Objectives: MMS is considered the gold standard for treating skin cancers at high risk of recurrence, particularly in functionally or cosmetically sensitive areas, due to its high cure rates and precision in margin control, while preserving healthy tissue. However, MMS has certain limitations, such as being a time-intensive procedure requiring the involvement of multiple professionals (physicians and technicians). In this regard, pre-surgical evaluation of tumor margins using non-invasive optical diagnostic methods such as RCM may aid in better margin assessment, potentially reducing the number of MMS stages and the overall duration of the procedure. This prospective observational study evaluated the use of RCM and VDS in defining preoperative surgical margins for high-risk NMSCs of the head and neck treated with MMS.

Materials & Methods: The study was conducted at the Oncologic Dermatology Unit of IRCCS Azienda Ospedaliero Universitaria of Bologna from January 2018 to June 2024. Based on the treatment received, the patients were divided into 2 groups: Patients treated with RCM-assisted MMS (36) and patients treated with VDS-assisted-MMS (302).

Results: Mean age at diagnosis was lower in group 1 than group 2. No statistically significant association was found between the sex of the patients and their belonging to Group 1 or to Group 2. The average follow-up duration was 12.1 months for Group 1 and 22.4 months for Group 2 ($p<0.001$). There was a statistically significant difference between the 2 groups in the number of the required Mohs stages: in Group 1, clearing of the tumor required 1 stage more commonly than Group 2, which more often required 2 to 3 stages ($p<0.001$).

Conclusion: We presented the largest cohort of patients treated with this technique and our results our results show that the integration of RCM reduce the number of MMS stages when compared to VDS-assisted-MMS with statistically significant difference improving surgical efficiency and providing a better cost – effective patient management.

Abstract N°: 1896

Efficacy Observation of Micrograft Transplantation Combined with NB-UVB in the Treatment of Stable Disseminated Vitiligo

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Introduction & Objectives: To explore the efficacy of micrograft transplantation combined with narrow-band ultraviolet B (NB-UVB) in the treatment of stable disseminated vitiligo and its impact on the quality of life of patients.

Materials & Methods: Sixty-four patients with stable disseminated vitiligo treated in Chengdu Borun Vitiligo Hospital from March 2021 to March 2023 were selected. They were randomly divided into the treatment group and the control group by using the random number generator of SPSS 22.0 statistical software. The control group was treated with micrograft transplantation, while the treatment group was treated with micrograft transplantation combined with NB-UVB. The efficacy of the two groups at the 12th week of treatment was compared, as well as the Vitiligo Area Scoring Index (VASI) scores and Dermatology Life Quality Index (DLQI) scores before treatment and at the 4th, 8th, and 12th weeks of treatment. Adverse reactions were recorded during the follow-up until the 12th week.

Results: The total effective rate of the treatment group at the 12th week of treatment was higher than that of the control group (P<0.05). The VASI scores of both groups at the 4th, 8th, and 12th weeks of treatment were lower than those before treatment (P<0.05), and there were significant differences in the VASI scores between the treatment group and the control group at the 4th, 8th, and 12th weeks of treatment (P<0.05). The DLQI scores of both groups were lower than those before treatment (P<0.05), and the DLQI scores of the treatment group at the 4th, 8th, and 12th weeks of treatment were lower than those of the control group (P<0.05). There was no significant difference in adverse reactions between the two groups (P>0.05).

Conclusion: Micrograft transplantation combined with NB-UVB has a certain therapeutic effect in the treatment of stable disseminated vitiligo, with uniform repigmentation, and can improve the quality of life of patients, which is worthy of promotion.

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Abstract N°: 1899

Clinical Study of Mini-punch Transplantation Combined with NB-UVB in the Treatment of Refractory Vitiligo

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Introduction & Objectives: To study whether Mini-punch transplantation combined with narrow-band ultraviolet B (NB-UVB) can improve the therapeutic effect in patients with refractory vitiligo.

Materials & Methods: A total of 108 patients with refractory vitiligo admitted to our hospital from May 2022 to May 2024 were selected and randomly divided into three groups, with 36 patients in each group. Patients in experimental group 1 were treated with Mini-punch transplantation combined with NB-UVB, patients in experimental group 2 were treated with Mini-punch transplantation, and patients in the control group were only treated with epidermal transplantation by negative pressure suction blister method. Before and after treatment, all patients were evaluated using the Vitiligo Area Scoring Index (VASI), and the Dermatology Life Quality Index (DLQI) scores were statistically analyzed to determine the curative effect and compare the adverse reactions.

Results: At the 13th week after treatment, the total effective rate of experimental group 1 was 77.78%, that of experimental group 2 was 61.11%, and that of the control group was 41.67%. There were significant differences in the total effective rates among the three groups ($P<0.05$). At the 13th week after treatment, the VASI scores of all three groups decreased ($P<0.05$), and there were significant differences in the VASI scores among the three groups at the 13th week after treatment ($P<0.05$). At the 13th week after treatment, the DLQI scores of all three groups decreased ($P<0.05$), and there were significant differences in the DLQI scores among the three groups ($P<0.05$). There were significant differences in adverse reactions among the three groups ($P<0.05$).

Conclusion: Mini-punch transplantation combined with NB-UVB has achieved satisfactory results in the treatment of refractory vitiligo. It can significantly reduce the area of white patches, improve skin lesions, and has few adverse reactions, which is worthy of promotion.

Abstract N°: 2003

Clinical Study of Mini-punch Transplantation Combined with NB-UVB in the Treatment of Refractory Vitiligo

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Introduction & Objectives: To explore the efficacy of micrograft transplantation combined with narrow-band ultraviolet B (NB-UVB) in the treatment of stable disseminated vitiligo and its impact on the quality of life of patients.**

Materials & Methods: Sixty-four patients with stable disseminated vitiligo treated in Chengdu Borun Vitiligo Hospital from March 2021 to March 2023 were selected. They were randomly divided into the treatment group and the control group by using the random number generator of SPSS 22.0 statistical software. The control group was treated with micrograft transplantation, while the treatment group was treated with micrograft transplantation combined with NB-UVB. The efficacy of the two groups at the 12th week of treatment was compared, as well as the Vitiligo Area Scoring Index (VASI) scores and Dermatology Life Quality Index (DLQI) scores before treatment and at the 4th, 8th, and 12th weeks of treatment. Adverse reactions were recorded during the follow-up until the 12th week.

Results: The total effective rate of the treatment group at the 12th week of treatment was higher than that of the control group ($P<0.05$). The VASI scores of both groups at the 4th, 8th, and 12th weeks of treatment were lower than those before treatment ($P<0.05$), and there were significant differences in the VASI scores between the treatment group and the control group at the 4th, 8th, and 12th weeks of treatment ($P<0.05$). The DLQI scores of both groups were lower than those before treatment ($P<0.05$), and the DLQI scores of the treatment group at the 4th, 8th, and 12th weeks of treatment were lower than those of the control group ($P<0.05$). There was no significant difference in adverse reactions between the two groups ($P>0.05$).

Conclusion: Micrograft transplantation combined with NB-UVB has a certain therapeutic effect in the treatment of stable disseminated vitiligo, with uniform repigmentation, and can improve the quality of life of patients, which is worthy of promotion.

Abstract N°: 2016

Second Intention Healing of Auricular Surgical Defects: A Case Series

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Introduction & Objectives:

Non-melanoma skin cancer regularly occurs on the ear yet reconstruction procedures remain difficult because ear anatomy is intricate and there is restricted tissue availability, in addition to its critical role in supporting glasses and hearing devices. Mohs micrographic surgery stages due to embryologic complexity and delayed detection. While no consensus exists regarding the optimal method of reconstruction, second intention healing (SIH) has gained favor for facilitating tumor recurrence monitoring. Limited research exists about SIH outcomes. The study evaluated the healing process of auricular SIH after tumor removal together with its complication rate and patient satisfaction with cosmetic results.

Materials & Methods:

A retrospective case series was conducted from April 2023 to December 2024 involving patients who underwent auricular tumor excision followed by SIH. The clinical follow-ups included adjustments to dressing materials which used petroleum jelly or hydrocolloid. When granulation tissue became excessive 50% trichloroacetic acid chemical cauterization served as the treatment method. The surgical team executed fenestrations through 2 mm punch biopsy procedures on perichondrium sites to boost drainage maintenance as well as vascularization level. All patients received systemic antibiotics. Two medical professionals assessed the surgical outcomes independently and classified them into categories ranging from excellent to poor and acceptable to poor. The NCCN guidelines were used to determine tumor margins .

Results:

This study enrolled twenty patients who were composed of thirteen males and seven females. The reconstructed site experienced no bacterial infections and the massive bleeding was not recorded. Surgical closure became necessary for one patient with epidermodysplasia verruciformis before the other nineteen reached full wound closure during a period of 3–8 weeks at an average of five weeks. The slash and diameter measurements of defects varied from half centimeter to two centimeters. Technical outcomes from the procedure mostly resulted in excellent or good ratings. Two outcome ratings existed during this study where the earlobe result was unsatisfactory yet the helix repair was deemed acceptable.

Conclusion:

The surgical intervention SIH delivers reliable and low-cost solutions for treating NMSC removal defects in the ear area. SIH enables excellent surveillance of malignant diseases while preventing possible complications which could arise from intricate reconstructive methods. Wound healing is determined by both wound depth and cartilage exposure to the open air. Concha and retroauricular areas heal more successfully than helix and earlobe areas because they have a concave shape yet these convex areas tend to develop poor scarring. Unerupted cartilage does not need to prevent surgery when experts properly conduct procedures. Hydrocolloid dressings minimize treatment interference and petroleum jelly serves as an easy and efficient healing solution. Infection rates remain low according to the literature.

The healing process of second intention stands as an efficient method to address auricular surgical defects after NMSC removal when conventional reconstructive techniques are not suitable for patients. The planning process for surgery must factor in defect dimensions and position to achieve successful results and maintain both looks and cancer treatment safety.

Abstract N°: 2046

Sclerotherapy: A novel approach for recurrent pyogenic granuloma in a 5-year-old child

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Introduction & Objectives:

Lobular capillary hemangioma, widely known as Pyogenic granuloma, is a benign vascular neoplasm that typically develops on the head and neck. The exact etiology is unknown but various factors, including recent trauma have been implicated. While some lesions may resolve spontaneously, others will require treatment such as surgical excision. Bleeding, infection, and local recurrence however are rather common due to incomplete removal or partial destruction.

Sclerotherapy is a minimally invasive, targeted procedure involving injection of an irritating substance (sclerosant) that causes inflammation, thrombosis, and fibrous tissue formation in blood vessels. This technique of effectively damaging vascular endothelium is commonly used for varicose veins and an underutilized therapeutic option for pyogenic granuloma.

This is a case of a five-year-old male presenting with recurrent nodular lesions on the scalp, two months after previous history of simple surgical excision. He was clinically and histopathologically diagnosed as Pyogenic granuloma and was treated with intralesional injection of polidocanol once every 2 weeks.

Materials & Methods:

The straightforward approach to pyogenic granulomas is surgical excision. However, given that the lesions were multiple and closely-spaced to each other, excision in toto or serially would be limited by scarcity of skin reservoirs for possible graft or flap formation. More importantly, these are recurrent lesions in a pediatric patient. Extensive surgery would be a morbid therapeutic option that could cause trauma to the child. Hence, a conservative approach using sclerotherapy was favored.

After obtaining consent from the patient's legal guardian, a topical anesthetic cream using Lidocaine 2.5%/Prilocaine2.5% was applied one-hour prior sclerotherapy to reduce the anticipated local injection site pain. One percent polidocanol was prepared by diluting 1.0 ml of 3% polidocanol with 2.0 ml of normal saline solution. An average of 0.05-0.1 ml of 1% polidocanol was injected at the base of each lesion, depending on the lesion's size, with visible blanching as a guiding endpoint.

Results:

A significant reduction in the size of the lesions was achieved after two treatment sessions of sclerotherapy. No adverse reactions such as massive bleeding, ulceration, necrosis, and crusting were noted.

Conclusion:

As only few published studies on the use of sclerotherapy for the treatment of pyogenic granuloma in children, there is a need to explore this treatment modality. In this case report, sclerotherapy with polidocanol is found to be safe, feasible and cost-effective. Long-term follow-up however is recommended to monitor for delayed side effects and to identify potential recurrences or complications.

Abstract N°: 2428

Innovative Suturing Techniques for Optimal Surgical Outcomes

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Introduction & Objectives:

While surgery is a prominent component of dermatology, dermatologic surgeons typically receive little training in the art of suturing to achieve aesthetic outcomes. Because patients correlate the quality of their surgical experience with the quality of their scar, it is important for dermatologic surgeons to try to minimize scarring and provide patients with the best possible cosmetic outcomes. Proper suturing techniques can assist in that endeavor.

Most dermatologic surgeons use polyglactin 910 subcutaneously to appose wound edges with buried dermal or buried vertical mattress (BVM) sutures and nylon transepidermally to close defects with simple interrupted or running sutures. However, there are other suture material options and scores of suturing techniques that offer significant advantages over traditional suturing techniques, especially when wounds present challenges such as high tension or dermal atrophy.

In this presentation, the audience will be introduced to alternative suture materials and a variety of suturing techniques dermatologic surgeons can use to achieve optimal surgical outcomes.

Materials & Methods:

The author created the first and only suturing techniques course offered by the American Academy of Dermatology at its annual and interim meetings and has been teaching the course for the past two decades. The author has also performed an extensive literature review and personally written several articles on suture materials and innovative suturing techniques that are published in peer reviewed journals. Additionally, the author has nearly 30 years of dermatologic surgery experience and intends to demonstrate suturing techniques that she has used to provide excellent cosmetic outcomes.

Results:

There are multiple innovative suturing technique options available, but the average dermatologic surgeon does not know about many of them. Nor do they know how advantageous it can be when the proper suturing technique is used to provide optimal surgical outcomes. For instance, the BVM stitch is a variant and an improvement over the buried dermal stitch because it provides better wound edge eversion. Similarly, the subcutaneous inverted cross mattress (SICM) stitch is a double BVM stitch, but it provides additional wound edge eversion as well as tension relief. The BiPli stitch is a variant of the plication stitch, but it offers better tension relief. The ImPli stitch is a combination of the imbrication and plication stitches that advances flap pedicles forward to decrease the risk of necrosis at the distal end of the flap. Each of these examples represents a suturing technique the audience could incorporate into their dermatologic surgery practices to provide patients with exceptional aesthetic outcomes.

Conclusion:

Optimal suture and suturing techniques have a favorable impact on surgical outcomes. However, most dermatologic surgeons receive little to no training on the art of suturing. The audience will learn a variety of

innovative suturing techniques they can incorporate into their daily practice as well as suturing techniques they can apply when closing more challenging wounds like those under high tension or when the tissue is atrophic.

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Abstract N°: 2429

Utilizing the Modified Rintala Flap Technique for Effective Nasal Reconstruction

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Introduction & Objectives: The nose is centrally located on the face and significantly contributes to an individual's overall appearance. Consequently, any surgical intervention involving the nose must prioritize the achievement of optimal results, which encompass skin color matching, adequate tissue coverage, flap viability, and aesthetically acceptable outcome. A modification of the Rintala glabellar linear advancement flap was used in the treatment of basal cell carcinoma located in the nasal region.

Materials & Methods: An 87-year-old female patient was referred to our department, having a diagnosis of basal cell carcinoma situated in the middle one-third of the nasal dorsum. The tumor was excised using a modified Rintala flap technique. The flap design, elevation, and transfer were carried out following the traditional Rintala flap procedure while utilizing local anesthesia. The resultant defect measured 1 cm by 1 cm. A superior rectangular flap was designed, extending to the central forehead. The flap was elevated in the supraperiosteal plane, with bilateral parallel incisions made along both sides of the nasal sidewall, from the corners of the defect to the glabellar region and into the forehead, thereby enhancing the advancement of the flap. Burow's triangle resection was deemed unnecessary due to the considerable elasticity of the skin, and the suturing was executed without applying increased tension..

Results: The post-operative wound healing procedure was completed without any complications.In addition to a rapid recovery, a highly satisfactory aesthetic result was observed during the follow-up visits at 15 and 30 days after surgery.

Conclusion: The Rintala flap,serves as a dependable option for the reconstruction of moderate nasal defects by utilizing an advancement flap from the central forehead. A significant limitation of this technique is the potential for ischemia at the distal end of the flap. Consequently, the acceptable range for flap transfer is defined from the glabella to the middle third of the nasal dorsum. It is crucial to recognize that the resection of Burow's triangles, whether performed below the eyebrow or in the canthal region, may result in deformities, thereby restricting the distance that the flap can be advanced. Through the implementation of the modified Rintala technique, as previously outlined, we can successfully enhance the width of the rectangle along the nasal dorsum while avoiding the creation of Burow's triangles. This method provides aesthetically favorable outcomes without introducing distortions to the central facial region.

Abstract N°: 2465

An observational-phase clinical trial for intralesional radiofrequency ablation in the treatment of slow flow vascular malformations

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Introduction & Objectives: Current treatments for vascular malformations, such as sclerotherapy, laser ablation, and surgery, often result in suboptimal outcomes with high recurrence rates. This study aimed to evaluate intralesional radiofrequency ablation (RFA) as a potential treatment for slow-flow vascular malformations. Our aims was to assess the efficacy and safety of intralesional RFA in treating slow-flow vascular malformations using a self-controlled study design.

Materials & Methods: This observational-phase clinical trial included 28 patients, aged 6 to 54 years, with slow-flow vascular malformations. The study utilized a self-controlled design, where the 16-week observational phase without intervention served as the comparator arm for each patient. Thereafter, patients underwent two intralesional RFA sessions at four-week intervals (16th and 20th weeks), followed by 4-weekly post-treatment follow-ups (weeks 24, 28, and 32). The primary outcome was the reduction in vascular malformation volume, assessed via ultrasound and clinical evaluation. Secondary outcomes included changes in the Visual Analogue Scale (VAS), Dermatology Life Quality Index (DLQI), patient satisfaction, and physician global assessment. Statistical analysis was performed on a per-protocol basis.

Results: Post-RFA, lesion volume decreased by 48.84% clinically and 50.1% by ultrasound, contrasting with volume increases of 6.02% and 10.04% during the control phase ($p < 0.01$). During the observational phase (0–16 weeks), the mean volume change was +1.27 cm^3 ± 10.82. In the interventional phase (16–32 weeks), the mean volume change was -14.70 cm^3 ± 28.60, showing a significant difference ($p = 0.003$). Ultrasound-measured volume also significantly decreased, from +1.22 cm^3 ± 5.41 to -8.41 cm^3 ± 19.33 ($p = 0.025$) post-intervention. The overall VAS score dropped from 7.71 to 3.96, and the mean DLQI score from 13.89 to 7.75 ($p < 0.001$). The median patient satisfaction score was 6. Adverse effects included transient pain, mild edema, and occasional ulceration.

Conclusion: Intralesional RFA demonstrated significant efficacy in reducing the volume of slow-flow vascular malformations, along with improvements in patient-reported outcomes, compared to the observational self-control phase. These findings suggest that RFA is a promising, minimally invasive treatment option for slow-flow vascular malformations, though further studies with larger patient cohorts are warranted.

Abstract N°: 3028

Four cases of dermatofibrosarcoma protuberans in Chinese children

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is an intermediate malignancy with local invasiveness. It predominantly affects young and middle-aged individuals and is exceedingly rare in children. The lack of distinctive clinical features and its rarity often lead to delayed diagnosis. In the literature□only a few studies have focused on DFSP in the pediatric population. The primary treatment modality is surgical resectionincluding Mohs micrographic surgery(MMS) and conventional wide excision. The extensive resection required by conventional surgery frequently results in significant tissue defects that necessitate extensive flap reconstruction or skin grafting.

Materials & Methods:

A retrospective analysis was conducted on four pediatric DFSP cases treated in our department, with postoperative follow-up to monitor recurrence and metastasis.

Results:

The cohort included four children (3 males, 1 female), aged 8-13 years at presentation. Three cases presented as firm, dark red or blue nodules/masses, while one manifested as a dark red atrophic plaque. All lesions exhibited well-defined borders, were asymptomatic, and ranged in size from 1-5 cm. Histopathological confirmation via biopsy and immunohistochemistry revealed storiform-patterned spindle cells positive for CD34 and vimentin.Treatment approaches included MMS combined with flap transplantation (2 cases), excisional biopsy (1 case), and ultrasound-guided resection (1 case). During follow-up, no recurrence or metastasis was observed in any case. The ultrasound-guided resection case demonstrated superior outcomes in terms of operative time, trauma extent, and postoperative scarring compared to MMS with wide excision.

Conclusion:

DFSP is a borderline aggressive malignant tumor with a high local recurrence rate, and it is extremely rare in children. Clear-margin surgical resection is the key to cure. Compared to traditional surgical methods, ultrasound-guided resection offers real-time visualization of tumor microvasculature and neovascularization enhancing diagnostic accuracy and confidence. The surgical procedure is relatively simple, cost-effective, and offers good postoperative prognosis. In the resection of surgical tumors such as DFSP, this approach provides critical guidance for tumor boundary delineation, aiding both cosmetic preservation and recurrence prevention. Its high safety profile and clinical utility warrant further promotion and application.

Abstract N°: 3118

Decentralizing Nodulectomy for Podoconiosis to the primary health care: Improving surgical service access and outcomes in Southern Ethiopia

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Introduction & Objectives: Podoconiosis, a debilitating condition caused by prolonged exposure to irritant soil, leads to lymphedema and the formation of painful, disfiguring nodules. In Ethiopia, where podoconiosis is endemic, a significant gap in treatment access exists, particularly in rural regions. The decentralization of nodulectomy (surgical removal of the nodules) to primary healthcare facilities aims to improve service delivery and patient outcomes. This report explores the progress of the decentralization of nodulectomy for podoconiosis patients in Southern Ethiopia, highlighting the implementation, challenges, and lessons learned.

Materials & Methods: The project was launched in January 2024 with theoretical and practical training sessions for healthcare workers in the Gamo Zone of Southern Ethiopia. A total of 12 mid-level healthcare workers from three health centers participated in the training. The trained healthcare workers performed nodulectomies on 50 podoconiosis patients, guided by expert mentors. Data on patient demographics, treatment outcomes, and the challenges faced were collected and analyzed.

Results: A total of 50 patients, with a median age of 45 years, underwent nodulectomy procedures at two health centers. The majority of patients were men (55.6%) with a median duration of lymphedema of 11 years. The average healing time for the wound was 21 days. The primary concerns for patients before surgery included difficulty walking (72.2%) and social stigma (63.9%). Post-procedure, patients experienced improved mobility and a significant reduction in stigma, with many able to wear shoes and return to work. However, challenges such as a lack of surgical supplies and the financial burden on patients, particularly for travel and footwear, were identified.

Conclusion: The decentralization of nodulectomy for podoconiosis in primary healthcare facilities has proven successful in improving access to care and enhancing patient outcomes in Southern Ethiopia. However, continued efforts are needed to address logistical challenges, including the availability of surgical supplies and financial support for patients. The collaboration between local health authorities, universities, and NGOs was crucial to the success of the program. Recommendations include increasing funding, reducing travel costs for patients, and raising awareness to further reduce the stigma associated with podoconiosis.

Abstract N°: 3252

Keloid Treatment: Intralesional Cryosurgery and Algorithmic optimization

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Introduction & Objectives:

Keloids are characterized by chronic inflammation and excessive collagen deposition, often requiring multimodal treatment approaches. Despite various treatment strategies, no single modality has proven universally effective. Intralesional cryosurgery, a technique that delivers liquid nitrogen directly into keloid tissue, has emerged as a promising intervention, particularly with the advent of CryoShape devices. While previous retrospective studies proposed algorithmic models to predict treatment durations, real-world data validating these models remain limited.

Materials & Methods:

This prospective study was conducted in one German center and involved 25 patients (median age: 28 years; 52% male) with 51 keloids across various anatomical sites. The mean keloid volume was 6.23 cm^3. Each lesion was treated with the CryoShape device, and actual hold times were documented and compared with algorithm-based predictions. A subset of 11 keloids was also evaluated for volume reduction six months post-treatment. Statistical analysis was performed to evaluate treatment time deviations and clinical outcomes.

Results:

Significant discrepancies were found between predicted and actual hold times across anatomical locations. The greatest concordance was observed in ear keloids ($p = 0.007812$), whereas shoulder ($p = 0.000479$) and sternal keloids ($p = 0.000244$) exhibited marked deviations. Notably, sternal keloids displayed a bimodal response, potentially reflecting differences in underlying tissue composition. Overall, real-world hold times were significantly longer than algorithmic estimates ($p = 0.000036$), suggesting device-specific and anatomical variability. At six-month follow-up, a median volume reduction of 72.4% was observed ($p = 0.0019$), with no adverse events reported.

Conclusion:

Intralesional cryosurgery demonstrates high efficacy and safety in keloid management, with substantial volume reduction and minimal complications. However, real-world treatment durations frequently exceeded algorithmic predictions, underscoring the need for model refinement incorporating anatomical and thermal variables. Future therapeutic strategies may benefit from integrating immunomodulatory agents with cryosurgical techniques to enhance outcomes and reduce recurrence.

Abstract N°: 3361

Incidence and Prognostic Factors of Severe Skin Necrosis and Visual Disturbance among Referral Patients with Injectable Filler-induced Vascular Occlusion from Ramathibodi Aesthetic Vascular Complication Emergency Center: A Single-referral-center Retrospective Study

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Introduction & Objectives:

Injectable fillers have become increasingly popular for aesthetic procedures, yet complications such as vascular occlusion can lead to severe adverse outcomes, including skin necrosis and visual disturbances. With increasing use of fillers by inexperienced and non-physician practitioners, understanding risk factors for severe complications is critical. This study aims to determine the incidence and prognostic factors for severe complications, specifically skin necrosis and visual disturbances, in patients diagnosed with vascular occlusion from injectable fillers and treated at the Ramathibodi Aesthetic Vascular Complication Emergency Center.

Materials & Methods:

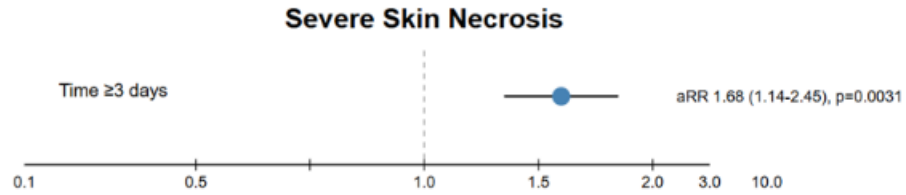
A retrospective cohort study will be conducted by reviewing medical records of patients diagnosed with vascular occlusion due to injectable fillers from September 2021 to October 2024. Data on patient demographics, filler type, injection techniques, presenting symptoms, and treatment modalities will be collected to identify factors associated with severe complications. In addition to the descriptive analysis of the variables retrieved, chi-square tests and logistic regression for predicting the factors associated with severe outcome of the vascular event was performed.

Results:

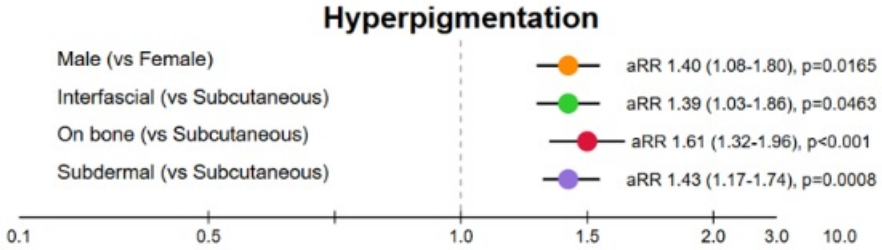
From 76 patients diagnosed with vascular occlusion due to injectable fillers who referred to RAVC center include subjects with mean age of 36.0 years (± 8.9), with 84.2% female patients. Cross-linked hyaluronic acid filler was the most frequently used filler involved in vascular occlusions (92.11%) with the nasolabial fold being the most frequent injection site (42.11%). Severe skin necrosis was the main consequence of the vascular complications (57.89%). Delayed treatment more than 3 days after filler injection was statistically significant increased the risk of severe skin necrosis with adjusted risk ratio (aRR) of 1.68 (95%CI: 1.14-2.45, p=0.0031). For hyperpigmentation, male gender had higher risk with aRR of 1.40 (95%CI: 1.08-1.80, p=0.0165). Compared to subcutaneous injections, higher risks were statistically significant associated with on-bone injections, aRR of 1.61 (95%CI: 1.32-1.96, p<0.001). No statistically significant factors were identified for scar formation, though needle type and unknown injector status showed trends toward increased risk.

Conclusion:

Time to treatment is a critical factor in determining the severity of skin necrosis following filler-induced vascular occlusion. Male gender and deeper injection planes significantly increase the risk of post-inflammatory hyperpigmentation. The study underscores the importance of early intervention, provider expertise, and proper injection techniques in minimizing severe complications from dermal fillers. Future research should focus on larger sample sizes to establish comprehensive safety guidelines for aesthetic procedures.



Note: Multivariate analysis result after adjusting factors; Gender, Skin Layer, Aspirin treatment, Enoxaparin treatment, LED treatment, Vitamin E treatment, Volume of hyaluronidase, Injection technique, Perilesional injection and Intravascular injection. P<0.05 denoted a statistically significant of difference between each group compared to baseline



Note: Multivariate analysis result after adjusting factors; Injector, Time after injection, Symptoms, Capillary refill time, LED treatment, Vitamin E treatment, Volume of hyaluronidase and injection technique. P<0.05 denoted a statistically significant of difference between each group compared to baseline

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Abstract N°: 3497

LC-OCT Co-localized by Dermoscopy for Characterizing BCC Margins: Case Report

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Introduction & Objectives:

Clinically characterizing the excision margins of basal cell carcinomas (BCC), particularly infiltrative types, can be challenging. Conventional or two-stage Mohs surgery is typically preferred but requires close collaboration with pathologists, which can be logistically difficult. In vivo microscopic imaging techniques such as confocal microscopy or LC-OCT have been previously employed to assist in margin delineation. However, their accuracy is limited by the lack of precise dermoscopic co-localization. Here, we present initial experiences using LC-OCT co-localized by wide-field dermoscopy and supported by artificial intelligence (AI) to characterize BCC margins.

Materials & Methods:

Excision margins were delineated in 4 patients presenting 3 clinically poorly defined infiltrative BCCs located on the inner canthus, nose, nasolabial fold, and one recurrent BCC on the temple. Margin delineation was initiated at the request of plastic surgeons for three lesions and a dermatologist for the fourth. To achieve safe margins, LC-OCT imaging was repeated sequentially—3 times for the inner canthus BCC, once for the nasal BCC, twice for the nasolabial BCC, and 6 times for the temporal BCC. Full video recordings of all 12 LC-OCT assessments were captured.

Results:

A perfect correlation between LC-OCT findings and histopathological results was observed in all cases. Margin delineation required between 10 and 45 minutes per patient, varying based on the number of LC-OCT sequences required and anatomical challenges related to camera positioning (figure 1).

Access to Mohs surgery remains limited in France. Real-time dermoscopy co-localization with LC-OCT, coupled with comprehensive video recordings, significantly enhances the accuracy of dermatologic surgeons in assessing tumor margins. The integration of AI for diagnosing BCC within the software facilitates rapid learning and usage. Furthermore, recording the entire co-localized margin provides valuable medicolegal documentation lacking in alternative techniques.

Conclusion:

Had traditional surgical methods been employed for our four patients, 12 iterative excisions would have been necessary. The time dedicated to margin delineation via imaging substantially offsets surgical time, especially for the temporal BCC previously unsuccessfully excised five times. Beyond saving surgical time, patient comfort is notably improved. The real-time AI diagnostic assistance enhances operator confidence, promoting wider adoption of this method.

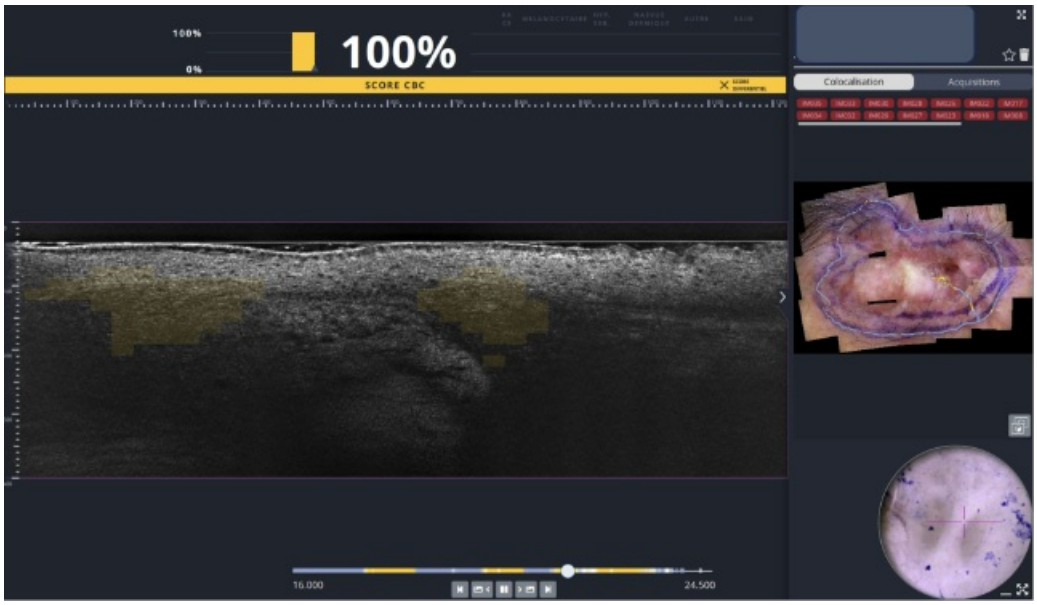

Figure 1: LC-OCT co-localized with dermoscopy, enhanced by Artificial Intelligence, displaying a score (in yellow) delineating the margins of an infiltrative BCC.

Abstract N°: 3562

Successful Repigmentation of Nipple-Areola Complex Vitiligo Using Suction Blister Epidermal Grafting and 0.5-mm Micropunch Grafting: A Case Report

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Introduction & Objectives:

Vitiligo is a chronic depigmenting disorder that can be managed through both medical and surgical approaches. Lesions on hairless areas—such as the glans penis, mucosal lips, eyelids, and nipple-areola complex (NAC)—or on sites with sparse follicular density like the digits, ventral wrists, and joints, are generally less responsive to treatment.

Despite these challenges, successful repigmentation of the NAC has been reported with techniques such as non-cultured epidermal cell suspension (NCES) and suction blister epidermal grafting (SBEG).

Micropunch grafting is a newer surgical technique that has shown promising results in various anatomical locations, although its application in NAC vitiligo has not yet been documented. **Objectives:**

To report a case of complete repigmentation of bilateral NAC vitiligo using 0.5-mm micropunch grafting following a strong, yet incomplete response to SBEG and adjunctive phototherapy.

Materials & Methods:

A case of bilateral NAC vitiligo achieving complete repigmentation through SBEG, micropunch grafting, and adjuvant excimer lamp phototherapy is presented.

Results:

A 24-year-old male with a 10-year history of vitiligo affecting both NACs was evaluated. Prior treatment with topical corticosteroids, calcineurin inhibitors, and phototherapy had failed. Disease stability was confirmed clinically and photographically over one year.

Initial treatment included bilateral SBEG, followed by 11 sessions of excimer lamp phototherapy, which resulted in over 90% repigmentation. However, small residual depigmented macules remained.

To address these, bilateral micropunch grafting was performed four months later using a 0.5-mm stainless-steel punch mounted on a micromotor handpiece. Donor grafts were harvested from retroauricular skin, and recipient chambers were created at 1 mm intervals using the same instrument. Grafts were implanted regardless of epidermal–dermal orientation.

Complete repigmentation was achieved 10 weeks after micropunch grafting and six additional excimer sessions, with excellent color match and uniform blending. No Koebner phenomenon, pigment relapse, or notable adverse effects were observed. Mild cobblestoning was noted but considered acceptable due to the natural NAC texture.

Conclusion:

This is the first reported case of NAC vitiligo successfully treated with micropunch grafting. The combination of SBEG, micropunch grafting followed by additional phototherapy resulted in rapid, sustained, and cosmetically

favorable repigmentation. In addition to its efficacy, micropunch grafting may offer procedural advantages by avoiding blister formation in SBEG and enzymatic processing in NCES, thereby reducing treatment time—an important consideration when managing small, anatomically sensitive areas such as the nipple-areola complex.

Note: In accordance with the EADV abstract submission guidelines, clinical photographs of patients or patient body parts are not included in this submission.

Abstract N°: 3824

An international questionnaire characterising surgical attire and personal protective equipment approaches in dermatologic surgery

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Introduction & Objectives:

Our experience identified significant variation in surgical attire and personal protective equipment (PPE) used in dermatologic surgery.

Materials & Methods:

A responsive questionnaire was developed in Google (California) Forms using iterative colleague feedback. It gathered baseline data including country, age, gender, clinical grade, and specialty. Questions were tailored depending on whether respondents were Mohs surgeons or performed flap/graft repairs. The international survey was circulated in March 2025 via the British Society for Dermatological Surgery, the New Zealand Dermatological Society Inc, and the European Society for Micrographic Surgery, with a reminder sent one month later. Of note the New Zealand response subset is planned to be presented prior to the Congress.

Results:

We received 205 responses from clinicians across 25 countries. Most were from the UK (122/205; 59.5%), New Zealand (29/205; 14.1%), and the Netherlands (14/201; 6.8%). The most common age group was 45–49 years (19%), with 51.2% identifying as female. Most respondents were consultant dermatologists (163/205; 79.5%), and 42.0% (86/205) were Mohs micrographic surgeons.

Respondents could select multiple options; with this in mind for diagnostic biopsies, 40% (82/205) used clean gloves, 63.9% used sterile gloves (some overlap), and 40% wore clean scrubs alone for the procedures. Others wore aprons over scrubs (35.1%) or normal work clothes alone (26.3%). Use of disposable caps (31.2%) and no cap (32.7%) was nearly equal. Just under half used standard disposable masks (47.3%). Footwear varied: including 30.7% wearing outside shoes and 36.1% used surgical clogs.

For direct closure excisions, 92% (185/205) used sterile gloves and 54.7% wore clean scrubs alone. Most used disposable caps (53.7%) and standard disposable surgical masks (71.1%). Among those performing flaps/grafts, 90.8% (148/163) reported using the same PPE and attire as for excisions.

Among Mohs micrographic surgeons, 81.4% (70/86) used sterile gloves for tumour extirpation, while 20.9% (18/856) used clean gloves. Most wore clean scrubs alone (75.6%), disposable caps (60.5%), and standard surgical masks (83.7%). For Mohs reconstructions using direct closure, 93% used sterile gloves and 72.1% wore clean scrubs alone. Mask and cap use was similar. For reconstructions, almost all (97.7%) said their attire/PPE would not change for flaps or grafts.

Across all scenarios, the eye protection used was typically own glasses for 47.3–57%. Surgical loupe use across

Mohs surgery tumour extirpation and reconstruction appeared higher (26.7–29.1%) compared to other procedures (8.3%–13.3%).

Conclusion: This survey characterizes the varied use of attire and PPE in dermatologic surgery. While practices are heterogeneous, certain trends emerge. Influencing factors likely include personal preference and experiences, local protocols, and institutional culture. Reusable attire remains uncommon aside from scrubs and eyewear. These findings support discussion and reflections amongst our colleagues; ensuring maintenance of excellent patient outcomes, clinician safety, whilst reducing our environmental impact when possible. We greatly thank the organisations in circulating the questionnaire and all participants for their time.

Abstract N°: 3968

Description of Patients Treated with Mohs Micrographic Surgery in a City in Colombia

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Introduction & Objectives:

Non-melanoma skin cancer is the most common type of neoplasia worldwide, especially in tropical countries with high-altitude areas and high levels of solar radiation, such as Colombia. Mohs micrographic surgery (MMS) is considered the treatment of choice for various types of skin cancer, as it offers a high cure rate and helps preserve healthy tissue. Our objective was to clinically and surgically characterize patients treated with MMS in an oncologic dermatology service.

Materials & Methods:

A cross-sectional study was conducted with 98 patients who underwent MMS at a Colombian clinic between January 2023 and March 2024. Demographic, clinical, and surgical data were collected from institutional medical records. The data were analyzed using descriptive statistics and comparative tests based on the nature of the variables. According to the Appropriate Use Criteria (AUC) of the American Academy of Dermatology, patients were evaluated for proper surgical indication. Complications and the need for reconstruction by plastic surgery were also assessed. The analysis was carried out using STATA 14 software.

Results:

The average age was 71 years (IQR: 61–79), and most patients were from the department of Risaralda. 88% of cases corresponded to basal cell carcinomas and their histological subtypes, and 98% were primary lesions. 73% of the lesions were located in photo-exposed areas, specifically on the face. At the time of surgery, 97% were at stage 1. The median tumor size was 8 mm (IQR: 5–14), while the surgical defect had a median size of 14.5 mm (IQR: 10–21). MMS was indicated in 99% of patients, with a mean AUC score of 8. There were prolonged times between diagnosis and treatment, with a median of 62 days between biopsy and surgery, and 84 days from scheduling to intervention. 60% of the cases required reconstruction by plastic surgery. Complications were minimal, mainly involving healing issues (4.1%) and bleeding (3%).

Conclusion:

MMS proved to be a safe and effective technique for treating non-melanoma skin cancer, particularly in photo-exposed areas. This study highlights the need to reduce wait times and expand access to this procedure within the Colombian healthcare system. This must be accompanied by the strengthening of professional training in this technique, considering the high prevalence of skin cancer and the population's high exposure to sunlight. MMS offers advantages over conventional surgical excision, including a lower recurrence rate, underscoring the importance of developing comparative studies in the local context. The study also emphasizes the value of a multidisciplinary approach involving plastic surgery, which helped optimize aesthetic outcomes in treated cases. It is recommended to implement medium-term follow-up that includes patient satisfaction assessment using validated tools such as the Skin Cancer Index. The findings of this study can guide clinical decision-making and support the development of public policies aimed at improving comprehensive management and prevention of these neoplasms.

Abstract N°: 4246

Left-handedness in dermatological surgery

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Introduction & Objectives: 90% of the world's population are right-hand dominant(RHD) and as such most environments are designed with right-handed individuals in mind. This extends to operating theatres, where left-hand dominant(LHD) surgeons face documented challenges when training in right-handed environments. These challenges include limited access to left-handed instruments and a lack of LHD mentors. When using right-handed instruments, LHD surgeons must reverse their natural motion or learn to operate with their right hand—both of which are unnatural and fatiguing.

This study aims to explore the experiences, challenges, and adaptations of left-handed dermatologists, trainees, and GPs with extended roles(GPwERs) in Ireland and the UK when performing dermatological surgery.

Materials & Methods:

An online questionnaire was distributed to dermatologists, trainees, GPwERs and specialist nurses through Irish & UK dermatology professional organisations.

Results:

A total of 105 respondents participated(50 consultants,35 trainees,4 GPwERs,and 16 nurses). Of these, 47(44.8%) were LHD, and 58(55.2%) were RHD. Five of 15(33%) Mohs surgeons were LHD. Among 47 LHD respondents,13 reported operating equally with both hands,31 with primarily the left hand, and 3 with primarily the right hand. Only 6.4%(n=3) of LHD respondents have access to LH instruments, though only 10 respondents had requested them-two successfully and eight unsuccessfully. Eighteen LHD respondents had tried to change handedness during their training.

When comparing handedness across surgical tasks, LHD trainees were more likely than RHD trainees to report using their non-dominant hand or demonstrating ambidexterity when using scissors(46.8% vs.6.9%),suturing(38.3% vs.5.2%), and undermining(34% vs.13.8%).No difference was found in electrocautery(8.5% vs. 10.3%) or scalpel use(8.5% vs. 5.2%).

When asked if hand dominance significantly affected the learning curve in dermatological surgery,53.2%(25 of 47) of LHD respondents felt it did not, compared to 22.4%(13 of 58) of RHD respondents, although previous research has shown increased efficiency using handed-matched versus handed-unmatched needle drivers.

Themes from open-ended questions highlighted initial difficulties with scissors and needle-holders, but all reported adaptation. Some respondents noted logistical challenges in acquiring and maintaining left-handed equipment within departments, and many indicated they were self-taught, struggling to find adequate resources for left-handed surgical training techniques.

Conclusion:

This study highlights challenges faced by LHD dermatologists, trainees, and GPwERs, particularly due to limited access to left-handed instruments and training resources. While most respondents did not feel their handedness

significantly affected their learning curve, the lack of appropriate tools and mentorship remains a barrier. Improving access to left-handed instruments and tailored training could enhance the learning experience and reduce the physical strain on LHD practitioners in dermatological surgery.

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Abstract N°: 4418

O-T Flap for Reconstruction of Non-Central Dorsal Hand Defects: A Two-Case Report

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Introduction & Objectives

Squamous cell carcinoma (SCC) is the second most common skin cancer. Reconstruction of the surgical defect after SCC excision of on the dorsum of the hand can be very challenging for the dermatologic surgeon: low local mobility, thin skin in areas that have already undergone photoaging, and the difficulty in simultaneously maintaining local aesthetics and functionality may contribute to technical difficulty. The aim of this study is to describe the use an O-T flap (OTF) to close defects in non-centralized SCC excisions on the dorsum of the hand.

Case reports Case report 1

Female, 73 years old, white, with a 21 mm plaque on the lateral dorsum of her right hand (Figure 1). Pathological examination of the incisional biopsy confirmed SCC. She underwent excision and reconstruction in O-T flap (Figures 1, 2, 3 and 4)

Figure 1.

Figure 2.

Figure 3.

Figure 4.

Case report 2

Male, 67 years old, white, with a 23 mm plaque on the medial dorsum of his right hand (Figure 5). Pathological examination of the incisional biopsy also confirmed SCC. The patient underwent excision and reconstruction in O-T flap (Figures 5, 6 and 7)

Figure 5.

Figure 6.

Figure 7.

Description of the technique:

a. Patients in horizontal dorsal decubitus;
b. Surgical proposal design with surgical marking pen;
c. Antisepsis with 10% topical Povidone-Iodine;
d. Placement of surgical fields;
e. Local infiltrative anesthesia with 2% lidocaine with vasoconstrictor;

f. Incision with number 15 scalpel blade and circular removal of the lesion with 3-4 mm margins, and removal en bloc;

g. Incisions and creation of flaps;

h. Detachment of the flaps at the subcutaneous level with iris scissors;

i. Positioning of the flaps/flaps;

j. Simple suture with 4.0 mononylon;

k. Cleaning with saline solution;

l. Occlusive dressing with gauze.

Discussion

The A-T is an advancement flap, in which the defect is designed as a triangle resembling the letter A. At the base of the triangle, the incisions are extended on each side, in which the flap is detached and then the flaps are brought together, closing like a T (Figure 8A).

Figure 8.

The OTF advances, but rotates. The circular defect resembles the letter O and less area of healthy perilesional tissue is removed than the A-T flap, which may be important for regions with little mobility, such as the lateral/medial sides of the hands, since the size of the defect would be smaller than in the A-T flap (Figure 8B).

Total grafts are indicated for practically all defects. However, the dorsum of the hands is a site that may present difficulties in the integrity between the donor and recipient areas, due to the tendons, vessels and problems of discomfort from the compressive dressing in daily activities. There is also the inconvenience of causing an incision and closure of a site distant from the lesion (donor area).

In the present case, even though it affected the dominant hand for both patients, there were no reports of discomfort in the postoperative period in daily tasks, with satisfactory results in terms of aesthetics and functionality.

Conclusion

OTF allows for rapid reconstruction in a single step, preserving functionality and aesthetics, making it an option for wounds in non-centralized locations on the back of the hand. Patients of this study evolved with satisfactory aesthetic results, with good healing, and no signs of infection (Figures 4 and 7).

Abstract N°: 4535

Punch Excision vs Subcision in the Management of Ice-Pick and Rolling Acne Scars: A Comparative Study

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Introduction & Objectives:

Atrophic acne scars, particularly ice-pick and rolling types, present a significant aesthetic concern and therapeutic challenge. While various treatment modalities exist, punch excision and subcision remain key minor surgical techniques tailored for different scar morphologies. This study aims to compare the efficacy, safety, and patient satisfaction of punch excision versus subcision in the management of atrophic acne scars.

Materials & Methods:

A prospective, split-face study was conducted on 30 patients with mixed types of atrophic acne scars. Each patient received punch excision on one facial half targeting ice-pick scars and subcision on the contralateral side focusing on rolling scars. Both procedures were performed under local anesthesia. Outcomes were assessed using Goodman and Baron's qualitative grading scale, standardized photographs, and patient-reported satisfaction scores at baseline and 12 weeks post-treatment. Complications such as bruising, hyperpigmentation, and secondary infection were documented.

Results:

Punch excision showed greater improvement in the depth and visibility of ice-pick scars, with 70% of patients achieving a two-grade improvement on the Goodman and Baron scale. Subcision resulted in notable improvement in rolling scars, with 65% of patients showing moderate to excellent improvement in skin contour and smoothness. Overall patient satisfaction was high in both groups, though a slightly higher preference (56%) was observed for subcision due to minimal downtime. Adverse events were mild and transient, with bruising being more common after subcision and transient erythema noted post-punch excision.

Conclusion:

Punch excision and subcision are both effective minor surgical techniques for atrophic acne scars when matched appropriately to scar type. Punch excision is more suitable for narrow, deep ice-pick scars, while subcision offers superior outcomes in broader, tethered rolling scars. A tailored approach based on scar morphology optimizes outcomes and enhances patient satisfaction in acne scar management.

Abstract N°: 4839

Epithelioid Fibrous Histiocytoma: A Rare Case of Nasal Tip Involvement

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Introduction & Objectives:

Epithelioid fibrous histiocytoma (EFH) is a rare entity, accounting for only 0.5% to 1.4% of all benign cutaneous histiocytomas. It was first described by Wilson-Jones in 1989. Clinically, it presents as an erythematous papule or nodule with a peripheral epidermal collarette, predominantly affecting the lower extremities and typically occurring in the fifth decade of life. Dermoscopically, it is characterized by peripheral branched vessels and whitish structures on a homogeneous erythematous-violaceous background. Histologically, it features angular epithelioid cells with abundant eosinophilic cytoplasm. (1,2) Herein, we present the case of a young female with an EFH located on the nasal tip, for which surgical excision revealed unexpected cartilage involvement, prompting reconstruction using a dorsal nasal rotation flap.

Materials & Methods:

We present a 19-year-old female patient with no significant medical history who developed a symmetric, bilateral erythematous papule with an epidermal collarette on the nasal tip. The lesion progressively enlarged but remained asymptomatic. The patient underwent evaluation at a secondary-level healthcare facility, where a punch biopsy was performed. The histopathological report suggested EFH, prompting referral to our service. A histopathological review confirmed the presence of large pleomorphic cells, a desmoplastic stroma, and collagen fibers. Immunohistochemical analysis demonstrated CD68 positivity and CD34, SOX10, and Factor XIII negativity, which confirmed the diagnosis. Surgical excision revealed unanticipated cartilage involvement, warranting reconstruction with a dorsal nasal rotation flap.

Results:

Most reported EFH cases occur in the lower extremities, making nasal tip involvement highly atypical. The molecular basis for the relationship between EFH and benign fibrous histiocytoma has remained largely unknown, the recent identification of ALK rearrangement and overexpression in EFH contests this paradigm and adds to the mounting evidence indicating that EFH is biologically different from benign fibrous histiocytoma. (3,4) A precise differential diagnosis is essential to distinguish EFH from similar entities, such as Spitz nevus (S100-positive) and dermatofibrosarcoma protuberans (CD34-positive), which require surgical resolution with wider margins. This differentiation relies on thoroughly understanding their clinical, histopathological, and immunohistochemical characteristics.

Conclusion:

Epithelioid fibrous histiocytoma is a rare benign neoplasm predominantly affecting the lower extremities, making its occurrence on the nasal tip unusual. Its differential diagnosis includes Spitz nevus and dermatofibroma protuberans, which can be distinguished using immunohistochemistry. In this case, CD68 positivity and CD34 negativity confirmed EFH. The extension into nasal cartilage required surgical excision with a dorsal nasal rotation flap. Thorough histopathological and immunohistochemical assessment facilitated an accurate diagnosis and an optimal surgical strategy, ensuring resolution without necessitating cartilage grafting.

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Abstract N°: 4903

clinical exploration of postoperative dose-escalation prolonged-course radiotherapy regimen in the treatment of keloids

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Introduction & Objectives:

The onset and progression of keloid formation represent a gradual and prolonged pathological process, necessitating sustained and adequate therapeutic intervention. Numerous studies have demonstrated that postoperative superficial X-ray irradiation can significantly reduce the recurrence rate of keloids. At present, there are few studies on the mode of surgery combined with multifractionated prolonged-interval superficial radiotherapy, and its efficacy and tolerability are still uncertain. The aim of this study was to determine the efficacy and tolerability of postoperative multifractionated prolonged-interval radiotherapy modalities for keloids, and we investigated the clinical characteristics potentially associated with the treatment's efficacy, as well as the risk factors contributing to persistent hyperpigmentation.

Materials & Methods:

This study included patients with keloids treated with postoperative radiotherapy. The total dose was 19-20 Gy, delivered in five fractional doses administered weekly. The initial dose of 120 cGy was administered within 24 hours postoperative, followed by a second dose of 350 cGy and the remaining dose of 450 cGy. Efficacy end points were defined as the percentage of patients achieving a VSS score50(≥50% improvement from baseline in Vancouver Scar Scale), VSS75 (≥75% improvement from baseline in Vancouver Scar Scale), at month 6.

Results:

The VSS score significantly decreased post-treatment from baseline (from median = 10.00 to median = 4.0). Notably, 78.5%, and 20.5% of patients achieved VSS50, and VSS75 at the 6-month follow-up, respectively. We also found that some Specific clinical factors responded more favorably to radiotherapy including female sex, single, small-area skin lesions, The treatment outcomes for the chest, back, and ears demonstrate superior efficacy compared to those for the Vulva. During the follow-up period, 33 keloids (11.07%) recurred which was slightly lower than previous studys. The recurrence rate of keloids in different parts was significantly different, and the recurrence rate of keloids in the chest was the highest. Regarding safety, local acute reactions include included erythema crusting and infection, and late complications include: hyperpigmentation, hypopigmentation, telangiectasia and skin atrophy, most of which were significantly relieved after completion of radiotherapy. Hyperpigmentation was the most common adverse effect, and most resolved within six months. All keloids appeared to be normal, mild or moderate hyperpigmentation at the 6-month follow-up. No differences in hyperpigmentation severity were recorded with respect to Family history, area of keloid, or receipt of prior treatment. However, the severity of hyperpigmentation varied significantly across locations. The keloids in the ear all showed mild hyperpigmentation. Keloids on the chest, Back and shoulder predominantly showed mild-Moderate hyperpigmentation.

Conclusion:

In conclusion, our study demonstrated that the postoperative dose-escalation radiotherapy modality appears to be effective and well tolerated in Keloids Treatment and it has a satisfactory effect in controlling the recurrence

rate of keloids. Some specific clinical features of keloid might affect the therapeutic response. These data may guide dose-escalation prolonged course radiotherapy regimen and the most appropriate individualized treatment.

Abstract N°: 5121

Epidemiological profile and recurrence after conventional skin cancer surgery in a referral center in 2024

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Introduction & Objectives: Skin cancer is the most prevalent malignancy in Brazil, accounting for 30% of all diagnosed tumors. Basal cell carcinoma (BCC) accounts for 70% of cases, while squamous cell carcinoma (SCC) accounts for around 20%. The incidence of both has risen due to cumulative UV exposure, population aging, and ozone depletion. Although disease-specific mortality is low, aggressive subtypes can cause substantial morbidity, disfigurement, and require extensive surgery with possible functional and aesthetic sequelae.

The primary treatment objective is complete excision with maximal functional preservation and minimal cosmetic impact. Options include conventional excision with predetermined margins and micrographic surgery with intraoperative margin assessment. A systematic review reported 5-year recurrence rates of 5.2% for conventional and 3.2% for micrographic surgery. Similarly, the NCCN describes recurrence rates of 1–5% for micrographic and 5–10% for conventional surgery.

This study aimed to characterize the epidemiologic profile, histologic subtypes, recurrence rates, and invasion patterns of histopathologically confirmed skin cancers treated at a tertiary center.

Materials & Methods: This retrospective descriptive study analyzed electronic medical records of patients with skin cancers evaluated at a tertiary hospital in 2024. Cases without histopathological confirmation or with incomplete data were excluded.

Results: A total of 160 patients with 458 cutaneous tumors were analyzed. Among them, 73 (45.6%) were male and 87 (54.3%) female, aged 21–103 years; 83.1% were over 60, and 24% over 80. Head and neck were the most affected sites (60.9%), especially the nose (24.7%).

Histopathology revealed 341 BCCs (74.4%), 98 SCCs (21.3%), 9 basosquamous carcinomas (1.9%), 8 melanomas (1.7%), and 0.4% other malignancies (e.g., sweat gland carcinoma, dermatofibrosarcoma protuberans). Among BCCs, 78.2% were low-risk (nodular and superficial), while high-risk features predominated in mixed subtypes (15.8%). Most SCCs were in situ (38.7%). Melanomas included 50% superficial spreading, 25% acral, 12.5% lentigo maligna, and 12.5% nodular.

There were 22 recurrences (4.8%); 11 occurred after excision in our center with 4 mm margins, corresponding to a 2.4% recurrence rate. The remaining cases were initially treated elsewhere, with recurrence managed at our center; initial margin data were unavailable. Perineural invasion was seen in 2 cases; none showed angiolymphatic involvement.

Conclusion: A recent meta-analysis provided moderate evidence from 2 randomized trials and low evidence from 15 cohort studies supporting micrographic surgery as superior in reducing BCC recurrence. In this cohort, conventional excision with 4 mm margins yielded a 2.4% recurrence rate—below the 5–10% reported by the NCCN for standard excision and within the 1–5% range reported for micrographic surgery. Based on these findings, we infer that, in this specific sample, conventional surgery was associated with low recurrence and satisfactory oncological outcomes. Nonetheless, despite its cost-effectiveness, outcomes vary significantly with surgical expertise and precision in margin assessment. Thus, these results are not broadly generalizable. Still, the data underscore that strict adherence to surgical protocols and, more importantly, appropriate patient selection

for the chosen surgical modality, are key determinants of successful outcomes.

Abstract N°: 5380

Transverse Keystone Perforator Island Flap in Extremity Reconstruction: A Practical Approach in Selected Cases

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Introduction & Objectives:

The Keystone perforator island flap is a well-vascularized, easy-to-design reconstructive option for surgical defects of the extremities, with a lower complication rate compared to techniques such as skin grafting. It is typically designed parallel to the limb's longitudinal axis to align with the metameric distribution of perforator vessels. This approach usually eliminates the need for Doppler mapping and is not limited by limb circumference. However, in certain clinical scenarios, it may be necessary to expand transversely oriented scars, preventing longitudinal flap alignment.

Materials & Methods:

We report three cases in which the Keystone flap was designed perpendicular to the limb axis, all with favorable outcomes. The patients were three women aged 62 to 82 years with localized T1a melanomas—two on the legs and one on the arm. All underwent a 1 cm margin excision followed by reconstruction using a Keystone flap: two standard and one following the Sydney Melanoma Unit (SMU) modification.

Results:

All flaps survived with satisfactory aesthetic and functional outcomes. Postoperative recovery was uneventful in two cases. One patient with severe chronic venous insufficiency developed a partial wound dehiscence, which resolved with local care.

Conclusion:

These cases suggest that transverse orientation of the Keystone flap can be a viable reconstructive option when longitudinal design is not feasible. However, it carries an increased risk of lymphatic disruption and lymphedema, especially if the flap extends beyond half the leg circumference or involves the distal third. In such scenarios, the SMU modification may be preferable, as it preserves a skin bridge and reduces vascular and lymphatic sacrifice. While further studies are needed, we propose that transverse orientation should not be seen as an absolute contraindication, but rather as a comorbidity-associated risk factor, akin to obesity, venous insufficiency, peripheral artery disease, or marked dermal atrophy.

Abstract N°: 5383

Roadmap to decarbonising skin surgery in the United Kingdom

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Introduction & Objectives:

We adopted a multi-organisational approach to pool resources from diverse dermatology groups to co-deliver a pipeline of activities aiming to decarbonise skin surgery across the UK. Our programme included evidence synthesis, guideline development and clinical audits with the aim of achieving £1m (€1.18m) and 280 tonneCO2e reduction annually across the UK through lean low carbon alternative skin surgery and optimising skin surgery waste management.

Materials & Methods:

Our journey began in 2022 with production of a society-based skin surgery sustainability guidance with recommendations across 4 domains: reducing activity, low carbon alternatives, operational resource use, research/innovation.

Results:

In 2023, our national 12-site study (involved 115 skin surgery lists and 547 procedures) identified wide variation in skin surgery resource consumption and waste generation; 5/12 (42%) sites did not have access to a recycling bin in the procedure room, and mean recycling rate of 16%. After identifying carbon hot spots in skin surgery, we proceeded to quantifying the economic and environmental impact of switching to a lean and low carbon alternative skin surgery procedure and optimise waste management as per our sustainability guidance predicting £4.08 (€4.80) and 1.24kgCO2e reduction per procedure with a recycling rate of 3.3% (for curette and cautery procedures). A low recycling rate <5% suggests a lean system or lack of engagement with recycling. With majority of the quarter of million cases of skin malignancies treated surgically, our model projects an annual UK-wide savings of £1m (€1.18m) and 280tonneCO2e per annum if we can embed sustainability guidance into everyday practice. We conducted an interview based study to identify clinicians' level of preparedness, perceived barriers and facilitators to transition to greener skin surgery practices. Our findings informed our subsequent activities to address stakeholder concerns, e,g. addressing the unmet learning need on green business case development through our educational strategy. To increase health professional engagement, we developed a sustainable skin surgery audit standards and checklist scoring 30 participating hospital trust according to their performance (mean score 17.3/30; 17/30 (57%) sites had access to recycling bins with mean recycling rate 8.6%). The audit facilitated participants to periodically reflect upon their performance and make local changes. The increase proportion of sites with access to recycling bin and reduction in recycling rate could be reflective of the impact of our sustainability guidance. To achieve manager/administrator engagement with sustainable skin surgery, we plan to co-develop a high stake authoritative national guidance with key partners on decarbonising skin surgery with a

broader focus to include reducing activity and operational resource use.

Conclusion:

Our 3-year journey equipped us with the necessary skills and capability to broaden our scope of work as we began evaluating/differentiating the process carbon footprint of diverse surgical and medical treatments for low risk basal cell carcinoma – this raised the important question on what is an equitable way to compare carbon footprint of diverse treatments and what outcome measures should be included (e.g. efficacy, numbers needed to treat, adverse effect profile, patient reported outcome measure and health economics)?

Abstract N°: 5437

Secondary intention healing achieves better long-term aesthetic and functional outcomes than full thickness skin graft following functional nail surgery: a retrospective multicenter study.

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Introduction & Objectives:

Functional nail surgery (FNS) is the treatment of choice of in situ or minimally invasive malignant nail unit tumors. The surgical defect can be repaired using a full thickness skin graft (FTSG) or heal by secondary intention (SIH). There is limited literature on the long- term outcomes of both reconstructions, and it remains unclear which is superior. We aim to describe and compare functional and aesthetic outcomes (measured** by the QuickDASH, Foot Function Index and analogue visual scale respectively), as well as** the impact on quality of life (measured by DLQI), according to the reconstructive method.

Materials & Methods: we conducted a retrospective, multicenter international study including patients** who underwent FNS at least 12 months prior, between 2013 and 2023. Patients were** grouped based on the reconstructive method used. Additionally, patients were classified** into two groups according to the functional importance of the affected digit in the hand or** foot: Group 1 included the thumb, index finger, and great toe; Group 2 comprised all other** digits. Univariate analysis and multivariate linear regression were performed.

Results: a total of 95 patients were included (median age 59 years; 66% female). Melanoma** was diagnosed in 81% of cases and squamous cell carcinoma in 19%. Hand digits were** affected in 65% of patients, with involvement of the dominant hand in 67%; the hallux was** the most frequently affected digit. Overall, Group 1 accounted for 68.4% of the cases. The** median follow-up after surgery was 3 years, with only 6,3% (n=6) of recurrences, all of them** melanomas.

Reconstruction was performed using full-thickness skin grafts (FTSG) in 53.6% of patients (n=51), while secondary intention healing (SIH) was used in 46.3% (n=44). Patients in the SIH group were older (62.5 vs. 49 years, p=0.024) and had a shorter follow-up period (2 vs. 4 years, p=0.023), with no other significant baseline demographic differences. Univariate analysis revealed that patients treated with SIH had better functional outcomes (0.48 vs. 3.26, p=0.027) and superior aesthetic results (9 vs. 8, p<0.001), with a non-significant trend toward a lower

DLQI score (p=0.087). A multivariate linear regression for functional disability outcome suggested that use of FTSG was associated with a worse functional outcome (p=.07). For aesthetic result, the type of closure was the only statistically significant variable (p<0.001), indicating that FTSG was associated with poorer aesthetic results compared to SIH, particularly in the hand.

Conclusion: our study demonstrates that FNS is an oncologic safe technique with favorable long-term outcomes. Our findings suggest that SIH may yield better functional and aesthetic results than FTSG, while being a simpler and faster procedure. The main limitations of our study are its retrospective design and the relatively small sample size.

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Abstract N°: 5447

Reconstruction of Two Adjacent Surgical Defects Using a Single Flap: A Case Series

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Introduction & Objectives:

In daily dermatologic surgical practice, it is common to encounter patients presenting with more than one synchronous skin cancer, particularly in the head and neck region. These tumors are often located in close proximity, creating complex reconstructive challenges after excision. The ideal approach involves excising both tumors and reconstructing the resulting defects in a single surgical session, aiming to minimize locoregional tissue mobilization and reduce the risk of damaging critical anatomical structures. However, when the defects are close to each other or relatively large, direct closure may not be feasible due to tissue tension, and the location of the second lesion may interfere with conventional flap design. While various local flap techniques are well described for single defect closure, literature addressing simultaneous closure of adjacent defects with a single flap is limited. The objective of this study is to describe our experience with single-flap reconstruction in patients with synchronous facial skin cancers.

Materials & Methods:

We conducted a retrospective review of six cases involving patients aged between 73 and 87 years, all diagnosed with synchronous basal cell carcinomas on the face. Surgical excision of both tumors was performed in a single session, followed by defect closure using a single local flap. The flap designs included advancement and transposition flaps such as puzzle flaps, wedge-burrow flaps, and bilobed flaps. Reconstruction planning took into account tumor location, skin tension lines, and preservation of functional and aesthetic subunits. All procedures were performed under local anesthesia in an outpatient setting.

Results:

In all six cases, complete tumor excision with clear margins was achieved. The use of a single flap allowed for successful closure of both defects simultaneously, without the need for grafts or secondary procedures. No intraoperative or postoperative complications were observed, including flap necrosis, infection, hematoma, or wound dehiscence. Healing was uneventful, and the aesthetic and functional outcomes were considered satisfactory by both the surgical team and the patients. The flap designs proved to be versatile and effective in addressing the challenges posed by adjacent lesions.

Conclusion:

Simultaneous reconstruction of multiple facial skin cancer defects using a single local flap is a safe, efficient, and aesthetically favorable approach. With careful planning and selection of appropriate flap techniques, dermatologic surgeons can manage complex synchronous tumors in a single operative session, optimizing surgical outcomes while minimizing patient morbidity. This approach deserves further attention in the literature, as it may represent a valuable strategy in the management of multifocal facial skin cancers.

Abstract N°: 5793

Long-term Satisfaction with Carbon Dioxide Laser Treatment for Moderate to Severe Rhinophyma

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Introduction & Objectives:

Rhinophyma, a severe form of rosacea, causes nasal skin thickening and functional impairment, mostly in Caucasian male patients. Carbon dioxide (CO_2) laser resurfacing is a widely used intervention, but long-term outcomes remain understudied.

Materials & Methods:

A retrospective case series evaluated 11 male patients with moderate to severe rhinophyma treated with CO_2 laser between 2015 and 2023. Outcomes included patient-reported satisfaction (0–10 scale), nasal airflow improvement, and adverse effects assessed via questionnaires and photographic documentation.

Results:

At follow-up (range: 8 months to 4 years), 92% of patients (10/11) reported high satisfaction (median score: 10/10). Sustained cosmetic improvement was noted in all cases, and 55% (6/11) experienced improved nasal breathing. Minor hypopigmentation or scarring occurred in some patients, but no major complications were reported.

Conclusion:

CO_2 laser treatment demonstrates durable efficacy and high patient satisfaction for moderate to severe rhinophyma, with functional benefits for nasal airflow. Caution is advised for darker skin types due to hypopigmentation risks.

Abstract N°: 6002

Management of Squamous Cell Carcinoma on right lower eyelid using an upside-down Cutler Beard flap

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Introduction:

Squamous cell carcinoma (SCC) is an invasive epithelial malignancy derived from epidermal keratinocytes. It is the second most common eyelid and periocular skin malignancy, comprising 5% to 10% of eyelid and periorbital skin malignancies. It is a painless disease that often progresses slowly with risk factors including exposure to ultraviolet light, fair skin, radiation and human papillomavirus infection.

Results:

A case of a 59-year-old male who has an 8mm scaly, crusting lesion on the right lower eyelid present for the past few months is presented. Wide excision of the lesion was performed with frozen section control which confirmed complete excision of an SCC. Eyelid reconstruction was performed via a upside-down Cutler Beard flap. This type of flap is a modification on the traditional Cutler-Beard flap, using a full-thickness advancement flap to repair the lower eyelid defects by splitting the upper eyelid anterior and posterior lamella structures and suturing into the respective layers of the lower lid defect. At 12-month follow-up no evidence of recurrence or metastasis was present.

Conclusion:

Eyelid SCC is a relatively uncommon, but potentially fatal disease. However, if detected early and treated adequately, the prognosis is generally excellent. Treatment by complete excision with histological confirmation of tumour clearance is recommended. Other treatment options include primary radiotherapy, chemotherapy, cryotherapy, and various systemic (retinoids) and topical preparations (5-fluorouracil, imiquimod). All patients with eyelid SCC should be advised of the risk of recurrent or new tumors and encouraged to attend lifelong follow up.

Abstract N°: 6112

Nanofat grafting as a Treatment of dark pigmentation and skin rejuvenation of lower eye lid

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Introduction & Objectives:

Dark pigmentation and skin laxity of lower eyelids attributed to many factors including thin ,translucent skin, prominent vasculatures and excessive melanin deposition which is difficult to treated; Tonnard's et al used nanofat graft by intradermal injection in lower eyelids which shows major benefits of nanofat injection is to related to stem cell activity ;in this clinical study we used nanofat injection in the lower eyelids as a treatment for dark pigmentation and skin rejuvenation, the aspirated fat was mechanically emulsified so fat fragments altered into liquid emulsion, and the color turned from yellow to whitish, then injected intradermally in the lower eyelids, all procedures performed in an outpatient clinic. Objectives: To evaluate clinically the benefit of using Nanofat injection for the treatment of skin rejuvenation and dark pigmentation of the lower eyelids with short term follow up

Materials & Methods:

prospective study conducted in the period of February 2024 to February 2025included as an outpatient clinic procedure in Kirkuk province in Iraq. 22 female patients were recruited aged from 20 to 40 years, all were treated with intradermal Nano fat injection in the lower eyelids, and only 4 underwent lower eyelid blepharoplasty as they had excess skin in the lower eyelid

Results:

All patients had nanofat injection for skin rejuvenation and deep dark pigmentation of the lower eyelids, Assessment of the results by the surgeon were good in 50%, fair 36.4 and poor 13.6; patient satisfaction was taken into consideration and almost more than half of the them expressed satisfaction (good result in 59.1% ,fair result in 31.8%). Only 2 patients (9.1%) had minimal postoperative complications.

Conclusion:

Nano fat injection may consider an affordable option as an outpatient procedures that can be performed with ease in clinics to relive deep dark pigmentation and skin rejuvenation of the lower eyelid

Abstract N°: 6227

Angiolymphoid Hyperplasia with Eosinophilia (ALHE): Case Report and Surgical Management of a Rare Vascular Tumor

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Introduction & Objectives:

Angiolymphoid hyperplasia with eosinophilia (ALHE) is a rare benign vascular lesion first described in 1969, with an uncertain pathogenesis. It is characterized by reactive vessel proliferation, vascular malformation, or neoplasia. ALHE typically affects cutaneous and subcutaneous tissues of the head and neck, presenting as slow-growing papules or nodules. Although benign, the lesion can cause discomfort, bleeding, and aesthetic concerns.

Case report:

A 31-year-old woman presented in 2024 with a 4 cm tumor in the right frontal region, evolving over one year. Initially a papule, the lesion gradually increased in size and exhibited moderate bleeding after trauma. The patient had undergone three partial excisions elsewhere, all followed by recurrence. A biopsy showed non-specific findings of superficial and deep perivascular dermatitis without malignancy. At our institution, a new biopsy revealed microscopic vascular proliferation with lymphocytes, plasma cells, eosinophils, and red blood cell extravasation. Immunohistochemistry showed mixed lymphoid proliferation with positivity for CD31, CD34, and factor VIII, supporting the diagnosis of ALHE. Complete surgical excision was performed using a double advancement flap. The patient recovered well postoperatively, with no signs of recurrence.

Discussion:

Also known as epithelioid hemangioma, ALHE is a benign vascular tumor with debated etiology. Hypotheses include neoplastic origin, hypersensitivity reactions, vascular inflammation, or trauma-induced responses. Hormonal influences, such as elevated estrogen levels, may also play a role. Clinically, ALHE presents as erythematous to violaceous nodules or papules, possibly pruritic or ulcerated. It is often misdiagnosed due to similarity with other vascular lesions. Though systemic symptoms are uncommon, some patients may exhibit regional lymphadenopathy, peripheral eosinophilia, or elevated IgE. Diagnosis relies on clinical suspicion and histopathology, revealing a dense infiltrate of lymphocytes and eosinophils, and capillary proliferation with enlarged, cuboidal endothelial cells. Immunohistochemical staining is typically positive for CD31, CD34, and factor VIII. Management is difficult due to high recurrence rates. Systemic therapies (e.g., corticosteroids, dapsone, isotretinoin) have limited success. While laser therapy shows potential, complete surgical excision remains the most effective approach.

Conclusion:

ALHE is a rare, benign vascular lesion that poses diagnostic and therapeutic challenges due to its recurrent nature and potential cosmetic impact. Histological and immunohistochemical analysis are essential for accurate diagnosis. Despite various systemic options, surgical excision remains the gold standard. Early recognition and appropriate treatment, as in this case, are key to achieving satisfactory outcomes.

Abstract N°: 6228

Nanofat graftingas for scar revision: clinical study

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:_ "Nano Fat Grafting for Scar Revision :clinical study

Abstract:

Scar revision remains a challenging task in plastic surgery. Nano fat grafting, a technique involving the injection of nanofat (a suspension of adipose tissue-derived stem cells and growth factors), has shown promise in improving scar appearance. This study evaluates the efficacy of nano fat grafting for scar revision.

Objective: To evaluate the efficacy and safety of nano fat grafting for improving the appearance of scars.

Materials: - Nanofat prepared from autologous adipose tissue - Standardized photographic equipment - Patient satisfaction questionnaires

Method: A prospective study was conducted on 30 patients with scars undergoing nano fat grafting. Nanofat was prepared using a standardized protocol and injected into the scar tissue. Patients were followed up at 1, 3, and 6 months post-procedure. Scar appearance was evaluated using photographic analysis and patient satisfaction questionnaires.

Result: Significant improvements were observed in scar texture, color, and overall appearance. Patient satisfaction rates were high, with 90% of patients reporting improved scar appearance. No major complications were reported.

Conclusion: Nano fat grafting is a safe and effective treatment for scar revision, offering a minimally invasive solution for improving scar appearance. The regenerative properties of nanofat promote tissue repair and collagen remodeling, resulting in natural-looking and sustainable outcomes.

Abstract N°: 6336

Single-stage reconstruction of right nasal ala defect using a Spear flap

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Introduction & Objectives: Oncological cutaneous surgery in specialized anatomical areas requires a balance between complete tumor excision and functional-aesthetic reconstruction. The nasal ala, due to its complex anatomy and functional significance, presents a particular challenge. The Spear flap, an inverted nasolabial turnover flap, offers a reliable single-stage solution for full-thickness defects of the nasal ala.

Materials & Methods: A 93-year-old woman presented with a firm, 1.5 cm papular lesion on the right nasal ala, with several months of evolution and a biopsy confirming basal cell carcinoma. Notably, the lesion exhibited recent rapid growth. Complete excision was performed using Mohs micrographic surgery, resulting in a full-thickness defect of the right nasal ala. Histopathological examination confirmed a basosquamous carcinoma. Reconstruction was achieved with a Spear flap, combined with a small Burow's graft to complete the closure. The postoperative course was uneventful, with the wound healing without complications.

Results: The Spear flap is an effective technique for reconstructing full-thickness defects of the nasal ala. It utilizes adjacent cheek skin to recreate both the internal nasal lining and external alar coverage without the need for cartilage grafts. The excellent vascular supply of the medial cheek significantly reduces the risk of ischemia due to the double turnover of the flap. While the technique offers satisfactory functional and aesthetic outcomes, potential disadvantages include excessive flap bulkiness, lateral displacement of the nasal ala, and disappearance of the lateral alar groove. These issues are usually of minimal concern and can be addressed with secondary procedures if necessary.

Conclusion: The Spear flap is a reliable and effective technique for the single-stage reconstruction of complex full-thickness defects of the nasal ala and adjacent tissues. It provides satisfactory functional and aesthetic outcomes, making it a valuable option in nasal reconstructive surgery.

Abstract N°: 6540

Efficacy and safety of polynucleotide injection for the treatment of hypertrophic scars and keloids on abdomen: a randomized, double-blinded, split-scar study

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Introduction & Objectives:

Hypertrophic scars and keloids are common and problematic conditions in clinical practice, typically arising after surgery or injury. Hypertrophic scars remain within the boundaries of the original wound, while keloids extend beyond the wound site. Both are characterized by excessive collagen deposition and abnormal fibroblast activity, leading to aesthetically and functionally significant issues. Existing treatments, including silicone gel sheets, corticosteroid injections, and various laser therapies, offer partial success but are often long-term and require combination therapies.

Polydeoxyribonucleotide (PDRN), a compound that interacts with the A2A receptor of fibroblasts, has shown promise in promoting wound healing, reducing inflammation, and stimulating fibroblast growth, vascularization, and cellular repair. Previous clinical studies suggest that PDRN can enhance wound healing and reduce scarring, particularly in post-surgical and chronic wound cases.

This study aim to evaluate the efficacy and safety of polynucleotide injections in the treatment of hypertrophic scars and keloids on the abdomen. The secondary objective is to assess the potential side effects of PDRN treatment in comparison to intralesional corticosteroid injections (triamcinolone acetonide).

Materials & Methods:

A prospective, randomized, double-blinded, split-scar study will be conducted with 20 participants, each serving as their own control. Participants will receive PDRN injections on one side of their scar and triamcinolone acetonide injections on the other, with treatment administered at 4-week intervals for 3 sessions and follow-up for 3 sessions. Scar assessment will be performed using objective tools, including 3D imaging (Antera 3D®), Vancouver Scar Scale (VSS), and Global Assessment Score (GAS), along with subjective participant self-assessments.

Results:

The PN group demonstrated a significant reduction in scar height compared to baseline starting from week 12, while the intralesional corticosteroid group showed a similar reduction starting at week 8. At the final follow-up at week 20, the PN group exhibited significantly lower pigmentation compared to the corticosteroid group. Regarding the hemoglobin index, the PN group showed a significant decrease from baseline starting at week 12, whereas the corticosteroid group showed no significant change.

Conclusion:

Polynucleotide (PN) injections are effective in reducing scar height and pigmentation in hypertrophic scars and keloids. The PN treatment showed superior outcomes compared to intralesional corticosteroid injections, especially in terms of pigmentation and hemoglobin index. These findings suggest that PN could be a promising

alternative for managing scars.

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Abstract N°: 6571

Foreign Body Reaction Mimicking Cutaneous Squamous Cell Carcinoma

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Introduction & Objectives:

Injuries caused by freshwater fish (ichthyism) represent a significant occupational hazard for fishermen in endemic regions. *Pimelodus maculatus*, also known as Mandi, a widely distributed South American catfish, possesses venomous stings capable of triggering intense local inflammatory reactions. When unrecognized, retained stingers may result in chronic granulomatous lesions, mimicking malignant cutaneous neoplasms. This report aims to describe the case of a patient with a "non-healing wound" on the left leg for 5 months, post-trauma and whose initial diagnosis of squamous cell carcinoma (SCC) was later concluded as a foreign body reaction caused by the Mandi stinger.

Materials & Methods:

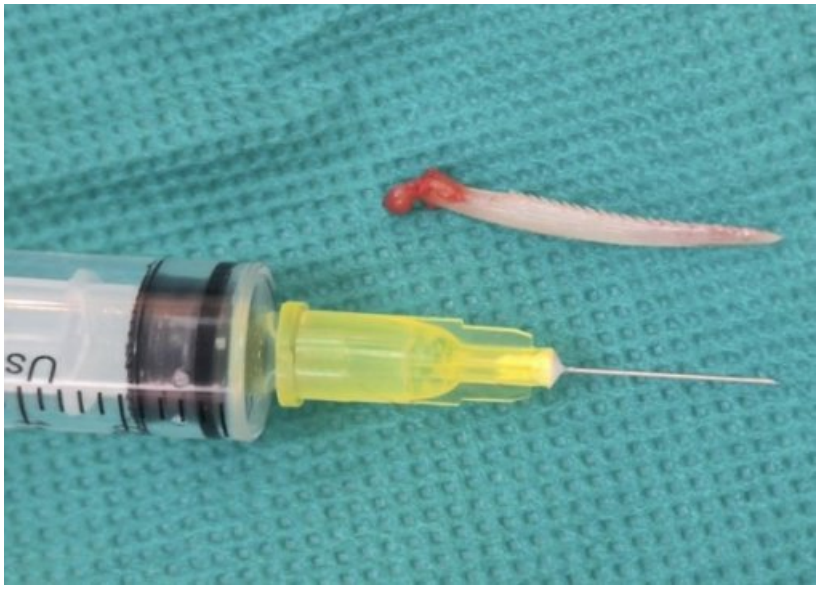
A 62-year-old male fisherman presented to the dermatology department with a five-month history of a non-healing, painful lesion on the left lower limb. He reported a prior sting while fishing, followed by persistent local inflammation and gradual emergence of a friable nodular lesion. Despite empirical antibiotic therapy and incision/drainage procedures, the lesion progressed. Dermatological examination revealed a verrucous nodule partially covered by hemorrhagic crust. With an initial clinical hypothesis of SCC, and differential diagnoses including deep mycoses and other granulomatous or verrucous cutaneous diseases, excision of the lesion was proposed. During the surgical procedure, a communication to the subcutaneous tissue was observed. The initial nodule was removed and sent for anatomopathological examination; the procedure was interrupted.

Complementary imaging revealed a hyperechoic linear structure consistent with a foreign body (Figure 1).

Figure 1 – Ultrasound image demonstrating a linear, hyperechoic structure with posterior acoustic shadowing, measuring approximately 2.5 cm × 0.2 cm, consistent with a foreign body

The anatomopathological examination showed pseudoepitheliomatous hyperplasia with dense chronic granulomatous inflammation, fibrosis, and foreign-body giant cell reaction confirming a reaction to a foreign body and ruling out neoplasia. A new approach was performed guided by imaging exams, revealing a structure with a cartilaginous consistency, serrated and identified (by the patient himself) as the sting of the mandi fish (Figure 2).

Figure 2 – Macroscopic appearance of the stinger extracted from *Pimelodus maculatus*, positioned next to a 30 G needle for scale comparison



Results:

Complete excision led to resolution of the condition, with satisfactory postoperative evolution and no recurrence. The final diagnosis was foreign body granulomatous reaction to a retained fish sting.

Conclusion:

As cutaneous lesions resulting from ichthyism can mimic a wide range of dermatoses, presenting with varied clinical manifestations. This report underscores the importance of persistence in pursuing an accurate diagnosis and highlights the physician's role in conducting a thorough anamnesis and physical examination, always considering local epidemiology and specific population characteristics when formulating differential diagnoses.

Abstract N°: 7080

How deep to cut?: An international questionnaire characterising clinicians' approaches to wide local excision deep surgical margins in melanoma

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Introduction & Objectives:

We observed significant national and international variation in the depth of wide local excision (WLE) in melanoma management. International melanoma guidelines also differ on this aspect. An international collaborative group developed a questionnaire collecting clinician demographic details and characterised respondents' surgical practices in this area across various scenarios.

Materials & Methods:

The survey, developed via an iterative process using Google Forms, was circulated internationally through several organizations, with a follow-up reminder at one month to improve response rates. Preliminary results from a UK subset have been presented, and those from New Zealand are forthcoming. This presentation marks the first time the complete results are shared.

Results:

To date, a total of 288 responses were received from 25 countries across 4 continents. The United Kingdom (64/288; 24%), Sweden (41/288; 14.2%), and New Zealand (40/288; 13.9%) were the top three responding countries. The modal age range was 40-44 years (18.4%), and most respondents were male (60.4%). Of the respondents, 77.4% were consultant specialists, 89.6% primarily worked in dermatology, and 51% were Mohs micrographic surgeons. 46.9% of respondents reported undertaking more than 20 WLEs per year.

When asked if the depth of WLE affects melanoma prognosis, 73.3% responded affirmatively. Regarding WLE depth on the trunk and extremities, 75% would not always aim to reach the fascia, regardless of melanoma depth (i.e. from *in situ* to invasive). For invasive melanoma over deep subcutis, 56.9% would excise to the same depth as lateral margins rather than to the fascia. When asked should all fully excised early melanomas (stage 1A) have a subsequent wide local excision?: 72.6% believe they should, 27.4% disagreed.

For specific scenarios: With a 65-year-old Male, with a biopsy proven 10mm diameter melanoma *in situ* on the abdomen with deep subcutis. When taking a 5mm peripheral margin, 50% would take the WLE to include deep fat, 39.9% superficial fat, and 15.4% would excise to fascia. In the same scenario, but with a 0.6mm Breslow thickness invasive melanoma, fully excised with a 0.5mm deep and peripheral margin; with a planned 10mm WLE, 50.7% would take the excision to fascia, 39.6% would include deep fat. If the melanoma changed in this patient to a 4.5mm Breslow ulcerated melanoma and a sentinal lymph node biopsy declined and a 20mm WLE planned, 63.2% would take the depth to fascia and 12.5% to include deep fat.

With the same 3 scenarios of melanoma thickness (*in situ*, 0.6mm Breslow, and ulcerated 4.5mm Breslow) and apportioned WLE sizes, with the location change to the cheek; for *in situ* 39.9% would include superficial fat, 30.9% to include deep fat, 20.5% would include SMAS. In the 0.6mm Breslow melanoma 42% would include SMAS in the direct closure 10mm WLE and 37.8% would include deep fat. For the 4.5mm Breslow ulcerated melanoma with declined SLNB, for the planned 20mm WLE (with direct closure) 43.7% would include SMAS, 16.3% would include deep fat, and a third would not personally undertake WLE in that scenario.

We also present the results for scalp melanoma WLE depths.

Conclusion:

The results demonstrate significant heterogeneity in the management of melanoma WLE depth which is a commonly undertaken procedure. Further standardisation based on the evidence for patient outcomes would be beneficial. We thank all the organisations which circulated our questionnaire and all respondents.

Abstract N°: 7260

Racial melanonychia striata mimicking subungual melanoma: a diagnostic challenge

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Introduction & Objectives:

Racial melanonychia striata, common in higher Fitzpatrick skin types (IV-VI), is increased melanocytic activity in the nail matrix causing melanin deposition along nail growth. Usually benign, it's distinguished from nevi, lentigines, subungual melanoma, medication/trauma-induced causes. Subungual melanoma, a malignancy, may show color variation, irregular borders, Hutchinson's sign (pigment extension to periungual skin).

Racial melanonychia often affects multiple nails with uniform color, while malignant causes may be single-nail with irregular patterns. Differential diagnosis includes benign (subungual hematoma, nevi, lentigines, ethnic pigmentation) and malignant conditions, plus infections/dermatoses altering nail color.

Subungual melanoma is suspected with atypical longitudinal melanonychia features: color variation, poorly defined borders, Hutchinson's sign, especially single-nail involvement. Dermoscopy and follow-up are crucial; biopsy is key in select cases. This report describes racial longitudinal melanonychia, emphasizing recognizing typical features to avoid unnecessary interventions and differentiate it from serious conditions.

Materials & Methods:

60-year-old Black female with 10-month right hallux nail pigmentation. Onychomycosis was suspected initially with ineffective treatment. Pigmentation thickened recently, prompting nail matrix biopsy for possible subungual melanoma. Examination: longitudinal melanonychia (≈50% nail plate), heterogeneous color, irregular spacing, broken parallelism. Retracted nail plate showed separate pigmented matrix lesions with unchanged areas. Saucerization biopsy ruled out malignancy, confirmed benign melanonychia (likely racial origin).

Results:

Dermoscopy of pigmented nail lesions reveals subungual melanoma suspicion criteria: pigmented band asymmetry, fading borders, multiple colors, width ≥3mm, irregular patterns. This case simulated several signs, highlighting early identification importance for management/prognosis.

Accurate benign/malignant melanonychia differentiation without biopsy is challenging due to overlapping clinical/dermoscopic features (subungual melanoma, nevi, lentigines, racial pigmentation). While band width, color variation, Hutchinson's sign raise melanoma suspicion, they aren't definitive. Irregular, multicolored lines and periungual extension increase melanoma likelihood, but biopsy remains essential.

Subjectivity in evaluating irregularity/color variation leads to dermoscopic interpretation variability and biopsy decisions. Nail matrix biopsy, needed for definitive diagnosis, risks permanent nail dystrophy, influencing its use.

Given complexity/risks, nail biopsy indication needs careful clinical/dermoscopic integration. Longitudinal monitoring for changes might precede biopsy in some cases.

Conclusion:

This report shows nail biopsy’s importance in pigmented nail lesion differential diagnosis, highlighting isolated clinical/dermoscopic evaluation limits and the necessity of histopathological confirmation for accurate, timely management, avoiding unnecessary benign lesion interventions and delays in malignant condition diagnosis/treatment.

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Abstract N°: 7265

Bilobed Flap Reconstruction of Extensive Metastatic Retroauricular Cutaneous Squamous Cell Carcinoma with Bone Invasion

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Introduction & Objectives:

Retroauricular cutaneous squamous cell carcinoma (cSCC) with bone invasion poses significant reconstructive challenges due to proximity to the skull and limited local tissue mobility. Advanced flaps are often required to achieve oncologic safety and optimal aesthetic and functional outcomes. The bilobed flap, a two-lobe transposition flap where the first lobe fills the primary defect and the second fills the donor site, offers single-stage closure under local anesthesia, and tissue match in color and thickness. This report illustrates its application for the reconstruction of a wide excision of a Metastatic Retroauricular cSCC with superficial bone involvement.

Materials & Methods:

A 68-year-old male patient on a direct oral anticoagulant, presented to the clinic with a new firm, enlarging retroauricular lesion, 9 months after undergoing excision of a primary scalp cSCC (with 5 mm margins), and a synchronous clavicular basal cell carcinoma. The scalp defect had been reconstructed with a full-thickness graft using harvested clavicular skin. Initial incisional biopsy was inconclusive for malignancy, but imaging confirmed cortical bone invasion. Given the high clinical suspicion for metastatic cSCC, under local anesthesia with sedation, a wide excisional biopsy (5 mm margins) with superficial bone curettage was performed. Because of the region's low skin mobility, a bilobed flap was designed and transposed to close the defect in a single surgical stage. Histopathology results revealed a well-differentiated metastatic cSCC with clear margins.

Results:

There were no intraoperative complications. The drain removal occurred in 24 h and conservative management of mild distal flap congestion led to complete healing by day 10. At 3-month follow-up, CT imaging showed no evidence of residual or recurrent disease, and the patient reported high satisfaction with the aesthetic result.

Conclusion:

Retroauricular metastasis of cSCC with bone involvement is rare and requires careful preoperative planning and interdisciplinary management. Between the possibilities for closing surgical defects, cutaneous flaps have a high value in reconstructive dermatologic surgery. The bilobed flap, while more commonly used in facial reconstruction, offers a reliable and versatile option in retroauricular defects, especially where neither direct closure nor second-intention healing is possible. Furthermore, it allows the preservation of nearby skin, minimal donor-site morbidity, and execution under local anesthesia in a single operative session.

In conclusion, this case reinforces the importance of clinical reasoning in order to detect csCC metastasis and demonstrates that the use of traditional flap techniques to less common anatomical regions, in order to achieve safe oncologic margins, while aiming for the preservation of adjacent skin, can yield excellent oncologic and cosmetic results.

Abstract N°: 7367

Impact of educational videos for patients undergoing mohs micrographic surgery: a systematic review and meta-analysis

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Introduction & Objectives: Over 75% of patients experience pre-operative anxiety, significantly impacting their surgical experience. Skin cancer is the most common cancer in the US and Mohs Micrographic Surgery (MMS) is the gold-standard for excising these tumors. For many, uncertainty about reconstructive and cosmetic outcomes can be emotionally distressing. Although the effect of patient education on pre-operative anxiety has been studied in the context of surgeries requiring general anesthesia, there is a lack of comprehensive research exploring its role in dermatologic surgeries. Studies have shown that incorporating animated educational videos into standard pre-operative consultations can lead to significant reductions in pre-operative anxiety, improved post-operative pain control, and higher patient satisfaction in MMS. Therefore, this study aims to perform a meta-analysis comparing the use of educational videos versus no educational videos in MMS.

Materials & Methods: We searched PubMed, Embase, Cochrane and Scopus up to February 2025 for randomized controlled trials (RCTs) comparing the use of educational videos versus no educational video before MMS. Eligible studies included patients undergoing MMS and reporting outcomes on preoperative anxiety (State-Trait Anxiety Inventory, STAI), patient satisfaction, and understanding. We calculated mean differences (MDs) for continuous outcomes and standardized mean differences (SMDs) when outcomes were reported on different scales, along with 95% confidence intervals (CIs). Heterogeneity was evaluated using the Cochrane Q test and I^2 statistics. Leave-one-out sensitivity analyses were conducted for studies with I^2>25%. We adhered to the Preferred Reporting Items of Systematic Review and Meta-Analyses (PRISMA) guidelines.

Results: Four RCTs comprising 523 patients were included, of whom 265 received an educational video prior to MMS. Three studies evaluated anxiety using STAI, finding no significant difference (MD: -0.48; 95% CI: -1.59 to 0.63; p = 0.40; I^2 = 0%). For patient satisfaction, four studies were included, with no overall significant effect (MD: 0.17; 95% CI: -1.09 to 1.43; p = 0.80; I^2 = 69%); however, leave-one-out sensitivity analysis revealed that excluding Delcambre et al. (2019) reduced heterogeneity to 0% and produced a statistically significant improvement favoring educational video (MD: 0.55; 95% CI: 0.19 to 0.90). Understanding of the procedure was assessed in four studies, demonstrating a trend toward improved understanding with educational video (SMD: 0.98; 95% CI: -0.02 to 1.97; p = 0.05; I^2 = 94.9%), and leave-one-out analyses showed that excluding either Arzeno et al. (2021) or Delcambre et al. (2019) resulted in statistically significant effects (SMDs of 0.49 [95% CI: 0.02 to 0.95] and 1.25 [95% CI: 0.03 to 2.46], respectively), suggesting that educational videos may enhance patient understanding and satisfaction in certain contexts despite variability across studies.

Conclusion: Educational videos did not significantly reduce preoperative anxiety among patients undergoing MMS. However, sensitivity analyses revealed potential benefits in improving patient satisfaction and understanding of the procedure. These findings suggest that, while the impact on anxiety may be limited, educational videos can enhance patient comprehension and satisfaction in selected contexts, offering a practical and scalable complement to standard preoperative counseling.

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Abstract N°: 7369

Tied-over bolster dressing, beyond skin grafts.

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Introduction & Objectives:

Describe the use of a simple gauze dressing fixed with nylon thread (tied-over bolster dressing) on a scalp flap. The objective is to describe technically the use of a simple and effective way of surgical dressing in a challenging anatomical region.

Materials & Methods:

Description of a surgical case of a scalp flap submitted to a tied-over bolster dressing

Results:

Surgical challenge:

Covering surgical wounds on the scalp in the immediate and early postoperative period is challenging in surgical practice, technical difficulty of adherence and persistence of the dressing in this anatomical site, especially due to the presence of hair, a compressive and stable dressing is hallmark in a vascularized and bleeding region. Helmet like bandages, fulfills the function of protecting the wound but has limited potential for compression, comes off more easily and can generate functional and social discomfort due to its size and appearance, in most cases, in disproportion to the reconstructed area, in simple sutures or flaps. For this matter, the use of tied-over bolster dressing (Brown´s dressings) on scalp flaps, a dressing already established and widely used for skin grafts, the use of this well-known dressing is a simple solution for both problems, generating compression and bleeding control, better fixation, as well as reduction in size when compared to helmet-like bandages, improving the aesthetic-functional results and even social acceptance in these cases.

Solution:

We describe the use of a simple gauze dressing fixed with nylon thread (tied-over bolster dressing) on a scalp flap. A gauze is tightly rolled into a cylindrical shape and placed over the surgical wound. It is then fixed with 2.0 or 3.0 mononylon sutures using U-shaped stitches applied after the wound closure, at least 1.5cm away from the wound edge. The dressing remains in place for a minimun of 48 hours, without any additional covering. Afterward, it can be easily removed, and standard postoperative wound care is continued until suture removal, as per individual case requirements.

Conclusion:

Tied-over bolster dressing is an easy to perform dressing, used for grafts, but can be a surgical pearl for simple suture or skin grafts.

Abstract N°: 7406

Triple Rhomboid Flap: An Effective Strategy for Managing Complex Scalp Defects After BCC Excision

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Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common skin cancer, arising from the basal layer of the epidermis and its appendages. It accounts for 60–80% of nonmelanoma skin cancers, with increasing incidence worldwide, especially in elderly and fair-skinned populations. Its true incidence is underestimated, as most national registries do not include BCC data. In 2012, more than 5.4 million BCCs were treated in 3.6 million individuals in the US alone. Nodular BCCs comprise around 80% of cases, while pigmented variants represent 6%, characterized by melanin and melanophages within tumor nodules. Complete surgical excision with histologically clear margins is the treatment of choice due to the tumor's locally invasive behavior. Margins wider than 4–5 mm are recommended when feasible, depending on tumor location. The scalp is a challenging area for reconstruction due to its thickness, inelasticity, and hair-bearing surface. Transposition flaps are less commonly used but may be suitable for large defects. This report describes the use of a triple rhomboid flap for reconstruction after excision of a large pigmented nodular BCC on the scalp.

Materials & Methods:

A 78-year-old male, on rivaroxaban for atrial fibrillation, followed by cardiology, presented with a pigmented nodular BCC on the vertex, measuring 3.5 cm in diameter. Outpatient excision under local anesthesia was performed with 5 mm safety margins, resulting in a significant defect. Reconstruction was performed using three combined equilateral rhomboid flaps. The hexagonal defect was divided into three rhomboids using a "Y"-shaped marking with 120° angles. In the classic Limberg flap, the defect is converted into a rhombus by drawing a line from the shortest axis to adjacent skin, forming angles of 120° and 60°. In this case, three flaps were designed and elevated from adjacent scalp tissue and transposed into the defect.

Results:

All three flaps were successfully transposed for tension-free closure. Both the central defect and donor sites were closed primarily. No early or late complications were observed. The patient presented excellent functional and aesthetic outcomes in late follow-up, with good healing and minimal scarring.

Conclusion:

Excision of BCCs with safety margins in areas like the scalp can result in large, challenging defects. The triple rhomboid flap, a variation of the technique described by Limberg in 1946, offers an effective reconstructive solution. It reduces tension by distributing closure across three smaller flaps, preserves vascular supply, and eliminates the need for grafting. Although technically demanding, this technique provides excellent cosmetic and functional results and should be considered in complex scalp reconstructions.

Abstract N°: 7700

Case of widespread cutaneous leiomyomatosis

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Introduction & Objectives:

Cutaneous leiomyomas are rare, benign tumors originating from smooth muscle tissue. The most common subtype, angioleiomyomas, arises from the tunica media of blood vessels. Other subtypes include piloleiomyomas, which develop from the arrector pili muscles of hair follicles, and genital leiomyomas, which originate from the smooth muscle found in the scrotum, labia, or nipple.

Although these tumors are benign, patients with multiple piloleiomyomas may carry an underlying genetic mutation that increases their risk of developing renal cell carcinoma. Additionally, both piloleiomyomas and genital leiomyomas can cause significant pain or discomfort, impacting the patient's quality of life.

Materials & Methods:

Results of clinical, dermoscopic, and histopathological examination of a patient with multiple cutaneous leiomyomatosis.

Results:

A 41-year-old male patient presented with rashes characterized by multiple pink papules, predominantly localized on the right side of the chest. The lesions appeared gradually over the past few years. The patient reported pain upon touching the affected areas.

Dermoscopy revealed individual elements with a dermatofibroma-like pattern, characterized by a central hypopigmented area and a peripheral network, and light brown nodules with white structureless zones were observed. In both types of lesions, linear and single reticular vessels were present.

A punch biopsy was performed, revealing bundles of smooth muscle cells with characteristic "blunt-ended, cigar-shaped nuclei" and eosinophilic cytoplasm, interspersed with collagen bundles.

Based on the clinical, dermoscopic, and pathomorphological findings, a diagnosis of multiple cutaneous leiomyomatosis was established. Due to the absence of significant discomfort and the multiplicity of lesions, the patient declined treatment but continues to undergo periodic examinations for the potential development of renal cell carcinoma.

Conclusion:

Cutaneous leiomyomatosis is a benign condition that can significantly impair a patient's quality of life due to severe discomfort and pain triggered by mechanical stimulation of the lesions. Given its association with renal cell carcinoma, it may serve as an important prognostic factor. Due to the rarity of this condition, dermoscopic findings still require further standardization. However, in our case, a correlation with previously described cases has been demonstrated.

Abstract N°: 8000

Multiple pilomatricomas: a case report and literature review

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Introduction & Objectives: Pilomatricoma is a rare benign skin tumor derived from hair matrix cells, most commonly occurring in the head, neck, and upper limbs. While typically solitary, multiple pilomatricomas are uncommon and may suggest an underlying genetic condition. We report a rare case of multiple pilomatricomas exclusively on the scalp. The objective is to describe the clinical course, diagnostic approach, and provide a brief literature review to increase understanding of this rare presentation.

Materials & Methods: A 64-year-old woman presented with a 20-year history of slow-growing scalp nodules associated with chronic headaches. She had no known comorbidities or family history of genetic syndromes. Her first dermatology consultation occurred in 2021, when two nodules were excised and diagnosed as pilomatricomas. In June 2023, she underwent a second excision of two additional lesions due to recurrence. Within one year, further nodules developed. On physical examination, multiple firm, well-defined nodules were noted along the sagittal line of the scalp. Given the vascularity and extent of the lesions, the surgical approach involved hemostatic technique (circumferential excision with hemostasis) to prevent excessive bleeding, and five fragments were surgically removed. The patient also underwent a cranial and facial CT scan due to her headache symptoms, which revealed no abnormalities.

Results: Histopathological examination of the last five excised lesions revealed nodular, well-demarcated structures composed predominantly of squamous cells with pale or absent nuclei, characteristic of "ghost cells", and peripheral basaloid cell clusters. The lesions also exhibited a lymphoplasmacytic infiltrate with histiocytes, foreign-body giant cells, fibrosis, and areas of calcification. These findings led to the diagnosis of pilomatricoma. The total weight of the removed lesions was 12 grams. Postoperatively, the patient's headache symptoms resolved, suggesting that they were indeed related to the multiple pilomatricomas.

Conclusion: This case underscores the importance of considering multiple pilomatricomas in patients with recurrent scalp nodules. Although isolated presentation is possible, multiple lesions may be associated with systemic conditions, such as Gardner's syndrome. Early recognition and complete surgical excision can be curative and symptom-relieving. Given the rarity of this presentation, this case contributes with valuable clinical insights and reinforces the importance of family history evaluation and potential genetic counseling. Literature on multiple pilomatricomas remains limited, with few cases reported globally, making this report a valuable addition to the understanding of this rare condition.

Abstract N°: 8206

Efficacy and safety of oral minoxidil versus topical minoxidil in patients undergoing hair restoration surgery

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Introduction & Objectives: Androgenetic alopecia (AGA) causes significant psychological burden on patients. Despite using topical minoxidil, some patients would not achieve desired results; who warrant the use of oral minoxidil. With the advancement of technology and research; hair restoration techniques have become one of the main modalities of treatment. In this study we review the effect of oral minoxidil versus topical minoxidil among subjects who underwent follicle unit extraction for AGA

Materials & Methods: In this retrospective study, 30 subjects aged 25 years and above who underwent hair restoration using follicle unit extraction technique were identified. Half of the subjects were stated on oral minoxidil 2.5-5mg dosage and rest half were continued on topical minoxidil 5% solution twice daily application. Baseline trichoscan was done before surgery and was repeated 12 weeks later. Vertex was used to take the reading at both visits. Total, terminal, vellus, anagen and telogen hair density were measured. Thickness of the hair per square centimetre was also recorded.

Results: There was significant increase in the total and terminal hair density and average thickness of hair among the subjects who were given oral minoxidil. There was a reduction in Anagen hair density at 12 weeks. None of the patients on oral minoxdil reported any adverse effects. The distorted hairs were also less among subjects who were given oral minoxidil compared to topical minoxidil.

Conclusion: Advanced grades of androgenetic alopecia who would not respond to oral minoxidil would be suitable candidates for starting oral minoxidil. Ease of continuing oral minoxidil during surgery compared to topical minoxidil. More effective in subjects who have co existing folliculitis.Use of oral minoxidil in subjects undergoing hair restoration surgery is efficacious. Further studies with higher sample size is needed to compare the efficacy of oral versus topical minoxidil in this population.

Abstract N°: 8438

Local Recurrence Rates of Head and Neck Non-Melanomas: A Systematic Review and Meta-Analysis of Wide Local Excision Versus Mohs Micrographic Surgery

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Introduction & Objectives:

Non-melanoma skin cancers (NMSC), particularly Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC), are highly prevalent, especially in the head and neck region, where cosmetic and functional outcomes are critical. Two primary surgical treatments for NMSC in these areas are Mohs Micrographic Surgery (MMS) and Wide Local Excision (WLE). This systematic review and meta-analysis aims to investigate the local recurrence rates of head and neck NMSC treated by these two approaches.

Materials & Methods:

This systematic review and meta-analysis followed PRISMA guidelines and included studies published up to May 2024. A comprehensive search of four electronic databases (MEDLINE, WoS, ClinicalTrials.gov) was conducted. Studies eligible for inclusion involved adult patients diagnosed with head and neck NMSC treated with either MMS or WLE. Cohort studies, randomized controlled trials, and case series were considered. Primary outcomes included local recurrence rates, while secondary outcomes assessed margin status, recurrence-free intervals, cosmetic outcomes, and progression-free survival (PFS). Heterogeneity was assessed using the I^2 statistic, and the DerSimonian and Laird random-effects model was applied.

Results:

A total of nine studies were included in the meta-analysis. MMS demonstrated significantly lower local recurrence rates compared to WLE, with a pooled risk ratio (RR) of 0.42 (95% CI: 0.27–0.64, $P < 0.0001$, $I^2 = 0\%$). Subgroup analyses revealed that for SCC, MMS significantly reduced local recurrence rates compared to WLE (RR = 0.28, 95% CI: 0.10–0.81, P = 0.02, $I^2 = 52\%$). In BCC, MMS showed lower recurrence rates, but this was not statistically significant (RR = 0.60, 95% CI [0.24–1.51], P = 0.28, $I^2 = 0\%$). Similarly, for dermatofibrosarcoma, MMS showed a trend toward lower recurrence rates, but this was not statistically significant (RR = 0.22, 95% CI [0.04–1.09], P = 0.06, $I^2 = 0\%$).

Regarding metastasis rates, three studies were included. MMS showed an insignificantly lower rate of metastasis compared to WLE (RR = 0.45, 95% CI [0.14–1.47], P = 0.19, $I^2 = 0\%$). Subgroup analysis for SCC also found no statistically significant difference in metastasis rates between MMS and WLE (RR = 0.49, 95% CI [0.13–1.81], P = 0.29, $I^2 = 0\%$).

Conclusion:

MMS was associated with a reduced risk of local recurrence in head and neck NMSC compared to WLE, particularly for BCC and SCC. While the pooled estimate showed a significant benefit of MMS, subgroup analyses by gender, tumor site, and tumor type did not reveal statistically significant differences. Further studies are needed to explore long-term outcomes such as PFS and to clarify the influence of patient-specific factors on recurrence

and survival.

Abstract N°: 8608

Intraincisional Antibiotic Prophylaxis for Mohs Micrographic Surgery: A Friendly Summary of the Body of Evidence (FRISBEE)

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Introduction & Objectives:

Mohs micrographic surgery (MMS) represents a specialized technique for the surgical management of skin cancer, with high rates of tumor clearance, minimal loss of normal tissue and maximal preservation of function [1].

Although overall surgical site infection (SSI) rates for MMS tend to be lower than 3% [1], the role of antibiotic prophylaxis in this technique remains poorly understood, and data on its use are still lacking [2].

Herein, we aimed to assess whether the use of prophylactic intraincisional antibiotics reduces the risk of SSI and/or increases the rate of adverse events in patients undergoing MMS, compared to placebo.

Materials & Methods:

An electronic search in Epistemonikos, the largest database of systematic reviews in health, which is maintained by screening multiple information sources, including MEDLINE, EMBASE, Cochrane, among others, was performed. Data from the primary studies were extracted from the systematic reviews and reanalyzed. Subsequently, a meta-analysis and a Summary of Findings table using the *Grading of Recommendations, Assessment, Development and Evaluation* (GRADE) approach were performed.

Results:

We identified 3 systematic reviews [3-5] that together included 2 primary studies [6,7], both of which were randomized trials (2080 patients). Our analysis was based on both trials (Table 1).

Conclusion:

The use of prophylactic intraincisional antibiotics, compared to placebo, decreases the risk of SSI in patients undergoing MMS (high certainty of the evidence). Furthermore, no adverse events were reported with the use of prophylactic intraincisional antibiotics.

Table 1. Summary of Findings (SoF) table

Prophylactic Intraincisional Antibiotics for Mohs Micrographic Surgery

Patients Patients undergoing Mohs Micrographic Surgery
Intervention Prophylactic intraincisional antibiotics*
Comparison Placebo

Outcomes	Absolut effect		Relative risk (RR) (95% CI)	Certainty of evidence (GRADE)
	Placebo	**Antibiotics**		
	Difference: patients per 1000			
Surgical Site Infection	32 per 1000	6 per 1000	RR 0,19 (0,05 to 0,65)	⊕⊕⊕⊕ High
	Difference: 26 less (Margin of error: 31 less to 11 less)			
Adverse events	None reported		-	-

* The antibiotics used were Clindamycin (408 mcg/mL of buffered 1% lidocaine with epinephrine 1:100,000) for one study[6], and Nafcillin (0.5 mg per mL of 1% lidocaine with epinephrine 1:100,000) for the other trial[7].

Abstract N°: 8643

From Tumor to Transformation: A Single-Stage, Margin-Controlled Mustardé Flap Reconstruction in an 80-Year-Old with Aggressive Infraorbital BCC

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Introduction & Objectives

Basal cell carcinoma (BCC) is the most common skin malignancy, with the periocular region posing unique challenges due to functional and aesthetic demands. Current guidelines advocate complete excision with margin assessment, particularly in high-risk facial areas. We present a case of aggressive infraorbital BCC in an 80-year-old male, managed with single-stage tumor excision using frozen section margin control and immediate Mustardé flap reconstruction. The objectives were to demonstrate the efficacy of intraoperative margin assessment in reducing recurrence and to highlight the Mustardé flap's role in achieving optimal functional and cosmetic outcomes.

Materials & Methods

An 80-year-old male presented with a histologically confirmed left infraorbital BCC. The lesion was excised with 5 mm margins, and intraoperative frozen section analysis revealed tumor involvement at the 12 o'clock margin, prompting re-excision to achieve clear margins. Reconstruction was performed using a Mustardé flap to restore dynamic eyelid support and natural contour. Closure was achieved with intradermal 5-0 Vicryl and a running 6-0 nylon cutaneous suture for scar minimization.

Results

The patient achieved complete tumor clearance with clear margins confirmed histologically. The Mustardé flap provided excellent functional and aesthetic results, with no postoperative complications such as ectropion or significant scarring. At 6-month follow-up, wound healing was optimal, with no recurrence and an inconspicuous scar. Patient satisfaction was high, as assessed by clinical evaluation and, if available, validated scales (e.g., POSAS).

Conclusion

This case underscores the importance of intraoperative frozen section analysis for margin control in facial BCC, reducing recurrence risk while enabling immediate reconstruction. The Mustardé flap remains a gold-standard option for infraorbital defects, offering reliable functional and cosmetic outcomes in elderly patients. This approach aligns with modern oncologic and reconstructive principles, ensuring both curative resection and patient satisfaction.

Abstract N°: 8684

Nodular basal cell carcinoma in the epicanthus: surgical treatment of correction with transposition flap

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Introduction:

We present a case of a patient who came to the consultation with a pigmented nodular lesion in the right medial epicanthus with the aim of showing a surgical option for the treatment of nodular basal cell carcinoma.

Case report:

A 63-year-old male patient presented with a pigmented nodular lesion on the right medial canthus, measuring 1 cm in diameter, with elevated and rounded borders and an unknown duration of evolution. The lesion underwent surgical excision by correction with a transposition flap with a safety margin of 5 mm, suture closure with nylon 6.0 and the stitches removed on the seventh postoperative day. The patient was monitored monthly for a period of 7 months, during which time he presented complete healing, without recurrences and with excellent aesthetic results.

Discussion:

The clinical presentation of nodular basal cell carcinoma is very common, comprising 50-80% of cases, with a predilection for the head and neck. The lesion presents as a skin-colored or erythematous papule with a pearly sheen and fine vessels well focused on the surface. In addition, the edges may be more prominent and there may be brown or black pigmentation, and there may be ulceration.

Flaps, which have the function of reducing or redirecting tension during a closure, are classified based on their primary movement as transposition, advancement, and rotation, each with its own characteristics, indications, and peculiarities. Transposition flaps incorporate noncontiguous skin into a primary defect, lifting the flap over normal skin in a defect, and are mainly indicated for cutaneous defects of the head and neck.

Abstract N°: 8877

Surgical Excision as a Therapeutic Option for Recalcitrant Oral Lichen Planus

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Surgical Excision as a Therapeutic Option for Recalcitrant Oral Lichen Planus

Introduction & Objectives:

Lichen planus (LP) is a chronic, T-cell-mediated inflammatory disorder with cutaneous and mucosal manifestations that vary in form and severity. The erosive subtype of oral lichen planus (OLP) is notably more painful and more challenging to manage than other LP variants, often showing resistance to conventional treatments.

Materials & Methods:

Male, 62y.o., referred to our outpatient dermatology service presenting a persistant ulcerated lesion on lower lip for four years. Patient also presented plaque psoriasis, hypertension and insulin resistance. Biopsy performed externally, prior to first consultation suggested actinic cheilitis, and the patient had been treated with cryotherapy, with no improvement.

Topical treatment with high potency steroids, as well as systemic treatments with methothrexate, acitretin, griseofulvin and dapsone were also tried, without success.

As the patient was referred to consultation with us, it was decided to perform new biopsies due to the time of disease and lack of response to various treatments. The new biopsies revealed alterations compatible with lichen planus, and the patient restarted oral metothrexate and topical triancinolone, with partial response after 12 weeks. It was also tried intralesional infiltration of diluted triancinolone hexacetonide (1:8 dilution in steril saline), with no clinical response. During consultations, it was noted that the patient would constantly lick the lesion, in some sort of repetitive behaviour.

After all considerations, the residual lesion was excised with narrow margins to provide a larger specimen for histopathology analysis, which was conclusive in the diagnosis of lichen planus. It also discarded the hypothesis of a local malignancy, which was our biggest concern.

After surgical excision, the patient evolved with total regression of disease and remains asymptomatic and with no clinical signs of relapse after six months of follow-up.

Results:

The surgical approach for this OLP case was chosen due to high refractoriness to clinical treatment and suspicion of possible malignant transformation, a well-established risk in chronic lesions. Chronic OLP involves a complex inflammatory and angiogenic process, especially via the TH17 pathway and expression of adhesion molecules leading to keratinocyte apoptosis and basement membrane destruction. The longer the lesion persists, the harder it is to reverse the inflammatory cascade. Smoking, alcohol use, and poor hygiene due to pain also contribute, as do behaviors like lesion manipulation, which may impair healing and alter local microbiota and immune responses.

Conclusion:

Surgical removal of the lesion not only reduced the local inflammatory burden and facilitated healthy tissue regeneration but also ruled out malignancy as a sustaining factor. Importantly, it addressed a behavioral component, emphasizing the need to consider mechanical and behavioral influences when formulating therapeutic strategies for chronic or recurrent lesions.