Abstract N°: 58

Penile Amyloidosis Mimicking Carcinoma: A Case Report with Unexpected Association to Prostate Adenocarcinoma

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Introduction & Objectives:

Amyloidosis is characterized by the extracellular deposition of amyloid, a fibrillar protein that may be localized to certain tissues or associated with systemic involvement. While cutaneous amyloidosis is rare, it can occur on the penis, where it often mimics malignant tumors. We present a case of penile amyloidosis that initially resembled squamous cell carcinoma, with an unexpected concomitant diagnosis of prostate adenocarcinoma, raising the possibility of secondary amyloidosis related to malignancy.

Materials & Methods:

A 74-year-old male with a history of arterial hypertension presented with a painless, slowly enlarging lesion located on the left third of the glans penis, extending to the coronal sulcus, without involvement of the urethral meatus. The lesion had been present for approximately two years and was asymptomatic. Given the clinical suspicion of squamous cell carcinoma, a biopsy was performed to rule out malignancy. The biopsy revealed diffuse amyloid deposition in the lamina propria, confirmed with Congo red staining under polarized light. No signs of epidermal dysplasia or invasive carcinoma were noted. To exclude systemic involvement, comprehensive hematologic studies, including serum and urine tests, as well as imaging, were conducted and showed no evidence of systemic amyloidosis.

Results:

Histopathological analysis confirmed the diagnosis of localized cutaneous amyloidosis. The absence of systemic involvement was further supported by negative hematologic and imaging results. Interestingly, during the work-up, the patient was diagnosed with acinar prostate adenocarcinoma, classified as CT1CN0M0 with a Gleason score of 4+3. This unexpected finding prompted further investigation into a potential link between penile amyloidosis and underlying malignancy. The co-occurrence of localized amyloidosis and prostate cancer in this patient may suggest a paraneoplastic phenomenon, though causality remains uncertain.

Conclusion:

This case highlights the rare occurrence of localized penile amyloidosis, a condition that can easily be misdiagnosed as carcinoma. Clinicians should consider cutaneous amyloidosis in the differential diagnosis of penile lesions, particularly when they present with atypical features. Furthermore, the unexpected association with prostate adenocarcinoma raises important questions regarding potential underlying malignancies contributing to secondary amyloidosis. This case suggests that a thorough work-up for systemic conditions is necessary when encountering unusual presentations of penile lesions.

Abstract N°: 65

A Decade of Cutaneous Plasmacytosis in a Caucasian Male

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Introduction & Objectives:

To describe a rare case of evolving cutaneous plastmacytosis.

Materials & Methods:

Description of a clinical case and review of the literature.

Results:

Ten years ago, a 69-year-old man presented with a two-year history of an asymptomatic rash on the abdomen. He tried various topicals without improvement. Exam showed several clustered yellow-brown to purple papules around the umbilicus. Biopsy at that time revealed fibrosing dermatitis with lymphocytes and plasma cells. He was seen annually; lesions would resolve with intralesional corticosteroid injection, but he continued to develop new pink to red-brown indurated papules and plaques on the abdomen, chest, and back. Biopsy at an outside clinic was read as urticaria pigmentosa, with perivascular and interstitial mast cell infiltrate.

Repeat biopsies at our clinic showed a superficial and deep nodular and dense interstitial infiltrate of lymphocytes and numerous CD138+, CD56/CD117- plasma cells. Additional findings include small focal nodular CD20/PAX5+ B-cell and CD3/CD5/CD43+ T-cell aggregates, mildly increased kappa/lambda ratio with no restriction or monoclonal B-cell receptor rearrangement, and negative treponema stains. Hematopathology confirmed these findings.

Follow-up laboratory testing was significant for mild normocytic anemia, elevated kappa free light chains, high-normal kappa/lambda ratio (3.3:1), and normal serum and urine electrophoresis patterns. The patient was referred to hematology for further evaluation. Existing lesions continue to resolve with intralesional corticosteroids.

Conclusion:

Cutaneous plasmacytosis (CP) is an exceedingly rare disorder primarily seen in patients of Asian descent. It presents with multiple red-brown nodules on the trunk and axillae but can also affect the limbs and face. Most patients have polyclonal immunoglobulin light chain expression. However, CP can show monoclonality and overlapping features with cutaneous marginal cell lymphoma and multicentric plasmacytic Castleman disease. In the case of systemic plasmacytosis, most common extracutaneous manifestations include lymph node involvement (40-60%), bone marrow involvement (40%), hepatoplenomegaly, interstitial pneumonia, mesangial glomerulonephritis, and rarely renal failure. Treatment includes topical corticosteroids, calcineurin inhibitors, excimer laser, and psoralen with ultraviolet A (PUVA) radiation.

Abstract N°: 136

Beyond the Surface: A Case Report on Atypical Pleomorphic Lipomatous Tumor

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Introduction & Objectives:

Atypical pleomorphic lipomatous tumor (APLT) is a rare, recently recognized adipocytic neoplasm of unknown aetiology, that lies on a spectrum with atypical spindle cell lipomatous tumor (ASCLT). Together, they are included in the 5th edition WHO Classification of Soft Tissue and Bone Tumors, as a new benign entity: ASCPLT.

Since its first description in 2017, limited data have emerged on APLT. It typically presents as a persistent or enlarging, asymptomatic nodule or mass in the limbs and limb girdles, particularly of middle-aged adults, with a slight male predominance. It pursues a benign clinical course, with a low risk of local recurrence and no risk of distant metastasis. It can undergo sarcomatous transformation.

Histologically, there is a mixture of mature adipocytes, lipoblasts, atypical spindle cells, multinucleated giant cells and/or pleomorphic cells, in a fibrous or myxoid matrix, with rare mitoses. IHC stains can be variably positive for CD34, S100, P16, and desmin; frequently, there is a loss of nuclear RB expression. There is an absence of co-expression of MDM2 and CDK4, but there can be weak expression of either.

Surgical excision is the mainstay of treatment and prognosis is excellent if completely excised. Local recurrence can be managed with re-excision. The role of perioperative radiotherapy is controversial.

We report the case of an otherwise healthy female patient diagnosed with APLT.

Materials & Methods:

A 47-year-old female with no relevant medical or surgical history presented with a slowly growing, asymptomatic nodule located on her left shoulder, in the anterior deltoid region, that had been present for 3 years. On physical examination, the nodule was well-defined, measuring 1 cm in diameter, exhibiting the same color as the adjacent skin, with a slightly mammilated surface, and was firm upon palpation.

Given the nonspecific clinical appearance, a 4 mm punch biopsy was performed. However, the intraoperative assessment revealed that the lesion extended deeper than initially expected, prompting the decision to obtain an additional, deeper fragment for further evaluation. Both samples were evaluated by histology and immunohistochemistry.

Results:

Histology revealed the presence of adipocytes with marked variation in size, lipoblasts, as well as spindle cells and scattered multinucleated cells with hyperchromatic nuclei, found in a fibrous matrix; the tumor margins were ill defined and no mitotic figures were identified.

IHC showed positivity for CD34 and P16 (in spindle and multinucleated cells), as well as positivity for S100 (in adipocytes). Notably, RB was negative and Ki67 was low (<1%).

Based on the clinical, histological and IHC features, a diagnosis of APLT was made.

The patient was referred to the plastic surgery department for wide local excision and adequate reconstruction using advancement flaps. The specimen was sent for histopathological examination, which showed negative margins. No complications were seen in the subsequent visits. Follow-up revealed no evidence of recurrence.

Conclusion:

APLT is a newly described and poorly understood benign adipocytic neoplasm with a low risk of local recurrence and no metastatic risk. Due to the rarity of the disease, atypical presentation and histopathological features, it poses diagnostic challenges and is frequently misdiagnosed. Raising awareness among healthcare professionals is crucial in order to ensure accurate diagnosis and appropriate management.

Abstract N°: 153

Desmoplastic Spitz Nevus: A Diagnostic Challenge

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Introduction

Desmoplastic Spitz nevus is a rare variant of Spitz nevus, first described in 1948. Unlike conventional Spitz nevi, this variant presents a dermal proliferation of spindle or epithelioid melanocytes within a sclerotic stroma, often resembling desmoplastic melanoma, making its diagnosis challenging. Given the risk of misdiagnosis, histopathological evaluation and immunohistochemical analysis are essential to avoid unnecessary interventions.

Case Report

We present the case of a 33-year-old male who sought medical consultation due to a slow-growing, asymptomatic lesion on the forehead of unknown duration but with noticeable enlargement in the past few months. Clinical examination revealed a well-defined, 5-mm, light brown nodule with a smooth surface.

Histological examination showed a dermal lesion composed of epithelioid and spindle cells arranged in a storiform pattern with interspersed collagen fibers. There was no evidence of infiltrative growth into the subcutaneous tissue and no malignant criteria were observed. To aid in diagnosis, immunohistochemical staining was performed, including P53, Sox10, HMB45, MelanA, S100, P16, BAP1, Factor XIIIa, CD34, smooth muscle actin, and Ki67. The melanocytic markers Sox10, MelanA, and S100 were positive, confirming melanocytic origin. HMB45 showed a gradient of decreased expression toward the base, a feature indicative of benign maturation. BAP1 was retained, AML was negative, and P16 exhibited diffuse staining. CD34 was positive in dermal capillaries, P53 exhibited a wild-type pattern, and the Ki67 proliferation index was low. Factor XIIIa positivity was noted in dermal dendritic cells.

Discussion

Desmoplastic Spitz nevus is uncommon and affects a broad age range, though it is more frequently observed in young adults. It has a mean duration of 3.7 years before diagnosis and most commonly presents in the lower extremities, head, and neck. Histologically, it features spindle-shaped melanocytes with mild atypia, multinucleated giant cells with nucleus in a wreath-like arrangement, and rare mitoses. While perineural invasion can occasionally be observed, it is not a defining feature. The dense collagenous stroma is a hallmark finding and may contribute to the fibrotic, desmoplastic appearance. The etiology of desmoplastic transformation in Spitz nevi remains uncertain. Possible mechanisms include tumor regression, prior trauma, or an involutional fibrosis process. Some cases have been reported in children, suggesting that age may not be a determining factor. Differentiation from desmoplastic melanoma is crucial, differences between these 2 entities are shown in Table 1.

Table 1. Comparison of Desmoplastic Spitz Nevus vs. Desmoplastic Melanoma

	Desmoplastic Spitz Nevus	Desmoplastic Melanoma
Age Group	Young adults (7–53 years)	Older adults (>50 years)
Common Locations	Lower extremities, head, and neck; rarely on the trunk	Sun-exposed areas (head and neck)
Clinical Presentation	Small, well-circumscribed, slow-growing nodule	Ill-defined, irregularly pigmented or amelanotic lesion
Histology	Spindle/epithelioid melanocytes in a storiform pattern within a desmoplastic stroma	Spindle cells with marked nuclear pleomorphism and high cellular density
Junctional Component	Absent or minimal	Often present
Melanin Pigment	Minimal	Usually absent
Mitoses	Rare (<1 per 20 HPF)	Frequent
Perineural Invasion	Rare	Common
Inflammatory Infiltrate	Mild to moderate	Dense, often lymphoplasmacytic
Cellular Maturation	Present, with deeper cells appearing smaller and more uniform	Absent; deep cells remain atypical
HMB-45 Expression	Decreasing gradient towards the base (benign maturation)	Absent
Ki67 Proliferation Index	Low	High
P53 Expression	Wild-type pattern	Frequently mutated
BAP1 Expression	Retained	Often lost

Conclusion

Desmoplastic Spitz nevus, though benign, can mimic melanoma, necessitating careful histopathological and immunohistochemical evaluation. Recognizing its distinct clinicopathologic features ensures accurate diagnosis and prevents overtreatment.

Abstract N°: 203

La progression silencieuse : paresthésie conduisant à l'ulcération dans le syndrome trophique du trijumeau

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Introduction & Objectives:

Trigeminal trophic syndrome (TTS) is a rare cause of facial ulcerations. It is characterized by the onset of anesthesia or hypoesthesia, paresthesias, and skin ulcerations within the same dermatome of the trigeminal nerve. We report two cases of this condition observed in our department.

Materials & Methods:

Two patients were included, both presenting with chronic facial skin ulcerations. The first is a 52-year-old woman with a history of a stroke (Wallenberg syndrome) that occurred 4 years earlier. She consulted for persistent ulcerations affecting the left side of her face for 6 months. The second case is a 64-year-old man who had an ophthalmic shingles episode 4 years ago and developed similar ulcerations in the same area. On skin examination, both patients had well-defined, non-confluent ulcerative plaques with hypochromic edges and an erythematous base, localized in the trigeminal nerve territories on the left side of the face. No vesicles were observed around the ulcerations or elsewhere on the face. Neurological examination revealed left-sided hypoesthesia in both cases. Biological tests, including complete blood count, liver, kidney, thyroid function tests, fasting blood glucose, and HIV serology, were normal. Bacteriological and virological cultures were negative for both patients. The diagnosis of TTS in the V1 and V2 territories was made in both cases. The first patient was treated with carbamazepine at a dose of 200 mg, while the second patient received pregabalin at a dose of 75 mg. Both patients were advised on the importance of covering the ulcerations with a dressing to avoid involuntary manipulation. The outcome was marked by the healing of the lesions.

Results:

TTS is a rare condition in the literature. It results from damage or dysfunction of the trigeminal nerve, leading to sensory impairment. This often results in scratching tics by the patients, which are responsible for chronic ulcerations. Its etiologies include sectioning of the Gasser ganglion in the treatment of neuralgia, craniofacial surgery, as well as stroke and herpes infection, as evidenced in our cases. The time between trigeminal nerve involvement and the appearance of skin lesions ranges from a few weeks to several years. Treatment of TTS is complex, mainly due to the lack of a therapeutic consensus. It involves a combination of physical barriers to prevent manipulation and pharmacological treatment such as gabapentin or carbamazepine. Skin reconstruction techniques could also be considered in cases with significant scarring or persistent lesions.

Conclusion:

Our observations illustrate the etiological diversity and the complexity of managing TTS. Patient education, combined with appropriate pharmacological treatment, remains the cornerstone of managing this condition.

Abstract N°: 436

Histopathology of Mycosis Fungoides in an Asian Pediatric Cohort

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Introduction & Objectives:

Mycosis fungoides (MF) is a rare and indolent form of cutaneous lymphoma that can mimic other skin conditions clinically and histopathologically. In Asian pediatric population, the most common form of MF is the hypopigmented variant, which may be clinically misdiagnosed as vitiligo. Hence, it is important to biopsy suspicious lesions to confirm the diagnosis histopathologically. The aim of this paper is to characterize the histopathological features of MF in Asian pediatric population.

Materials & Methods:

A retrospective review of the histopathological findings of a cohort of children and adolescents diagnosed with MF over a 10-year period, from 2014 to 2023 was performed.

Results:

Twelve patients were identified, with a mean age of 7.4 years (range 3 to 17 years old) and equal number of males and females. The commonest findings include lymphocytes arranged linearly along the basal epidermis, individual haloed lymphocytes, epidermotropism into more superficial areas of the epidermis, and atypical lymphocytic features (91%), such as enlarged hyperchromatic nuclei or irregular or cerebriform nuclear contours.

Conclusion:

With some minor differences, the histopathological features of MF in Asian children are similar to features seen in adults. Close clinical-pathological correlation is important in the diagnosis of MF in children.

Abstract N°: 527

Cellular dermatofibroma masquerading as pyogenic granuloma: a diagnostic challenge

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Introduction & Objectives:

Cellular dermatofibromas (CDF), also known as cellular fibrous histiocytomas, are an uncommon variant of dermatofibromas, accounting for approximately 5% of cases. CDF are hard to recognise clinically, often presenting as slowly growing nodules that are frequently asymptomatic. They present unique diagnostic challenges due to their clinical and histological similarities to more aggressive tumours, particularly dermatofibrosarcoma protuberans (DFSP) and leiomyosarcoma.

Materials & Methods:

A 9-year-old boy presented with a 12-month history of a 15mm ulcerated haemorrhagic lesion on his right shoulder that had increased in size over the preceding 6 months. Clinically, a pyogenic granuloma (PG) was suspected and treated with curettage and cautery. Histology revealed a tumour with fibrohistiocytic architecture with loose storiform and short fascicular patterns reaching the dermal interface without cytological atypia. Immunohistochemistry was CD34 negative. This was consistent with a CDF and complete surgical excision was undertaken. No recurrence was noted over a 7-year follow-up.

Results:

CDF typically occurs in young to middle-aged men, presenting as large lesions and predominantly affecting the upper extremities. Histologically, CDF consists of highly cellular spindle shaped formation of cells with variable amount of eosinophilic cytoplasm and small, oval, vesicular eosinophilic nuclei. It exhibits fascicular proliferative growth with storiform pattern with an increased mitotic rate, possible presence of focal necrosis and limited cellular polymorphism. Histology and immunochemistry distinguish it from morphologically similar conditions like DFSP and leiomyosarcoma. Due to its infiltrative nature, DFSP invades the subcutaneous tissue with irregular tentacle-like projections. This differentiates it from CDF, which may also invade the subcutaneous tissue but with a smooth, pushing border. CDF predominately stains positive for factor XIIIa with focal CD34 positivity present around the periphery. In comparison, DFSP exhibits diffuse CD34 positivity and negative factor XIIIa. CD99 stains diffusely positive in CDF and negative in DFSP. Cutaneous leiomyosarcoma reveals dermal eosinophilic spindle cell proliferation with interweaved fascicular growth pattern and plump eosinophilic spindle cells with cigar-shaped nuclei. Other differentiating criteria include pleomorphism, high degree of nuclear atypia and high mitotic rate. Leiomyosarcoma demonstrates positive expression of desmin, smooth muscle actin and vimentin.

Conclusion:

Recognition of CDF is important due to high local recurrence rate (10% to 50%), invasive behavior and potential for distant metastasis. Risk factors for metastasis include large tumour size, high cellularity, local recurrence and aggressive behaviour. In view of these features, CDF should be completely excised with clear surgical margins or consideration of Mohs' micrographic surgery. Dermatologists should remain vigilant and be aware of the need for complete excision to ensure adequate management and prevent misdiagnosis of more aggressive tumours.

Abstract N°: 575

Predicting metastatic potential of primary cutaneous melanomas utilizing weakly supervised vision language model

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Introduction & Objectives:

Cutaneous melanoma is an aggressive form of skin cancer with constantly growing global incidence and high mortality. Knowledge if a melanoma is likely to metastasize is crucial for treatment and survival prediction of melanoma patients. We aimed to develop a predictive tool for determining metastatic potential in primary cutaneous melanoma based on routine stained histopathological slides together with histological features utilizing weakly supervised vision language model.

Materials & Methods:

A total of 426 routine stained whole slide images (WSI) from melanomas, along with corresponding histological features (Breslow thickness, diameter, presence of dermal mitoses, ulceration and regression), were collected. Of these, 341 samples were used for training and validation, while 85 were reserved as a holdout test set. Given the high resolution of WSIs, they were first divided into smaller patches, and feature embeddings were extracted using the foundation model Prov-GigaPath. Clinical features were converted into text sentences, and BiomedBERT was used to generate corresponding text embeddings. We evaluated three models: (1) TransMIL using only WSIs, (2) a multimodal transformer integrating WSIs and clinical features, and (3) an MLP trained on clinical features alone. Each model employed a bagging ensemble approach with five cross-validation models.

Results:

TransMIL achieved an AUC of 0.883, the multimodal transformer 0.887, and the MLP 0.800.

Conclusion:

The results highlight the benefit of including imaging in the prediction and demonstrate high accuracy for early recognition of melanomas with high metastatic potential.

Abstract N°: 588

Pathological Profile of Anogenital Warts : Histological Analysis and Molecular Typing

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Introduction & Objectives:

Anogenital warts (AGW) are the most common sexually transmitted infection, caused by the Human Papillomavirus (HPV). While diagnosis is primarily clinical, histological analysis and molecular typing of HPV can be performed, particularly in immunocompromised patients, such as those with HIV and a CD4 count below 200. This study aims to analyze the histopathological findings and molecular typing in patients with AGW.

Materials & Methods:

This monocentric, descriptive and analytical study was conducted over a period of two years (01 January 2023 to 01 January 2025) and included patients with clinically diagnosed AGW. For each patient, we performed a skin biopsy with molecular typing using the Direct Flow Chip HPV technique (multiplex PCR followed by reverse hybridization).

Results:

We included 60 patients, comprising 40 men and 20 women (sex ratio 2). The mean age was 37.8 years (range 3–75). Clinically, 50.7% had prominent keratotic lesions, 44.8% had dome-shaped papular lesions, and 4.5% had flat lesions. Confluent plaques appeared in 25.3%, and 2.9% had a Buschke-Löwenstein tumor. Pigmentation was noted in 40.3%. In women, 88% had vulvar lesions and 12% had perianal lesions. In men, 54.7% had penile lesions and 35.7% had perianal lesions. Histological analysis of biopsy samples revealed epidermal signs of VV : koilocytosis (78.3%), acanthosis (46.7%), papillomatosis (61.7%), parakeratosis (61.7%) and dyskeratosis (23.3%). The dermis showed variable inflammatory infiltrates, mainly lymphocytes. Molecular typing was positive in 85.5% of cases. Low-risk HPV was found in 83%, high-risk HPV in 3.8%, and both in 13.2%. A single HPV type was detected in 66% of cases, two types in 30.2%, and three types in 1.9%. One patient (1.9%) had four types. The most common genotypes were HPV 6 (77.3%) and HPV 11 (32%). HPV 16 was present in 3.7%, and HPV 18 in 1.8%. One patient diagnosed with well-differentiated keratinizing squamous cell carcinoma (SCC) had a combination of low-risk and high-risk HPV types (6 and 35). A significant association between koilocytes and the HPV 6 genotype was observed (p=0.003).

Conclusion:

Our study confirms the predominance of low-risk HPV types, particularly HPV 6 and 11, in AGW. The strong association between koilocytosis and HPV 6 reinforces its diagnostic relevance. While high-risk HPV types were less frequent, their presence, especially in SCC cases, highlights the need for continued surveillance. The introduction of the HPV vaccine has significantly reduced the incidence of HPV infections, particularly the high-risk types. It is crucial to continue promoting vaccination as part of a comprehensive strategy to prevent AGW and related complications, such as cervical cancer and other HPV-associated malignancies.

Abstract N°: 857

Case Report of Perforating Elastosis with Calcification in Pseudoxanthoma Elasticum

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Introduction & Objectives: Pseudoxanthoma elasticum (PXE) is a rare genetic disorder marked by progressive calcification and degeneration of elastic fibers, predominantly affecting the skin, eyes, and cardiovascular system. This case report describes a patient with PXE complicated by perforating elastosis and calcification, focusing on clinical presentation, diagnostic complexities, and therapeutic outcomes.

Materials & Methods: We document the case of a 63-year-old female who presented with a long-standing history of yellow skin lesions, recently aggravated by pruritus and pain. A thorough medical evaluation and histopathological analysis were performed. Skin biopsy specimens were processed using hematoxylin-eosin and Masson staining to evaluate dermal alterations. The treatment regimen included nightly application of topical tretinoin cream, with regular follow-up assessments to monitor progress.

Results: Clinical examination revealed irregular, firm, yellow papules and nodules localized on the neck. Histopathological findings demonstrated elongated rete ridges, significant calcium deposits in the mid-superficial dermis, and perforation into follicular centers, accompanied by fragmented elastin fibers—findings consistent with PXE with perforating elastosis and calcification. The use of tretinoin cream led to marked clinical improvement, with resolution of symptoms noted at the 3-month follow-up.

Conclusion: This case underscores the challenges associated with diagnosing and managing PXE with perforating elastosis and calcification. Early identification and treatment are crucial in alleviating symptoms and enhancing the patient's quality of life. The effectiveness of topical tretinoin cream is highlighted, suggesting its potential as a viable therapeutic option. Continuous monitoring is crucial to effectively manage and mitigate the progression of the disease.

Abstract N°: 1002

Pleomorphic Onycomatricoma of Toe Nail Bed

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Introduction & Objectives: Onychomatricoma is a rare benign tumour originating from the nail matrix, with its pleomorphic variant being exceptionally uncommon and diagnostically challenging. Due to its clinical and histopathological overlap with malignant conditions such as squamous cell carcinoma, accurate diagnosis is critical. We present a rare case of pleomorphic onychomatricoma in a 93-year-old patient, highlighting the diagnostic process, the role of immunohistochemistry, and the importance of expert histological review.

Materials & Methods: A 93-year-old male presented with a 12-month history of progressive nail discolouration and pain affecting both great toes, particularly the left, which showed bleeding and tenderness. He reported a 30-year history of self-managed onychomycosis. Examination revealed dystrophic nails with green-yellow-brown discolouration, subungual keratosis, and foul odour, suggestive of fungal and Pseudomonas co-infection. Nail clippings and a nailbed biopsy from the right great toe were submitted for mycological testing and histopathological analysis.

Results: Fungal cultures were negative. Histological analysis of the right nail biopsy revealed papillomatosis, hyperkeratosis, acanthosis, and irregular invaginations. The dermis contained pleomorphic epithelioid to spindle cells with bizarre nuclei, without mitoses or necrosis. Immunohistochemistry was positive for CD34, p16, and CD10, with loss of Rb1 expression. The findings were consistent with pleomorphic onychomatricoma. This diagnosis was subsequently confirmed by expert dermatopathology review at St. Thomas' Hospital, London. Nail avulsion and punch biopsy were performed under local anaesthesia. No further surgical intervention was required. The patient passed away due to cardiac disease, limiting long-term follow-up.

Conclusion: Pleomorphic onychomatricoma is a rare and under-recognised benign tumour of the nail matrix that may clinically and histologically mimic malignancy. This case underscores the necessity of a multidisciplinary approach, incorporating clinical suspicion, histology, immunohistochemistry, and expert review to ensure accurate diagnosis. Awareness of this entity is essential to avoid misdiagnosis and unnecessary aggressive treatment.

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Abstract N°: 1070

SCC And Pleomorphic Sarcoma Collision Tumour Of The Scalp

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Introduction & Objectives:

There are a number of clinical and pathological subtypes of cutaneous SCC, associated with a variety of clinical behaviour and metastatic potentials. Sarcomatoid SCC is an uncommon variant of SCC.

Materials & Methods:

A 73 year old Caucasian male presented with an incompletely excised pleomorphic dermal sarcoma of the scalp. Histology had shown a widely infiltrative tumour extensively involving the deep and peripheral resection margins. Perineural invasion up to 0.02mm was seen as well as extensive lymphovascular invasion. To our knowledge, this initial wide excision, done in a Queensland Regional Hospital, was taken with 2cm margins, down to periosteum and repaired with a skin graft. This is in the background of a previously incompletely excised poorly differentiated SCC of the scalp, treated with radiation therapy. There was a significant background for renal transplant secondary to chronic kidney disease of unknown aetiology. After multidisciplinary team discussion, patient underwent wide local excision of his scalp with a maximum margin allowing for flap reconstruction. Burring of outer table was performed and the defect was reconstructed with a left latissimus dorsi free flap.

Results:

Histopathologic examination revealed a poorly differentiated SCC 15mm in depth, comprised of atypical squamous cells mixed with atypical spindle cells. Perineural invasion was seen. The spindle cell tumour comprised of giant cells with multinucleation and atypical mitosis. There were multiple satellite nodules of sarcoma in the hypodermis. Peripheral margins were clear by 5mm and the deep margin reported involved at the central and 9 o'clock margin. Further IHC stains demonstrated diffuse subfascial pattern of growth in MFH and abrupt changes in CK staining that were suggestive of a collision tumour (MFH and SCC).

Conclusion:

Given this type of collision tumour is relatively uncommon, it is difficult to determine its' prognosis, but it is interesting to note our study case had a short disease-free interval with widespread local recurrence within a 3 month period despite whole scalp radiation therapy. This suggests that these neoplasms may be as aggressive as conventional PD SCC if not more. By describing the pathologic evolution of SCC and sarcoma collision tumour, we aim to prevent its misdiagnosis, better characterise the progression of this neoplasm and allow for the most appropriate clinical care for patients with this uncommon type of SCC.

Abstract N°: 1116

Penile porokeratosis successfully treated with diagnostic and curative punch excision: a case report

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Introduction & Objectives:

Porokeratosis is a rare disorder characterised by abnormal clonal proliferation of keratinocytes. Although generalised porokeratosis can involve the genitogluteal region, cases of primary genital involvement remain extremely uncommon. Typically affecting middle-aged men, genital porokeratosis frequently manifests as extremely pruritic annular plaques with atrophic centres on the scrotum, penis, buttocks or proximal thighs, and may progress to plaques, nodules or ulcers. However, a variant of genital porokeratosis confined to the penile shaft and anterior scrotum (penoscrotal) is very rare and appears to preferentially affect men in their twenties and thirties. While the pathogenesis of porokeratosis is not well understood, the pathological hallmarks of clonal proliferation and abnormal maturation of keratinocytes, and documented cases of malignant transformation led to its increased recognition as a premalignant condition. Porokeratosis is typically unresponsive to conventional topical treatments including corticosteroids and antineoplastic agents, as well as physical interventions like laser therapy.

Materials & Methods:

Our case report details an otherwise well 28-year-old Caucasian man with an asymptomatic, 3 mm well-defined erythematous macule with a hyperkeratotic rim on the left lateral penile shaft. The lesion had been slowly increasing in size since it was first noted three months prior. Topical miconazole 2% and topical methylprednisolone aceponate 0.1% ointment were trialled without success. Family history was unremarkable. Screening tests for venereal diseases were negative. Dermoscopy revealed a keratin rim, central dotted vessels and reddish-brown globules. The patient elected for complete removal of the lesion after being made aware of the small risk of malignant transformation. A 5 mm punch excisional biopsy was performed, which demonstrated cornoid lamellae, focal hypogranulosis and dyskeratotic keratinocytes, confirming the diagnosis of penile porokeratosis.

Results:

Since genital porokeratosis was first described in 1985, fewer than 50 cases have been reported. Currently, there are no international guidelines due to limited comparative data on various treatment modalities. The lack of response to various topical agents in our case highlighted the additional challenges in managing this condition. A punch excisional biopsy to include the entire lesion was performed successfully in our case, reinforcing surgical excision as a viable diagnostic and curative option, particularly for smaller lesions.

Conclusion:

Penoscrotal porokeratosis, though uncommon, can present as asymptomatic and persistent lesions. This highlights the importance of dermoscopy in diagnosing genital lesions in younger men. Complete surgical removal may be considered for small solitary lesions; however, it remains essential to take an individualised approach to patient

care.

Abstract N°: 1157

From Misdiagnosis to Clarity: The Importance of Histopathology in the Rare Case of Colloid Milium

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Introduction: Colloid milium (CM) is an unusual and distinctive cutaneous deposition disorder, first described by Dr. Ernst Wagner in 1866. Colloid milium, also termed "colloid degeneration" and "elastosis colloidalis conglomerata," includes a group of conditions characterized by dermal deposits of hyaline-like, eosinophilic material.

Materials & Methods: This case report presents a particularly unique instance of CM in a 48-year-old female patient, who exhibited multiple papules across her face, neck, and dorsal hands. Initially misdiagnosed and ineffectively treated as chloasma, the condition remained unrecognized for several years, further complicating her cosmetic concerns. With only around 100 cases documented worldwide, this case highlights the rarity of CM and underscores the need for heightened awareness and more comprehensive epidemiological research. Histological examination of the lesions confirmed the diagnosis of CM, marking a crucial turning point in her treatment journey. Despite the general understanding that prolonged sun exposure plays a significant role in CM's pathogenesis, the precise mechanisms remain unclear, making this case a valuable addition to the ongoing exploration of its etiology. This report emphasizes the importance of accurate histopathological diagnosis and illustrates the challenges in managing CM, particularly when extensive lesions impact a patient's cosmetic appearance.

Results: This case emphasizes the critical role of histopathological examination in accurately diagnosing rare dermatological conditions like colloid milium, particularly when clinical features overlap with other cutaneous conditions including chloasma, cutaneous amyloidosis, syringomas and actinic reticulosis. The patient's prolonged misdiagnosis as chloasma highlights the diagnostic challenges posed by colloid milium and underscores the necessity for heightened clinical awareness among healthcare professionals. Furthermore, this case serves as a reminder of the complex interplay between environmental factors, such as UV exposure, and potential genetic predispositions in the pathogenesis of colloid milium. Despite available treatment options, achieving satisfactory cosmetic outcomes remains a challenge, warranting further research into advanced therapeutic modalities. This report not only adds to the limited body of literature on colloid milium but also reinforces the importance of personalized, multidisciplinary approaches to enhance diagnosis, treatment, and patient outcomes.

Conclusion: The case serves as a reminder of the necessity for improved clinical recognition of this rare condition and the importance of personalized, effective treatment strategies.

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Abstract N°: 1268

Non-syncytial variant Cutaneous Myoepithelioma: A case report with emphasis on the role of immunohistochemistry in diagnosis

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Introduction & Objectives:

Myoepitheliomas usually arise from myoepithelial cells in salivary glands, but can rarely occur as primary cutaneous tumours. We present a case of cutaneous myoepithelioma with unusual immunohistochemistry.

Case Presentation:

A 79-year-old man presented with a one-month history of an enlarging, asymptomatic 10mm red nodule on the scalp. Clinically, squamous cell carcinoma was suspected, and excision biopsy was performed. Histology revealed a multinodular, relatively circumscribed dermal lesion focally extending into subcutaneous fat. The lesion had a cellular periphery consisting of rounded to spindled cells with pale eosinophilic cytoplasm and high mitotic rate (25/10HPF), which surrounded a central area showing prominent osseous differentiation with partial cartilaginous differentiation. Immunohistochemistry showed the cells to be strongly positive for SMA and vimentin, and focally positive to EMA. Cells were negative for AE1/AE3, MNF116, Cam5.2, SOX10, S100, HMB45, h-caldesmon, calponin, desmin, p63, CD10, CD34 and MUC4. Due to the challenging nature of the case, the pathology was sent for local and national expert review. Unfortunately, next-generation sequencing (NGS) analysis and FISH studies for EWSR1 rearrangement were unsuccessful. On balance a diagnosis of cutaneous myoepithelioma (non syncytial version) was made.

The patient was offered wide local excision but preferred close clinical monitoring.

Cutaneous myoepithelial cell tumours are exceedingly rare. The diagnosis is challenging, both due to the rarity of the tumour and the variable immunohistochemistry. Differential diagnosis includes melanocytic neoplasms, epithelioid fibrous histiocytomas, Juvenile Xanthogranulomas and epithelioid sarcomas. There are no definite histological criteria to differentiate between benign and malignant myoepitheliomas. However, factors suggesting malignancy include severe atypia, necrosis and high mitosis. Local recurrence and distant spread have been reported in benign looking lesions and can occur months to years after excision. Most cases are diffusely positive to SMA and S100 and /or EMA. The expression, however, is variable dependant on the type of cells. Majority show INT1 retention. EWSRI/FISH is usually used to support diagnosis. What was unique about our case was that it was negative S100/SOX 10, showed no INT1 retention and failed EWSR1 twice, which made the diagnosis challenging. It also showed high mitotic rate but no other features suggestive of malignancy.

Conclusion:

In conclusion, our case demonstrates an unusual immunohistochemistry profile in a cutaneous myoepithelioma, and demonstrates the crucial role that immunohistochemistry plays in the diagnosis of these rare tumours that are both challenging to categorize and complex to manage.

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Abstract N°: 1460

Inclusion body fibromatosis /Infantile digital fibroma.

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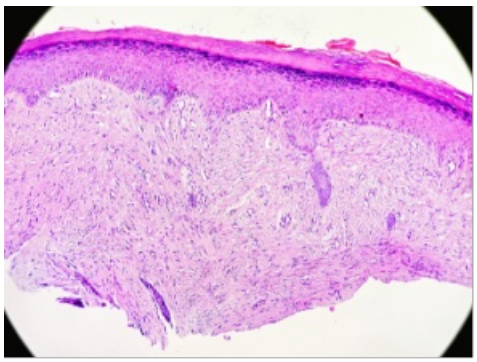
Introduction & Objectives:

Spindle cell proliferation could be a diagnostic challenge to dermatopatholgist due to wide range of possible differential diagnoses. Acral lesion in young children usually causes a lot of distress to the parents. Here I present a 1.5 yr female child with a solitary papulonodular lesion on the right second toe of 6 month duration. The lesion recurred after excision with original clinical diagnosis of molluscum contagiosum.

Materials & Methods:

Clinical examination revealed that the lesion is about 1.6 cm, firm in consistency, skin colored and negative on transillumination. A 3mm Punch biopsy was taken from the lesion and revealed that epidermis shows acral skin features. Dermis is occupied by proliferation of criss- cross intersecting fascicles of spindle shaped cells.(Figure 1) The spindle shaped cells appear bland with ample cytoplasm containing intracytoplasmic red inclusions. (Figure 2) The inclusions stained red by Masson trichrome stain. (Figure 3)



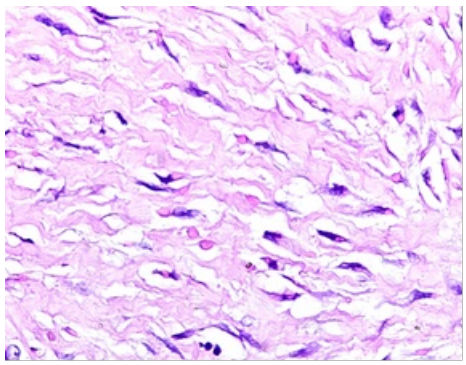


Figure 1 Figure 2

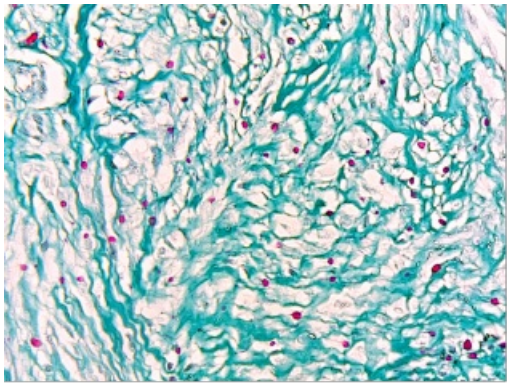


Figure 3

Results:

The final diagnosis after clinicopathological correlation was Inclusion body fibromatosis /Infantile digital fibroma.

Conclusion:

Inclusion body fibromatosis is a benign, often locally recurring myofibroblastic tumor with distinctive intracytoplasmic eosinophilic inclusions.

It is a rare and slow-growing tumor that usually affects infants and children (mostly in less than 5 years). These lesions most commonly affect the lateral and dorsal aspects of the last four digits, sparing the thumb, hand, or foot. Frequently recur after surgical excision.

Abstract N°: 1672

Plasma Cells Represent a Key Component of the Inflammatory Infiltrate in Hidradenitis Suppurativa

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Introduction & Objectives: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by follicular hyperkeratosis, follicular dilation, and eventual rupture, which subsequently triggers a pronounced inflammatory response. This disease is associated with structural changes, including the formation of sinus tracts and scarring. Histopathological evaluation offers valuable insights into the composition and localization of the inflammatory infiltrate, as well as the extent of tissue damage. Identifying individual histopathologic phenotypes may support the development of personalized treatment strategies.

Materials & Methods: We evaluated 150 H&E-stained lesions from patients with HS and compared the histological findings to 46 control specimens. Using a structured assessment framework, five inflammatory cell types (neutrophils, non-plasma cell lymphocytes, plasma cells, macrophages, and eosinophils) were assessed across seven histological regions (global, perifollicular/perisinus, interstitial/fibrotic areas, intraeccrine, perieccrine, intraapocrine, and periapocrine). A 4-point Likert scale was used to grade the extent of inflammation for each region. Based on these assessments, both region-specific and cell-specific inflammatory burdens were calculated. Categorical variables were compared using Chi-squared tests, while the Mann-Whitney U and Kruskal-Wallis tests were employed for non-parametric continuous data. A p-value of ≤ 0.05 was considered statistically significant.

Results: The global inflammatory burden was 46.7% (26.7%-60.0%). The inflammation was more pronounced around follicles/sinuses (burden: 46.7% [26.7%-60.0%]) than interstitially (burden: 26.7% [13.3%-33.3%]). The inflammatory burden in and around eccrine and apocrine glands was minimal. Assessment of the cell-specific burden revealed that plasma cells were the predominant cell type globally, around follicles/sinuses, and interstitially, with cell-specific burdens of 61.6%, 58.8%, and 49.1%, respectively. While the perifollicular/perisinus inflammatory infiltrate was mostly composed of plasma cells, lymphocytes, and neutrophils, the interstitial/fibrotic areas showed a different composition, where mostly plasma cells, lymphocytes, and eosinophils were detected.

Conclusion: Plasma cells emerged as the predominant inflammatory cell type in HS lesions. While the inflammatory infiltrate around follicles or sinuses is characterized by plasma cells, lymphocytes, and neutrophils, interstitial inflammation is dominated by plasma cells, lymphocytes, and eosinophils. These findings may have important therapeutic implications and underscore the value of histological analysis in guiding personalized treatment strategies for individual patients.

Abstract N°: 1721

Necrotising infundibular crystalline folliculitis: a rare case with a microscopic abundance of yeasts

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Introduction & Objectives:

Necrotising infundibular crystalline folliculitis (NICF) is a rare condition characterised by folliculocentric waxy papules with keratotic plugs affecting seborrhoeic areas. Histologically, crystalline deposits in the follicular infundibulum within partly necrotic epithelium enclosed by parakeratotic columns are diagnostic. First described in 2001 by Kossard et al., NICF lesions feature vacuolar and filamentous destruction of follicular structures with eosinophilic filaments, forming a urate-like crystalline pattern. With fewer than 30 cases of NICF reported to date, our understanding of its pathogenesis remains limited.

Materials & Methods:

A 66-year-old man presented with a five-year history of recurrent pruritic, scaly papules on his torso, which worsened during winter months. Topical selenium sulfide and corticosteroids provided partial relief. There was no history of dermatological conditions. Examination revealed scattered, waxy folliculocentric papules with keratotic plugs and excoriations. Bacterial cultures grew normal skin flora, while fungal microscopy detected numerous yeasts with subsequent negative cultures. A 4-mm punch biopsy showed mild epidermal acanthosis, focal parakeratosis, dilated follicular infundibulum with abundant yeasts, amorphous material and positively birefringent granular and filamentous deposits, encased in two columns of follicular parakeratosis. The patient commenced on topical ketoconazole 2% shampoo and oral doxycycline 50 mg daily for four weeks, resulting in significant reduction in itch and lesion count. Maintenance topical ketoconazole twice weekly continued with no recurrence noted at six months follow-up.

Results:

The diagnosis of NICF was confirmed based on characteristic histological findings. Differential diagnoses including acneiform eruptions, Favre-Racouchot syndrome, molluscum contagiosum and viral trichodysplasia are typically diagnosed clinically. As such, NICF may be underdiagnosed as a skin biopsy is often not performed. Several pathogenetic mechanisms have been proposed, including the role of commensal gram-positive organisms and yeasts in follicular infundibula. *Malassezia* spp., in particular, are lipid-dependent yeasts that enzymatically oxidise lipids and degrade corneocyte tonofilaments into amorphous material. These processes stimulate infundibular inflammation and may contribute to crystallisation. The potential role of disrupted sebaceous follicular histogenesis in stem cell pathways, and loss of T-cell homeostatic control have also been suggested. Treatment of NICF remains anecdotal. Topical retinoids, corticosteroids, antibiotics/antifungals, keratolytic agents and emollients have demonstrated variable success. Spontaneous resolution has also been described.

Conclusion:

Our case of NICF demonstrates an abundance of yeasts and reinforces its association with this rare condition. Complete resolution with antimycotic and anti-inflammatory treatment supports the proposed pathogenetic

mechanisms.

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Abstract N°: 2078

Microcystic lymphangioma of the vulva: case report

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Introduction & Objectives:

Cystic cutaneous lymphatic malformations are abnormalities in the development of the lymphatic system, characterized by varying degrees of dilation of the lymphatic vessels. They can be classified into three types: macrocystic, microcystic, or mixed. Superficial microcystic forms, also known as circumscribed lymphangiomas, present as clusters of translucent or hemorrhagic vesicles, papules, or infiltrated or hyperkeratotic pink plaques.

Most often, these lesions are present at birth or appear during early childhood. They are preferentially located in the proximal parts of the limbs. Although generally asymptomatic, they may cause inflammatory, infectious, or hemorrhagic episodes due to the rupture of lymphatic vesicles. The histology of microcystic lymphangiomas reveals lymphatic dilations located in the dermis or epidermis. The evolution of these lesions is often chronic with inflammatory flare-ups, and

Materials & Methods:

A 39-year-old woman presented with bilateral translucent vesicular lesions on the labia majora, evolving over two years, associated with intermittent pruritus and clear fluid discharge. Initial clinical evaluation suggested possible genital warts or squamous cell carcinoma. Histological analysis confirmed the diagnosis of subcutaneous microcystic lymphangiomas.

Results:

We report the case of a 39-year-old female patient, mother of three children, with no significant medical history, who presented to our institution with complaints of chronic lower extremity edema and vulvar discomfort, with vesicular lesions on the inner surface of the right and left labia majora, evolving over the past two years. These lesions were associated with intermittent pruritus and clear fluid oozing. Clinical examination revealed bilateral painless swellings, each measuring 6 cm, located on the inner surface of the right and left labia majora (Figure 1). The surface of these swellings was scattered with translucent vesicles. Clinically, the initial differential diagnosis entertained for these lesions included possible genital warts or squamous cell carcinoma. A skin biopsy was performed, confirming the diagnosis of bilateral subcutaneous lymphangiomas. Histological examination showed a normally thick orthokeratotic epidermis, elevated by large vascular formations sometimes containing serous fluid and lined by normal endothelial cells. These vascular formations were located in the papillary and mid-dermis (Figure 2).

Due to the benign and asymptomatic nature of these lesions, therapeutic abstention was recommended.

Conclusion:

Microcystic lymphangioma is a rare lymphatic malformation with a variable clinical course that requires histologic confirmation for accurate diagnosis [4]. Although often asymptomatic, these lesions may lead to inflammatory or infectious complications, requiring individualized management based on location, symptoms, and patient preference. In this case, therapeutic abstinence was chosen due to the lack of significant discomfort, emphasizing the importance of regular surveillance. However, if needed, treatment options such as sclerotherapy, CO_2 laser, or

surgical excision can be considered [5']. This case highlights the need for a tailored approach to microcystic lymphangiomas, balancing the benign nature of the condition with potential functional and aesthetic concerns.

Abstract N°: 2197

Diagnostic and Prognostic values of Preferentially Expressed Antigen in Melanoma (PRAME) immunohistochemistry in acral lentiginous melanoma

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Introduction & Objectives:

Preferentially Expressed Antigen in Melanoma (PRAME) was recently introduced as an ancillary tool for confirming the diagnosis of cutaneous melanoma, including the acral lentiginous type. However, A consensus on its standardized cut-off point has yet to be reached, and its prognostic performance remains inconclusive. The primary objective of the study is to evaluate the diagnostic value of PRAME immunohistochemistry (IHC) in distinguishing acral lentiginous melanoma (ALM) at different cut-offs. The selected cut-off points are then used to determine the association between PRAME and the ALM prognosis as the secondary objective.

Materials & Methods:

This retrospective cohort study reviewed cases previously diagnosed with acral melanocytic lesions, including 60 cases of acral benign nevi and 30 cases of ALM, at a single tertiary hospital. PRAME IHC was performed on the selected surgical specimens. The percentage and intensity of PRAME staining were used to calculate sensitivity and specificity in diagnosing ALM. The cut-off with the highest specificity and sensitivity is then selected to be used to determine the association between positive PRAME and the clinical outcome and histopathological features of ALM.

Results:

A PRAME staining threshold of 50% (score ≥3) provided the optimum cut-off for differentiating ALM, with a high specificity of 98.3% and sensitivity of 53.3%. Positive PRAME was significantly associated with higher TNM stages (Ordinal odds ratio [95% confidence interval], 13.11 [2.55-67.27]) and higher rates of recurrence (Hazard ratio, 6.62 [1.42-30.94]) but not with any unfavorable histopathological features or mortality.

Conclusion:

PRAME can be used as an adjunctive diagnostic tool to differentiate malignant from benign acral melanocytic lesions. It may serve as a prognostic marker for poor ALM outcomes.

Abstract N°: 2245

YAP1-dependent metabolic reprogramming in Morphea Fibrosis

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Introduction & Objectives:

Localized scleroderma (LS) is a chronic autoimmune skin disorder marked by excessive extracellular matrix (ECM) accumulation and sustained fibroblast activation. Despite ongoing research, current treatments remain largely ineffective at halting or reversing fibrotic progression. Increasing evidence suggests that metabolic reprogramming, especially elevated glycolysis and impaired lipid metabolism, plays a pivotal role in fibrosis. Although TGF-β1 is known to mediate these metabolic shifts, therapeutic targeting of this cytokine is often limited by systemic toxicity and pleiotropic effects. Yes-associated protein 1 (YAP1), a mechanosensitive transcriptional coactivator, has emerged as a central regulator of fibrosis and cellular metabolism, yet its precise role in LS remains largely undefined.

Materials & Methods:

Using transcriptomic profiling and immunohistochemical staining, we compared the metabolic signatures of dermal fibroblasts isolated from LS patients and healthy controls. Immunofluorescence and Spearman analysis assessed the correlation between YAP1 expression and metabolic dysfunction. In vitro, TGF-β1-stimulated fibroblasts were treated with either YAP1-targeting siRNA or verteporfin, a pharmacologic YAP1 inhibitor. Glycolysis and lipogenesis were evaluated by qPCR, Western blotting, extracellular acidification rate (ECAR), and lactate quantification. RNA-seq analysis was performed to uncover verteporfin-regulated pathways. In vivo, a bleomycin-induced murine model of skin fibrosis was treated with verteporfin-loaded microneedle patches, and fibrosis severity was assessed using immunohistochemistry and Masson’s trichrome staining.

Results:

LS-derived fibroblasts exhibited profound metabolic dysregulation, including upregulated glycolytic genes and suppression of lipid metabolism-related genes, which strongly correlated with YAP1 overexpression. YAP1 knockdown or verteporfin treatment significantly downregulated glycolytic enzymes (PFKP, HK2, GLUT1) and upregulated lipid metabolic regulators (PPARγ, ACOX1, PLIN2, C/EBP). ECAR and lactate production were markedly reduced following verteporfin treatment. Mechanistically, verteporfin suppressed YAP1 activity and promoted nuclear translocation of PPARγ via the MAPK pathway, indicating both YAP1-dependent and -independent regulatory effects. In vivo, microneedle-mediated local delivery of verteporfin significantly alleviated dermal thickening and collagen deposition in fibrotic skin.

Conclusion:

YAP1 orchestrates fibroblast metabolic reprogramming in localized scleroderma by enhancing glycolysis and suppressing lipid biosynthesis, thereby promoting fibrogenesis. Pharmacological inhibition of YAP1 with verteporfin effectively reverses these metabolic disturbances and mitigates fibrosis through dual molecular mechanisms. These findings highlight a promising metabolic-based therapeutic strategy for localized scleroderma and other cutaneous fibrotic disorders.

Abstract N°: 2360

Clinical Cases of Sweet's Syndrome

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Introduction & Objectives:

Sweet's syndrome is a rare neutrophilic dermatosis, typically characterized by acute onset of painful erythematous plaques, systemic symptoms such as fever, and neutrophilia. Its diagnosis can be challenging due to overlap with other dermatoses. We present a clinical case emphasizing the diagnostic importance of histopathology and differential criteria to support early recognition and effective management.

Materials & Methods:

A 46-year-old female presented with a two-year history of relapsing, painful erythematous eruptions involving the neck, back, chest, and limbs. The condition was accompanied by recurrent fevers (up to 39.8°C) and joint pain. She had previously received multiple misdiagnoses including allergic dermatitis and erythema multiforme. Clinical examination revealed multiple purple-red papules coalescing into plaques up to 7 cm with a yellowish rim. Laboratory investigations demonstrated leukocytosis (12×10^9/L) and elevated ESR (25 mm/h). A skin biopsy from an active lesion was performed for histopathological evaluation.

Results:

A 46-year-old female presented with a two-year history of relapsing, painful erythematous eruptions involving the neck, back, chest, and limbs. The condition was accompanied by recurrent fevers (up to 39.8°C) and joint pain. She had previously received multiple misdiagnoses including allergic dermatitis and erythema multiforme. Clinical examination revealed multiple purple-red papules coalescing into plaques up to 7 cm with a yellowish rim. Laboratory investigations demonstrated leukocytosis (12×10^9/L) and elevated ESR (25 mm/h). A skin biopsy from an active lesion was performed for histopathological evaluation.

Conclusion:

This case highlights the clinical heterogeneity and diagnostic complexity of Sweet's syndrome. Histopathological evaluation played a pivotal role in establishing the diagnosis and differentiating it from other dermatoses with overlapping features. The rapid response to corticosteroids further confirmed the diagnosis. Incorporating histological confirmation into the diagnostic pathway is critical for prompt and effective treatment, particularly in atypical or chronic presentations of febrile dermatoses.

Abstract N°: 2362

Asymmetric periflexural exanthema in an adult: a case report

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Introduction & Objectives:

Asymmetric periflexural exanthema (APE), also known as unilateral laterothoracic exanthem, is a self-limiting dermatosis that primarily affects children, with higher prevalence during winter and spring seasons. Characterized by unilateral erythematous eruptions that maintain their asymmetry throughout the disease course, APE is rarely documented in adults. The objective of this report is to present a rare case of APE in an adult, highlighting its benign course and the importance of recognizing this condition to avoid unnecessary diagnostic tests and treatment.

Materials & Methods:

A 35-year-old male patient presented with complaints of erythematous rash that began one month prior in the right axillary region and gradually spread across the right side of the chest and arm. The patient was undergoing physiotherapy for cervical osteochondrosis at the time, with symptoms localized to the left arm. Clinical examination revealed diffuse macular erythema on the right hemithorax and forearm. Diagnostic procedures included complete blood count, urinalysis, and serological testing for viral infections (including Epstein–Barr virus, enteroviruses, coronaviruses, and parvovirus B19), all of which returned negative.

Results:

Histopathological analysis of a skin biopsy from the affected area revealed mild acanthosis, spongiosis, and a superficial perivascular lymphocytic infiltrate. These findings, in conjunction with the clinical presentation and the asymmetrical distribution of lesions, supported the diagnosis of APE. The skin lesions resolved spontaneously within six weeks without the need for pharmacological treatment.

Conclusion:

APE in adults is extremely rare and often self-resolving within four to six weeks. Diagnosis is primarily clinical, supported by histology when necessary to rule out other dermatoses. Laboratory findings are typically nonspecific. Recognizing this benign condition is crucial to prevent misdiagnosis, unnecessary investigations, and overtreatment. Awareness of APE as part of the differential diagnosis for unilateral rashes in adults can improve clinical decision-making and patient management.

Abstract N°: 2486

Apocrine Hidroadenocarcinoma in an Uncommon Location

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Introduction & Objectives:

Apocrine hidroadenocarcinoma is a rare malignant adnexal neoplasm. First described in 1954 by Keasbey and Hadley as clear cell eccrine carcinoma, it often mimics a benign hidroadenoma. Typically presenting as a violaceous subcutaneous nodule in adult males, common locations include the face, axillae, hands, and feet. This report presents a rare case occurring in the anterior chest of a female patient, highlighting an atypical clinical presentation and diagnostic approach.

Materials & Methods:

A 50-year-old female with a history of depression and chronic psychiatric medication use presented with a progressive, painful violaceous nodule on the right infraclavicular chest region, noted over six months. Physical examination revealed a firm, subcutaneous, adherent nodule. Ultrasound showed a cystic nodular lesion. The tumor was excised with safety margins and submitted for histopathological and immunohistochemical analysis.

Results:

Histology showed a multicystic lesion composed of large eosinophilic granular cells with well-defined membranes, nuclear pleomorphism, occasional multinucleation, ductal and mucinous differentiation, papillary formations, and necrosis. Immunohistochemistry was positive for p63, EMA, CK7, cytokeratin 5/6, and Ki67. No vascular or lymph node involvement was detected in follow-up imaging. The patient remains under surveillance without recurrence.

Conclusion:

Apocrine hidroadenocarcinoma is an aggressive tumor with high local recurrence rates and potential for lymphatic metastasis. Its diagnosis requires histopathologic distinction from benign adnexal tumors, emphasizing features such as pleomorphism, necrosis, and high proliferative index. Given the rarity of the disease and its unpredictable course, complete surgical excision with wide margins and close follow-up are critical. This case contributes to the limited literature on this malignancy, particularly in female patients and thoracic presentations.

Abstract N°: 2500

Unilateral Necrotising Granulomatous Medium-Vessel Vasculitis with Eosinophils: A Rare Case of Localised EGPA

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Unilateral Necrotising Granulomatous Medium-Vessel Vasculitis with Eosinophils: A Rare Case of Localised EGPA

Introduction & Objectives: Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare ANCA-associated vasculitis classically characterised by asthma, eosinophilia, and systemic small-to-medium vessel involvement. Localised cutaneous EGPA is exceptionally rare, particularly with unilateral presentation and medium-vessel vasculitis.

Materials & Methods: A 40-year-old female hairdresser presented with a 6-month history of painful swelling, induration, and discoloration of the left medial ankle. This followed a presumed "spontaneous" Achilles tendon rupture which did not fully explain her symptoms. Clinical examination revealed non-specific erythema and firm subcutaneous tissue over the medial ankle without systemic features.

Results:

An incisional biopsy demonstrated necrotising granulomatous vasculitis with eosinophils involving medium-sized dermal vessels, alongside deep dermal and pannicular inflammation. Tissue cultures, including extended and low-temperature incubation, were negative. MRI of the ankle revealed extensive inflammatory changes across the subcutaneous tissues and musculature of the posteromedial compartment, with thickening of the posterior tibial nerve.

Extensive blood testing showed normal inflammatory markers and negative serologies (ANA, ENA, anti-PR3, anti-MPO, HIV, and hepatitis panels). ANCA testing was inconclusive due to an interfering antibody. There was no eosinophilia or systemic involvement. The only abnormality was a low IgM level (0.28 g/L).

She was reviewed by rheumatology, and a diagnosis of eosinophilic granulomatosis with polyangiitis (EGPA) was confirmed. She was commenced on oral prednisolone 30 mg daily (weaning by 5 mg weekly) and methotrexate 15 mg weekly (escalating to 20 mg), with folic acid supplementation. Infliximab is under consideration should she fail to respond to conventional immunosuppression.

Conclusion: We report a rare case of EGPA manifesting as isolated, unilateral cutaneous necrotising granulomatous vasculitis with eosinophils. The absence of systemic symptoms, asthma, or eosinophilia complicated the diagnosis. This case expands the clinical spectrum of EGPA and underscores the importance of deep biopsy and multidisciplinary assessment in atypical presentations. Early immunosuppression may prevent systemic progression.

Top of Form

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Abstract N°: 2761

Not Just a Keloid: A Rare Case of Cutaneous Leiomyosarcoma of the Chest

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Introduction & Objectives:

Cutaneous leiomyosarcoma is a rare malignant tumour arising from smooth muscle cells, representing 7% of all soft tissue sarcomas. It is uncommon in the skin, where it can be classified as either dermal or subcutaneous, each with distinct origins and prognostic implications.

Materials & Methods:

One case of cutaneous leiomyosarcoma is reported.

Results:

A 55-year-old male with Fitzpatrick skin type 5 presented with a 3-year history of a progressively enlarging painful lesion on the chest. He had no history of any preceding trauma. On examination, a 3x3cm shiny, tender mass with visible telangiectasia was noted. There was no cervical, axillary or groin lymphadenopathy. The initial differential diagnosis was a keloid scar or adnexal tumour. The lesion was excised, and the histology revealed a high grade cutaneous leiomyosarcoma, characterised by atypical spinal cells with marked nuclear pleomorphism and high mitotic activity (17 mitoses/10 HPF). Immunohistochemistry confirmed positivity for Desmin, SMA, and Caldesmon, with negative staining for S100, CD31, and HMB45. The lesion was incompletely excised, and the patient subsequently underwent Mohs micrographic surgery for complete tumour removal. A CT scan of the thorax, abdomen, and pelvis with contrast showed no evidence of metastatic disease. He will have annual follow up in the rare skin cancer clinic.

Conclusion:

Cutaneous leiomyosarcoma is a rare skin cancer requiring prompt recognition and management due to its potential for recurrence and metastasis. Complete excision is essential for reducing recurrence risk, and regular follow-up is necessary to monitor for any signs of tumour recurrence or metastasis. Cutaneous leiomyosarcarcoma should be considered as a differential diagnosis in those presenting with painful lesions which are clinically in keeping with keloid scar. In this case, early intervention and ongoing surveillance have contributed to favourable short-term outcomes, though long-term monitoring remains crucial.

Abstract N°: 2789

Histopathological Features and Differential Diagnosis of Cellular Neurothekeoma

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Introduction & Objectives:

Cellular neurothekeoma (CNT) is a rare benign cutaneous lesion with controversial origins and classification. Initially considered a variant of neurothekeoma, recent studies suggest a histiocytic lineage rather than a neural origin. The histopathological features of CNT are highly similar to those of several other lesions, such as dermatofibroma (DF) and plexiform fibrohistiocytic tumor (PFHT), which poses significant challenges in diagnosis. Therefore, this study aims to analyze the histopathological and immunohistochemical (IHC) features of CNT to identify more reliable diagnostic markers and enhance diagnostic accuracy.

Materials & Methods:

We reviewed all CNT cases diagnosed in our institution over the past five years, describing their histopathological and IHC features. Pathological images and IHC results were carefully analyzed to identify distinctive characteristics for differential diagnosis.

Results:

Histopathologically, CNT presents as a dermal lesion with a multinodular architecture, composed of plump spindle or epithelioid mononuclear cells with eosinophilic cytoplasm. The IHC results show that NKI/C3 and CD10 are diffusely and strongly positive in CNT, while S-100 and SOX-10 are negative, which allows us to make a preliminary diagnosis of CNT. However, neither marker is specific to CNT, highlighting the need for further investigation. Additionally, we found that the combination of PGP9.5 and XIIIa is helpful in differentiating CNT with a fascicular growth pattern from DF. Despite studies recommending the use of MITF to differentiate CNT with a plexiform growth pattern from PFHT, MITF is not stably expressed in CNT, which is also confirmed in our cases, and this necessitates the exploration of new markers to distinguish between these two highly similar diseases.

Conclusion:

CNT differs from neurothekeoma by its cellular proliferation, absence of myxoid stroma, and lack of neural IHC expression, favoring a histiocytic origin. Currently, the diagnosis of CNT relies on non-specific markers, which necessitates further investigation of specific histological markers to improve diagnostic accuracy. CNT shares significant histological and architectural similarities with DF and PFHT,and a microarray analysis of gene expression also suggests that they may have a similar origin. However, given their distinctly different biological behaviors, differential diagnosis is particularly important.

TABLE 1 Clinical features

Case	*Sex*	*Age，years*	*Location*	*Size，cm*
1	F	71	Shoulder	0.5*0.4
2	F	67	Nose	0.6*0.4
3	F	45	Scalp	0.7*0.5
4	F	33	Neck	0.6*0.5
5	F	30	Arm	0.8*0.7
6	F	40	Face	0.4*0.3
7	F	38	Axilla	0.6*0.3
8	F	59	Back	1.0*0.9
9	F	47	Lip	NA

Abbreviation: NP, not applicable.

TABLE 2 Summary of immunohistochemical features

Case	*NKI/C3*	*CD10*	*MITF*	*S-100*	*SOX-10*	*NF*
1	+	+	—	—	—	—
2	+	+	—	±	—	—
3	+	+	—	—	—	—
4	+	+	NP	NP	NP	—
5	+	±	—	—	—	—
6	+	+	NP	—	NP	—
7	+	+	—	—	NP	—
8	+	—	NP	—	+	—
9	+	+	—	—	—	—

Abbreviation: NP, not performed.

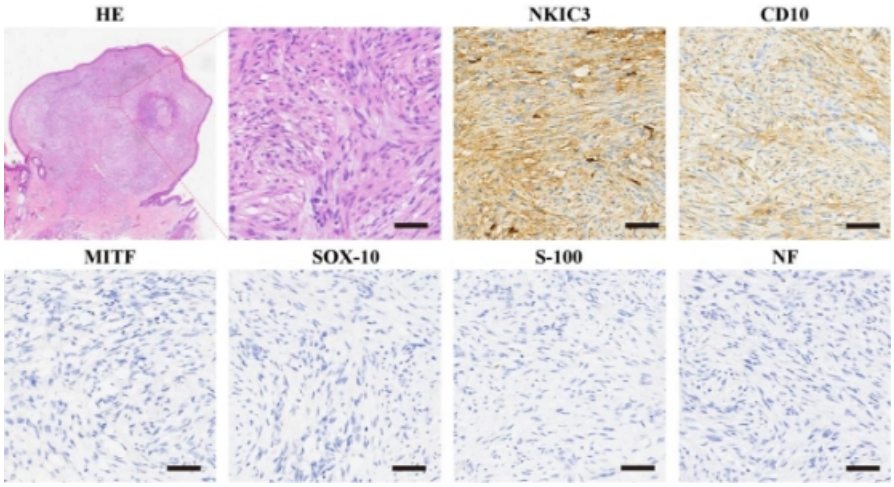

Fig.1 H&E staining at low magnification demonstrates a tumor in the dermis with indistinct margins. Higher magnification reveals proliferation of spindle-shaped or epithelioid cells, accompanied by focal myxoid changes. Representative immunohistochemistry images of NKIC3, CD10, MITF, SOX-10, S-100 and NF of tumor tissue, scale bar = 50 μm.

Abstract N°: 2896

Tattoo ink-related pseudolymphoma

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Introduction & Objectives:

Cutaneous reactions related to permanent tattoos are variable including granulomatous, sarcoid, lichenoid and pseudolymphomatous reactions. Cutaneous pseudolymphoma (CP) is a benign reactive lymphoproliferation which may occur in response to many antigenic stimuli.

Materials & Methods:

Herein, we report a case of a CP related to the red ink of a tattoo.

Results:

A 29 year-old boy with no past medical history, presented with asymptomatic cutaneous lesions developing in his forearm tattoo, which appeared one year after the tattoo had been applied. The constituents used in tattoo dyes could not be identified. He denied drug intake or photoexposure. Examination revealed papulo-nodular and infiltrated lesions located in the red areas of a hood tattoo. No regional lymphadenopathy was noted. He received topical steroids with no improvement. Patch tests for metal allergy were negative. Histopathologic assessment found a dense, nodular, inflammatory infiltrate in the upper and mid dermis, comprised of small-sized lymphocytes with no atpyical cells. Isoled histiocytes within the infiltrate showed intracellular red pigment. Polyclonal lymphocytes with predominant T cell phenotype, mostly CD8 positive were revealed by immunohistochemical staining. The diagnosis of a tattoo-induced CP was established. Intralesional steroids were indicated.

Conclusion:

According to literature data, few cases of tattoo-induced CP have been reported. The mechanism is not clearly elucidated. metal compounds of red pigment were the most common causative agents but black, blue and green dyes can also induce CP. Patch tests are usually negative because the ink is located within the dermis. Topical or intralesional steroids are rarely effective. Surgical removal and YAG laser can be proposed. Because of the increasing popularity of body tattoos, the related complications should be known. Detailed informations about the chemical composition of the inks should be provided.

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Abstract N°: 2897

The state of the skin microbiota in patients pityriasis versicolor.

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Introduction & Objectives:

The skin represents a complex ecosystem involving keratinized epidermal cells and resident microbial communities in a delicate symbiotic balance. Disruption of this equilibrium can lead to the activation of opportunistic microbes even before visible pathological changes occur. Pityriasis versicolor (PV), also known as tinea versicolor, is a common superficial fungal infection; however, the role of broader skin microbiota dysbiosis in its pathogenesis remains underexplored. This study aims to analyze the species composition and microbial load of the skin microbiota in patients with PV compared to healthy individuals, contributing to the understanding of its etiopathogenesis and the development of targeted treatments.

Materials & Methods:

A total of 22 patients diagnosed with PV (aged 18–37 years; both sexes) were examined. Ten healthy individuals formed the control group. Microbiological assessment was performed using the Williamson & Kligman flushing method with sterile cotton swabs soaked in nutrient broth. Samples were collected from affected areas (1 cm^2) and cultured on standard media to identify bacterial colonies. The species composition and colony-forming units (CFU) per plate were quantified. Data were statistically analyzed using descriptive statistics and comparative p-values, with $p<0.05$ considered significant.

Results:

In healthy controls, the predominant microorganisms included Staphylococcus epidermidis (40%), Staphylococcus saprophyticus (30%), Micrococcus spp. (20%), and Enterobacteriaceae (10%). In contrast, among PV patients, 54.5% exhibited monoinfections, primarily Staphylococcus aureus (50%), St. epidermidis (33.3%), and St. haemolyticus (16.7%). The remaining 45.5% of patients presented mixed microbial associations involving S. aureus combined with other staphylococcal or Enterobacteriaceae species. Total microbial contamination was significantly elevated in PV patients (20 to 80 CFU/plate) compared to the normal threshold (≤19 CFU/plate), indicating statistically significant microbial overgrowth ($p<0.05$).

Conclusion:

This study demonstrates that patients with pityriasis versicolor show altered skin microbiota profiles, both in qualitative and quantitative terms, compared to healthy individuals. The dominance of S. aureus and microbial associations, along with increased CFU counts, suggest a possible synergistic role of bacterial dysbiosis in PV pathogenesis. Monitoring microbial composition may offer prognostic value and aid in the evaluation of treatment effectiveness. Further studies should explore the therapeutic potential of microbiome modulation in managing PV.

Abstract N°: 2962

Psoriasiform dermatitis, which side are you on?

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Introduction & Objectives:

The term psoriasiform dermatitis refers to a group of inflammatory skin disorders that share clinical and histopathological features with psoriasis.

These disorders present with overlapping morphologic patterns, making accurate diagnosis a challenge. Psoriasis serves as the prototypical condition within this category, but several other dermatoses also fall under the psoriasiform umbrella. These include chronic eczema, lichen simplex chronicus, large-plaque parapsoriasis, and early-stage cutaneous T-cell lymphomas such as mycosis fungoides (MF). Differentiating among these conditions is often difficult due to shared clinical manifestations and similar microscopic findings. This complexity underlines the need for a more systematic approach that incorporates immunohistochemistry and molecular diagnostics.

The aim of this study was to assess interobserver diagnostic consistency and to utilize immunohistochemical and molecular tools in re-evaluating previously diagnosed cases of psoriasiform dermatitis for improved diagnostic accuracy.

Materials & Methods:

We conducted an analytical cross-sectional study involving 28 patients who had received a histological diagnosis of psoriasiform dermatitis within one year period. Formalin-fixed paraffin-embedded tissue blocks were analyzed. Immunohistochemistry was performed to characterize T-cell subsets using CD3, CD4, CD7, CD8, and in selected cases CD30. Periodic acid–Schiff (PAS) staining was used when fungal infection was suspected. In cases where cutaneous lymphoma was a concern, polymerase chain reaction (PCR) analysis for T-cell receptor (TCR) gene rearrangements was conducted to evaluate clonality.

Results:

A total of 28 subjects were included in the study, 67% of whom were male. The mean age was 63 years (SD = 16), with two adolescent patients aged 15 and 16 years old (7%). Of the 28 evaluable cases, 15 (55.6%) were diagnosed as psoriasis. Among these, 59% were plaque psoriasis, 27% guttate, 7% pustular, and 7% inverse psoriasis. Nine patients (32%) were reclassified as having dermatitis, 70% of which represented chronic dermatitis. Two cases (7%) were diagnosed as mycosis fungoides, and one case each (3.7%) was identified as large-plaque parapsoriasis and chronic lichenoid pityriasis.

Conclusions:

- Psoriasis remains the classic example of a psoriasiform dermatosis and must be carefully distinguished from other conditions in this group based on clinical and histopathologic criteria.
- The identification of mycosis fungoides and parapsoriasis among the study cohort emphasizes the importance of considering more serious and potentially malignant dermatoses in the differential diagnosis.

- Accurate differentiation between psoriasis and other psoriasiform conditions has significant diagnostic, prognostic, and therapeutic importance.
- In cases of diagnostic uncertainty, re-evaluation and further histological analysis are recommended.
- When cutaneous lymphoma is suspected, immunohistochemical and molecular techniques, such as T-cell marker profiling and TCR gene rearrangement studies, can be instrumental in establishing a definitive diagnosis.

Abstract N°: 2969

Acquired periungual fibrokeratoma: a report of two cases

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Introduction & Objectives:

Ungual fibrokeratoma is a rare benign fibrous tumor of the nail, with unknown etiology. It is most commonly located on the toes but can also occur on the fingers. Diagnosis is clinical, and treatment, often surgical, is generally required.

We report two cases of acquired fibrokeratoma to provide insight into its clinical presentation, differential diagnosis, and surgical management.

Materials & Methods:

The first case concerns a 54-year-old woman with no medical history, presenting with an asymptomatic periungual lesion on the big toe, evolving over 4 years. Clinical examination revealed a triangular lesion at the proximal lateral nail fold, measuring 1×0.5×0.2 cm. Dermoscopy showed a centrally homogeneous yellow lesion with a keratinized tip. A diagnosis of periungual fibrokeratoma was made, and surgical excision confirmed histologically.

The second case involves a 32-year-old woman with a history of tuberous sclerosis (Bourneville disease) and Crohn’s disease, treated with Ustekinumab since 2017. She presented with an asymptomatic periungual lesion on the right thumb, present for 22 years. Clinical examination revealed a rod-shaped lesion measuring 1×0.4×0.2 cm, emerging from the proximal nail fold and nail matrix, associated with a longitudinal groove on the nail plate. Dermoscopy also showed a centrally homogeneous yellow lesion with a keratinized tip. Surgical excision was performed, and histological analysis confirmed the diagnosis.

Results:

Acquired fibrokeratoma is a rare benign fibroepithelial tumor, first described by H.H. Steel in 1965, most often observed in patients over 50. Its origin is unclear, though trauma is suspected due to its frequent occurrence on fingers and toes. Typically asymptomatic, it may occasionally cause pain, hypersensitivity, or pruritus. It usually appears as a solitary, smooth, flesh-colored lesion. Four morphological types are described: dome-shaped, branched, flat, and rod-like. Depending on the site within the nail unit, it can be classified as periungual, epinychial, intranychial, or subungual. Diagnosis is mainly clinical. In doubtful cases, histopathology reveals a central core of collagen bundles, hyperplastic epidermis, capillaries, and fibroblasts.

Differential diagnoses include Koenen tumors, warts, supernumerary digits, pyogenic granuloma, non-pigmented eccrine poroma, enchondromas, neurofibromas, and myxoid pseudocyst. Surgical excision remains the preferred treatment.

Conclusion:

Although rare and benign, ungual fibrokeratoma should be recognized and explained to patients as unlikely to resolve spontaneously. Surgical removal is often recommended, primarily for aesthetic or functional reasons.

Abstract N°: 3049

Diagnosing VEXAS Syndrome via Skin Biopsy: A Nested Case-Control Study of Neutrophilic Dermatoses

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Introduction & Objectives:

VEXAS (Vacuoles, E1 enzyme, X-linked, Autoinflammatory, Somatic) syndrome is an autoinflammatory disease caused by a somatic mutation in the *UBA1* gene. It presents with protean clinical manifestations including neutrophilic dermatoses. Screening criteria for UBA1 testing are ill defined. Furthermore, prior studies have identified VEXAS via UBA1 sequencing of blood and bone marrow. This study is the first to diagnose VEXAS via sequencing of a nested case control series of skin biopsies with neutrophilic dermatoses. The objectives of this study are to 1) demonstrate the technical feasibility of diagnosing VEXAS via *UBA1* sequencing of formalin-fixed paraffin-embedded skin biopsies and 2) identify the prevalence and associated clinical and laboratory features of VEXAS syndrome in comparison with other neutrophilic dermatoses.

Materials & Methods:

Retrospective keyword search of dermatopathology reports from male patients from 2014-2024 was performed and identified 125 cases of neutrophilic dermatoses. *UBA1* was sequenced, producing interpretable results in 99 cases (79.2%). A patient with bone marrow-confirmed *UBA1* mutation consented to use of their skin biopsy as a positive control. Chart review for demographic, clinical, and laboratory data was performed. Group comparisons were made using two-sample t-tests for continuous data and Fisher's Exact tests for categorical data.

Results:

Four biopsies (4.0%) revealed *UBA1* mutations. Histologic diagnoses included various subtypes of neutrophilic dermatoses. Fever was seen in 100% (4/4) of VEXAS patients compared to 52.6% (50/95) of unaffected patients ($p = 0.124$). Myelodysplastic syndrome (MDS) was seen in 50% (2/4) of VEXAS patients compared to 11.5% (11/95) of unaffected patients ($p = 0.082$). Ear chondritis (1/4), deep vein thrombosis (1/4), and pulmonary embolism (1/4) were also reported among VEXAS patients. At time of skin biopsy, the average neutrophil count among the VEXAS group was lower than that of the unaffected group (2.2 vs 7.7, $p < 0.001$). Both at time of skin biopsy and on most recent labs, the average MCV among VEXAS patients was higher than that of unaffected patients (104.4 vs 88.6, $p = 0.054$; 102.0 vs 90.0, $p = 0.002$).

Conclusion:

Our study demonstrates the feasibility and utility of *UBA1* sequencing of skin biopsies as a diagnostic tool for

VEXAS syndrome. The prevalence of VEXAS syndrome in patients with neutrophilic dermatoses (4.0%) was higher than what was reported in prior population-based studies (0.02%), highlighting the important role that dermatologists and dermatopathologists play in diagnosis of VEXAS. *UBA1* sequencing should be considered in patients with neutrophilic dermatoses, especially those with fever, MDS, or macrocytosis.

Abstract N°: 3308

Pseudomyogenic Hemangioendothelioma-A case series and comprehensive literature review

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Introduction & Objectives:

Pseudomyogenic hemangioendothelioma (PHE) is an uncommon vascular tumor of intermediate malignancy, most commonly seen in young adult male patients. The tumor has a predilection for the distal extremities, manifesting as either solitary or multiple slow-growing nodules or masses. It has been reported as a primary tumor in different anatomic sites, with genital involvement being exceptionally rare.

Materials & Methods:

We retrospectively analyzed the clinical and pathological features of 4 cases of PHE, including demographics, distribution sites, lesion morphology, subjective symptoms, pathological differences, and molecular pathology.

Results:

The patients (2 male; 2 female) ranged in age from 26 to 56 years (median 39 years), with a disease duration ranging from 2 to 4 months. Tumors occurred on the extremities of 2 cases (left forearm; right sole), and on the external genital area of the other 2 cases (left labia majora; glans). Three patients found multifocal lesions on the right sole, left labia majora, and glans respectively. Two tumors on the right sole and left labia majora developed ulceration and crusting, accompanied by severe pain. Histopathological findings revealed plump spindle-shaped cells with brightly eosinophilic cytoplasm and/or epithelioid cells with intracytoplasmic vacuoles. All tumors showed an infiltrative pattern with mild nuclear atypia. Neutrophilic infiltration and focal necrosis were prominent in the ulcerated areas. By immunohistochemistry, all tumors were positive for CD31, FLI1, INI, and ERG, while CD34, S-100, and EMA were negative. Three lesions were diffusely positive for CK (AE1/AE3). Ki-67 stain indicated a low proliferation activity of approximately 10%. To further confirm the diagnosis, two tumors were detected by fluorescence in situ hybridization (FISH) for FOSB gene rearrangement. The results were positive in both cases. Three patients received wide local excision in our clinic. The lesion on the left labia majora received an additional excision due to the recurrence that emerged 10 weeks after the surgery. Within the subsequent follow-up period, no instances of recurrence or metastasis were observed.

Conclusion:

We report four cases of PHE to demonstrate the range of histopathologic features of this entity. Demonstration of the characteristic immunophenotype or of FOSB rearrangement is critical to establish the diagnosis.

Abstract N°: 3401

Auricular Cutaneous Leishmaniasis: A Diagnostic Challenge in an Endemic Area

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Introduction & Objectives

Cutaneous leishmaniasis (CL) is a parasitic infection endemic to several regions, including southern Tunisia. It is transmitted by the bite of infected Phlebotomine sandflies and typically manifests as ulcerated or crusted nodules. Lesions on the auricle can pose a diagnostic and therapeutic challenge due to their rarity and potential risk of cartilage destruction. We report a case of auricular CL in a healthy young male, highlighting the importance of early recognition and treatment in endemic areas.

Materials & Methods

A 36-year-old male with no significant past medical or surgical history presented with a two-month history of an erythematous, infiltrated papular lesion on the right auricle. The lesion measured approximately 2 cm, with a yellowish ulcerated-crusted surface, indurated borders, and mild tenderness. No systemic symptoms were reported. The patient lived in a rural area in southern Tunisia, known to be endemic for CL.

A skin smear stained with May–Grünwald–Giemsa revealed intracellular amastigotes, confirming the diagnosis of cutaneous leishmaniasis.

Results

Due to the lesion’s location and the risk of cartilage damage, intramuscular meglumine antimoniate (Glucantime) was administered. The patient was monitored regularly for clinical response and adverse effects. The treatment led to complete regression of the lesion with full epithelialization. No relapse or residual scarring was observed.

Conclusion

This case underscores the need for heightened clinical suspicion for CL in endemic regions, especially in atypical locations such as the auricle. Early diagnosis and appropriate systemic treatment can prevent complications and ensure excellent cosmetic and functional outcomes. Collaboration between clinicians and parasitology laboratories is essential for effective management of such cases.

Abstract N°: 3416

Cutaneous Psammomatous Melanotic Schwannoma: A Diagnostic Pitfall Not to Miss

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Introduction & Objectives

Psammomatous melanotic schwannoma (PMS) is a rare pigmented peripheral nerve sheath tumor derived from Schwann cells. While most commonly affecting spinal nerve roots, cutaneous localization is extremely uncommon. PMS may clinically and histologically mimic melanocytic lesions, including malignant melanoma. We report a rare case of cutaneous PMS with a 10-year follow-up, highlighting its diagnostic complexity and the importance of long-term monitoring.

Materials & Methods

A 59-year-old woman with a history of treated hypertension presented with a 1.5 cm painless, slow-growing, pigmented subcutaneous nodule on the right thenar eminence. The lesion had been evolving for 15 years. There was no history of trauma or systemic symptoms. Clinical diagnoses included dermatofibroma and epidermoid cyst. Complete surgical excision was performed for diagnostic and therapeutic purposes.

Histopathologic evaluation revealed a lobulated dermal tumor composed of spindle and epithelioid cells with moderate atypia and low mitotic rate. Melanin pigment was present and Perls-negative. Numerous psammoma bodies were noted. Immunohistochemistry showed strong positivity for S100, HMB-45, vimentin, and CD68, with weak expression of CD34 and Ki67, and negativity for Melan-A, cytokeratin, AML, and EMA.

Results

The histologic and immunohistochemical profile supported the diagnosis of cutaneous PMS. Malignant melanoma was ruled out based on the lesion’s indolent course and histologic features. No signs of recurrence or metastasis were observed during 10 years of follow-up. Screening for Carney Complex was negative.

Conclusion

PMS is a rare but potentially aggressive tumor, even when cutaneous. Despite its benign appearance, it requires complete surgical excision and prolonged follow-up due to its risk of recurrence and metastasis. Accurate diagnosis is essential to distinguish it from malignant melanoma and other pigmented tumors. Awareness among dermatologists and pathologists is critical to ensure early recognition, appropriate management, and evaluation for systemic associations such as Carney Complex.

Abstract N°: 3506

Clinical case presentation: coexistence of intersticial granuloma annulare and morphea in the same lesion

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Clinical case presentation: coexistence of interstitial granuloma annulare and morphea in the same lesion

Introduction & Objectives:

In morphea, the increase in collagen production resulting from cutaneous fibrosis is characteristic, which may be due to an injury to endothelial cells, immunological factors and deregulation of collagen production1.

Granuloma annulare is a disorder that presents as annular papules without epidermal changes. There are many variants of the disease, including interstitial granuloma annulare2.

In the literature, only a few cases have been presented where morphea and granuloma annulare coexist, since they are two pathophysiologically separate processes1,3.

Here we present a case of morphea together with granuloma annulare, which coexist in the same lesion.

Materials & Methods:

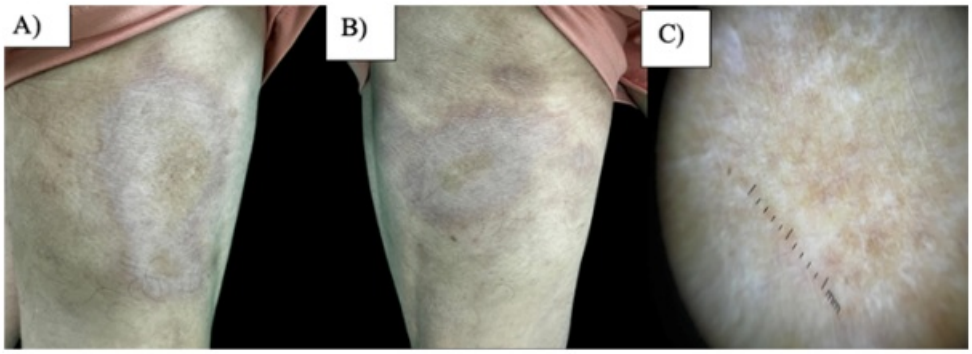
A 54-year-old female who consults for dermatosis of 2 years of evolution of skin lesions located on the legs. She is known to have arterial hypertension and her chronic treatment is with irbesartan. She reports that the lesions are on both legs associated with a slight itching.

On physical examination, plaques with an atrophic center and hyperpigmented border are observed on both legs, and on dermoscopy, a structureless yellow-brown background is observed.

Among the histological findings, in the first biopsy, a thinned epidermis is observed, the dermoepidermal junction presents lymphocytic inflammation with a large number of plasma cells. The dermis presents few appendages and a fairly dense collagen. Verhoff staining is performed, which shows black elastic fibers. Polymorphonuclear cells are not observed and the floating sign is present, which are characteristic findings of morphea.

Results:

In biopsy 2 taken from the edge of the lesion, it is noticeable that the alterations in the appearance of the reticular dermis, the erasure and fusion of collagen bundles, with the infiltration of lymphocytes and histiocytes between the collagen are findings of interstitial granuloma.



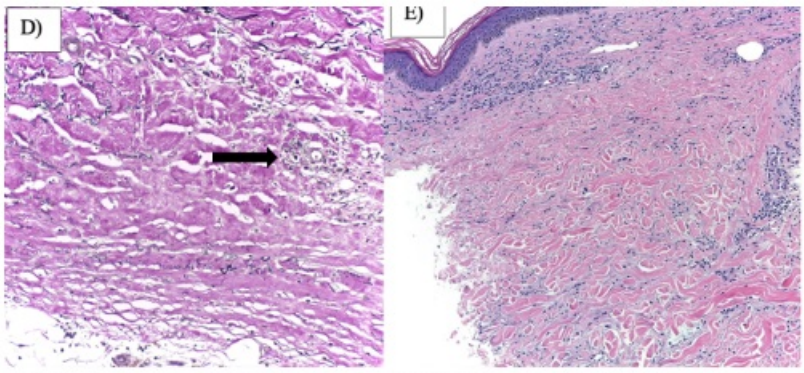


Figure 1. A, B: plaques with a purpuric border and expanding atrophic center. C: dermoscopy with a structureless yellow-brown background. D: histology with Verhoff staining showing black elastic fibers (black arrow). E: effacement and fusion of collagen bundles with infiltration of lymphocytes and histiocytes.

Conclusion:

Only a few cases in the literature have described the coexistence of morphea and annular granuloma.

In this case, we intend to show how two dermatoses can coexist not only in the same patient, but in the same lesion. It is characteristic how findings of morphea in the initial phase and of interstitial annular granuloma are presented on the same plate.

In addition, it is evident that the clinical histological correlation is always important to be able to make a correct diagnosis in dermatology

Abstract N°: 3595

Bowen's disease mimicking eczema in elderly Filipino females treated with topical Imiquimod cream: Case series

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Introduction & Objectives:

Bowen's disease (BD) is a slow-growing intraepithelial neoplasm that is typically asymptomatic but may sometimes be associated with itching. Its etiology is multifactorial, but prolonged ultraviolet (UV) radiation exposure, immunosuppression, and human papilloma virus (HPV) infection are the primary contributing factors in the development of BD. It typically presents as erythematous plaques with irregular, clearly demarcated borders that maybe topped with scaling, crusting, or hyperkeratotic. They are usually found on the sun-exposed areas, such as head, neck, and upper and lower limbs. This case series describes unique cases of Bowen's disease in elderly Filipino females which was previously misdiagnosed and treated as eczema. They eventually responded significantly with topical imiquimod 5% cream for 4 months.

Materials & Methods:

Case 1: A 76-year-old Filipino female was primarily seen in the dermatology clinic with a history of a reddish scaly plaque on the left forearm for 3 years. She consulted a dermatologist where biopsy revealed lichen simplex chronicus and was prescribed with topical steroids with minimal improvement.

Case 2: A 71-year-old Filipino female was initially seen in the dermatology clinic with a 2-month history of solitary erythematous pruritic plaques on the left nipple and areolar area. Patient was previously seen and managed as a case of nipple eczema by a surgeon and was prescribed with halobetasol propionate 0.05% cream with no improvement.

Case 3: An 81-year-old Filipino female presented with a solitary red plaque on the left thenar area for 10 years. She consulted a surgeon wherein skin debridement was done and was referred to a dermatologist. Biopsy revealed psoriasis. Patient was treated as lichen simplex chronicus with potent topical corticosteroids with no improvement.

Results:

Dermoscopy findings in all three patients commonly included whitish scales, pink to reddish backgrounds, glomerular vessels, and brown dots, with additional features such as white linear streaks, bluish globules, and whitish honeycomb structures observed in individual cases. Histopathological examination revealed abnormal mitotic cells, dyskeratosis, and atypical keratinocytes spanning the entire epidermis without crossing the dermo-epidermal junction. All 3 patients were treated with topical imiquimod cream 5% once daily for 16 weeks with significant improvement.

Conclusion:

The 3 cases show various presentations of Bowen's disease mimicking eczema in elderly Filipino females. It appears as a well-defined, slowly enlarging pink to erythematous thin plaque with irregular borders and a scaly or crusted surface which are also seen in eczema. Bowen's disease can rarely appear on non-sun exposed areas like the nipple hence the rarity of BD of the nipple as presented in case 2. This presentation poses a diagnostic

challenge to dermatologists, as other conditions like Paget's disease, melanoma, and eczema exhibit similar signs and symptoms. Therefore, careful clinical, dermoscopic and histopathological correlation is a crucial part of the diagnostic process. Bowen's disease should be considered in cases of chronic eczematous lesions that respond suboptimally to treatment.

Abstract N°: 3636

Ectopic breast tissue with milky secretions on the axillae in a lactating Filipino female: A case report

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Introduction:

Ectopic or accessory breast tissue arises from failure of complete regression of the milk line and may present in the axillae unilaterally or bilaterally. This rare condition is typically evident during hormonal shifts in puberty, pregnancy, or lactation.

Case Presentation:

We present the case of a 35-year-old Filipino female, gravida 4 para 4, who had recurrent bilateral axillary masses with milky secretions from the overlying hair follicles every postpartum period. This resolves spontaneously after weaning from breastfeeding. There were ill-defined, irregularly-shaped, soft, skin-colored, nontender masses on the bilateral axillary areas which had milky secretions on manual expression. Breast examination was unremarkable and axillary lymphadenopathy was absent. It lacked an associated nipple-areola complex and was classified as Class IV polymastia. Histopathologic examination revealed glandular structures in the deep dermis lined by hyperplastic epithelium with decapitation secretions, characteristic of breast tissue. This was supported by strong staining of glandular cells with mammaglobin, leading to the diagnosis of ectopic breast tissue. Axillary ultrasound showed bilateral accessory breast tissues with prominent duct ectasia. The patient opted for conservative management with regular follow-up and monitoring for early detection of possible benign or malignant transformation alongside regular breast examination.

Discussion:

Ectopic breast tissue is frequently misdiagnosed as lipoma, follicular cyst, and lymphadenopathy. Like normal breast tissue, it can undergo pathological changes such as mastitis, fibrocystic disease, fibroadenoma, and rarely, malignancy. Diagnosis involves histopathology with immunohistochemistry alongside imaging modalities like ultrasound or magnetic resonance imaging. Treatment options can be invasive with surgical excision if symptomatic, suspicious, or cosmetically concerning; otherwise, watchful waiting is sufficient. Despite the potential risk of developing malignancy, prophylactic excision is not recommended. Awareness of this differential for an axillary mass despite its rarity is key for early detection and proper management.

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Abstract N°: 3816

when you see pink, stop and think!

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Introduction :

Desmoplastic naevus, a benign melanocytic neoplasm is characterized by spindle-shaped nevus cells within a fibrotic stroma1. It is an underrecognized entity that resembles dermatofibroma and spitz naevus. It is seen in adults and children and can be located on the face, trunk or extremities. These are generally small, symmetric, and well-circumscribed lesions, averaging 3.5 mm in diameter. The most distinctive features include predominantly compound growth, a zonal configuration with greater cellularity in the superficial portion of the lesion and a mixture of melanocytic phenotypes including types A, B and C nevus cells, ovoid and dendritic melanocytes and Spitzoid melanocytes. Mitotic activity is exceedingly rare, and pleomorphism is minimal2.

Case :

We present a case of a 57-year old gentleman who presented to clinic with a 10 year history of a lesion on his left forearm, which initially appeared as a red spot. This lesion has become more raised over the last 6 months. It occasionally itches and scabs. His past medical history includes asthma, controlled on inhalers. He has a history of moderate sun exposure and is of Fitzpatrick type II skin. On examination, there was a well-defined 4 x 4 mm shiny papule on his left forearm, firm on palpation. On dermoscopy, some pigment and pale brown halo surrounding the lesion was noted. Our differential diagnosis were atypical dermatofibroma versus atypical naevus. He underwent a diagnostic excision biopsy. Histology showed a well circumscribed dermal-based papular melanocytic lesion consisting of polymorphic enlarged melanocytes showing maturation with depth and relatively prominent stromal fibrosis. The cells superficially are multinucleated with amphophilic cytoplasm and variably prominent eosinophilic nucleoli. Nuclear pleomorphism is noted, but significant atypia is not seen. Reduction in cell size and dispersion is noted with depth. 1 mitotic figure noted in the mid region of the tumour. On Immunohistochemistry, Melan-A and Sox 10 show architectural asymmetry, with a more nested component at the edge of the lesion. HMB45 is positive. P16 expression is retained. PRAME and BRAF are negative. Beta catenin (nuclear negative) as LEF1 is only really interpreted with this. Ki-67 shows a low index in the lesional cells. Features were consistent with an intradermal melanocytic tumour, favouring desmoplastic naevus. Weak BAP1 expression excludes BAP1 inactivated melanocytoma.

Conclusion :

Desmoplastic naevus is a rare entity which poses diagnostic challenges to both clinicians and histopathologists. Our case highlights the importance of identifying this entity to ensure accurate treatment is provided to patients in a timely manner.

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Abstract N°: 3854

Syringotropic Mycosis Fungoides with Granulomatous Vasculitis: A Case Report

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Introduction & Objectives:

This is a case report of a 65-year-old male under the care of Dermatology since 2013 with lifelong eczema, who developed a new polymorphic rash including indurated annular plaques. The histological findings showed medium vessel vasculitis with panniculitis and small non caveating granulomas seen in the dermis.

Materials & Methods:

Case Report

Results:

Clinically, his findings were not in keeping with vasculitis. Further biopsies and reviews revealed evidence of hyperplastic eccrine ductal epithelium infiltrated by lymphoid cells with mostly absent cytoplasm. Furthermore, the syringotropic population were CD4 predominant, expressing CD2, CD3, PD1 and CXCL13 indicating a follicular helper phenotype with partial loss of expression of CD5 and significant loss of CD7. Clonality studies done on the left forearm lesion confirmed T cell clonality. Targeted NGS did not show RHOA G17V mutation.

This concluded a diagnosis of syringotropic mycosis fungoides (STMF) with a follicular helper phenotype andsecondary granulomatous vasculitis.

Conclusion:

STMF with granulomatous vasculitis is uncommon, but it is crucial to ensure a detailed clinical history and examination for correlation. This case highlights the importance of this and careful reassessment of diagnoses, as well as the histological features and overlap of multiple diagnoses. Many repeat biopsies and a multidisciplinary approach was necessary for the concluded diagnosis.

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Abstract N°: 3898

A rare variant: Atypical fibrous histiocytoma

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Introduction & Objectives:

Cutaneous fibrous histiocytoma (dermatofibroma) (CFH) is a common benign cutaneous neoplasm. On the other hand, atypical fibrous histiocytoma is a rare variant of this condition. While the diagnosis of CFH is typically straightforward, it is essential to note that recognition of rare variants may be challenging. The diagnosis can only be confirmed after a detailed histopathological examination. Although CFH is a common benign tumour, the atypical form of the disease behaves like locally aggressive tumours, sometimes with recurrence and even metastasis. Here, we report a 13-year-old boy who presented with a mass on his second left toe, which was diagnosed as atypical fibrous histiocytoma.

Materials & Methods:

A rare case of atypical fibrous histiocytoma is presented.

Results:

A 13-year-old boy presented to our clinic with a 5-month history of a mass on the second toe of his left foot. The dermatological examination revealed a firm, painless, fixed, brightly erythematous nodule measuring approximately 1 cm in diameter on the dorsal surface of the patient's left second toe, with visible telangiectasias on its surface. Histopathological examination identified a mesenchymal lesion with multinucleated pleomorphic cells in the dermis. Immunohistochemical studies showed positive staining for CD163, CD10, CD99, and vimentin, indicating a fibrohistiocytic tumour. The lesion exhibited a Ki67 proliferation index of less than 10%, with pronounced pleomorphism and occasional typical and atypical mitotic figures. The magnetic resonance imaging (MRI) of the lesion showed a smooth-contoured nodule located in the intermediate phalanx of the second toe. The nodule was located in close proximity to the bone with no evident bone involvement. Based on the clinical and histopathological findings, the patient was diagnosed with atypical fibrous histiocytoma. He was referred to the Department of Plastic, Reconstructive, and Aesthetic Surgery for total excision. However, since the lesion was adherent to the tendon and total excision would compromise function, the lesion was carefully scraped off the tendon. The patient was subsequently monitored with periodic MRI scans. No recurrence was observed during the

2-year follow-up period.

Conclusion:

Atypical fibrous histiocytoma is a variant of benign fibrous histiocytoma that can exhibit a more aggressive course, with a higher likelihood of local recurrence and, in rare cases, metastasis. To increase awareness, we present a case of atypical fibrous histiocytoma with a rare variant. While the clinical diagnosis of typical dermatofibromas is not challenging, it is crucial to recognize that dermatofibromas can have histological variants that follow a more aggressive course, underscoring the importance of proper patient follow-up.

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Abstract N°: 3913

Erythroderma Revisited: A 10-Year Retrospective Correlation of Clinical Features and Histopathology

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Introduction & Objectives:

Erythroderma is characterised by diffuse erythema, exfoliation of the skin, and confluent scaling, and may occur secondary to a wide range of systemic and dermatological conditions. Its varied presentations and etiologies make clinicopathological correlation crucial for accurate diagnosis and management.

Our objective was to evaluate the etiology and clinicopathological profile of erythroderma and to assess the correlation between clinical diagnosis, final etiology, and histopathological findings.

Materials & Methods:

A retrospective study was carried out over a period of 10 years, from January 2014 to December 2024. Case records of 184 hospitalised patients diagnosed with erythroderma were reviewed for clinical features, laboratory parameters, histopathological findings, and epidemiological data. Of these, 124 patients had undergone skin biopsy.

Results:

The mean age at diagnosis was 58 years, with a range from 2 to 93 years. The female-to-male ratio was 1:3. The most common clinical diagnoses were psoriasis (71 patients; 38.58%), eczema (69 patients; 37.5%), idiopathic erythroderma (18 patients; 9.78%), and drug-induced erythroderma (14 patients; 7.6%). Among 124 biopsied cases, histopathology revealed eczema in 59 cases (47.58%), psoriasis in 53 cases (42.7%), cutaneous T-cell lymphoma (CTCL) in 3 cases (2.41%), and Pityriasis rubra pilaris and pemphigus foliaceous in 2 cases (1.61%) each.

Beyond erythema and scaling, pruritus was the most common symptom, reported by 88% of the patients. Nail changes were observed in 47.8% and palmoplantar keratoderma in 46.7%. Other clinical findings included pedal oedema (27.17%), lymphadenopathy (23.36%), fever (26.08%), joint pain (12.5%), fluid-filled lesions (8.69%), and weight loss (5.43%). Coexisting conditions included Type 2 Diabetes mellitus (16.8%), Hypertension (23.36%), and Atopy (9.78%). A peak in admissions was noted in November, accounting for 14% of all cases.

Eight patients had coexisting malignancies, including carcinoma of the tongue, cervix, and lung, as well as thymoma and cutaneous squamous cell carcinoma. Among the 14 drug-induced cases, three were due to anti-tubercular therapy (rifampicin, ethambutol, and pyrazinamide), three due to chemotherapy agents (gemcitabine, carboplatin, gefitinib, cisplatin), and two due to atorvastatin.

Laboratory analysis revealed anaemia in 59.23% of patients, leukocytosis in 33.15%, eosinophilia in 53.8%, elevated Erythrocyte sedimentation rate in 48.9%, hypoalbuminemia in 21.19%, deranged liver function tests in 20.65%, and electrolyte imbalance in 18.47%. Skin biopsy established clinicopathological correlation in 83.06% of cases. There was one mortality recorded, and approximately 55.43% of patients had recurrent admissions.

Conclusion:

Histopathological examination proved invaluable in establishing the final diagnosis, with positive clinicopathological correlation in 83.06% of biopsied patients. A thorough clinical evaluation, appropriate laboratory investigations, and skin biopsy remain essential for accurately diagnosing and managing erythroderma, given its diverse and potentially serious underlying causes.

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Abstract N°: 3942

A rare localization of nodular hidradenoma

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Introduction & Objectives:

Benign nodular hidradadenoma is a rare tumor of the apocrine sweat glands, often found in the armpits, genital region, and breasts, but also occasionally in less common areas such as the forehead. This benign tumor presents as well-defined, painless nodules. We describe a rare clinical case of a nodular hidradadenoma located on the forehead, along with a review of the epidemiological, clinical, dermoscopic, and therapeutic characteristics of this condition.

Case report:

This is a 51-year-old patient with no significant medical history, who consulted for a 1 cm nodule on the forehead, firm, well-defined, and painless, with a purple color, evolving for 2 years with progressive enlargement without other associated clinical signs. On dermoscopy, blue areas partially covering the lesion were noted, along with hyperpigmented and hypopigmented areas, arborizing vessels at the periphery, and whitish scales. Excision of the lesion was performed, and the histopathological examination revealed a skin covering with normal epidermis, while the dermis showed a benign tumor proliferation arranged in nodules and clusters. It consisted of round cells with abundant clear cytoplasm, sometimes eosinophilic, without cytonuclear atypia. There were also ducts lined by groups of pore cells. The diagnosis of a nodular hidradadenoma was confirmed.

Discussion:

Benign nodular hidradadenoma is a rare tumor of the apocrine sweat glands, which typically presents as one or more painless, well-defined nodules. Although common locations include the armpits, genital region, and breasts, cases of this tumor appearing on the back, neck, thighs, and even the forehead have been reported. The tumor exhibits specific dermoscopic features, such as a homogeneous color and atypical vascular structures, which help with diagnosis, but histopathological confirmation remains essential. Differential diagnosis includes other benign lesions, such as cysts or lipomas, making the distinction crucial for choosing the appropriate treatment.

Multiple benign nodular hidradadenomas, although rare, can complicate patient management due to recurrences and aesthetic impact. These multiple forms are sometimes associated with endocrine disorders, such as hypogonadism, and hormonal imbalances should be investigated in cases of multiple or recurrent hidradadenomas. Although malignant degeneration is extremely rare, it can occur, usually in cases of large or recurrent tumors, requiring particular vigilance during postoperative follow-up.

The main treatment is complete surgical excision, which removes the tumor and reduces the risk of recurrence. In cases of multiple or recurrent tumors, more rigorous follow-up is essential, and wider excision or even skin grafting may be considered if significant skin defects occur. Additional examinations, such as ultrasound or magnetic resonance imaging, may be necessary to assess the size or depth of the tumor, especially if it is difficult to access or has atypical features.

Conclusion:

Benign nodular hidradadenoma, often located in classic areas like the armpits or breasts, can exceptionally appear in atypical sites such as the forehead. Its treatment involves complete surgical excision, with an excellent prognosis if performed correctly. Postoperative follow-up is important, especially in cases of recurrence, to prevent any malignant degeneration, although rare.

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Abstract N°: 4077

Efficacy and tolerance of a prebiotic and panthenol-containing cream on patients with sensitive skin: results of a real-world observational study conducted in China

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Introduction & Objectives:

Sensitive skin is defined as "a syndrome defined by the occurrence of unpleasant sensations (stinging, burning, pain, pruritus, and tingling sensations) in response to stimuli that normally should not provoke such sensations. The objective of this study is to evaluate the tolerance and skin barrier repair efficacy of a prebiotic and panthenol-containing cream on improving sensitive skin, and to provide new clinical treatment options based on a comprehensive clinical efficacy assessment.

Materials & Methods:

The study involved four patient visits: an initial visit (D0) and three follow-up visits (D7, D14, D28) after using the test cream. Thirteen healthy Chinese female subjects (mean age: 25.77±2.89) with sensitive skin applied the cream twice daily, continuously for 28 days. Clinical assessments were conducted to determine whether the test cream has improvements on tolerance and skin barrier repair in sensitive skin patients.

Results:

1. Clinical assessment revealed a significant improvement in the Investigator's Global Assessment (IGA) score after 28 days of treatment with the test cream, with a great decrease from D0 (IGA: 1.15±0.36) to D28 (IGA: 0.23±0.42). At D0, none of subjects had an IGA score of "clear", which increased to 76.92% at D28 (Figure 1).

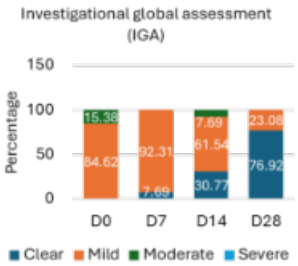

Figure 1. Clinical assessment of IGA (0=clear, 1=mild, 2=moderate, 3=severe).

1. Global efficacy assessment at D28 showed that the cream presented a good efficacy rate of 100.00% (Figure 2A). Assessment of overall tolerance during the 28-day indicated that the cream also presented a good tolerance rate of 100.00% (Figure 2B).

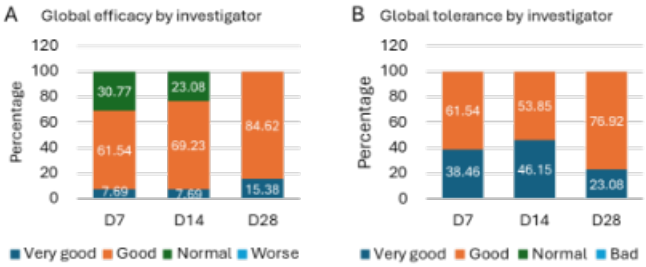

Figure 2. Clinical assessment of global efficacy and global tolerance.

1. Compared to D0, clinical symptoms assessment also demonstrated significant improvement in tightness, itching, tingling and burning at D7, D14 and D28 (Figure 3).

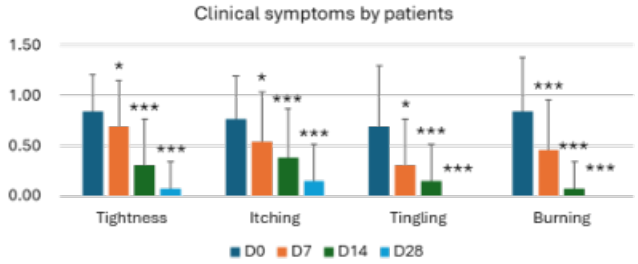

Figure 3. Clinical symptoms assessment (compared to D0, *p<0.05, **p<0.01, ***p<0.001).

Conclusion:

This study suggests that the daily use of the prebiotic and panthenol-containing cream improves clinical symptoms and global severity of sensitive skin. The good tolerance profile further supports the cream as a promising approach for addressing these uncomfortable skin problems.

Abstract N°: 4085

Congenital Plexiform Myofibroblastoma: A Case Report in Two Siblings

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Introduction & Objectives:

The spectrum of superficial fibroblastic and myofibroblastic tumors in children includes dermatofibroma, dermatofibrosarcoma protuberans, dermatomyofibroma, plexiform fibrohistiocytic tumor, intradermal nodular fasciitis, fibroblastic connective tissue nevus, and plaque-type myofibroma. In 2020, a newly characterized benign neoplasm of this lineage was described: **plexiform myofibroblastoma (PM)**. Clinically, PM presents as solitary nodules, masses, or plaques, most frequently located on the trunk or neck. It affects both sexes equally and may appear at any age, with a predominance in early life. To date, only two congenital cases and two sibling cases have been reported. Histologically, PM is composed of plexiform fascicles of fibroblastic/myofibroblastic cells with indistinct borders, pale eosinophilic cytoplasm, and elongated nuclei, often embedded in collagenized stroma with focal keloidal hyalinization. Immunohistochemically, the most consistent markers are smooth muscle actin (SMA), desmin, and CD34; β-catenin and S100 are negative. No consistent genetic alterations have been identified.

Materials & Methods:

A 3-month-old male (Patient 1) presented with two congenital subcutaneous trunk lesions, one of which was biopsied. Histology confirmed PM. Following this, the mother reported that her older son (aged 1) had a similar lesion excised months earlier without dermatologic evaluation. Histological slides were reviewed and a retrospective diagnosis of PM was confirmed.

Results:

Both lesions showed a plexiform arrangement of bland myofibroblastic spindle cells within a collagen-rich stroma, with focal keloidal hyalinization. Immunohistochemistry revealed SMA positivity in both; Desmin and CD34 were variably positive. No recurrence or progression was observed at 1-year follow-up in the younger sibling.

Conclusion:

We report a rare case of **familial congenital PM** in two siblings. This finding supports the hypothesis of a possible shared predisposition. The lesions' benign nature, clinical stability, and histopathologic consistency favor a **conservative approach**, avoiding unnecessary treatment in asymptomatic cases.

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Abstract N°: 4086

Efficacy and tolerance of a prebiotic and panthenol-containing cream on patients with seborrheic dermatitis: results of a real-world observational study conducted in China

Baiyu LI[1], rui li[1, 2], runlin mi[1, 2], chunyu zhao[1, 2], liming zhong[1], Claire HUGUET[3], wei xiong[3], VALENTINE BEGUIN[3], Delphine Kerob[4], Samir Salah[4], Guenaelle Ledantec[4], Jay Zheng[1, 2]

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Introduction & Objectives:

Seborrheic dermatitis (SD) is a chronic inflammatory skin condition often involving the sebaceous-rich areas (face, scalp and chest), characterized by erythematous scaly lesions, impacting significantly patients' quality of life. The objective of this study was to evaluate the tolerance and skin barrier repair efficacy of a prebiotic and panthenol-containing cream on improving seborrheic dermatitis, and to provide new clinical treatment options based on a comprehensive clinical efficacy assessment.

Materials & Methods:

The study involved four patient visits: an initial visit (D0) and three follow-up visits (D7, D14, D28) after using the test cream. Twenty-eight healthy Chinese male (N=1) and female (N=28) subjects (mean age: 25.86±2.42) with seborrheic dermatitis applied the cream twice daily, continuously for 28 days. Clinical assessments were conducted to determine whether the test cream has improvements on tolerance and skin barrier repair in seborrheic dermatitis patients.

Results:

1. Clinical assessment revealed a significant improvement in the Investigator's Global Assessment (IGA) score after 28 days of treatment with the test cream, with a great decrease from D0 (IGA: 1.18±0.47) to D28 (IGA: 0.18±0.38). At D0, only 3.57% of subjects had an IGA score of "clear", which increased to 82.14% at D28 (Figure 1).

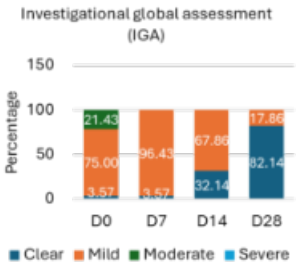

Figure 1. Clinical assessment of IGA (0=clear, 1=mild, 2=moderate, 3=severe).

1. Global efficacy assessment at D28 showed that the cream presented a good efficacy rate of 89.28% (Figure 2A). Assessment of overall tolerance at D28 indicated that the cream also presented a good tolerance rate of 100.00% (Figure 2B).

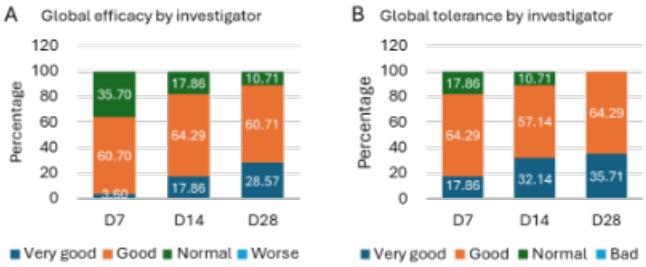

Figure 2. Clinical assessment of global efficacy and global tolerance.

1. Clinical signs assessment also demonstrated significant improvement in erythema, dryness and squame in more than 85% of subjects after 28 days of treatment with the test cream (Figures 3A-C).

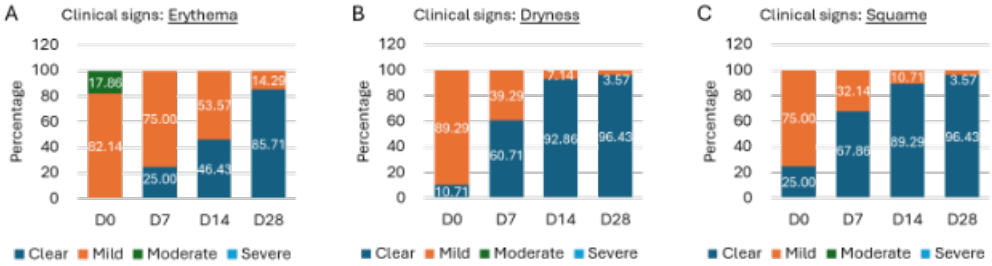

Figure 3. Clinical signs assessment.

Conclusion:

This study suggests that the daily use of the prebiotic and panthenol-containing cream improves clinical signs and global severity of seborrheic dermatitis patients. The good tolerance result further supports the cream as a promising approach for addressing these uncomfortable skin problems facing by seborrheic dermatitis patients.

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Abstract N°: 4203

Acantholytic Dyskeratotic Epidermal Nevus: A Rare Case Report with Histopathological Confirmation

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Introduction & Objectives:

Acantholytic dyskeratotic epidermal nevus (ADEN) is an exceptionally rare variant of epidermal nevus, histopathologically characterized by features of acantholytic dyskeratosis. It is considered a localized form of Darier disease, presenting clinically in a linear or zosteriform distribution along Blaschko's lines. Due to its rarity, it may be misdiagnosed or overlooked, particularly in patients with subtle symptoms or atypical presentations. We present a case to emphasize the importance of considering this diagnosis in persistent linear pigmented papular dermatoses.

Materials & Methods:

A 37-year-old female presented to our dermatology clinic with a three-year history of asymptomatic to mildly pruritic brownish papules localized to the left side of her trunk. She previously used a topical preparation containing betamethasone and salicylic acid with no significant improvement. Her medical history was unremarkable, with no chronic conditions or regular medication use. Dermatological examination revealed numerous densely grouped, pigmented, keratotic papules distributed unilaterally in a zosteriform pattern on the left side of the trunk.

Results:

A skin biopsy was performed. Histopathological analysis showed an orthokeratotic and focally parakeratotic, acanthotic epidermis with an acantholytic focus located just above the basal layer. Acantholytic cells formed villous and lacunar spaces, and eosinophilic dyskeratotic cells (corps ronds) were observed in the upper spinous layers. The findings were consistent with acantholytic dyskeratosis, supporting the diagnosis of a localized form of Darier's disease. Based on the clinical distribution and histology, a diagnosis of acantholytic dyskeratotic epidermal nevus was made. Topical treatment with 0.1% tretinoin in combination with clobetasol propionate was initiated, resulting in partial improvement and reduced pruritus.

Conclusion:

This case highlights a rare dermatological condition with distinct histopathological features mimicking Darier disease but limited in distribution, classified as ADEN. Dermatologists should consider this diagnosis when encountering unilateral, linear pigmented papular eruptions resistant to conventional treatments. Recognizing the distinguishing clinical and histopathological features is vital for proper diagnosis and management. Awareness of this rare condition broadens the differential diagnosis of localized acantholytic dermatoses and enhances clinical accuracy.

Abstract N°: 4404

Ekbom Syndrome, a Dermatopsychiatric Challenge: A Case Report

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Introduction & Objectives:

Delusional parasitosis, or Ekbom syndrome, is a rare psychiatric disorder characterized by the delusional belief of being infested by small organisms or pathogens. Its impact on the quality of life of patients is significant, and its management is complex. We report a case here.

Materials & Methods:

A 56-year-old woman, diabetic and hypertensive, had been experiencing chronic pruritus for two years. Clinical examination revealed multiple excoriated lesions on accessible areas (face, upper back, and arms). The patient reported seeing worms under her skin and brought in hair samples and dried crusts that she described as “worm heads.”

The psychiatric evaluation revealed a depressive syndrome associated with a chronic delusion focused on themes of skin infestation, persecution, and sorcery, with intuitive and interpretive mechanisms, systematic delusions, and full adherence, without signs of disorganization.

The patient was started on neuroleptics and anxiolytics, with psychoeducational support.

Results:

Discussion:

Delusional parasitosis, or Ekbom syndrome, is a rare disorder characterized by the unwavering belief that small animals (insects, maggots, vermin) are crawling under the skin. It is more often observed by dermatologists than by psychiatrists, and most commonly affects elderly individuals (two or three women for one man), living alone in poor material conditions.

Treatment of parasitic infestation delusion is difficult, as patients generally refuse the diagnosis. Psychiatric intervention and the prescription of antipsychotics are frequently rejected. A multidisciplinary approach, including dermatological and psychiatric care, is essential.

In our case, pruritus was initially the primary complaint, and a thorough interview, along with collaboration with psychiatrists, was necessary to arrive at the correct diagnosis.

Conclusion:

Ekbom syndrome remains a condition with a significant impact, and it is important to note that there are no established recommendations for its management. Clinical studies are essential to guide the choice of psychotropic treatment, its dosage, and the therapeutic targets of psychotherapeutic approaches to improve the management of this disorder

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Abstract N°: 4465

Indeterminate dendritic cell neoplasm as a cause of erythroderma

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Introduction & Objectives:

IDCT is a rare disease composed of so-called indeterminate cell type, a dendritic cell subset displaying histological, ultrastructural and immunophenotypic features of Langerhans cells, except that they lack Birbeck granules. It is thought to be caused by tissue-resident dendritic cells, which are en-route from the skin to the lymph nodes. Patients often present first with cutaneous manifestations. Hence, it is important for the dermatologist to recognise.

Materials & Methods:

A 66-year-old Chinese male with no past medical history presented to the hospital with an acutely worsening widespread rashes of two weeks. The rash was associated with diffuse scale, pruritis and fever. He was unwell and was erythrodermic on presentation with widespread infiltrated plaques.

Results:

Lymph node histology demonstrated histological features of an indeterminate dendritic cell tumor . Sections of lymph node showed effacement of paracortical areas and sinuses by sheets of neoplastic cells with ovoid vesicular nuclei, inconspicuous nucleoli and abundant pale cytoplasm. Occasional neoplastic cells have nuclear grooves. On immunohistochemistry the neoplastic cells expressed S100 and CD1a and CD68. The T-lymphoid cells demonstrate no cytological atypia with preservation of T-cell antigens.

Skin biopsy revealed dermal infiltration of neoplastic cells with vesicular nuclei and pale cytoplasm. Immunohistochemistry demonstrated positivity for S100 protein and CD1a, but not Langerin. The neoplastic cells focally expressed CD68. Proliferation index in neoplastic population with Ki67 was approximately 20% with minimal mitoses. There was an accompanying T-cell rich lymphocytic infiltrate which was assessed to be a secondary reactive feature. T-cell receptor clonality studies showed no clonal rearrangement.

A bone marrow trephine biopsy showed infiltration of S-100 positive dendritic cells with reactive myeloid and megakaryocytic hyperplasia and secondary eosinophilia.

Conclusion:

IDCT is a rare disease composed of so-called indeterminate cell type, a dendritic cell subset displaying histological, ultrastructural and immunophenotypic features of Langerhans cells, except that they lack Birbeck granules. It is thought to be caused by tissue-resident dendritic cells, which are en-route from the skin to the lymph nodes. Patients often present first with cutaneous manifestations. Hence, it is important for the dermatologist to recognise.

Diagnosis is based on the proliferation of neoplastic dendritic cells with positive expression of Langerhans cell markers (S-100 and CD1a positive) but with negative expression of Langerin (CD207). It is limited to the skin in majority of cases and generally follows an indolent course. The unique identification of ETV3/NCOA2 expression in IDCT confirms that IDCT is a clonal disorder.

Abstract N°: 4578

Unmasking Primary Cutaneous Rosai-Dorfman Disease: A Diagnostic Pitfall in Dermatology

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Introduction & Objectives:

Rosai-Dorfman disease (RDD) is a rare non-Langerhans cell histiocytosis characterized by proliferation of S100-positive, CD1a-negative histiocytes, typically presenting with nodal involvement. However, a primary cutaneous variant exists, often lacking lymphadenopathy, making diagnosis challenging and dependent on clinico-pathologic correlation.

Clinical case:

A 39-year-old male with no significant medical history presented with a 3–4 month history of an asymptomatic, progressively enlarging lesion on the upper back. It began as an erythematous papule that became traumatized and gradually evolved into a nodular lesion. Clinical examination revealed a well-demarcated, erythematous-to-violaceous, polylobulated nodule with an irregular surface. Dermoscopy showed a central structureless yellow-orange area with whitish zones and arborizing vessels.

Ultrasound revealed a dermoepidermal hypoechoic lesion with posterior acoustic enhancement and internal calcifications, measuring 17×17×13 mm, initially suggesting a complicated epidermal cyst. With a working diagnosis of an epidermal cyst with an overlying keloid, an excisional biopsy was performed.

Histopathology demonstrated a dense dermal infiltrate of S100-positive, CD68-positive, CD1a-negative histiocytes with characteristic emperipolesis—confirming the diagnosis of cutaneous Rosai-Dorfman disease. Systemic staging, including laboratory workup and contrast-enhanced CT scans of the chest, abdomen, pelvis, neck, and brain, showed no extracutaneous involvement. A diagnosis of primary cutaneous Rosai-Dorfman disease was established.

As the lesion had been completely excised during the biopsy, no residual clinical lesion was noted. To reduce the risk of recurrence, the surgical scar was re-excised with wider margins. The patient has remained recurrence-free during follow-up.

Conclusion:

Cutaneous RDD is a rare, diagnostically challenging condition due to its nonspecific clinical features and wide differential, including granulomatous diseases and cutaneous malignancies. Lesions may mimic vascular tumors or chronic dermatitis. Dermoscopy may aid in evaluation but lacks pathognomonic features. Definitive diagnosis requires histopathological confirmation, often showing emperipolesis and S100-positive histiocytes.

Treatment is not standardized; options include surgical excision, radiotherapy, or immunomodulatory agents, with surgery being most effective for localized disease. Prognosis is generally favorable, though recurrence can occur.

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Abstract N°: 4679

A clinical study on the efficacy and safety of a panthenol-containing sunscreen for sensitive skin

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Introduction & Objectives:

Sensitive skin is defined as "a syndrome defined by the occurrence of unpleasant sensations (stinging, burning, pain, pruritus, and tingling sensations) in response to stimuli that normally should not provoke such sensations. People with sensitive skin usually present with a weakened barrier and may have their symptoms exacerbated by ultraviolet (UV) radiation. This study aims to provide safe and effective sunscreen options for people suffering from sensitive skin.

Materials & Methods:

Forty-four healthy Chinese male (N=1) and female (N=43) subjects (mean age: 44.18±7.93) with sensitive skin applied the sunscreen continuously for 14 days. Assessments were conducted before product use (D0) and after 14 days of use (D14) to determine whether the panthenol, bisabolol and calming oligoelements-containing sunscreen has soothing, moisturizing, and repairing effects, and whether it is suitable for sensitive skin.

Results:

1. Compared to D0, the a* value and redness area ratio significantly decreased on D14 (Figures 1A-B). On D14, transepidermal water loss (TEWL) significantly decreased (Figure 1C), and stratum corneum hydration significantly increased (Figure 1D). These results suggest that after 14 days of using the test sunscreen, redness in sensitive skin was significantly improved, along with a significant enhancement in skin barrier function and moisturizing ability.

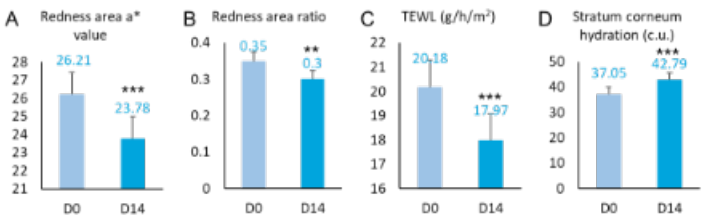

Figure 1. Instrumental measurements of skin redness a* value, red area ratio, TEWL, and stratum corneum hydration.

1. Compared to D0, clinical assessments showed significant improvements in facial redness, skin hydration, skin evenness and skin radiance on D14 (Figures 2A-D).

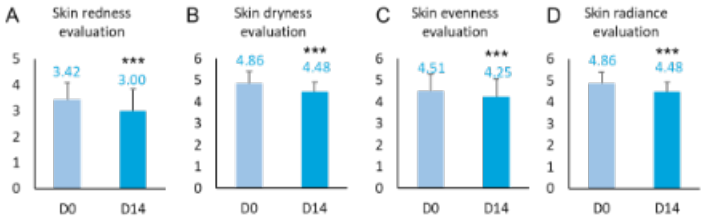

Figure 2. Clinical assessments of skin redness, dryness, evenness, and radiance (Scoring criteria: 0-9 points, with lower values indicating improvement).

1. Self-assessments also showed significant improvements on skin redness, dryness, tightness and sensitivity on D14 (Figures 3A-D).

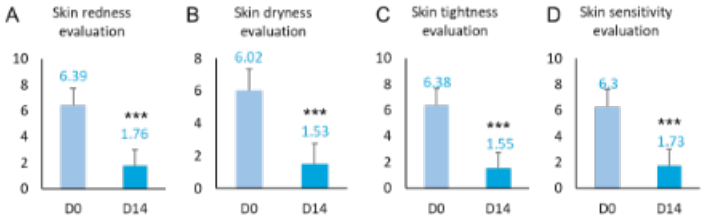

Figure 3. Self-assessment of skin redness, dryness, tightness and sensitivity (Scoring criteria: 0-9 points, with lower values indicating improvement).

Conclusion:

This study demonstrates that the test sunscreen product can significantly improve redness in sensitive skin, reduce TEWL, and increase skin hydration, thereby strengthening the skin barrier. Self-assessments by the subjects indicate that the product is mild, non-irritating, and safe for use on sensitive skin.

Abstract N°: 4689

Sweet's syndrome: Insights from a 10-year retrospective study

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Introduction & Objectives:

Sweet's syndrome (acute febrile neutrophilic dermatosis) is a rare inflammatory skin disorder characterized by sudden onset of painful erythematous lesions, often accompanied by systemic symptoms and associated with infections, malignancies, or medications. Accurate diagnosis is essential due to potential underlying conditions. This study investigate the demographic, clinical, pathological features, and associated conditions of patients diagnosed with Sweet's syndrome over a 10-year period.

Materials & Methods:

A retrospective study was conducted on patients with a confirmed diagnosis of Sweet's syndrome at Razi Hospital, Tehran, Iran, between March 2011 and March 2021. Clinical records and histopathology slides were reviewed, and additional data were obtained via telephone interviews when necessary. Descriptive statistics, chi-square tests, and t-tests were used for analysis.

Results:

Of 54 initially identified cases, 46 were confirmed. The mean age was 49.09 ± 16.4 years; 60.9% were female. Lesions were most commonly located on the limbs (84%), with papules and plaques being the predominant type (75%). Systemic symptoms were present in 61.4%, with fever being the most frequent (50%). Underlying conditions were found in 40% of patients, including infectious diseases (15.9%) and hematologic malignancies (11.4%). Histopathological findings showed dermal edema (86.7%) and neutrophilic infiltration (100%). Vasculopathy was present in 72.7%, and vasculitis in 15.9%. Recurrence occurred in 63.6% of cases, with no significant association with systemic symptoms, underlying diseases, or pathological findings.

Conclusion:

Sweet's syndrome presents with variable clinical and pathological features and is frequently associated with systemic conditions, including infections and malignancies. Recognition of atypical histologic variants and recurrence patterns is crucial for accurate diagnosis and long-term management.

Abstract N°: 4918

Beyond the Rash: A Rare Cutaneous Manifestation Revealing Chronic Lymphocytic Leukemia Activity

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Introduction & Objectives:

Eosinophilic dermatosis of hematologic malignancy (EDHM) is a rare cutaneous disorder primarily associated with chronic lymphocytic leukemia. Often described as an insect bite-like reaction, we present an analysis of an atypical case of EDHM indicative of a lymphomatous relapse.

Observation:

A 59-year-old patient with a history of hypertension and chronic lymphocytic leukemia (CLL) in remission following chemotherapy developed pruritic papulopustular lesions and erythematous-violaceous nodules associated with cutaneous ulcerations that had been evolving over two years. Initial histopathological examination of a biopsy revealed eosinophilic folliculitis, and mild peripheral eosinophilia (640/µL) was noted. Despite treatment with topical ivermectin and topical corticosteroids, minimal improvement was observed. The patient subsequently developed new papulopustular lesions progressing to superficial ulcerations, predominantly on the lower limbs. A second biopsy showed a centrally ulcerated epidermis replaced by a fibrino-leukocytic exudate, with a dense infiltrate of eosinophilic polymorphonuclear cells surrounding hair follicles in the dermis and hypodermis. Immunohistochemical studies (CD3, CD20, CD5, CD23) demonstrated a reactive infiltrate without evidence of malignancy, suggestive of EDHM. Computed tomography revealed supra- and infradiaphragmatic lymphadenopathy, raising suspicion for a lymphomatous relapse. Systemic corticosteroid therapy was initiated, resulting in clinical improvement, and the patient was referred to the hematology department. Subsequent chemotherapy led to complete remission.

Discussion:

Eosinophilic dermatosis of hematologic malignancy (EDHM) is a pruritic reactive dermatosis occurring almost exclusively in patients with B-cell lymphoproliferative disorders, particularly chronic lymphocytic leukemia (CLL). Clinically, it manifests as a non-specific pruritic eruption with pleomorphic presentations ranging from papules or nodules to blisters or plaques, potentially mimicking other eosinophilic reactive dermatoses such as eosinophilic pustular folliculitis, as observed in our patient. The eruption may occur concurrently with or months to years after the diagnosis of CLL; however, in rare cases, EDHM can precede the diagnosis. Notably, the skin eruption can also precede a relapse of the hematologic malignancy, suggesting a correlation with underlying hematologic disease activity and potential prognostic value. Systemic corticosteroid therapy appears to be the most effective treatment.

Conclusion:

Eosinophilic dermatosis associated with hematologic malignancies is a rare condition with polymorphic clinical features that can mimic other eosinophilic dermatoses. Recognizing EDHM is crucial as it may reveal an underlying chronic lymphocytic leukemia or indicate a relapse.

Abstract N°: 5075

Chronic Leg Ulcer in a Patient on Long-Term Hydroxyurea Therapy Mimicking Pyoderma Gangrenosum: A Diagnostic Challenge

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Introduction & Objectives:

Hydroxyurea is a commonly used cytoreductive agent in the management of myeloproliferative neoplasms. While generally well-tolerated its prolonged use has been associated with various cutaneous adverse effects, including painful, non-healing leg ulcers. These ulcers can clinically resemble pyoderma gangrenosum, leading to diagnostic dilemmas and potential mismanagement. This case report aims to highlight the importance of recognizing hydroxyurea-induced leg ulcers (HULUs), differentiate them from pyoderma gangrenosum, and discuss appropriate diagnostic and therapeutic strategies.

Materials & Methods:

A 62-year-old woman with a long-standing history of essential thrombocythemia had been receiving hydroxyurea therapy for over a decade. Approximately two years after initiating treatment, she developed a small ulcer on the right lower leg, which gradually expanded over time despite standard wound care. Over the following years, two separate plastic surgical interventions - including debridement and attempted flap closure - were performed, both without success, as the ulcer recurred and failed to heal.** Upon presentation, the lesion measured several centimeters in diameter, involving the fascia, and was accompanied by persistent pain and functional limitation. Initial management included empirical systemic antibiotics and a short course of systemic corticosteroids due to clinical suspicion of pyoderma gangrenosum.

Results:

Laboratory investigations revealed anemia, thrombocytosis, and elevated inflammatory markers. Microbiological cultures from the ulcer base revealed colonization with *Pseudomonas aeruginosa*, *Serratia marcescens*, and *Alcaligenes faecalis*. Histopathological examination of a punch biopsy from the ulcer margin demonstrated massive hyperkeratosis, pronounced acanthosis, and a sparse to moderate perivascular lymphocytic infiltrate in the upper and mid-dermis. Notably, there was an absence of ulceration, vasculitis, or neutrophilic abscess formation, findings that are inconsistent with pyoderma gangrenosum. These findings supported the diagnosis of a hydroxyurea-induced leg ulcer. A multidisciplinary team including dermatologists and hematologists was involved, and hydroxyurea was subsequently discontinued. Supportive local therapy with antimicrobial dressings and protective offloading measures was initiated. Discontinuation of hydroxyurea led to significant pain relief within four weeks, although epithelial healing remained limited. The ulcer stabilized, with no further progression or new necrosis.

Conclusion:

Hydroxyurea-induced leg ulcers are a rare but significant complication of long-term therapy, often mimicking other ulcerative dermatoses such as pyoderma gangrenosum. Accurate diagnosis is crucial to avoid unnecessary immunosuppression. Clinicians should maintain a high index of suspicion for HULUs in patients presenting with chronic, painful leg ulcers while on prolonged hydroxyurea therapy.

Abstract N°: 5193

Case Report: Metastatic Melanoma Misdiagnosed as Triple-Negative Breast Cancer – A Diagnostic Pitfall

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Introduction: Melanoma of unknown primary (MUP) is a rare clinical entity, accounting for approximately 3% of all melanoma cases. It is diagnosed after comprehensive exclusion of a detectable primary lesion via full examination of the skin, mucous membranes, and eyes, and re-evaluation of any previously excised lesions. The first presentation typically involves metastasis—commonly to lymph nodes (60%), subcutaneous tissues (30%), and visceral organs (20%). Misdiagnosis is not uncommon, particularly when metastatic disease presents in unusual sites such as the breast. This report describes a case of metastatic melanoma initially misdiagnosed and treated as primary triple-negative breast cancer.

Case Report: A 71-year-old woman presented in September 2019 with a painless, non-tender right breast lump. Clinical examination identified a 10mm nodule without axillary lymphadenopathy. She had no prior history of melanoma, though her family history included breast cancer. Core needle biopsy was suggestive of ductal carcinoma. She subsequently underwent wide local excision and axillary node dissection, revealing a 16mm grade 3 triple-negative invasive ductal carcinoma with no lymph node involvement. Adjuvant chemotherapy with epirubicin, cyclophosphamide, and paclitaxel was administered, followed by radiotherapy.

One year later, she reported a nine-month history of intermittent headaches. CT head revealed a 15mm left parietal lesion. MRI brain and staging CT detected a new right breast nodule and three basal lung nodules. Biopsy of the recurrent breast lesion, reviewed with immunohistochemistry, confirmed malignant melanoma. Reevaluation of the original breast specimen confirmed it had also been melanoma, not breast carcinoma. Without a detectable primary melanoma, she was diagnosed with stage IVB metastatic melanoma of unknown primary origin. BRAF testing revealed wild-type status. Full skin, mucosal, and ophthalmologic examinations found no primary lesion. Treatment included stereotactic brain radiotherapy followed by immunotherapy with nivolumab and ipilimumab. She remains under ongoing dermatologic and oncologic follow-up.

Discussion: MUP can mimic primary tumours, complicating diagnosis and treatment. Misdiagnosis rates for metastatic lesions to the breast are high, reaching 41%, especially in the absence of a known primary tumour. Melanoma is the most frequent nonhematopoietic malignancy to metastasize to the breast, accounting for 42% of such cases.

Pathogenesis of MUP remains poorly understood. Theories include complete regression of a cutaneous primary due to immune response, or origins in ectopic melanocytes within visceral tissues such as the breast. Molecular analyses demonstrate similar profiles between MUP and melanoma of known primary (MKP), including UV mutation signatures and BRAF/NRAS mutations.

Conclusion: This case underscores the diagnostic challenges posed by MUP, particularly when it presents in atypical locations such as the breast. It illustrates the potential consequences of misdiagnosis, including inappropriate treatment and delayed management of metastatic disease. Given the high incidence of misclassification, especially for triple-negative breast lesions, the use of a comprehensive immunohistochemical panel should be strongly considered for all suspicious or atypical breast tumours. Maintaining a high index of suspicion is essential to avoid misdiagnosis and optimize patient outcomes.

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Abstract N°: 5281

Primary cutaneous cribriform tumor: a rare neoplasm, case report

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Introduction & Objectives:

Primary cutaneous cribriform tumor (PCCT) is a rare neoplasm, considered a variant of cutaneous apocrine carcinoma. Previously termed primary cutaneous cribriform carcinoma, it was renamed in the 5th edition of the WHO Classification of Skin Tumors due to its uncertain malignant potential. Clinically, it appears as an indurated, nonspecific nodule, most commonly on the extremities of middle-aged women. Diagnosis relies on its distinctive histological features.

Materials & Methods:

We report the case of a 53-year-old male who presented with a 6-month history of progressive growth, tenderness, and perilesional pruritus of a right knee lesion. No relevant medical history or systemic abnormalities were identified.

On examination, a 12-mm erythematous-violaceous nodule was noted on the medial right knee, well-defined, indurated, and with a smooth surface. Initial clinical impression was dermatofibroma.

An excisional biopsy revealed a well-demarcated, non-encapsulated dermal tumor with no epidermal connection. It consisted of epithelial nests with hyperchromatic, round/oval nuclei, granular chromatin, and scant eosinophilic cytoplasm. A predominantly cribriform architecture with ductal lumina, micropapillary projections, and filamentous strands was observed. Mitotic activity was low, with few atypia. The stroma was fibrotic, and lymphoid aggregates were seen at the periphery. No perineural or lymphovascular invasion was present.

Immunohistochemistry showed positivity for CK5/6, CK7, S100, and SOX10; negativity for CK20, D2-40, and P63. The Ki-67 index was 5%. These findings led to a diagnosis of PCCT

Results:

PCCT is extremely rare, with fewer than 50 cases reported in the literature. It affects women more frequently (2:1 ratio), with a mean age of 44 years. Common sites include lower extremities, followed by upper limbs, trunk, and head/neck. Lesions typically measure 10 mm (range 4–30 mm). Diagnosis is based on histopathology and immunohistochemistry. Reported positive markers include AE1/AE3, CK5/6, CK7, EMA, and CEA; myoepithelial markers such as SMA and calponin are negative. S100 shows variable expression. Although some histological features may suggest malignancy (e.g., irregular borders, mild pleomorphism), PCCT appears to be low-aggressive, with no reported recurrences or metastases post-excision.

Conclusion:

Recognition of PCCT is essential due to its differential diagnosis with metastatic carcinomas. Despite its distinctive histological pattern, clinical suspicion remains low due to its rarity and nonspecific presentation. To date, no malignant behavior has been documented, but complete excision with clear margins and clinical follow-up is

advised. Dermatologists should be aware of this entity to ensure accurate diagnosis and management.

Abstract N°: 5491

Extramammary Paget's Disease Unveiling Recurrent Urothelial Carcinoma.

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Introduction & Objectives:

Extramammary Paget's disease (EMPD) may be primary or develop secondary to an underlying visceral malignancy particularly urothelial, colorectal, or prostate cancer.

Case report:

We present the case of a 61-year-old man with a six-month history of a persistent erythematous plaque occupying two thirds of the glans and involving the urethral meatus. He had previously been diagnosed with papillary urothelial carcinoma of the bladder, completely resected (G3, pT1), followed by a diagnosis of urothelial carcinoma in situ of the bladder (G3, pTIS), for which he was currently receiving intravesical BCG therapy. Differential diagnosis of Zoon balanitis versus erythroplasia was initially considered and a biopsy was conducted. Histopathological study revealed the presence of intraepidermal atypical cells in a pagetoid pattern. Immunohistochemistry stained for CK20, CK7, p63, GATA3, HER2, and uroplakin II, consistent with secondary EMPD secondary to UC. Further evaluation revealed recurrent UC in the posterior urethra (G3 pT1).

Discussion:

To our knowledge, only 19 cases of EMPD on the glans linked to UC have been reported and the underlying pathogenesis remains unclear. Given the highly discohesive nature of UC, proposed mechanisms include direct intraepithelial migration and intraluminal tumor seeding. In our case recurrence was observed in the posterior urethra which is consistent with the seeding hypothesis. Furthermore, the concept of urothelial "field cancerization" suggests that UC may give rise to metachronous tumors at distinct urothelial sites, even years after initial diagnosis.

Clinical presentation of secondary EMPD is often non-specific, and can mimic other conditions such as Bowens disease, erythroplasia of Queyrat, eczema or psoriasis. This leads to frequent misdiagnosis and treatment delay. Histopathological study is essential to confirm diagnosis. Routine hematoxylin-eosin staining reveals a pagetoid spread with clear cells, further immunohistochemistry is necessary. Primary EMPD typically expresses CK7, HER2, and GCDFP15, whereas UC-derived EMPD displays a CK20/CK7 profile, with p63 and uroplakin being reliable markers. While both uroplakin II and III are highly specific, uroplakin II has proven to be more sensitive and specific, supporting its diagnostic utility. Additionally, GATA3 positivity, a known marker for UC, is also seen in primary EMPD, creating a potential diagnostic challenge when used by itself.

Conclusion:

Distinguishing between primary and secondary EMPD is challenging but crucial, as treatment strategies and

prognosis significantly differ. Immunostaining plays a key role in this scenario.

Abstract N°: 5516

Pigmented Nipple Lesion: A Dermoscopic and Histopathological Perspective

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Introduction & Objectives:

Pigmented lesions on the nipple represent a unique diagnostic challenge due to the special considerations in the differential diagnosis. We present an unusual case in which dermocopy/histology correlation was crucial to unveil the underlying pathology.

Materials & Methods:

Clinical case

Results:

A 47-year-old female patient with a history of hypothyroidism and a family history of breast cancer (maternal aunt), presented with a clinical history of 14 months of progressive growth of a dark lesion on her left nipple, with scaling and pruritus that did not improve with topical treatment (hydrocortisone and clotrimazole). On examination, a brownish-black plaque was noted on the left nipple, with a hypopigmented center and irregular borders. Dermoscopic examination revealed black dots, peppering, and asymmetric pigmentation, with a central area resembling regression, suggesting melanoma. The patient had no palpable mass. The lesion was biopsied, and histopathological and immunohistochemical findings (Positive: EMA, HER2, CK7, and CAM 5.2; Negative: CK5/6, Melan A, HMB45, SOX10, MITF1 and PRAME) led to a diagnosis of pigmented Paget's disease, with no breast tumor lesions documented in imaging studies.

Paget's disease of the breast is a malignant neoplasm of the nipple-areolar complex associated with either in situ or invasive ductal carcinoma in more than 90% of cases. It accounts for between 1% to 3% of breast cancers, particularly in the sixth decade of life. The pathogenesis is explained by two main theories: the epidermotropic theory, which suggests that Paget's cells arise from the underlying adenocarcinoma, and the intraepidermal transformation theory, which proposes the transformation of epidermal keratinocytes independently of mammary cells. Clinically, it presents as slow-growing erythematous-scaly plaques in the unilateral breast area, often pruritic and sometimes painful, with bleeding or secretion. In 50% of cases, a palpable breast mass is present. Due to its similarity to other disorders, lesions are typically treated with topical corticosteroids or antifungals. The pigmented variant is extremely rare (fewer than 30 reported cases) and occurs due to the release of melanocyte-stimulating factors by pagetoid cells, causing melanin deposits and thus clinically, dermatoscopically, and histologically mimicking cutaneous melanoma. Therefore, it is crucial to consider this entity in the differential diagnosis of a pigmented lesion in the areola/nipple. The diagnosis is clinical, dermoscopic, and histopathological. Treatment depends on the extent of the disease and includes surgical management, radiotherapy, and chemotherapy.

Conclusion:

In this case, the rare presentation of pigmented Paget's disease is highlighted, emphasizing its characteristics on a dermoscopic and microscopic level. It is crucial to consider this variant of Paget's disease in the differential

diagnosis as early and accurate identification improves patient prognosis.

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Abstract N°: 5646

Sézary Syndrome in a Patient with End-Stage Renal Disease: A Case Report

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Introduction & Objectives:

Sézary syndrome (SS) is a rare and aggressive form of cutaneous T-cell lymphoma (CTCL), clinically defined by a triad of erythroderma, lymphadenopathy, and circulating atypical lymphocytes (Sézary cells). In the context of end-stage renal disease (ESRD), prognosis is even more dismal, and therapeutic management becomes particularly challenging. We report a case of SS in a patient with ESRD.

Materials & Methods:

Case Presentation:

A 56-year-old man with a history of hypertension and insulin-dependent diabetes was being followed for diabetic nephropathy at the stage of ESRD. He presented with a three-month history of dry, scaling erythroderma. On physical examination, the patient was profoundly asthenic, with generalized erythroderma and desquamation, and a hyperpigmented leonine face. Three ulcerated tumor-like lesions were noted on the lower thorax and the lateral aspect of the right thigh. Pruritus was severe.

Extra-cutaneous examination revealed a right axillary lymphadenopathy (2 cm). Laboratory findings showed normocytic, hypochromic anemia (Hb = 9.6 g/dL), severe hyperuricemia (1.14 g/L), and a creatinine clearance of 7 mL/min consistent with ESRD. Serum potassium was elevated at 7.2 mmol/L, without electrocardiographic changes. Serum protein electrophoresis revealed a beta-gamma bridging pattern. Peripheral blood smear showed 29% Sézary cells. CT scan (chest-abdomen-pelvis) revealed multiple lymphadenopathies (axillary, mediastinal, retroperitoneal, inguinal) and moderate hepatosplenomegaly. Histopathological analysis of a skin biopsy confirmed mycosis fungoides. Based on the clinical, biological, and histopathological findings, the diagnosis of Sézary syndrome was made. Due to renal status, the patient was considered for monochemotherapy with either doxorubicin or gemcitabine.

Results:

Discussion:

SS accounts for approximately 3% of all CTCLs and is categorized among aggressive cutaneous T-cell lymphomas, with a five-year survival rate of approximately 24%. The presence of ESRD worsens the prognosis due to its status as an independent risk factor for mortality and cardiovascular morbidity. Additionally, therapeutic options are limited, and treatment dosages must be carefully adjusted to avoid toxicity.

Conclusion:

Managing SS in patients with ESRD is a major therapeutic challenge, requiring a multidisciplinary approach within specialized centers equipped to handle such complex cases.

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Abstract N°: 5703

Eruptive Vellus Hair Cysts: ''A Rare Clinical and Histopathological Challenge''

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Introduction & Objectives: EVHC is a rare benign lesion of the pilosebaceous unit caused by abnormal development or obstruction of vellus hair follicles. It presents as asymptomatic, red to brown papules primarily on the anterior trunk. Though termed "eruptive," the progression is often slow. EVHC can occur sporadically or follow an autosomal dominant pattern, typically arising in childhood or early adulthood. Due to its rarity and ambiguous presentation, it is often misdiagnosed. This report aims to increase awareness and stress the role of histopathology in diagnosis.

Materials & Methods: A 13-year-old girl presented with a 3-year history of asymptomatic papules over her trunk, increasing in number. Lesions were localized to the anterior chest, abdomen, lateral thighs, and inner legs. She denied pruritus or pain.

Clinical examination revealed multiple pink to reddish-brown papules and comedone-like lesions, without inflammation or secondary infection. Mucosal and systemic examinations were normal. Laboratory results were within normal limits. A family history revealed similar but limited lesions in her younger sister.

Previous topical corticosteroid and antibiotic treatments had no benefit. A 4-mm punch biopsy was performed. Histopathology showed mid-dermal cysts lined with squamous epithelium, containing keratin and vellus hairs—consistent with EVHC. (Figures) The patient was prescribed topical tazarotene 0.1% and scheduled for follow-up.

Results: First described in 1977 by Esterly et al., the pathogenesis of EVHC remains uncertain, though it likely involves follicular infundibulum occlusion and subsequent cyst formation. Some researchers consider it a hamartomatous lesion with vellus hair differentiation.

Lesions are typically 1–5 mm, dome-shaped, and skin-colored to reddish-brown, commonly found on the trunk, face, neck, axillae, and groin. While usually sporadic, familial cases with autosomal dominant inheritance exist.

EVHC has been associated with conditions such as steatocystoma multiplex, pachyonychia congenita, and ectodermal dysplasias. Immunohistochemically, keratin 17 is usually expressed in the cyst epithelium.

Differential diagnoses include steatocystoma multiplex, epidermoid cysts, milia, keratosis pilaris, trichilemmal cysts, and trichostasis spinulosa. Histopathological confirmation remains the gold standard, typically revealing mid-dermal cysts lined by stratified squamous epithelium, with keratin and vellus hairs.

Though EVHC is benign and often asymptomatic, cosmetic concerns may prompt treatment. Options include topical retinoids (e.g., tazarotene), incision and drainage, or laser therapy. Recurrence and scarring are potential limitations.

Conclusion: EVHC should be considered in the differential diagnosis of multiple cystic or comedone-like papules in young individuals. Histological examination is essential for definitive diagnosis. Recognition of this entity can guide appropriate, conservative treatment and avoid unnecessary interventions.

Figure 1 & 2: Multiple keratin-filled cystic structures are observed in the dermis, consistent with EVHC (H&E, ×40).

Figure 3: The cyst wall is lined by epithelium and contains lamellated keratinous material (H&E, ×100).

Figure 4: The cyst cavity includes vellus hair follicles (H&E, ×200).

Abstract N°: 5750

Lichen spinulosus

Irina Fedorova[1]

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Introduction & Objectives: Lichen spinulosus, LS— a rare and benign disease characterised by the appearance of patches of small follicular papules with a central keratinised spike. Although its cause is still not known, spiked lichen planus probably represents a follicular reaction with more than one origin. Idiopathic lesions of the LS usually occur on the trunk or outer sides of the body, mostly in children and adolescents, rarely in adultsAlthough the hands, feet and face are not usually affected in classically described LS, a generalised form of this disease has been reported in patients infected with human immunodeficiency virus (HIV). The disease often regresses on its own within a few years without treatment. General skin measures such as moisturising the skin, avoiding prolonged bathing or showering, using mild soaps or cleansers should be recommended. Topical keratolytic agents are the first-line therapy, followed by topical retinoids and corticosteroids. Recently, various lasers and microdermabrasion have become available if the patient does not respond to topical therapy. We would like to show you a case of spiked shingles in a healthy girl of 29 years of age, existing for 2 years.

Materials & Methods: We did a dignostic dermatoscopy and a biopsy. The study includes the collection, analysis, and presentation of data such as complaints, medical and life history, findings from physical, laboratory, and instrumental examinations. A literature review was conducted using original research and review articles from databases such as ScienceDirect, Scopus, PubMed, Elsevier.

Results: A 29-year-old female with no comorbidities came to the clinic with a diagnosis of dermatosis that appeared 2 years ago. She complains of mild itching at times. The rashes are limited, localised on the anterior chest wall, follicular papules with a central keratinised spike, forming an oval plaque measuring 6 cm.

On dermatoscopy: follicular plugs filled with keratinised masses.

Biopsy specimen plugs in an enlarged hair follicle. A small perivascular and perifollicular inflammatory infiltrate is observed.

Conclusion: Currently, the amount of data concerning the clinical and dermatoscopic characteristics of lichen spinulosusremains limited due to the low prevalence of dermatosis. Further studies are needed to identify specific clinical, dermatoscopic and pathogenetic aspects of dermatosis in order to improve its detection.

Increasing the number of dermatosis descriptions may help to improve diagnostic algorithms and optimise therapeutic strategies.

Abstract N°: 5768

Swimming in the Dark: An Unusual Case of Axillary Syringomas

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Introduction & Objectives: A woman in her early 30s presented with a long-standing history of asymptomatic skin changes affecting both axillae, with more pronounced involvement on the left side. These lesions were first noted during adolescence and remained stable over the years, without significant progression. Notably, the patient reported prolonged sun exposure from living in South Africa for 28 years. The objective of this case report is to explore the uncommon presentation of axillary syringomas, a benign eccrine tumor typically found in the periorbital region and discuss potential treatment options.

Materials and Methods: A detailed skin examination revealed multiple erythematous papules coalescing in the left axilla, while a few scattered papules were noted in the right axilla. No other areas, including the periocular region, showed signs of involvement. Two punch biopsies were taken from the axillary lesions for histopathological analysis. High-power microscopy of the biopsies revealed dermal ductular structures, with tadpole-shaped ductal formations characteristic of syringomas.

Results: Histopathological analysis of the biopsies confirmed the clinical suspicion of syringomas. The presence of dermal ductular structures and the distinctive tadpole-shaped ductal formations confirmed the diagnosis.

Conclusion: Axillary syringomas are a rare presentation of syringomas, which are benign eccrine sweat gland tumours typically found in the periorbital region. Though uncommon, they can appear as multiple asymptomatic papules in the axillae as seen in this case. These lesions are often misdiagnosed due to their similarity to other conditions such as Fox-Fordyce disease or pseudoxanthoma elasticum. Their stable, asymptomatic nature often leads to delayed diagnosis, as was noted in this case.

Histologically, syringomas are characterised by tadpole-shaped ductal formations, which help differentiate them from other conditions. Once diagnosed, treatment options typically aim at cosmetic improvement. Treatment options being explored for this patient include surgical excision, laser therapy, and botulinum toxin injections.

Axillary syringomas, while rare, can present with stable, asymptomatic skin lesions, as demonstrated in this case. This presentation is distinct from the typical occurrence of syringomas in the periorbital region.

Abstract N°: 5915

Epithelioid Hemangioma: A Rare but Important Diagnosis in Cephalic Angiomatoid Lesions

Bakiri Naouel[1], Saliha Takheroubt[1], Samira Zobiri[1]

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Introduction & Objectives:

Epithelioid hemangioma, also known as angiolymphoid hyperplasia with eosinophilia (ALHE), is a rare benign vascular proliferation, considered an angioproliferative process accompanied by a reactive inflammatory infiltrate. We report a case of ALHE of the scalp in a 40-year-old woman.

Materials & Methods:

A 40-year-old woman with no significant medical history consulted us for nodular lesions on the scalp, complicated by recurrent bleeding and evolving over the past four years. The lesion first appeared during the patient's second pregnancy, without any identifiable traumatic factor, initially presenting as a small nodule localized at the vertex. A surgical excision was performed, but a recurrence occurred a few months later at the same site and at a distant location in the occipital region. Since then, the lesion has remained stable. Dermatological examination revealed two pinkish angiomatous nodules, 2 cm in diameter, with a crusted but relatively firm surface, located at the vertex and occipital region. Additionally, active pediculosis infestation was noted. No palpable lymphadenopathy was found on examination of the lymph node areas, and the rest of the physical exam was unremarkable. Biological workup showed no peripheral eosinophilia. A skin biopsy revealed vascular hyperplasia lined with epithelioid endothelial cells and accompanied by an inflammatory infiltrate composed of lymphocytes with numerous eosinophils. The patient was treated topically with propranolol without improvement. Given the clinical and histological presentation, the diagnosis of epithelioid hemangioma or angiolymphoid hyperplasia with eosinophilia was confirmed, and the patient was referred to an experienced laser specialist.

Results:

ALHE is a rare vascular proliferation, with fewer than 1000 cases reported in the literature. Its etiopathogenesis remains controversial, with several hypotheses proposed: post-traumatic origin, pseudoaneurysm theory, and involvement of risk factors such as infections and hormonal factors (hypothyroidism, pregnancy). There is a female predominance, with an average age of 43 years and a mean lesion duration that can extend up to 7 years. Clinically, it presents as erythmatous to violaceous nodular lesions, either solitary or multiple, often asymptomatic but sometimes associated with spontaneous bleeding. The main differential diagnosis is Kimura's disease, with which it shares some clinical and histological features. Spontaneous resolution of ALHE is rare. Numerous treatments have been reported in the literature. Complete surgical excision remains the preferred therapeutic option, although recurrences are common. Other alternative treatments have been described with variable results, including laser therapy (pulsed dye laser, CO_2), which has shown more promising outcomes and was the therapeutic approach chosen for our patient.

Conclusion:

Epithelioid hemangioma (ALHE) is a rare clinicopathological entity that should be recognized, with various therapeutic modalities available.

Abstract N°: 5916

Clinical and histopathological diagnoses in biopsies performed by dermatologists at the Dermatology Department of the Clínicas Hospital, located in Asunción, Paraguay. A retrospective analysis in a tertiary center.

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Introduction: Histopathology is a fundamental diagnostic method in dermatology; even though, it has some limitations. These constraints are particularly faced in inflammatory skin diseases, in which, different conditions may share similar histological patterns. Tumoral diseases, on the other side, tend to exhibit more specific findings. Therefore, correlating clinical and histological findings is essential.

Objective: To determine whether there is a positive correlation between clinical and histopathological diagnoses in biopsies performed by dermatologists at the Dermatology Department of the Clinicas Hospital, located in Asunción, Paraguay (2022-2023).

Materials & Methods: A descriptive, retrospective, cross-sectional research with an analytical component was conducted on skin biopsies. We considered an acceptable correlation when at least one of the presumptive clinical diagnoses matched the histopathological result. We used the kappa coefficient to determine the proportion of concordance between clinical and histopathological diagnoses.

Results: A total of 500 biopsies were included. Of these samples, 56,6% corresponded to inflammatory conditions and 35% were tumoral diseases. The remaining 42 samples (8,4%) had to be excluded due to inconclusive results. We found clinicopathological correlation in 72% of cases, while 19,6% showed no correlation. The highest correlation was observed in inflammatory conditions (64,1%), followed by tumoral diseases (35,8%). The kappa coefficient was 0,7497, indicating a good level of concordance according to Landis and Koch scale.

Discussion & Conclusion: According to our study, there is a positive correlation between clinical and histopathological diagnoses. This is similar to findings reported by other authors.1-4 Concordance depends on the etiology of the suspected diseases.4-6 The highest diagnostic yield of skin biopsy is achieved by correlating clinical and histopathological findings, which is particularly relevant for the diagnosis of inflammatory dermatoses.7

Abstract N°: 6066

An investigation into the extent to which patients have knowledge of common dermatological diseases. A survey was conducted on 460 participants

Maryam Ghaleb[1], Ouiame eljouari[1], Gallouj Salim[1]

[1]CHU - Mohammed VI University Hospital Center, Dermatology and Venerology department, tanger

Introduction & Objectives:

It is an established fact that common dermatological conditions, including but not limited to acne, eczema, psoriasis and fungal infections, are frequently encountered in medical practice. These conditions have been shown to have a significant impact on patients' quality of life. The manner in which patients perceive these conditions has been demonstrated to play a pivotal role in the management of their condition, particularly with regard to treatment compliance and the search for specialist care. However, the general public's understanding of these conditions is frequently inaccurate or even erroneous, leading to spontaneous self-medication or delays in seeking medical advice. The objective of this study is to evaluate patients' comprehension of prevalent dermatoses, identify prevalent misconceptions, and propose strategies to enhance health education in this domain.

Materials & Methods:

A cross-sectional descriptive survey was conducted over a period of six months, encompassing 460 participants. The study utilised a standardised questionnaire, which was disseminated during dermatological consultations, via online channels, and to healthcare professionals.

Results:

Of the 460 participants, 46% fell within the 18–30 age bracket. The present study's sample was comprised of 67% women. Furthermore, 65% of the subjects reported a history of dermatological diseases, with acne (73%), eczema (64%), seborrheic dermatitis (39%) and melasma (36%) being the most prevalent.

With regard to specific knowledge, acne was perceived as non-contagious by 84% of respondents. The predominant causes cited were a diet high in fat or sugar (86%), hormonal changes (73%), and the use of cosmetics (68%). With regard to eczema, 55% of respondents were aware that it was not contagious, and 86% attributed its triggering to allergies.

With regard to psoriasis, 73% of respondents correctly identified it as non-contagious, yet only 21% demonstrated awareness of its genetic underpinnings. The understanding of skin mycoses was generally sound: 91% of respondents were aware of the contagious nature of the condition, and 86% were able to correctly associate lesions between the folds with the disease. Ringworm was correctly identified as a contagious disease by 87% of respondents, and the majority demonstrated a comprehensive understanding of its transmission dynamics.

In contrast, conditions such as rosacea, vitiligo and alopecia were less well recognised. For instance, 91% of respondents expressed the opinion that vitiligo lacked effective treatment. A mere 9% expressed a contrary sentiment. Furthermore, seborrheic dermatitis and warts were also poorly understood in terms of their viral or fungal origin, and hygiene was often erroneously blamed.

With regard to the sources of information consulted by the participants, 87% of respondents indicated that they obtained their information from the Internet or social networks, in contrast to the 12% who reported consulting dermatologists.

Conclusion:

The survey results indicate a general dearth of dermatological knowledge among patients, accompanied by the prevalence of erroneous assumptions. There is an urgent need to improve public awareness through appropriate communication campaigns, reinforced in-consultation education and, above all, the dissemination of reliable educational content on digital platforms.

Abstract N°: 6070

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Abstract N°: 6086

Rare Association of Non-Langerhans Cell Histiocytosis with Hepatorenal Polycystic Disease: A Case Report

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Introduction & Objectives:

Non-Langerhans cell histiocytosis (NLCH) represents a heterogeneous group of rare disorders characterized by the proliferation of histiocytes that do not exhibit the immunophenotypic features of Langerhans cells. Diagnosis is established histologically and confirmed by immunohistochemistry: CD68-positive, PS100-positive, and CD1a-negative. Hepatorenal polycystic disease is a genetic disorder transmitted in an autosomal dominant pattern, characterized by the progressive development of multiple cysts in both the liver and kidneys.

The objective of this case report is to describe an exceptional association between cutaneous NLCH and hepatorenal polycystic disease in a young adult, and to discuss the diagnostic and therapeutic challenges, as well as the possible links between these two rare conditions.

Case Report:

A 28-year-old male patient, with no significant medical history, consulted for cutaneous lesions evolving over the past year and a half. He presented with angiomatoid nodular lesions of variable size, located on the back, abdomen, and left arm, in a context of apyrexia and preserved general condition. There was no mucosal or appendage involvement.

- **Biological Workup:**
- Complete Blood Count: WBC: 8170/mm^3; Neutrophils: 4380/mm^3; Lymphocytes: 2400/mm^3; Platelets: 343,000/mm^3; Hemoglobin: 16.4 g/dL
- Renal Function: Urea: 0.36 g/L; Creatinine: 9 mg/L
- Liver Enzymes: AST: 18 IU/L; ALT: 20 IU/L
- Inflammation Markers: CRP: 1.60 mg/L
- **Histological and Immunohistochemical Study:** Skin biopsy revealed dermal infiltration by a round cell population with atypical appearance. Immunohistochemistry showed:
- CD68: intense and diffuse expression
- PS100: strong cytoplasmic and nuclear expression
- CD1a: negative
- CD3/CD20: moderate expression on reactive lymphocytes
- CD79a/CD138: positive on round and plasmacytoid cells
- Ki67: moderate nuclear expression (30% of cells)

The morphological and immunohistochemical findings were consistent with cutaneous non-Langerhans cell histiocytosis.

- **Radiological Assessment:**
- Thoraco-abdomino-pelvic CT scan: hepatorenal polycystic disease; regular circumferential thickening of the mid and lower rectum (suggesting proctitis)

- Chest X-ray: normal
- **Therapeutic Management:**

The patient was treated with methotrexate at 25 mg/week, combined with folic acid supplementation 48 hours before and after the injection.

Conclusion

We report a rare case of cutaneous non-Langerhans cell histiocytosis associated with hepatorenal polycystic disease in a young adult with no prior medical history. This novel association underscores the importance of complete radiological assessment in atypical or chronic nodular dermatoses. Methotrexate treatment was initiated with regular clinical and biological monitoring. Further case reports are needed to explore a possible pathogenic or genetic link between these two entities.

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Abstract N°: 6186

A rare case of congenital morphea associated with muscle atrophy

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Introduction & Objectives: Morphea, also known as localized scleroderma, is a rare autoimmune disorder characterized** by fibrosis of skin and subcutaneous tissue without involvement of internal organs. Clinically,** it is classified into several subtypes, including circumscribed, linear, generalized,** pansclerotic, and mixed forms. Linear morphea can extend into deeper structures such as** fascia, muscle, and bone, potentially resulting in joint contractures, growth disturbances, and cosmetic deformities.

Congenital morphea, which presents at birth or during early infancy, is extremely rare but can** lead to significant morbidity, particularly when the limbs are affected. Early recognition and** appropriate intervention are essential to prevent long-term functional impairment. In this** report, we present a rare case of congenital linear morphea of the thigh associated with** muscle atrophy, and we discuss its clinical presentation and therapeutic implications.

Materials & Methods:A 21-year-old Turkish female with no known medical history presented to our clinic with a** dark-colored lesion on her right leg, which had been present since infancy. The patient reported no symptoms such as pain or pruritus but expressed concern regarding the** cosmetic appearance of the lesion. Dermatological examination revealed an** indurated, hyperpigmented plaque with sharp borders and slightly atrophic texture, located** on the posterior and lateral aspect of the right thigh.

A punch biopsy was performed, and the histopathological analysis confirmed the diagnosis of morphea. The findings included orthokeratosis, follicular keratotic plugs, epidermal acanthosis, basal layer hyperpigmentation, and linear homogenization of the subcutaneous fat tissue (Figure-1).

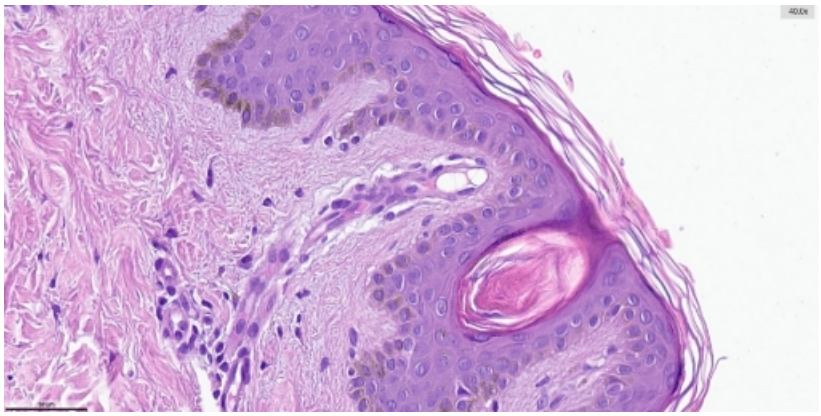

figure-1: orthokeratosis, follicular keratotic plugs, epidermal acanthosis, basal layer hyperpigmentation, and linear homogenization of the subcutaneous fat tissue were observed in the histopathological examination.

Results: Laboratory investigations, including complete blood count, liver and kidney function tests,erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP), were all within normal** limits. Antinuclear antibody (ANA) testing was negative.

Topical treatment with clobetasol propionate ointment was initiated; however, no significant improvement was observed after two months of treatment.

Conclusion: Although morphea typically follows a benign course, its linear and congenital forms may** involve deeper tissues, leading to muscle atrophy, joint limitations, and cosmetic concerns.Congenital linear morphea is exceedingly rare, and the presence of muscle atrophy at initial** presentation—as observed in our case—emphasizes the importance of early recognition and** timely intervention.

Treatment decisions should be tailored according to the depth and severity of the disease.** While topical agents and phototherapy may be adequate for superficial lesions, systemic** immunosuppressive therapies —such as corticosteroids, methotrexate, or mycophenolate** mofetil— may be necessary for deeper or progressive forms of the disease.

In conclusion, congenital linear morphea should be considered in the differantial diagnosis of** longstanding localized skin lesions present from early life. Awareness of its potential for deep** tissue involvement and long-term morbidity highlights the need for early diagnosis,** individualized therapeutic approaches, and prolonged follow-up.

Abstract N°: 6232

MYCOSIS FONGOIDES and comorbidities in a Moroccan population :

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Introduction & Objectives:

Mycosis fungoides (MF) is the most prevalent form of cutaneous lymphoma. While it is typically diagnosed in adults between the ages of 55 and 60, it can also affect children and adolescents. The precise cause of MF is unclear, but it is thought to result from chronic antigenic stimulation, leading to the expansion of T-cells and their malignant transformation.

Materials & Methods:

The objectives of our study were to analyze the frequency of comorbidities associated with mycosis fongoide in a Moroccan population. A retrospective and descriptive study was realized during 6 months at the Ibn Sina University Hospital in Rabat, Morocco.

Results:

A total of 46 patients with a confirmed diagnosis of mycosis fongoide were included.

The median age was 54 years. 52,2% had phototype IV, 41,3% had phototype III, and 4,3% had phototype V. 73,9% of the patients had mycosis fungoides in plaque form, while 11% had a tumor form, followed by the hypopigmented form in 6,5% of cases

The most frequently found associations were cardiovascular disorders (21,7%), smoking (20%) and overweight (17,4), followed by psychiatric disorders in 15.2% of cases, and both of thyroid disorders (13%) and neoplasms (13%).

Furthermore, four patients were on selective serotonin reuptake inhibitors, accounting for 8.7% of the total number of patients, while the remaining medications were taken by less than 3% of the patients.

However, there was no significant correlation between these associations and the stage of the disease.

Conclusion:

Our study is limited by its retrospective nature, the small sample size, and the absence of a control group. Additional studies are needed to gain a deeper understanding of the causal relationships between MF and the comorbidities we have identified

Abstract N°: 6585

Dermatofibroma Associated with a Junctional Melanocytic Nevus. A Rare Collision Tumor.

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Introduction & Objectives: Collision tumors are defined as the coexistence of two histologically distinct neoplasms within a single cutaneous lesion. These tumors can be classified based on their anatomical origins as either dermo-epidermal or epidermal-epidermal. They may involve entirely benign lesions or a combination of benign and malignant tumors. While collision tumors are not uncommon in dermatopathology, the specific association of a dermatofibroma with a junctional melanocytic nevus is exceptionally rare. According to a review of the literature, only two such cases have been reported to date. The objective of this case report is to present a rare example of this type of dermo-epidermal collision tumor and to highlight the diagnostic and clinical implications of such a presentation.

Materials & Methods: A 52-year-old male patient with Fitzpatrick skin type IIIB presented with a pigmented and ill-defined cutaneous lesion located on the lower chest. The lesion measured 1.1 × 0.8 cm. On clinical examination, the borders were irregular but not raised, and the surface was not ulcerated. Dermoscopic evaluation revealed a central star-shaped area surrounded by pigmented borders, which was suggestive of either a melanocytic lesion or dermatofibroma. A complete excisional biopsy of the lesion was performed under local anesthesia, and the specimen was submitted for detailed histopathological analysis.

Results: Histopathological examination of the excised lesion showed a stellate dermal proliferation composed of spindle cells arranged in small, interlacing fascicles with a storiform pattern. These cells were admixed with thick collagen bundles, consistent with the diagnosis of a dermatofibroma. The overlying epidermis was acanthotic and exhibited basal cell hyperpigmentation. At the dermoepidermal junction, rare but regular melanocytic nests were observed, which were consistent with a junctional melanocytic nevus. Importantly, no cytologic atypia, mitotic figures, or other histologic features suggestive of malignancy were identified. The findings confirmed the diagnosis of a benign dermo-epidermal collision tumor composed of a dermatofibroma and a junctional melanocytic nevus.

Conclusion: This case highlights a rare example of a dermo-epidermal collision tumor composed of a benign fibrous histiocytoma (dermatofibroma) and a junctional melanocytic nevus. It underscores the diagnostic complexity associated with such lesions, particularly when dermoscopic patterns are atypical and raise concern for malignancy. The presence of overlapping dermoscopic features may mimic melanoma or other melanocytic tumors, which can complicate clinical evaluation. In such cases, histopathological examination remains the gold standard for establishing a definitive diagnosis. Given the rarity of this combination, reporting such cases contributes to the growing awareness of these unusual but benign entities and helps guide clinicians toward accurate diagnosis and appropriate patient management.

Abstract N°: 6700

Érythème noueux comme manifestation systémique de la mastite granulomateuse idiopathique : une association rare

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Introduction & Objectives: Idiopathic granulomatous mastitis is an uncommon chronic inflammatory disease of the breast that typically affects young women and can clinically mimic breast carcinoma. While usually confined to the breast, rare systemic manifestations have been reported, including erythema nodosum, an acute inflammatory panniculitis primarily affecting the lower limbs.

Materials & Methods: A 29-year-old woman with no significant medical history presented with a painful, inflammatory swelling of the left breast, persisting for several weeks, accompanied by purulent discharge and ipsilateral axillary lymphadenopathy. She had received multiple empirical antibiotic treatments without significant clinical improvement. Subsequently, the patient developed a fever (39°C), arthralgia involving the knees and ankles, and painful inflammatory nodules on both legs, clinically suggestive of erythema nodosum. The diagnostic workup included a complete blood count, erythrocyte sedimentation rate, C-reactive protein, serological tests for viral and bacterial infections, antistreptolysin O titers, a tuberculin skin test, and chest radiography. The differential diagnoses considered included sarcoidosis, tuberculosis, Sweet syndrome, vasculitis, panniculitis, and post-infectious erythema nodosum. All test results were negative.

Results: Histological examination of a breast biopsy confirmed the diagnosis of idiopathic granulomatous mastitis. In the absence of any other identifiable cause, the erythema nodosum was interpreted as a systemic inflammatory manifestation secondary to mastitis. Symptomatic treatment—rest, leg elevation, analgesics, and local care—led to progressive resolution of the erythema nodosum. However, the mastitis persisted and required further specialized management.

Conclusion: Erythema nodosum may, although rarely, reflect systemic inflammation related to idiopathic granulomatous mastitis. Clinicians should remain alert to underlying breast disease when confronted with unexplained cases of erythema nodosum.

Abstract N°: 6809

Persistent Localized Granuloma Annulare as a Potential Cutaneous Manifestation of Early Spondyloarthritis

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Introduction & Objectives

Granuloma annulare (GA) is a benign granulomatous dermatosis frequently associated with metabolic disorders. However, chronic or treatment-resistant presentations may reflect underlying systemic inflammation. We report a case of persistent localized GA in a middle-aged woman with chronic musculoskeletal symptoms suggestive of early spondyloarthritis, aiming to explore the potential link between cutaneous and systemic immune activation.

Materials & Methods

We present the case of a 42-year-old female with a three-year history of localized dermatosis affecting the lower limbs. The condition was characterized by three oval-shaped lesions, each approximately 4 cm in diameter, with a yellow-ochre papular border and a center of clinically normal skin. The patient denied associated systemic comorbidities.

Initial topical treatment with a medium-potency corticosteroid in the morning and a calcineurin inhibitor at night led to partial improvement but was later discontinued. In August 2024, five new lesions appeared on the left hip, arm, and leg, with the patient reporting increased lesion activity after sun exposure.

The patient also reported a four-year history of chronic hip pain under rheumatologic evaluation. While no definitive diagnosis was established, spondyloarthritis was considered. A second specialist also suggested fibromyalgia, and the patient had been taking pregabalin for symptom control.

A punch biopsy in January 2025 revealed a granulomatous inflammatory infiltrate in the mid-dermis, composed of lymphocytes, fibroblasts, multinucleated giant cells, adjacent lymphocytic vasculitis, and increased dermal collagen. No malignant cells were identified.

Results

A punch biopsy in January 2025 revealed a granulomatous inflammatory infiltrate centered in the mid-dermis, composed of lymphocytes, fibroblasts, and scattered multinucleated giant cells of the foreign body type. Notably, adjacent areas showed evidence of lymphocytic vasculitis affecting small dermal vessels. There was also an increase in dermal collagen. The epidermis was unremarkable. No malignant or dysplastic cells were identified. These findings were consistent with a **granulomatous variant of localized granuloma annulare**, featuring concurrent **vascular inflammation** suggestive of an active immunologic process.

Conclusion

This case highlights a persistent localized variant of GA with histologic evidence of lymphocytic vasculitis in a patient with chronic musculoskeletal symptoms suggestive of spondyloarthritis. In such cases, broader diagnostic consideration should be given to potential systemic inflammatory disorders, even without metabolic disease or

definitive autoimmune markers.

Abstract N°: 6981

Atrophoderma of Pasini and Pierini: a dermatological borderland. Literature review with diagnostic and therapeutic implications

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Introduction & Objectives:

Atrophoderma of Pasini and Pierini (APP) is a rare dermatosis characterized by depressed, hyperpigmented plaques typically located on the trunk. Despite its benign course, APP remains a source of diagnostic and nosological controversy: it has been described either as a distinct entity, a variant of morphea, or a manifestation of post-borrelial atrophoderma. The lack of clear diagnostic criteria and standardized treatment strategies makes APP a clinical challenge for dermatologists.

Materials & Methods:

A structured literature review was conducted using PubMed, Scopus, ScienceDirect, and Elsevier databases for the period 2019–2024. Included publications comprised original articles, reviews, case reports, and small case series describing clinical features, histopathology, differential diagnosis, proposed pathogenesis, and therapeutic approaches in APP.

Results:

APP typically presents with solitary or multiple oval, depressed, hyperpigmented plaques, often asymptomatic. Clinically and histologically, it may mimic early morphea, post-inflammatory or post-infectious atrophy, lichen sclerosus, or anetoderma. Histological features are usually nonspecific and lack significant dermal fibrosis, though some overlap with morphea has been reported. Seropositivity for Borrelia burgdorferi has been found in some patients, supporting a potential infectious trigger, yet a causal relationship remains unconfirmed. Therapeutic strategies are highly heterogeneous and include clinical observation, phototherapy, systemic antibiotics, hydroxychloroquine, and topical agents. None has demonstrated consistent efficacy in prospective studies. No international or national guidelines currently address APP management.

Conclusion:

APP remains an underrecognized and poorly defined dermatosis with uncertain nosological status and no established therapeutic consensus. Diagnostic ambiguity and variability in management highlight the need for further multicenter observational studies, patient registries, and expert-driven clinical guidelines. Increasing awareness of APP is essential to avoid misdiagnosis as morphea and prevent unnecessary systemic treatments.

Abstract N°: 6985

Tumor budding in skin squamous cell carcinoma: comparative hematoxylin-eosin and immunohistochemical analysis

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Introduction & Objectives:

Tumor budding (TD) is a histopathological feature characterized by the presence of isolated single or a smaller group of cells (up to 5 tumor cells) dispersed within the stroma. The importance of TB in cancer prognosis has been widely studied, especially in colorectal cancer, where it has been recognized as an additional prognostic parameter.The aim of our study was to evaluate whether the detection of TB on histological sections that were immunohistochemically (IHH) stained would be more accurate and superior to analysis on standard hematoxylin-eosin (HE) stained tissue

Materials & Methods:

This prospective study included 60 cases of skin SCC both stained with classical HE method and IHH staining for pancytokeratin (Ventana Anti-Pan Keratin AE1/AE3/pck28 Primary Antibody and Dako Flex Monoclonal Mouse Anti-Human Cytokeratin clone AE1/AE3). TB was evaluated according to scoring criteria, comparative analysis on HE and IHH stained preparations. During the scoring, the entire area was initially scanned at the lowest magnification (x40), and then the buds were counted at the magnification x 200. TB is expressed as the mean number of tumor buds in 5 adjacent high-magnification microscopic fields. According to the scoring criteria, TB was graded as TB0 (without buds), TB1 (1-4 buds), TB2 (5-9 buds) and TB3 (≥ 10 buds)

Results:

The study included 60 patients (39 males and 21 females). The mean age of the study population was 76.97±8.07 (min 58 years, max 93 years). Regarding HE staining, 17 cases were without tumor budding, 42 cases TB1, and 1 case TD3, respectively. Immunohistochemical staining reviled 7 cases without tumor budding, 28 cases of TD1, 19 cases of TD2, and 6 cases of TD3 stage. It was found that the number of tumor budding on immunohistochemistry (CKAE1/AE3) was statistically higher compared to TB (HE) (4.82±3.61 vs 1.53±2.00, $p<0.001$).

Conclusion: This study highlights that immunohistochemical analysis of tumor budding in skin SCC is superior and more accurate than the analysis of standard HE preparations.

Abstract N°: 7133

Mpox Under the Microscope: Histopathologic Features and Differential Diagnosis with Herpesviruses — A Case Report

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Introduction & Objectives:

Mpox is a double-stranded DNA virus endemic to Africa, belonging to the Orthopoxvirus genus. It typically presents with a rash at the inoculation site that progresses through papular, vesicular, pustular, and crusting stages. Since 2022, significant epidemiological changes have been observed, including its association with high-risk sexual behavior. Clade IIb was responsible for the 2022 outbreak in non-endemic countries, while the Democratic Republic of Congo is currently facing its largest outbreak, attributed to Clade I. Histologically, mpox may resemble other viral exanthems such as those caused by variola, cowpox, varicella-zoster virus (VZV), and herpes simplex virus (HSV). The aim of this case report is to describe the histopathologic features of mpox and emphasize the key distinctions from HSV and VZV infections.

Materials & Methods:

We present the case of a 54-year-old male living with HIV who reported a 15-day history of genital umbilicated vesicles, ulcerated papules, pustules, erythema, paraphimosis, inguinal lymphadenopathy, fever, and myalgia. The patient reported unprotected sexual contact seven days before symptom onset. Diagnosis was confirmed via RT-PCR for Orthopoxvirus and Mpox virus. Histopathological examination of a papular lesion revealed epidermal erosion, acanthosis, spongiosis, and exocytosis of lymphocytes and neutrophils. At higher magnification, keratinocyte degeneration, multinucleated keratinocytes, ballooning degeneration, and eosinophilic inclusions were observed. In the vesicular stage, eosinophilic intracytoplasmic inclusions (Guarnieri bodies) and a mixed dermal inflammatory infiltrate were identified. During the pustular stage, intranuclear eosinophilic inclusions with a ground-glass appearance were noted, along with perivascular, perieccrine, and interstitial inflammatory infiltrates.

Results:

Clinically, mpox lesions may range from a few to over a hundred, evolving from papules to vesiculopustules and eventually crusts. However, multiple stages may coexist simultaneously. Clade I typically presents with a centrifugal distribution involving palms and soles, whereas Clade IIb more commonly affects genital, perianal, and oropharyngeal regions. Laboratory diagnosis is confirmed through Orthopoxvirus-specific real-time PCR assays. Histologically, mpox demonstrates viral cytopathic changes including enlarged keratinocytes with pale cytoplasm, ballooning degeneration, and scattered apoptosis in the epidermis and hair follicles. In contrast, HSV and VZV infections—important differential diagnoses—characteristically show multinucleated keratinocytes with nuclear molding, chromatin margination, and Cowdry A inclusions, predominantly affecting follicles and sebaceous glands.

Conclusion:

Mpox has re-emerged as a significant public health concern, particularly due to recent outbreaks associated with sexual transmission. While diagnosis is primarily clinical and laboratory-based, histopathology offers valuable insight into the viral pathogenesis and plays an important role in the differential diagnosis with other

vesiculopustular diseases. Recognition of distinctive cytopathic changes—supported by immunohistochemical studies—can enhance diagnostic precision, especially in atypical presentations or when molecular testing is not readily available.

Abstract N°: 7219

Pemphigus: A Retrospective Epidemiological, Clinical, and Therapeutic Study (2017–2025)

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Introduction & Objectives:

Pemphigus is a rare autoimmune blistering disease, divided into superficial and deep forms. Despite advances in understanding its pathogenesis, the disease's clinical presentation remains heterogeneous, posing diagnostic challenges. This study aims to describe the epidemiological, clinical, and therapeutic profiles of pemphigus in our clinical setting.

Materials & Methods:

We conducted a retrospective and prospective case series over an 8-year period (May 2017 – February 2025), including 73 patients hospitalized for pemphigus at the University Hospital of Marrakech. Diagnosis was based on clinical, histological, and immunological criteria.

Results:

A total of 73 patients were included over the 8-year study period. There was a marked female predominance, with a sex ratio of 0.62. The mean age was ≥60 years, ranging from 20 to 85 years, reflecting the disease's prevalence in middle-aged and older adults. Most patients (48 of 73) came from urban areas, and nearly 80% had a low socioeconomic status, potentially contributing to diagnostic delay and limited access to specialized care.

Clinically, the disease most often began with mucosal involvement, particularly of the oral mucosa, seen in 23 patients. The most common symptoms were pruritus (61 patients), pain (39), dysphagia (19), anorexia (22), and fatigue (25). Nikolsky's sign was positive in 57 patients, indicating epidermal fragility. Nail and hair involvement, especially of the scalp, was noted in 51 cases. Disease severity ranged from mild (26 patients) to moderate (36) and severe (11), with cutaneous involvement varying from <5% to >50% of body surface area.

Histopathological analysis confirmed the diagnosis in all cases. Two main forms were identified: deep pemphigus (61.6%) and superficial pemphigus (38.4%). Direct immunofluorescence on skin or mucosal biopsies showed clear intercellular staining within the epidermis, consistent with autoantibodies targeting desmosomal proteins.

Most patients received systemic corticosteroids, mainly oral prednisone. This was commonly combined with immunosuppressants: azathioprine (41 patients) and cyclophosphamide (15 patients). Rituximab, a targeted anti-CD20 monoclonal antibody recommended as first-line treatment in moderate to severe cases according to international guidelines, was administered to 14 patients with refractory or severe disease. Other treatments included dapsone (4 patients) and intravenous methylprednisolone pulses (3 patients) in acute or severe presentations.

The clinical outcome was favorable in many cases: 30 patients achieved complete healing within three months. However, complications were common. Over 40 patients experienced superinfections, mainly bacterial or herpetic. Malnutrition and dehydration were also frequent, particularly in extensive or severe mucosal forms. In the long term, 32 patients experienced relapses, often linked to poor adherence or premature treatment discontinuation. Two patients died from severe complications, and two others were lost to follow-up.

Conclusion:

Pemphigus, more prevalent in the Maghreb with a predominance of deep forms, remains a severe condition associated with serious complications such as infections and relapses. Although rituximab is internationally recommended as first-line therapy, its limited accessibility in our setting underscores the importance of early detection and individualized care strategies to improve patient outcomes.

EADV CONGRESS
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Abstract N°: 7225

Intertriginous Papular Acantholytic Dyskeratosis: a report of 3 cases

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Introduction & Objectives:

Papular acantholytic dyskeratosis (PAD) is a rare acantholytic dermatosis, typically presenting in intertriginous areas of middle-aged women. The pathogenesis remains unclear, with theories suggesting it represents a mosaic form of Darier disease (ATP2A2) or Hailey-Hailey disease (ATP2C1). Environmental triggers such as humidity, friction, and ultraviolet exposure are implicated. Due to its rarity and variable presentation, PAD is often misdiagnosed. This report aims to contribute to the existing literature by describing three additional cases of intertriginous PAD, with a focus on clinical presentation, histopathological features, and therapeutic response.

Materials & Methods:

Three patients (2 males, 1 female; ages 26, 34, and 74) were evaluated at our dermatology clinic for chronic, pruritic eruptions in intertriginous regions. All cases underwent clinical examination, incisional biopsy, and histopathologic analysis. Treatment strategies included topical or systemic corticosteroids, drying pastes, and adjunctive topical therapies. A clinicopathological correlation was used to establish the diagnosis of PAD in each case.

Case 1: A 34-year-old woman presented with bilateral, symmetrical, painful papular plaques affecting the neck, axillae, inframammary folds, and groin. Histology revealed parakeratotic hyperkeratosis, acantholysis with suprabasal clefting, and dyskeratosis.

Case 2: A 26-year-old man had a 1-year history of recurrent erythematous papules and crusts on the neck and axillae. Biopsy showed full-thickness acantholysis in the stratum spinosum with dyskeratotic keratinocytes and moderate dermal inflammation.

Case 3: A 74-year-old man presented with chronic painful papules and plaques in axillary and inguinal folds. Histopathology showed hyperkeratosis, focal spongiosis, and acantholytic/dyskeratotic cells.

Discussion and conclusions:

PAD is an uncommon disorder with histologic overlap with other acantholytic dermatoses. To date, fewer than 60 cases have been reported. The symmetrical distribution, intertriginous involvement, and chronic evolution observed in our cases are characteristic of PAD. Histologically, it is defined by hyperkeratosis, acantholysis, dyskeratosis, and suprabasal clefting. Although typically sporadic, its association with ATP2A2 and ATP2C1 mutations supports the theory of genetic mosaicism. Management is challenging due to the absence of standardized treatment; however, corticosteroids and topical drying agents provided symptomatic relief in our cases. Continued documentation and genetic analysis of PAD cases are needed to clarify its classification and optimize therapy.

Abstract N°: 7244

A painless bruise-like lesion in a post-mastectomy patient

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Introduction & Objectives:

A 50-year-old lady presents with an five month history of a painless, bruise-like plaque on her left upper arm. She has a background of chronic lymphoedema secondary to left mastectomy and axillary clearance for breast cancer 14 years ag.

Materials & Methods:

A punch biopsy and imaging was performed.

Results:

The biopsy demonstrated an atypical vascular proliferation dissecting through collagen and smooth muscle bundles. There are plump, spindled to epithelioid cells with multilayering of endothelial cells in areas expanding into small nodules. Frequent apoptosis of lesional cells and scattered mitotic figures were present. A moderate superficial and deep perivascular and interstitial inflammatory infiltrate comprising predominantly lymphocytes was present, with scattered plasma cells and occasional eosinophils.

Immunohistochemistry showed the lesion to have the following immunophenotype:

Positive: CD31, CD34, ERG, c-Myc

Negative: AE1/3, ER. GATA3. CD68, HHV8

A PET scan showed an ill-defined area of low level uptake at the lesion site, suspicious for low grade angiosarcoma. No metastatic disease was found.

Conclusion:

The diagnosis is Steward-Treves syndrome (STS) and she has been listed for excision of the lesion. STS is a rare type of angiosarcoma which develops in areas of chronic lymphoedema, most often following mastectomy and axillary dissection. It presents classically with irregular vascular spaces dissecting collagen. Immunohistochemistry is crucial, with c-Myc expression being common in lymphoedema-associated angiosarcomas. Prognosis is often poor. Given the high morbidity and mortality, clinicians should have a high index of suspicion when evaluating atypical skin lesions in patients with chronic lymphoedema.

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Abstract N°: 7377

The unseen face of Melkersson-Rosenthal syndrome: oligosymptomatic presentation with histopathological clues

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Introduction & Objectives:

Melkersson-Rosenthal syndrome (MRS) is an uncommon neuro-mucocutaneous disorder characterized by the classic triad of facial paralysis, recurrent orofacial edema, and fissured tongue. However, oligosymptomatic and/or monosymptomatic variants are more frequent and often underdiagnosed. We present a case of oligosymptomatic MRS in a middle-aged female with chronic, antihistamine-resistant lower lip edema, highlighting the diagnostic importance of histopathology and differential diagnoses and emphasize the role of clinical suspicion in persistent facial edema.

Materials & Methods:

A 40-year-old woman with a medical history of chronic rhinitis and thyroid nodules presented with persistent, asymptomatic swelling of the lower lip and right hemiface since October 2023. She had been treated with antihistamines without clinical improvement. Dermatological examination revealed a non-painful, indurated swelling of the lower lip.

Histopathological examination of the mucosa showed a nodular, non-necrotizing granulomatous infiltrate in the superficial and deep dermis, surrounding vascular structures and extending into the interstitium, accompanied by mild to moderate dermal edema. Additionally, biopsy findings included mixed vasculitis with perivascular lymphoplasmacytic infiltration, consistent with Melkersson-Rosenthal syndrome (MRS).

Extensive diagnostic workup ruled out Crohn’s disease, sarcoidosis, and infectious etiologies.

Results:

The patient was diagnosed with oligosymptomatic MRS. Given the histological findings and poor response to conventional allergy management, intralesional corticosteroids were initiated, leading to partial improvement. The patient remains under close follow-up with a multidisciplinary team. This case emphasizes the role of histopathology in confirming MRS, especially in the absence of the complete triad, and supports the view that granulomatous inflammation, although helpful, is not mandatory for diagnosis.

Conclusion:

This case illustrates the diagnostic challenges of oligosymptomatic MRS and reinforces the need for high clinical suspicion in cases of chronic orofacial edema. It also highlights the evolving histopathological spectrum described in recent literature, where fibrosis and lymphoplasmacytic infiltrate may predominate, particularly in early or late disease stages. Histopathology remains a key tool to avoid misdiagnosis and guide therapeutic decisions in these rare entities.

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Abstract N°: 7468

Endocrine Mucin-Producing Sweat Gland Carcinoma of the Eyelid in a Filipino Elderly Male: A Rare Tumor Hiding in Plain Sight

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Introduction & Objectives:

Endocrine mucin-producing sweat gland carcinoma (EMPSGC) is a rare, low-grade adnexal neoplasm that typically affects the periocular region, particularly the eyelid. First described by Flieder et al. in 1997, it resembles endocrine ductal carcinoma in situ (eDCIS) of the breast due to shared embryologic origins. Diagnosis is challenging because of its ability to mimic various adnexal, epithelial, and vascular lesions. We present a case of a 74-year-old male with a five-year history of a slowly growing, painless pink lobulated papule on the left lower eyelid, which eventually caused visual obstruction and bleeding. This case highlights the role of dermoscopy, histopathology, immunohistochemistry, and multidisciplinary collaboration in diagnosis and management.

Materials & Methods:

Evaluation began with a detailed clinical history and physical exam. The lesion's persistence, growth, and symptoms raised suspicion for malignancy. Dermoscopy revealed pink globules, white-pink bands, and irregular linear vessels. A shave biopsy and H&E staining were performed. Immunohistochemistry included CK7, EMA, CEA, Alcian Blue, synaptophysin, and chromogranin. A PET scan was used to assess for metastasis. Referrals were made to dermatologic surgery, ophthalmology, and oncology.

Results:

Histopathology showed compact orthokeratosis, irregular acanthosis, and lobules of cuboidal cells in solid and cystic patterns, with some cells suspended in mucin pools—findings consistent with a mucinous adnexal tumor. Immunohistochemistry confirmed EMPSGC with positivity for CK7, EMA, CEA, Alcian Blue, synaptophysin, and chromogranin. PET scan showed no evidence of metastasis. The patient underwent wide local excision with oculoplastic reconstruction. Final histopathology reaffirmed the diagnosis. No recurrence or metastasis was noted on follow-up.

Conclusion:

This case underscores the diagnostic complexity of EMPSGC. Immunohistochemistry is essential for confirmation. Though typically low-grade, EMPSGC may progress to invasive primary cutaneous mucinous carcinoma (PCMC), particularly in the presence of neuroendocrine differentiation. Literature suggests that EMPSGC and PCMC may lie along a histopathologic continuum, with EMPSGC representing an in situ precursor. Complete excision and close follow-up are advised. Clinical guidelines remain undefined, and few studies compare recurrence rates between Mohs micrographic surgery and traditional wide excision. Reports of skin metastasis are rare. Increased awareness can aid early diagnosis and appropriate management of this rare adnexal tumor.

Abstract N°: 7714

Nonvenereal Genital Dermatoses: Case Series of Four Rare Dermatoses

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Introduction & Objectives:

Ulcerative lesions on genital area are commonly considered to be sexually transmitted infections (STI). Knowledge of various non-venereal genital dermatoses of inflammatory, infective and malignant etiology, mimicking STI is very important to avoid misdiagnosis and delayed treatment.

Materials & Methods:

Case 1: A 51-year-old married male presented with non-healing crusted lesion on the glans penis for 4 years. He has been treated multiple times with oral and topical antibiotics, topical steroids without improvement. Cutaneous examination revealed hemorrhagic crusted plaque on glans penis with non-significant inguinal lymphadenopathy. Histopathology confirmed the diagnosis of squamous cell carcinoma of penis. Patient underwent partial penectomy.

Case 2: A 58-years- old married male known diabetic and hypertensive presented with non-healing ulcer on penis for 3 months. His VDRL and TPHA test were reactive. He was treated with 3 weekly injections of Benzathine penicillin, and multiple courses of antibiotics without improvement and gradual progression. Cutaneous examination revealed presence of well-defined plaque with erosion on penile shaft. Skin biopsy from the lesion confirmed the diagnosis of Erythroplasia of Queyrat. The lesion was ablated with carbon dioxide laser with complete resolution.

Case 3: A 13-year-old unmarried female presented for asymptomatic swelling of vulva for past 6 months. Cutaneous examination revealed non-pitting bilateral vulval and perianal edema with knife-cut ulcers in groins, vulva and perianal area. Histopathology confirmed the diagnosis of cutaneous Crohn’s disease. Colonoscopy did not reveal presence of intestinal disease. She was started on tofacitinib as there was no response to oral metronidazole.

Case 4: A 22-year-old married female presented with genital swelling for two years. The swelling was progressive and persistent, symmetrically involving both the labia majora with intermittent pus discharge and pain. She had low grade fever, malaise, joint pain and also occasionally experienced passing of blood in stools with abdominal pain. She had been treated in the past with oral Acyclovir, Fluconazole, Azithromycin and vaginal Clotrimazole pessary, without any response. Associated comorbidities included hypothyroidism and ankylosing spondylitis. colonoscopy reveled presence of intestinal Crohn’s disease. She was lost to follow up.

Conclusion:

Any chronic lesion on genital area in both males and females should be investigated for non-venereal genital diseases of inflammatory and neoplastic origin. Clinical knowledge of these rare dermatoses in combination with histopathology and clinicopathological correlation help in early diagnosis and appropriate treatment.

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Abstract N°: 7917

Behind the Mask of a Pyogenic Granuloma: A Hidden Odontogenic Cutaneous Fistula

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Introduction & Objectives:

Odontogenic cutaneous fistula (OCF) is an abnormal communication between the facial skin and the oral cavity, typically arising from chronic dental infections. It is uncommon and often misdiagnosed as dermatologic conditions such as pyogenic granuloma, cutaneous tuberculosis, infected cysts, or congenital malformations. This diagnostic confusion is due to varied clinical presentations and lesion locations. We report the case of a 9-year-old girl with OCF initially misdiagnosed as a pyogenic granuloma, emphasizing the importance of early recognition to avoid inappropriate treatment.

Materials & Methods:

A 9-year-old girl was referred for a suppurative lesion under the right jaw, initially diagnosed as a pyogenic granuloma persisting for 3 months and unresponsive to antibiotics. Examination revealed a firm, erythematous, mildly painful 1.5 × 2 cm submandibular mass, with no intraoral abnormalities. History revealed a past untreated dental abscess. Suspecting OCF, a panoramic radiograph was performed, revealing a carious lesion with apical reaction on tooth 46, confirming the diagnosis. Ultrasound showed a fistulous tract. The patient underwent surgery including root canal treatment, fistula curettage, and excision of the cutaneous lesion. Pathology confirmed the diagnosis. Follow-up at 3 months showed complete healing with no recurrence.

Results:

Cutaneous drainage from dental infections is rare and often painless, leading to delayed diagnosis. Typical lesions show draining pus, scarring, or present as masses mimicking granulomas. OCF mainly affects adults (average age 49), more often males, often linked to poor oral hygiene. Mandibular molars are most commonly involved (80%), especially in children (up to 96%), with lesions appearing in submandibular or submental regions. Maxillary infections may drain to the cheek, nasolabial fold, or near the eye. OCF must be distinguished from traumatic lesions, epidermoid cysts, neoplasms, actinomycosis, cutaneous tuberculosis, congenital fistulas (e.g., branchial cleft, thyroglossal duct), and osteomyelitis. Diagnosis relies on clinical suspicion and panoramic radiography. Recently, dermatologic ultrasound has proven useful to confirm diagnosis and monitor treatment response. Potential complications include jaw osteomyelitis, Ludwig’s angina, mediastinitis, or sepsis. First-line treatment is dental root canal therapy. In some cases, tooth extraction and surgical fistulectomy are needed. Once the infection source is treated, cutaneous healing usually occurs within 5–20 days.

Conclusion:

In any suppurative facial lesion, dental origin should be considered. Referral to dental or maxillofacial specialists is essential. Misdiagnosis can lead to inappropriate treatments, antibiotic overuse, surgical failures, and delayed definitive care, increasing the risk of serious complications.

Abstract N°: 7935

When the Skin Sees Double: Cutaneous Lupus and Rosacea, a Confusing Duo

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Introduction & Objectives:

Rosacea is a chronic inflammatory skin condition mainly affecting the central face. It may include ocular involvement and is often triggered by sunlight and external factors. Its features can mimic other dermatoses such as acute cutaneous lupus erythematosus (ACLE), making differential diagnosis challenging, especially when both conditions coexist. We report a case of papulo-pustular and ocular rosacea in a patient with pre-existing cutaneous lupus.

Materials & Methods:

A 60-year-old man with polycythemia vera under chemotherapy and biopsy-proven cutaneous lupus, previously treated with antimalarials, presented after being lost to follow-up. He reported a 3-month history of facial erythema, papulo-pustules, and red plaques on the trunk and arms. Dermatological exam showed grouped erythematous lesions with papules and pustules on the cheeks and nose. Dermoscopy revealed erythema, telangiectasias, and Demodex tails, suggestive of rosacea. Ophthalmologic evaluation showed blepharitis with meibomian gland dysfunction, complicated by chemosis during hospitalization. Lab and immunologic tests were unremarkable. Skin biopsy showed early spongiotic follicular pustular dermatitis with Gram-positive cocci and Demodex, supporting a diagnosis of papulo-pustular rosacea. He was treated with topical metronidazole and oral azithromycin. Ocular treatment included azithromycin and tobramycin eye drops with saline washes. Significant improvement in both cutaneous and ocular symptoms was noted within two weeks.

Results:

Facial erythema with ocular signs led to the diagnosis of papulo-pustular and ocular rosacea. Rosacea is categorized into four subtypes: erythematotelangiectatic, papulo-pustular, phymatous, and ocular, with overlapping forms common. Our patient met major diagnostic criteria per the National Rosacea Society: persistent erythema, papules, pustules, telangiectasias, and ocular involvement. Metronidazole and azithromycin are effective treatments; the latter is preferred due to reduced photosensitivity compared to tetracyclines. Metronidazole’s anti-inflammatory action targets neutrophil mediators and oxidative stress. Although it does not eliminate Demodex, it remains a key therapy.

Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease that can mimic rosacea and presents variably, often beginning with autoantibody production before clinical symptoms. After rosacea stabilization, further autoimmune assessment is advised to rule out underlying pathology.

Conclusion:

Diagnosing facial erythema remains complex due to overlapping causes. Long-term follow-up and careful differential diagnosis are vital, especially when autoimmune comorbidities are present. A multidisciplinary approach improves outcomes in such challenging clinical scenarios.

Abstract N°: 7952

Bullosis Diabeticorum: A Rare Post-Traumatic Case Report

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Introduction:

Bullosis diabeticorum is a rare, non-inflammatory, blistering condition that occurs exclusively in patients with diabetes mellitus. It typically presents as spontaneous, painless bullae on acral skin, often associated with peripheral neuropathy. Due to its rarity, it may be misdiagnosed or underreported in clinical practice. We report a case of rare post-surgical bullosis diabeticorum.

Observation:

A 63-year-old male patient, with a past medical history of type 2 diabetes treated with metformin, without nephropathy or neuropathy, and chronic smoking with a 40 pack-year history. The disease history dated back several months, with the initial appearance of bullae following the removal of a dressing, which healed spontaneously. He presented later with several bullae following a laparoscopic cholecystectomy, without any reported symptoms and painless. The patient had no prior history of dermatologic disorders and denied any other recent trauma or change in medications.

On clinical examination, he exhibited several tense bullae, containing clear fluid, of variable sizes (approximately 1 to 4 cm), well demarcated. Some bullae were intact, while others were** partially ruptured. They were located** around the laparoscopic scar sites on the abdomen, as well as in the periumbilical region and on the back, with evidence of Koebner’s phenomenon on scratching-induced lesions. The surrounding skin was** non-inflammatory. The Nikolsky sign was negative. Biopsy specimens were taken from the abdominal region, including one intact bulla, and a second sample for direct immunofluorescence. Histopathological examination revealed** a non-autoimmune bullous dermatosis, with morphological features consistent with bullosis diabeticorum. Direct immunofluorescence was negative. The bullae were drained using a sterile needle, followed by local antiseptic care.

Results:

Bullosis diabeticorum is a rare, spontaneous, non-inflammatory bullous dermatosis that occurs exclusively in diabetic patients. The annual prevalence is about 0.16%. It typically presents as painless, tense vesicles or bullae on normal, acral skin, most commonly on the feet, toes, hands, and forearms. Histology shows non-autoimmune, subepidermal bullae, and direct immunofluorescence is usually negative. The prognosis is benign, and local antiseptic care is generally sufficient for management. Although its pathophysiology remains unclear, proposed mechanisms include microangiopathy and trauma-induced skin fragility due to peripheral neuropathy. In our case, the surgical context may have triggered an immunological response, contributing to the formation of abdominal blisters and Koebner’s phenomenon on scratching-induced lesions. The peculiarity of this case lies in its location and the fact that it was induced by trauma and surgery . To the best of our knowledge, no similar cases has been reported in the literature.

Conclusion:

Bullosis diabeticorum is a rare, benign dermatologic manifestation of diabetes that is often underdiagnosed due to its spontaneous resolution. This case underscores the importance of recognizing its clinical presentation, particularly in atypical settings such as ours. It also highlights the gap in the literature regarding its occurrence in other regions then acral areas, as well as its occurrence in post-surgical contexts. Further large-scale studies are needed to better understand its pathophysiology, clinical spectrum, and optimal management.

Abstract N°: 7953

Acquired ichthyosis beyond cancer: the silent role of subclinical malnutrition

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Introduction & Objectives:

Acquired ichthyosis (AI), a cutaneous marker of systemic disease, is classically linked to malignancies and autoimmune disorders. While malnutrition is a pathophysiologically plausible cause, is rarely reported as a trigger outside severe cachexia, fewer than 15 cases are reported globally. We present a novel case of AI secondary to chronic malnutrition in a non-cachectic adult, expanding the recognized spectrum of malnutrition associated dermatoses.

Materials & Methods:

We report the case of a 26-year-old male who presented with a chronic dermatological condition suggestive of ichthyosis. To investigate the etiology, a comprehensive diagnostic workup was conducted. This included histopathological analysis of a skin biopsy, abdominal and pelvic computed tomography (CT) scans, and a full panel of laboratory tests. The laboratory evaluation comprised complete blood count (CBC), lactate dehydrogenase (LDH), autoimmune screening (ANA, ENA), endocrine markers (thyroid-stimulating hormone and cortisol), and a nutritional assessment measuring serum protein levels, iron status, and essential fatty acid profile.

Results:

Histopathological examination of the skin biopsy revealed compact orthohyperkeratosis with a markedly reduced granular layer, mimicking hereditary ichthyosis. Abdominal and pelvic CT imaging showed no evidence of visceral malignancy or lymphadenopathy. Laboratory investigations were negative for autoimmune and endocrine abnormalities (ANA, ENA, TSH, and cortisol within normal limits). No signs of hematological or neoplastic disease were detected (normal CBC and LDH). However, the nutritional panel uncovered severe deficiencies, including low levels of essential fatty acids, iron deficiency (ferritin: 8 ng/mL), and hypoproteinemia (total protein: 5.2 g/dL), consistent with subclinical malnutrition. Treatment consisted of topical urea-based emollients, dietary modifications with increased protein intake, and supplementation with omega-3 and omega-6 fatty acids.

Conclusion:

This case reframes malnutrition as a rare but treatable AI trigger, even in non-cachectic adults. It challenges clinicians to integrate nutritional screening into routine practice when malignancy is unlikely. Such vigilance could prevent delayed diagnoses, particularly in vulnerable populations.

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Abstract N°: 8192

Lymphoproliferative hypereosinophilic syndrome revealed by pseudo-urticarial plaques : A deadly twist to hypereosinophilia

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Introduction & Objectives:

Hypereosinophilic syndromes (HES) are a heterogeneous group of disorders characterized by persistent blood eosinophilia associated with organ involvement, in the absence of any identifiable secondary cause. Cutaneous manifestations are common and may be the initial presentation, thereby placing the dermatologist at the forefront of the diagnostic process. Among these syndromes, lymphoproliferative variants (L-HES) may precede or accompany various types of lymphomas.

We report a case illustrating the diagnostic complexity of a L-HES revealing a fatal angioimmunoblastic T-cell lymphoma (AITL).

Materials & Methods:

Results:

Case presentation:

A 49-year-old male patient presented with a chronic, refractory urticarial eruption, accompanied by fever and general deterioration. Dermatological examination revealed facial angioedema, along with a diffuse erythematous and edematous maculopapular rash with positive dermographism. The rest of the examination found peripheral lymphadenopathy, hepatosplenomegaly, bilateral pleurisy and ascites. Diagnostic hypotheses at this stage mainly included tumoral (hematological malignancy), infectious (multifocal tuberculosis) or inflammatory (Castleman's disease) origin. Laboratory tests revealed hyperleukocytosis with major eosinophilia (6700/mm^3) and lymphopenia (800/mm^3). A transthoracic echocardiogram, performed to screen for potential hypereosinophilia-related complications, revealed a circumferential pericardial effusion. Imaging confirmed diffuse lymph node involvement and serous effusions. Myelogram showed a hyperplastic marrow rich in eosinophils without blasts or specific infiltration; bone marrow biopsy also revealed an inflammatory marrow with polymorphic granulomas. Initial biopsies (skin and ultrasound-guided axillary lymph node) were non-specific but suggestive of a reactive lymphoid process, prompting an inguinal lymph node surgical excision. Corticosteroid therapy at 0.5 mg/kg/day was initiated along with symptomatic management. Unfortunately, the patient passed away before the final histological results were obtained, which later confirmed an AITL, thereby establishing the diagnosis of L-HES.

Conclusion:

Lymphoproliferative hypereosinophilic syndromes (L-HES) represent a rare subset of eosinophilic dermatoses, caused by clonal proliferation of abnormal T lymphocytes, typically CD3+/CD4+/CD7−, producing IL-5 and inducing eosinophilia. Cutaneous manifestations often dominate the initial clinical picture, variably including pruritus, chronic urticaria, angioedema, dermographism, as well as papulonodular, vesiculobullous lesions, alopecia, and nail dystrophies. These nonspecific features frequently mimic benign disorders and contribute to delayed diagnosis. The association of marked eosinophilia, generalized lymphadenopathy, and unexplained visceral involvement should raise suspicion of an underlying lymphoproliferative disorder, even in the absence of

atypical cells on initial biopsy. The prognosis remains poor, particularly due to potential cardiac and neurologic complications. Treatment relies on systemic corticosteroids, sometimes combined with chemotherapy or anti-IL-5 biologics. This case highlights the critical role dermatologists can play in the early detection of insidious hematologic malignancies, and the vital importance of timely multidisciplinary management.

Abstract N°: 8235

Cutaneous xanthomas revealing type IIb familial hypercholesterolemia: a case report

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Introduction & Objectives:

Type IIb familial hypercholesterolemia is a rare genetic dyslipidemia characterized by elevated LDL-C and triglycerides. It can present in childhood with cutaneous xanthomas and a family history of hyperlipidemia. Early diagnosis and management are essential to reduce long-term morbidity.. We report a pediatric case revealed by multiple xanthomas.

Materials & Methods:

This is a 12-year-old boy born from a first-degree consanguineous marriage, whose father is being followed for hypercholesterolemia. He reported the appearance, at the age of 5, of painless subcutaneous formations on the elbows and knees, which gradually increased in size. Dermatological examination revealed multiple firm and painless xanthomas—both tuberous and tendinous—located over the elbows and knees. The patient's main concern was aesthetic.

A lipid panel confirmed the diagnosis of major type IIb hypercholesterolemia, with a total cholesterol level of 6.80 g/L, LDL at 6 g/L, HDL at 0.42 g/L, and triglycerides at 1.2 g/L. Systemic evaluation showed no abnormalities. The patient was placed on a lipid-lowering diet and treated with atorvastatin combined with ezetimibe and aspirin at a dose of 75 mg/day. A significant improvement in the lipid profile was noted, with total cholesterol reduced to 3 g/L and LDL to 2.5 g/L. The patient also underwent surgical removal of the most unsightly and bothersome xanthomas.

Results:

Type IIb familial hypercholesterolemia is a rare genetic dyslipidemia characterized by elevated LDL-C and triglycerides.

Dermatological signs such as xanthomas are often the earliest visible manifestations of familial hypercholesterolemia, particularly in its homozygous or more severe forms like type IIb. These lesions—tuberous, tendinous, or planar—typically appear on pressure points such as elbows, knees, Achilles tendons, and buttocks. Their presence in a child should prompt immediate lipid profiling and investigation of familial history, as they serve as key diagnostic clues. Recognizing these cutaneous signs allows for early intervention, which is critical in preventing premature atherosclerosis and cardiovascular complications. In our case, xanthomas were not only diagnostic but also a major source of psychosocial concern, justifying surgical intervention after lipid control.

Conclusion:

This case illustrates the diagnostic value of cutaneous xanthomas in type IIb familial hypercholesterolemia, emphasizing the need for clinical vigilance in children with atypical skin lesions and family history. Early recognition allows for effective treatment and highlights the complementary role of medical and surgical management.

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Abstract N°: 8240

Coexistence of lichen planus pigmentosus and lichen planopilaris

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Coexistence of lichen planus pigmentosus and lichen planopilaris : A case report

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Introduction & Objectives: Pigmentosus lichen planus (LP) is a rare variant of cutaneous LP characterized by the presence of hyperpigmented lichen lesions in photoexposed areas or flexion folds. Lichen planopilaris is a rare skin variety of lichen planus (LPP) that affects hairfollicles. The coexistence of LP and classic LPP is rare.

Materials & Methods:

NA

Results: A 39-year-old womanfromJemmel, with a known medicalhistory of hypothyroidism, and chronic hepatitis B. On clinicalexamination, the patient presented with two slightly atrophic, hyperpigmented macules on the forehead, a 2 cm patch of scarring alopecia in the temporal region, and keratotic follicular plaques diffusely involving the trunk and lower limbs. Laboratory tests revealed normal liver and kidneyfunction, as well as anormal lipid profile. Apart from the dermatologic findings, the physical examination was unremarkable. A skin biopsy confirmed a combination of lichen planus pigmentosus and lichen planopilaris

Discussion : Lichen planus pigmentosus and folliculotropic lichen planus are rare clinical variants of lichen planus, each with distinct presentations. The coexistence of bothforms in the same patient is uncommon and reflects the heterogeneity of lichenoid dermatoses. LP is typically characterized by hyperpigmented macules or patches, often distributed on sun-exposed areas or flexural sites. It primarily affects individuals with darker skin phototypes and is frequently associated with chronic inflammation or autoimmune conditions. LPP, on the other hand, involves the follicularepithelium and presents clinically with keratoticfollicular papules or plaques, often associated with scarringalopecia, as observed in our case. The presence of a scarring alopecic patch in the temporal region, along with widespread keratoticfollicular plaques on the trunk and lowerlimbs, is characteristic of this variant. The association of both entities may suggest a broader spectrum of immune-mediated skin involvement, potentially linked to the patient’s underlying autoimmune thyroid disease and chronic viral hepatitis B. Althoughher hepatitis B is currently inactive (negative viral load), chronic HBV infection has been occasionally associated with lichenoid dermatoses through immune mechanisms or viral antigen mimicry. Management of these conditions is often challenging, involving topicalcorticosteroids, calcineurininhibitors, and in some cases systemic agents such as retinoids or synthetic antimalarias. Our patient received synthetic antimalarias after failure of topical corticosteroids with partial improvment.

Conclusion: This case illustrates an uncommon association of LP and LPP in a patient with autoimmune thyroiddisease and chronic hepatitis B. The co-occurrence of these two variants highlights the clinical diversity of lichenoid disorders and the importance of considering underlying systemic associations.

Abstract N°: 8274

Interstitial MF: a rare variant of mycosis fungoides

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Introduction & Objectives:

Mycosis fungoides (MF) is the most common cutaneous lymphoma. It is characterized by the proliferation of neoplastic mature helper T lymphocytes, which, in the typical form, invade the epidermis, forming epidermotropism lesions. Alongside the classical form, there are numerous particular clinical and histological presentations, some of which are well recognized as separate entities in the current classifications: folliculotropic, granulomatous, and pagetoid MF. We report the case of a patient for whom we proposed the diagnosis of MF in an unusual histological presentation, called interstitial. In the interstitial form of MF, the infiltrate is deep, primarily located between the collagen fibers of the dermis.

Materials & Methods:

The patient was a 67-year-old man who presented with generalized pruritus for one year, followed 10 months later by the appearance of multiple keratotic papules and nodules coalescing into plaques on the forearms, legs, and neck, along with a leonine facies.

Results:

The skin biopsy showed an interstitial infiltrate occupying the entire dermis, extending to the superficial layer of the hypodermis. Epidermotropism and folliculotropism foci were noted. The cells of this infiltrate were small to medium in size, with elongated nuclei and some mitoses, and had a T CD3+ CD4+ CD8− CD2+ phenotype. The diagnosis of primary cutaneous T-cell lymphoma, interstitial type, was made. Furthermore, the staging workup, given the unusual presentation (thoracoabdominal-pelvic CT scan), showed no extracutaneous extension. Our patient was treated with topical steroids and low-dose methotrexate, resulting in partial improvement of the lesions.

Conclusion:

The histological presentation panel of MF is particularly large. Our observation highlights the possible presentation of MF as interstitial infiltrates, with nodular lesions clinically. This histological form, although rare, should be known to pathologists.

Abstract N°: 8334

Giant Cellular Histiocytofibromas: A Diagnostic Dilemma (A Report of 4 Cases)

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Introduction & Objectives:

Giant cellular histiocytoma (GCH) is a rare variant of histiocytoma that can be mistaken for aggressive cutaneous tumors, such as Darier-Ferrand sarcoma.

Through this series, we highlight the importance of thorough clinical and histological evaluation to distinguish this benign condition from more aggressive tumors like Darier-Ferrand sarcoma.

Materials & Methods:

We present a series of four patients diagnosed with benign giant cellular histiocytoma, confirmed histologically.

Results:

We included four patients: two women and two men. The average age was 58 years, ranging from 57 to 62 years. The duration of the condition varied from 1 to 20 years. None of the patients had a history of neoplastic diseases. The primary lesion consisted of a nodular erythematous-violaceous tumor in two cases, a tumor with an ulcerated and bleeding surface in one case, and a multilobulated tumor in one case. The lesions were located on the upper back in one case, the arm in two cases, and the lateral thoracic area in one case. The average size of the lesions was 5.5 cm. Dermoscopic examination revealed whitish structures in four cases, an inverted network in one case, and a rainbow appearance in one case. The general condition of all patients was preserved.

Histological examination revealed, in all four cases, tumor proliferation with a fascicular and storiform architecture, composed of spindle-shaped tumor cells with minimal or absent cytonuclear atypia, and the absence of mitoses or necrosis.

Immunohistochemical analysis showed expression of CD163 in one case, CD68 in three cases, and factor XIIIa in two cases, with no expression of CD34, S100, or AML in any case.

The diagnosis of cellular giant histiocytoma (CGH) was confirmed, and surgical excision was performed in all cases.

Conclusion:

Cellular giant histiocytoma (CGH) is a rare variant of dermatofibroma that may be misdiagnosed as more aggressive tumors, such as dermatofibrosarcoma of Darier-Ferrand, due to its similar clinical presentation.

Abstract N°: 8351

Vulvar pseudocondylomatous lymphangiectasia: A diagnostic and therapeutic challenge

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Vulvar pseudocondylomatous lymphangiectasia: A diagnostic and therapeutic challenge

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Introduction & Objectives:

Lymphangiectasias and vulvar condylomas are two skin conditions that may share a clinical similarity, but differ considerably in terms of etiology, management and prognosis.

Vulvar lymphangiectasias are defined by pathological dilatations of the lymphatic vessels, generally benign of congenital or secondary origin. Condylomata venereum, on the other hand, are caused by viral infection, due to the HPV virus.

We present a case of vulvar pseudo-condylomatous lymphangiectasia, illustrating the diagnostic and therapeutic challenges associated with this pathology.

Materials & Methods:

A 58-year-old female patient followed for bilateral congenital lymphedema of the 2 lower limbs with pelvic extension. There was no history of sexually transmitted disease, filariasis, tuberculosis, trauma, Crohn´s disease, pelvic surgery or therapeutic irradiation. Referred for vulvar vegetations evolving for 3 years. Clinical examination revealed multiple flattened pink-brown molluscoid growths, not exceeding 3 mm, bilaterally but not symmetrically affecting both labia majora, the skin of which was thickened and swollen, without induration or oozing . There was no inguinal adenopathy. The rest of the examination was unremarkable, as was that of the partner. Skin histology revealed acanthosis of the epidermis with dilated lymphatic vessels and no koilocytes or condylomatous lesions or signs of malignancy. The diagnosis was pseudocondylomatous lymphangiectasia of the vulva secondary to congenital lymphedema.

Results:

Treatment with CO2 laser was indicated, with effective result within 3 months. Treated areas typically showed a marked reduction of vulvar vegetations, with no significant scarring or alteration of skin texture. The patient also reported significant symptom relief, including reductions in swelling, pain and discomfort.

Conclusion:

Pseudocondylomatous lymphangiectasia raises significant issues in terms of both diagnosis and treatment. Its often misleading presentation makes early identification crucial to avoid therapeutic errors and improve patient prognosis. Optimal management requires multidisciplinary collaboration, accurate diagnosis and appropriate therapeutic strategies. CO_2 laser therapy offers a safe, minimally invasive, and effective treatment option for vulvar lymphangiectasia. It provides durable symptomatic and cosmetic improvement with minimal morbidity.

Strengthening research and training of healthcare professionals in this field is essential to progress in the management of this complex pathology.

Abstract N°: 8402

Combined melanoma and basal cell carcinoma: an uncommon hybrid tumour

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Introduction & Objectives:

The co-existence of two or more distinct neoplasms within a single cutaneous lesion is uncommon. Piérard et al. identified only 11 tumors with both basal cell carcinoma (BCC) and malignant melanoma (MM) components in a review of 78,000 cutaneous tumors. Boyd and Rapini found only 69 specimens in which two or more neoplasms were contiguous, with the most common combination being BCC and melanocytic nevus. The coexistence of BCC and MM was not observed.

Materials & Methods:

We report the case of an 88-year-old woman with a one-year history of an asymptomatic nasal lesion. Physical examination revealed a 5 mm pigmented papule.

Dermoscopy showed asymmetrically pigmented globules, a gray veil, and irregular vessels. An excisional biopsy was performed. Histopathological examination revealed a combined pigmented basal cell carcinoma invading the reticular dermis and a melanoma invading the papillary dermis (Clark level II, Breslow thickness 0.5 mm). The melanoma partially colonized the BCC, as well as the adjacent epidermis and adnexal structures, with focal invasion of the papillary dermis.

Immunohistochemically, AE1/AE3 was positive in the epithelial neoplasia, while S100, Melan-A, and HMB-45 were positive in the melanocytic component.

The final diagnosis was a combined tumor: melanoma and basal cell carcinoma. Wide local excision was performed, and follow-up showed no evidence of recurrence.

Results:

Various terms have been used to describe these mixed-cell type malignant tumors. Satter et al. classified such hybrid tumors into four categories: (a) Collision tumors: two independent neoplasms of distinct origins with well-defined margins, (b) Colonized tumors: one tumor cell population invades the other but remains within its boundaries, (c) Combined tumors: two distinct but intermingled malignant cell populations and (d) Biphenotypic tumors: two cell populations with overlapping histochemical and molecular features.

Braun-Falco criticized this terminology and proposed the term “combined MM-BCC tumor,” suggesting that each case be categorized as either a collision type or an intermingled type, as in our case.

Prognosis depends on the most aggressive component of the biphasic tumor. Breslow thickness remains the most important prognostic factor in melanoma management, making accurate measurement essential in these tumors.

Conclusion:

Combined melanoma and basal cell carcinoma is an exceptionally rare entity that poses diagnostic and therapeutic challenges. Recognition of such tumors is crucial, as the prognosis and treatment are primarily determined by the most aggressive component—typically the melanoma. Accurate histopathological evaluation,

including immunohistochemical analysis, is essential for correct diagnosis. This case highlights the importance of thorough clinical, dermoscopic, and pathological assessment in pigmented lesions, especially in elderly patients, to ensure appropriate management and follow-up.

Abstract N°: 8419

Unrecognized calciphylaxis: uncommon course with self-healing lesions

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Introduction & Objectives:

Calciphylaxis is a rare yet increasingly recognized thrombotic microangiopathy of the skin, resulting from fine calcium deposits in the media of dermal and subdermal arterioles, along with intimal hyperplasia. It primarily affects patients with chronic kidney disease (CKD), especially those on hemodialysis, where it is also referred to as calcific uremic arteriolopathy (CUA). Risk factors include female gender, obesity, prolonged renal disease, extended dialysis duration, disturbed phosphocalcic metabolism, and microtrauma from insulin injections. Clinically, calciphylaxis often presents as necrotizing panniculitis, which can mimic other conditions such as cytosteatonecrosis, making diagnosis challenging. This case report aims to illustrate an atypical presentation of calciphylaxis in a hemodialysis patient, initially misdiagnosed as cytosteatonecrosis, and to highlight the importance of considering calciphylaxis in the differential diagnosis of necrotic skin lesions in end-stage renal disease (ESRD) patients.

Materials & Methods:

We report the case of an adult female patient with a chronic necrotic skin lesion and end-stage renal disease. An integrated diagnostic approach was employed, combining clinical evaluation, radiological imaging, and histopathological examination, including Von Kossa staining, to confirm the diagnosis of calciphylaxis.

Results:

A 33-year-old obese female with type 1 diabetes, managed with insulin therapy, and end-stage CKD, undergoing hemodialysis for two years, presented with blackened lesions in the right paraumbilical region, evolving over a four-month period. Her treatment regimen included calcium and vitamin D supplementation. Dermatological examination revealed a painful, erythematous, and pigmented plaque with two centrally excavated ulcerations with necrotic and hemorrhagic surfaces, measuring 6 cm at the largest. Pus discharge was noted upon pressure. Additionally, multiple sclerotic and atrophic scars were observed, corresponding to similar lesions that had occurred two years prior. Some of these lesions had spontaneously healed, while the largest lesion, located on the left paraumbilical region, showed post-surgical healing and histologically was associated with cytosteatonecrosis. A skin biopsy of the current lesion confirmed calciphylaxis, demonstrating calcium deposits in the vessel walls via Von Kossa staining. The patient’s phosphocalcic profile was within normal limits. Unfortunately, the patient’s condition progressed to a fatal outcome before specific treatment could be initiated.

Conclusion:

The characteristic appearance of necrotic ulcerations in fatty tissue and areas prone to trauma, particularly in the context of CKD, should raise suspicion of calciphylaxis. A skin biopsy, performed in unclear cases, offers definitive confirmation through Von Kossa staining, identifying calcium deposits in capillary walls. While CUA is commonly associated with elevated phosphocalcic levels, normal values do not rule out the diagnosis. The prognosis remains poor, with a 50% survival rate at six months. This case underscores the rare possibility of spontaneous lesion healing in calciphylaxis, emphasizing the importance of heightened clinical vigilance for any painful skin lesions in

patients with ESRD. Early recognition and intervention are critical for improving outcomes in this challenging condition.

Abstract N°: 8500

Isolated Intranasal Rosai-Dorfman Disease

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Introduction & Objectives:

Rosai-Dorfman disease (RDD) is a rare, benign, non-Langerhans cell histiocytosis that typically presents with massive bilateral cervical lymphadenopathy. However, atypical extranodal localizations have been reported, sometimes occurring without lymph node involvement, which may complicate diagnosis. We report a rare case of isolated involvement of the nasal septum.

Materials & Methods:

A 57-year-old male with no notable medical history presented with a painless intranasal swelling progressing over two years, causing rightward deviation of the nasal septum. The mass gradually increased in size, leading to nasal obstruction and a foreign body sensation, prompting referral to the maxillofacial surgery department. A CT scan revealed a well-defined, homogeneous hypodense tissue mass (45 HU), approximately 3 cm in diameter, with right-convex nasal septal deviation. Surgical excision and histopathological analysis demonstrated a dense histiocytic infiltrate positive for CD68 and S100, and negative for CD1a, occupying most of the chorion. The histiocytes displayed characteristic emperipolesis, confirming the diagnosis of Rosai-Dorfman disease. The patient underwent surgical excision followed by systemic corticosteroid therapy (1 mg/kg/day) and weekly methotrexate (15 mg/week).

Results:

Destombes-Rosai-Dorfman disease was first described in 1965 by French pathologist Paul Destombes. The hallmark clinical feature is bilateral, non-tender, firm cervical lymphadenopathy (present in 90% of cases). Extranodal involvement occurs in approximately 50% of cases, most frequently affecting the eyes, soft tissues (including intrathoracic), skin, and ENT regions such as sinuses. Involvement of upper airway structures, especially the larynx, can be life-threatening. Nasal mucosa, as in our patient, is rarely affected. The disease is often self-limited, but treatment is warranted in cases of compressive, lytic, or obstructive complications. Common therapeutic options include surgery, radiotherapy, corticosteroids, and immunosuppressants.

Conclusion:

Rosai-Dorfman disease is a rare and heterogeneous entity posing diagnostic and therapeutic challenges. Although benign, ENT involvement—particularly intranasal—can have a significant impact and may require a multidisciplinary approach involving surgical and/or medical management.

Abstract N°: 8642

Skin-specific cellular interactions in diabetes mellitus

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Introduction & Objectives:

Currently, diabetes mellitus, one of the most frequently diagnosed endocrinopathies worldwide, is associated with an amalgam of disabling complications induced by the complex disorder of energy metabolism. According to the latest epidemiologic studies, diabetic patients present with at least one type of skin involvement at the time of diagnosis. In most cases, skin lesions induced or favored by this heterogeneous syndrome are accurately detected late in the course of the disease. Considering the transduction of diabetes mellitus-induced metabolic disturbances to the cutaneous level, the present research aimed to highlight the morphologic changes of the skin in experimentally induced diabetes mellitus.

Materials & Methods:

The experimental model of streptozotocin diabetes was used. The experiment lasted 12 weeks and included a total of 48 white Wistar rats of both sexes, aged 8 to 10 months, with an average weight of 200 g. Cutated fragments were harvested from the dors dorsal leg. They were processed for both histopathologic diagnosis using hematoxylin-oxylyinosine staining and ultrastructural diagnosis by transmission electron microscopy using the Philips CM100 microscope.

Results:

In the early stages of diabetes mellitus not associated with macroscopic changes, histopathologic diagnosis of skin tissue reveals progressive thinning of the epidermis. This is supported and driven by important processes of fibrosis and hyalinization of dermal collagen. At the ultrastructural level, the electrastroscopic study revealed changes compatible with the reduction in cell proliferation characteristic of the senescent phenotype.

Conclusion:

The onset of impaired carbohydrate metabolism may be heralded by specific changes in the cells of the cutaneous system. The analysis and quantification of the whole spectrum of morphological changes correlates with the improvement of the diagnostic and prognostic algorithm of diabetes mellitus.

Abstract N°: 8713

Deep Annular Granuloma: A Case of Unpredictable Progression

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Introduction & Objectives:

The deep annular granuloma, or subcutaneous annular granuloma, is a rare form of annular granuloma, a benign cutaneous granulomatosis that primarily affects children and young adults, often localized on the anterior surfaces of the legs and the tops of the feet.

Through this case, we aim to present a rare instance of deep annular granuloma in an adult patient and to highlight the spontaneous resolution of the lesion following biopsy, emphasizing the diagnostic and potentially therapeutic role of histological sampling.

Materials & Methods:

An observational case approach was used, involving a 52-year-old patient presenting with deep annular granuloma confirmed histologically, which resolved spontaneously within a month without any treatment

Results:

A 52-year-old patient, diabetic and on insulin for 8 years, hypertensive and treated with amlodipine, and being monitored for chronic kidney insufficiency under treatment, presented with infiltrated erythematous plaques on the legs, non-pruritic, evolving for one month. Dermatological examination revealed orange erythematous, infiltrated, and sclerotic circumferential plaques made up of multiple erythematous papules, sometimes waxy, with an annular arrangement in some areas, showing an active border, located on both legs. Dermoscopy revealed white structures, an erythematous background, and a lipid-like appearance in some areas. A biopsy was performed, and histological examination confirmed the presence of a deep annular granuloma. Remarkably, the lesions resolved within the month following the biopsy, without any treatment.

Conclusion:

Our case underscores an intriguing phenomenon: the regression of deep annular granuloma following biopsy. This observation suggests that the biopsy may trigger an immune response that contributes to the resolution of the lesions, highlighting the potential significance of this procedure in treating GAP and warranting further research to better understand the underlying mechanism.

Abstract N°: 8724

Clinical heterogeneity of cutaneous amyloidosis: Analysis of a series of 13 cases

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Introduction & Objectives:

Primary localized cutaneous amyloidosis is a rare disease characterized by the deposition of amyloid substance in the dermis, without involvement of internal organs. It includes macular amyloidosis, amyloid lichen, or papular, poikilodermic, vitiligoid, anosacral, and nodular amyloidosis. Nodular amyloidosis, although rare, is often associated with systemic amyloidosis, necessitating thorough evaluation. This study analyzes the clinical manifestations, histological features, and therapeutic outcomes of 13 confirmed cases of cutaneous amyloidosis.

Materials & Methods:

This is a retrospective, descriptive study conducted at the dermatology department over a 9-year period, encompassing all histologically confirmed cases of cutaneous amyloidosis. Data were collected from medical records.

Results:

Thirteen cases of primary localized cutaneous amyloidosis were diagnosed, including 7 cases of amyloid lichen, 3 cases of nodular amyloidosis, 2 cases of macular amyloidosis, and 1 case of vitiligoid amyloidosis. No cases of poikilodermic or anosacral amyloidosis were recorded.

The mean age of patients was 49.5 years (range: 22–71 years), with a sex ratio of 1.6 (8 males and 5 females). No family history of amyloidosis was found in our patients. Pruritus was the primary reason for consultation in 10 patients, with an average disease duration of 6.78 years (range: 1 month–24 years).

The cutaneous examination revealed flesh-colored or brown, hyperkeratotic, and pigmented papules for amyloid lichen, hyperpigmented, gray-brown, reticulated macules, sometimes confluent, in macular amyloidosis, and amber-colored, waxy, soft or firm nodules in nodular amyloidosis.

For amyloid lichen, lesions were predominantly located on the back (85.71%), legs (28.57%), trunk (28.57%), arms (28.57%), knees (14.28%), and genital region (14.28%). For macular amyloidosis, lesions were predominantly located on the back (33.3%), face (33.3%), and shoulder (33.3%). For nodular amyloidosis, lesions were mainly found in the intergluteal fold (66.6%) and on the penis (33.3%). All of these cases revealed underlying multiple myeloma. In vitiligoid amyloidosis, the lesion was located on the back.

Histology confirmed the presence of amyloid deposits in the skin in all cases. Treatment with topical corticosteroids was prescribed in 76.9% of patients, often in combination with antihistamines, resulting in good outcomes. Colchicine, tacrolimus, phototherapy, and acitretin were also used. For nodular amyloidosis associated with multiple myeloma, chemotherapy was initiated.

Conclusion:

This study highlights the clinical diversity of cutaneous amyloidosis, ranging from discreet macular lesions to firm nodules. The more common macular and papular forms are characterized by pruritus and a preferential location on the trunk. Nodular amyloidosis, being rarer, requires thorough evaluation due to its possible association with systemic amyloidosis.

Abstract N°: 8795

Trichofolliculoma : A retrospective review of 8 cases.

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Introduction & Objectives:

Trichofolliculoma(TF) is a cutaneous adnexal tumor derived from the hair follicle.We collected8cases with histologically confirmed TF, in order to evaluate epidemiological, clinical, and histopathologic characteristics.

Results:

We present a case series of eight patients diagnosed with trichofolliculoma (TF). A female predominance was noted, with five female and three male patients, yielding a female-to-male ratio of 0.6. The mean age of presentation was 41.2 years (range: 6-85). All tumors presented as solitary papules or firm nodules, with a mean size of 0.53 cm (range: 0.3-1 cm). Clinical appearance varied: three lesions were flesh-colored, two were pigmented, one was achromic and translucent, and one exhibited visible hairs. The mean duration of lesion evolution was 4 years (range: 1-7), with one lesion being congenital. All tumorswere localized to the head: five on the nose, one on the malar/cheek area, one on the ear, and one on the scalp. The clinical diagnosis of TF was initially suggested in only one case, specifically the tumor with protruding tufted hairs. Histopathological examination confirmed the diagnosis of TF in all cases, revealing a follicular invagination connected to a series of follicular structures containing sebaceous glands, embedded within a densely fibrous stroma. All tumorswere completely excised surgically, and no recurrences were observed during follow-up.

Conclusion:

Trichofolliculoma (TF) is a rare adnexal tumor of follicular origin, predominantly affecting adults with a slight female predilection. The mean age of presentation, reported in various studies, ranges from 37 to 46 years, consistent with our findings, which included one congenital case. Typically, TF presents as a solitary, asymptomatic, flesh-colored nodule (2-10 mm) on the face, particularly the nose, or scalp, often with central hairs. However, this classic presentation is observed in a minority of cases, including those in our series. Clinically, TF can mimic various lesions, including nevi, basal cell carcinoma, fibrous papules of the nose, epidermal cysts, mucoid cysts, and dilated pores of Winer. Dermatoscopy lacks specific features. While a “firework” pattern with radial streaks has been described, and more recently, a “troll hair” sign (yellow macule with a central white hair plug and dilated capillaries), its primary value is in excluding other diagnoses with distinct dermatoscopic patterns. Histological examination, essential for definitive diagnosis, reveals a keratin-filled, cup-shaped epidermal invagination with numerous hair shafts and surrounding secondary hair bulbs of varying differentiation.Immunohistochemistry was not performed for our patients , buttrichofolliculoma express CK17 intensely, as well as PHLDA1 and BerEP4, two markers expressed in normal follicles and in certain follicular tumours. Consequently CD34 and PHLDA1 are usefullto exclude the diagnosis of BCC.Surgical excision is the preferred treatment for trichofolliculoma (TF) due to aesthetic concerns. Curettage and electrodissection are alternative options. The clinical course is consistently benign, with no recurrences reported after complete excision. We observed one case with perineural invasion; however, malignant transformation has not been documented.

Abstract N°: 8800

Eccrine Syringofibroadenoma Arising on a Burn Scar in an HIV-Positive Patient: A Rare Case of Reactive ESFA

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Introduction & Objectives:

Eccrine syringofibroadenoma (ESFA) is a rare benign adnexal tumor derived from eccrine ductal cells. Although typically affecting acral regions, it can present in other areas. The reactive subtype of ESFA has been associated with chronic inflammation, scars, and neoplasms such as squamous and basal cell carcinomas. Immunosuppression, including HIV infection, may contribute to tumor development. We aim to describe a case of reactive ESFA arising in the inguinal region over a burn scar in a patient living with HIV.

Materials & Methods:

A 39-year-old HIV-positive female, on antiretroviral therapy with an undetectable viral load and CD4 count >300 cells/mm^3, presented with a progressively growing lesion over a third-degree burn scar in the right inguinal region, two years after the initial injury. She reported mild-to-moderate local pain without pruritus. On clinical examination, a 4 cm friable vegetative nodule was identified over the scar. Dermoscopy showed no signs of malignancy. The lesion was excised completely for histopathological evaluation.

Results:

Histopathology revealed anastomosing cords of epithelial cells forming trabeculae extending from the epidermis into the deep dermis, embedded in a fibrous stroma with inflammatory cells—consistent with the diagnosis of eccrine syringofibroadenoma. The patient’s postoperative course was uneventful, and she was referred for regular dermatological follow-up due to the potential risk of malignant transformation in chronic scars.

Conclusion:

This case highlights the importance of considering reactive ESFA in the differential diagnosis of nodular lesions arising on chronic scars, especially in immunocompromised individuals. Although benign, ESFA requires histopathological confirmation and appropriate follow-up due to its potential for malignant transformation. Multidisciplinary management and clinical vigilance are crucial, particularly in patients with chronic inflammatory stimuli or relative immunosuppression, such as those living with HIV.