Abstract N°: 57

YouTube, Instagram and Facebook as a source of information for Spanish-speaking patients with seborrheic dermatitis

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Introduction & Objectives: Seborrheic dermatitis (SD) is a common chronic inflammatory skin disease. Due to its relapsing nature and visible manifestations, patients frequently turn to social media platforms for information. However, the quality, reliability, and comprehensiveness of Spanish-language content on SD available on these platforms have not been systematically evaluated. The objective of this study is to evaluate the quality, comprehensiveness and reliability of videos about seborrheic dermatitis available in three social media in Spanish language, using standardized tools, and compare them according to the different sources that developed them.

Materials & Methods: A cross-sectional analytical observational study was conducted to evaluate Spanish-language videos on seborrheic dermatitis available on YouTube, Instagram, and Facebook. One researcher collected data on the video and videos were categorized by source. Additionally, videos were classified as either "trustworthy" or "untrustworthy," depending on whether the content was scientifically accurate and evidence-based. To assess the reliability, comprehensiveness, and quality of the videos, two investigators independently evaluated each video using standardized tools. Reliability was measured using DISCERN instrument, quality was determined using the Global Quality Scale (GQS), and comprehensiveness was also assessed. Prior to formal evaluation, a pilot test involving 10% of the videos from each platform was conducted to calibrate scoring criteria, with inter-rater agreement calculated through paired assessments. Agreement levels were 0.7299 for GQS, 0.6700 for DISCERN, and 0.8358 for comprehensiveness (all $p < 0.0001$). Statistical analyses were performed using Stata 16.1, according to distribution assessed via the Shapiro-Wilk test. Group comparisons were made using chi-squared tests and nonparametric tests (Kruskal-Wallis), with p-values < 0.05 considered statistically significant.

Results:

A total of 300 videos were included, 100 from each social network. The median number of views was 7,545 (IQR 1,183-46,595), with an average duration of 110 seconds (IQR 48-290) and an internet time of 498 days (IQR 133.5-11,355). Most videos were uploaded by independent users (62.33%). Overall, 66.67% were rated as good on the DISCERN scale. When comparing by social network, the higher reliability and completeness were for videos from YouTube. Reliability was better for videos from government or news organizations.

Conclusion:

YouTube was identified as the most informative platform, offering more detailed, and trustworthy content. Videos from professional organizations and academic channels had the highest quality, yet their limited presence indicates a need for greater contributions from these reliable sources. The findings underscore the importance of developing validated tools for objectively evaluating health-related multimedia.

Abstract N°: 100

Insights into the epidemiological, clinical, histopathological, and dermoscopic aspects of Chronic Plaque Psoriasis

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Introduction & Objectives:

Psoriasis is a persistent inflammatory condition of the skin marked by clearly demarcated red plaques adorned with silvery scales. It impacts individuals across different age ranges and presents with unique clinical, histological, and dermoscopic characteristics. This research seeks to offer an extensive assessment of the demographic, clinical, histological, and dermoscopic attributes of chronic plaque psoriasis (CPP).

Materials & Methods:

A total of 60 patients with CPP were included in this study. Data were collected on demographic characteristics, disease duration, clinical features, histopathological findings, and dermoscopic patterns. Statistical analysis was performed using IBM SPSS Statistics for Windows, employing descriptive statistics to summarize demographic and clinical characteristics and histopathological and dermoscopic findings.

Results:

The study included 60 patients with CPP, predominantly aged 41-50 years, with a higher prevalence in males. Plaque psoriasis was the most common type observed, with lesions primarily located on the scalp and elbows, consistent with typical psoriasis distribution patterns. Histopathological analysis revealed acanthosis in 55 patients and parakeratosis in 50 patient indicating thickened epidermis and retention of nuclei in the stratum corneum, which are characteristic of psoriasis. Additionally, Munro’s microabscesses were found in 30 patients and spongiform pustules in 10 patients, supporting the diagnosis through classic markers. Dermoscopic evaluations identified red dots or globules in 55 patients and white scales in 50 patients, essential for differentiating psoriasis from other skin conditions. Further dermoscopic findings included micro-erosions in 25 patients, hemorrhagic spots in 15 patients and yellowish scales in 20 patients, reflecting disease activity and inflammation.

Conclusion:

This study underscores the importance of a multifaceted approach in diagnosing and managing CPP. The prevalence of psoriasis in middle-aged males and the common clinical presentation on the scalp and elbows are consistent with previous studies. Histopathological and dermoscopic features provide critical diagnostic support and can guide effective treatment strategies. Continued research is essential to enhance understanding and management of this prevalent dermatological condition.

Abstract N°: 182

Analyzing referral patterns from a primary dermatology clinic to other medical institutions for further care

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Introduction & Objectives:

Various skin diseases exist; some require specialist treatment. Consequently, patients with these conditions are often referred from primary dermatological clinics to other medical institutions for further secondary or tertiary care. However, it has yet to be fully evaluated at primary dermatological clinics which skin conditions necessitate such referrals. This study aims to identify skin conditions that often require further care when treated at a primary dermatological clinic.

Materials & Methods:

This study enrolled 14,306 patients who had visited the Ueo Dermatology Clinic (a primary dermatological clinic in Saiki City, Oita prefecture, Japan) from 1 January 2020 to 31 December 2022. The following clinical information was examined: the primary disease, age, sex, whether referrals (general or emergency) were made after the clinic visit or not, and the reasons for the referrals.

Results:

“Eczema and dermatitis” was the most frequent category in the clinic, although the referral rates for this category were not exceptionally high compared to other categories. A large number of emergency referrals was observed for “Viral infections (herpes zoster),” “Drug-induced skin reactions,” and “Bacterial infections (cellulitis)”; a large number of general referrals was observed for “Malignant skin tumors and melanomas” and “Benign skin tumors.” Although low numbers, the rates for general and emergency referrals were high in the categories of “Blistering Diseases,” “Connective Tissue Diseases,” and “Vasculitis, Purpura, and Other Vascular Diseases.” In an analysis of the reasons for the referrals, the following reasons ranked highest: requirement for high-level medical treatment, surgical operation, or hospitalization, and consultation with doctors in departments other than dermatology.

Conclusion:

This study identified several skin conditions often requiring additional care when treated at a primary dermatological clinic. Based on these findings, seamless cooperation between primary clinics and specialized medical institutions is anticipated.

Abstract N°: 263

Mental health of individuals with vitiligo in Germany – Analysis of a nationwide health insurance database and internal diagnostic validation

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Introduction & Objectives: Persons with vitiligo experience a high level of psychological distress, as evidenced by primary data. However, as there is no common definition of mental health diseases (MHD) for statutory health insurance (SHI) data, the literature on this topic is limited in these data, and SHI data may have potential biases, validity testing is necessary to ensure reliable prevalence estimates.

Materials & Methods: A systematic literature review and a multistage consensus process involving various experts defined MHD in persons with vitiligo and different algorithms to extract data from SHI data. In addition to ICD-10 diagnosis codes, other inclusion criteria for MHD were considered (prescription of therapies and medications). Prevalence estimates of comorbidity of MHD in persons with vitiligo were compared with persons with (A) atopic dermatitis, (B) psoriasis and (C) persons without vitiligo.

Results: A total of 4,631 individuals (standardised prevalence: 0.19%, ~148,437 individuals in Germany) with vitiligo were included (mean age 57 years, woman were more exposed) and adjusted for group comparisons using 1:3 propensity score matching. Three case definitions for the detection of MHD in SHI data were identified through a multi-stage consultation process: case definition (1): ≥ 1 MHD ICD-10 diagnosis, case definition (2): (1) plus medication or therapy, case definition (3): (1) plus specific medication prescription. Effctive disorders (F30-F39) and neurotic, stress-related and somatoform disorders (F40-F49) consistently had the highest prevalence rates for (1) 19.80% (95% CI 18.02-20.29) and 17.90% (95% CI 16.80-19.29) respectively, but there were no differences between groups (A) and (B). Comparison of group (B) showed some significant differences in behavioural and emotional disorders with onset in childhood and adolescence (F90-F99, (1): emotional disorders of childhood: RR=2.29, 95% CI 1.14-4.61, hyperkinetic disorders: RR=1.58, 95% CI 1.01-2.46).

Conclusion: The results of the study illustrate the complex interaction between vitiligo and MHD. The greater visibility of vitiligo and the associated social stigma may explain the effects of the group comparisons (B). In general, chronic skin diseases correlate with MHD such as affective and somatoform disorders. Our results highlight the need for sensitivity analyses to validate case definitions, as well as further long-term studies to improve the classification criteria for mental disorders in persons with vitilig.

This study was sponsored by Incyte Biosciences GmbH. The sponsor had no role in data collection, data analysis, data interpretation, or preparation of the abstract.

Abstract N°: 456

Optimizing Public Health Strategies for Dermatological Conditions in Baseball, Softball, and Cricket Players

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Introduction & Objectives:

Bat-to-ball sports such as baseball, softball, and cricket engage over 80 million Americans annually and have a large global following, particularly cricket as the second most popular sport worldwide. While these sports are categorized as limited contact, the repetitive movements, high-impact actions, and use of protective gear predisposes players to a range of dermatological conditions. These conditions, including bacterial, fungal, and viral infections, as well as friction-related dermatoses, pose a significant public health challenge. This study aims to examine the prevalence, prevention, and management of dermatological conditions among baseball, softball, and cricket players, with a focus on public health strategies to reduce their impact

Materials & Methods:

A comprehensive literature review was conducted in October 2024 using PubMed to identify peer-reviewed articles evaluating studies on sports-related dermatological conditions with a focus on bacterial, fungal, and viral infections. Epidemiological data on the prevalence of these conditions among athletes were analyzed, alongside studies on preventive measures, hygiene practices, and treatment efficacy. Additionally, guidelines from dermatology and sports medicine organizations were reviewed to assess best practices for public health interventions.

Results:

The review identified several dermatological conditions commonly affecting bat-to-ball sports players. Bacterial infections such as impetigo and cellulitis were frequently associated with skin trauma and inadequate wound care. Fungal infections, including tinea pedis, tinea cruris, and onychomycosis, were linked to the warm, moist environment created by protective gear. Viral infections such as verrucae were often transmitted through shared equipment and skin-to-skin contact. Allergic contact dermatitis and friction-related dermatoses were also prevalent due to prolonged exposure to equipment materials and repetitive movements. Effective treatment options were documented, including topical and systemic antifungals, antibiotics, and preventive hygiene measures.

Conclusion:

Given the high incidence of dermatological conditions among bat-to-ball sports athletes, integrating public health initiatives into sports training programs is essential. Key recommendations include promoting proper hygiene practices, such as routine handwashing and disinfection of shared equipment, implementing protective measures like moisture-wicking attire and breathable footwear, and increasing awareness of early symptom recognition. Additionally, policies mandating regular dermatological screenings for athletes can facilitate early intervention, reducing disease transmission and complications. Future research should explore the impact of educational campaigns and enhanced sports regulations on reducing dermatological disease burden in this athletic

population. Addressing these public health concerns through multidisciplinary collaboration between dermatologists, sports organizations, and policymakers will be crucial in optimizing skin health for baseball, softball, and cricket players worldwide.

Abstract N°: 543

The Darwinian View of Psoriasis: The Incidence and Prevalence of Psoriasis (2001-2020) and Tuberculosis (TB; 1935) by Community in Newfoundland and Labrador, Canada

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Introduction & Objectives: In the Darwinian view of psoriasis, it is suggested that people with psoriasis may have a survival advantage over those without psoriasis if infected with either TB or Leprosy. The Canadian province of Newfoundland and Labrador (NL), with an approximate population of 525,000 people, is recognized as a founder population of English and Irish descent. NL had very high rates of TB as confirmed in the 1935 Health survey. The incidence and prevalence of psoriasis in the NL population have not been formally studied until recently. Our objective was to compare prevalence of TB (1935) and psoriasis (2001-2020) in NL by geographic region to test the hypothesis that having psoriasis confers a survival advantage for persons infected with TB.

Materials & Methods: We compared the prevalence of TB from the 1935 NL Health Survey with the prevalence of psoriasis from 2001-2020 by region and community.

Results: The prevalence of psoriasis was 6,830 per 100,000 people (3,801 female; 3,029 male) and incidence 365.4 per 100,000 person-years [95% confidence interval (CI) 298.0-432.9]; 395.9 (329.5-462.2) per 100,000 person-years for females and 334.2 (263.5-404.9) per 100,000 person-years for males. The peak age group for incident cases was 55-59 years, suggesting that late-onset psoriasis is higher than in most Western European and North American populations. There was significant geographic variation in the prevalence of psoriasis, as 20 / 234 communities with a population >200 people had a psoriasis prevalence between 0-3% and 9/234 communities had psoriasis prevalence >30%. The 1935 prevalence rate of TB in NL was 14.4/1000 (6.5 England UK :3.6 Ontario Canada). Areas including communities on the Southern Avalon, Bonavista and Baie Verte Peninsulas in NL which had a high prevalence of psoriasis in 2001-2020 also had a high prevalence of TB in 1935.

Conclusion: Almost 100 years and multiple generations later we have observed that in the NL population 2001-2020 the prevalence of psoriasis is greatest in the regions that had the high rates of TB in as documented in the 1935 health survey.

Abstract N°: 627

Trends in Dermatological Presentations to the Emergency Department at a large tertiary hospital in Singapore: Pre- and Post-COVID-19 Analysis

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Introduction & Objectives: Skin disorders constitute a significant proportion of emergency department (ED) visits worldwide. Junior ED doctors often face challenges in accurately diagnosing and managing these conditions due to limited dermatology training. The COVID-19 pandemic introduced new dermatological presentations, such as morbilliform rashes, pernio-like acral lesions, and vaccine-related dermatoses, further complicating emergency dermatologic care. Understanding changing epidemiological trends in dermatology-related ED visits is crucial for optimizing resource allocation and medical training. This study aims to analyze dermatological ED presentations at one of the largest tertiary hospitals in Singapore from 2018 to 2021, focusing on pre-pandemic (2018-2019) and pandemic (2020-2021) trends, including diagnosis categories and disposition patterns.

Materials & Methods: A retrospective review was conducted on all dermatology-related ED cases at SGH from 2018 to 2021 using de-identified electronic health records. Data collected included patient demographics, diagnosis, and disposition (admission, referral, discharge). Diagnoses were classified into major categories such as infective, inflammatory, allergic, trauma-related, ulcers, and others. Statistical analyses were performed using Python 3.12, with Chi-squared tests used to assess differences across years.

Results: A total of 28,621 dermatological cases were reviewed, with a 15.6% decrease in presentations during the COVID-19 period (15,523 vs. 13,098 cases). Infective conditions remained the most common (59.4%-61.3% of cases), with bacterial cellulitis and herpes zoster leading the category. Inflammatory dermatoses significantly increased during the pandemic (9.5%-9.8%, p=7x10-4), particularly urticaria and atopic dermatitis. Allergy cases surged in 2021 (9.2% of cases, p=6.9x10-14), likely linked to COVID-19 vaccinations. A notable shift in disposition trends was observed, with admissions peaking in 2020 (50.07%, p=3.35x10-5) despite lower case volumes. Referrals to dermatologists increased significantly in 2021 (36.57%, p=1.19x10-6), while GP referrals declined.

Conclusion: This study highlights significant shifts in dermatological presentations and disposition trends at SGH ED during the COVID-19 pandemic. The increase in inflammatory and allergic conditions underscores the impact of pandemic-related factors such as PPE usage, vaccinations, and psychological stress. The rise in dermatology referrals suggests an increased reliance on specialist input during the pandemic. These findings provide valuable insights for future pandemic preparedness, dermatology training in emergency medicine for junior doctors, and resource allocation in ED settings.

Abstract N°: 665

Awareness, Attitudes, and Barriers to Sunscreen Use: Insights from Medical Students and Professionals in Egypt and The United Kingdom

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Introduction & Objectives:

Sunscreen use is a well known preventative measure against skin cancer, loss of skin integrity and skin aging. However, the use of sunscreen varies across the globe. Factors such as climate, UV exposure, cultural attitudes, public awareness and education all shape the choice of wearing sunscreen. This project aims to compare and uncover these factors specifically between the UK and Egypt, two countries with distinct environmental, cultural conditions, population and public health education. Psychologically, people are more likely to engage in health protective behaviors when having a better understanding of the associated risks. Most professional advice for sun protection is tailored to fair-skinned individuals. The studied risks of sunburns and the effects of unprotected sun exposure on lighter skin tones are well-established. In return, public health education, implementations and interventions have been aimed at lighter-skinned individuals creating disparities in education provided to darker skin individuals leading to a decreased understanding of the risks of sun damage on patients with medium-to-dark skin tones.This project is aimed at healthcare students and professionals, allowing us to explore how education and awareness influence sunscreen usage. Analysis of these results will allow for culturally tailored health campaigns, to improve sun safety habits- especially among underrepresented populations.

Materials & Methods:

An online 13-question survey was created and disseminated among healthcare professionals and medical students to assess their knowledge, attitudes, perceptions and barriers towards sun protection habits in Egypt and The United Kingdom. The survey explores healthcare professionals and medical students' awareness and confidence in wearing sunscreen and applying the following sun protective behaviours: seeking shade, avoiding sun peak hours, checking UV index before going outside, wearing protective, UPF clothing and sunglasses. Additionally, the sources they rely on for information on sun protection. Also, it helps us understand the barriers to sun protection as well as the motives for practicing safe sun exposure.

Results:

The survey responses and insights allow us to assess the baseline knowledge and compare sun protection habits between two distinct populations. This analysis aims to identify educational gaps, barriers, and motivators influencing sun-protective behaviors as almost 40% of respondents believed that lack of awareness is a barrier to them when it comes to practicing sun protection habits. This and other findings will direct and inform the development of more inclusive, culturally competent educational initiatives to promote sun protection, particularly within underrepresented populations.

Conclusion:

This project highlights the critical role of education, cultural attitudes, and environmental context in shaping sun protection behaviors among healthcare professionals and medical students in the UK and Egypt. This will further influence their advice to patients regarding skin health. While the disparities in public health education may not be the only reason for less perceived risks of sun exposure among darker skin individuals, it is crucial to continue advocating for more culturally competent education to change the narrative of skin health in underrepresented populations.

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

Abstract N°: 777

Teledermatology and the public health good: Asynchronous teledermatology as a health management tool bridging the primary and secondary care

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Introduction & Objectives:

Teledermatology (TD) has long been conceived as a tool for improving access to dermatology care in remote regions. However, its potential role as a health management strategy remains unexplored. When integrated early in the referral process to secondary care and combined with a robust primary care system, TD can effectively manage a significant portion of the public dermatology demand at the primary level, potentially addressing historical gaps in access. In this context, the Chilean Ministry of Health implemented an asynchronous TD platform for the public system in 2019, which now serves as the initial step in referring patients to the specialty in the public practice.

This study examines the implementation of the asynchronous TD platform as a health management strategy at a public health level and its impact on access to dermatology in the public system.

Materials & Methods:

Cross-sectional observational study of all teleconsultations responded on the asynchronous TD platform from January 2019 to February 2025. Variables such as response times, resolution in primary care, and impact on dermatology waiting lists were evaluated.

Results:

A total of 302,866 teleconsultations from 1,488 primary care centers across 28 of the 29 health services in the country were analyzed. Since 2020 the platform has experienced a consistent and steady increase in the teleconsultations solved, with an annual compound growth rate of 61.85% (**Figure 1**)

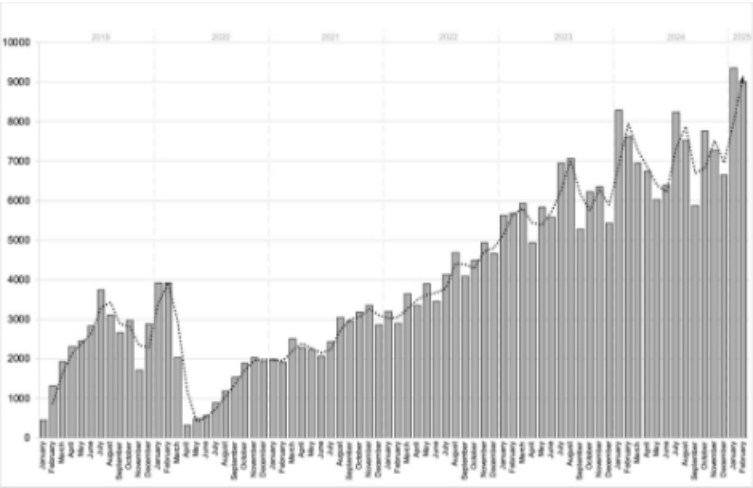
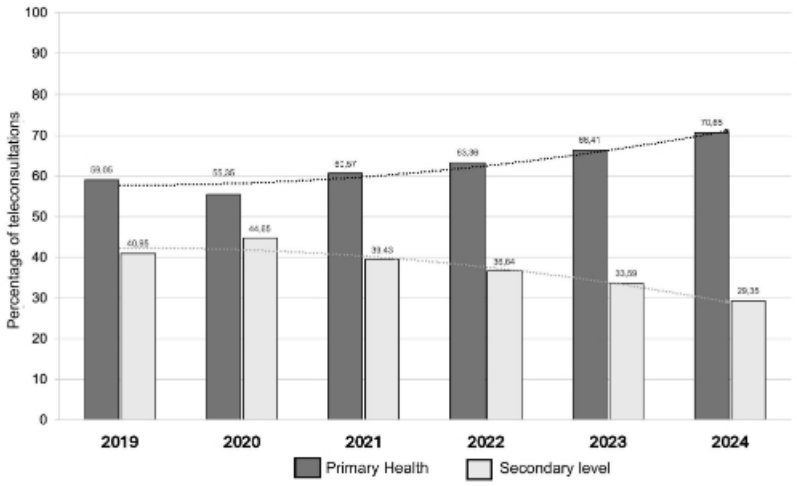


Figure 1: Monthly progression of the teleconsultations solved from January 2019 to February 2025



As the platform has consolidated and physicians have gained greater familiarity with its use, the resolution capacity of primary care has notably improved, with over 70% of cases solved at this level of attention using TD (**Figure 2**)

Figure 2: Percentage of teleconsultations that were resolved in primary care using teledermatology compared to those that required an in-person examination at the secondary level.

Regarding the impact on waiting lists, 6 of the 28 health services using the platform reported reductions in waiting times from 2021 to 2024. Most of these services are located in the northern and southern regions, while urban central services have maintained similar waiting lists. Although at a healthcare system level, no absolute reduction in waiting lists has been achieved, the TD program has allowed to address the hidden demand resulting from the shortage of specialists. This approach has helped mitigate the projected growth of waiting lists for new specialty consultations, flattening the projected growth curve of from 2021 to 2024 **(Figure 3)**

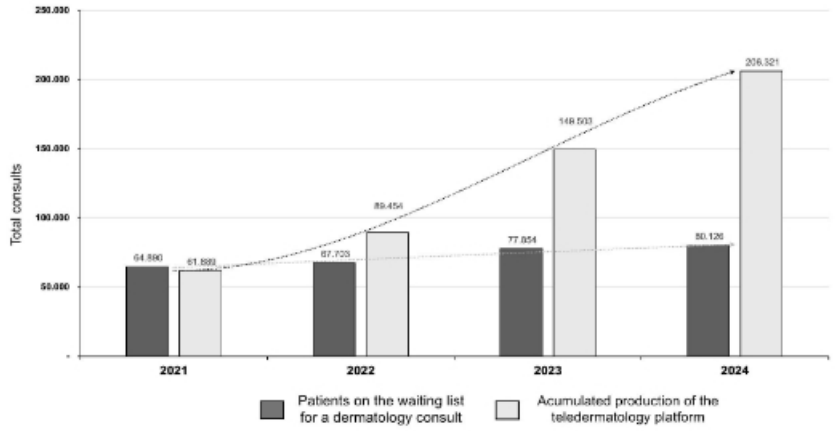


Figure 3: Accumulated teleconsultations responded from 2021 to 2024, compared to the dermatology waiting lists

Conclusion:

TD conceived as a health management tool and implemented at a population level, bridging the primary and secondary levels of attention, supposes an important public health policy to address access gaps for dermatology care in the public system.

Abstract N°: 1303

Epidemiology and comorbidity of bullous pemphigoid (BP) in Germany: analysis of population-based claims data

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Introduction & Objectives:

Pemphigoid diseases are chronic autoimmune blistering disorders primarily affecting the elderly population. Characterised by the formation of tense blisters and pruritic urticarial plaques, comprehensive data on its epidemiology and comorbidities in Germany remain scarce. This study aims to evaluate the prevalence, incidence, and comorbidity of Pemphigoid using claims data from a German statutory health insurance provider.

Materials & Methods:

We analysed a representative sample of 2,366,437 adults insured under DAK-Gesundheit between 2018 and 2022. The prevalence and incidence rates of BP were calculated based on diagnoses recorded according to the International Classification of Diseases (ICD-10) code L12. Additionally, we examined the prevalence of comorbidities in patients diagnosed with BP compared to those without.

Results:

In 2022, BP affected 1.017 people (mean age 80, 57.3 % female, age-adjusted rate 0.03) with a prevalence of 32/100.000. 54.5% of patients had a severe form. BP was often associated with urticaria (ICD-10 L50) relative risk (RR) of 7.1 (CI 4.2 – 11.8), atopic dermatitis (ICD-10 L30) with RR 4.1 (CI 3.1 – 5.4) and inflammatory bowel diseases (ICD-10 K50 and K51) with RR 2.81 (CI 1.7 – 4.6). 174 patients were hospitalised in 2022, of which 157 were treated by dermatologists. The most frequently prescribed medications were systemic glucocorticoids. Among the biologics, Dupilumab, and in topical applications, class III glucocorticoids were the most frequently used.

Conclusion:

This study highlights the persistent presence of BP in the German healthcare system and the need for integrated care approaches. By utilising comprehensive health insurance data, we enhance the understanding of BP epidemiology and inform health policies aimed at improving patient outcomes. Future research should explore longitudinal data to assess treatment effectiveness and quality of life impacts in BP patients.

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

Abstract N°: 1307

A clinical study of male patients with non-infective genital dermatoses presenting to a tertiary care centre

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Introduction & Objectives:

Dermatoses involving the external genitalia are classified as venereal or non-venereal. Most of the non-venereal dermatoses include non-infective conditions, which can affect the genital skin alone or along with other areas of body.Our objective was to study the prevalence and pattern of various non-infective dermatoses involving the male external genitalia.

Materials & Methods:

100 consecutive male patients of any age, with noninfective lesions over external genitalia attending dermatology outpatient department, during a study period of 18 months were included. A clinical diagnosis of these dermatoses was made, and in cases of discrepancy, microbiological, serological, histopathological investigation were done, if required, to rule out any infective conditions and to confirm the diagnosis.

Results:

Prevalence of non-infective male genital dermatoses in our study was 5.18 per 1000 cases. Age range in this study was between 6 and 82 years, with majority of patients in 21 to 30 years [28%]. Symptoms were categorised as itching, burning, pain, oozing and discharge, swelling, growth, prepuce related complaints, peeling of skin and asymptomatic conditions. Twenty-seven types of genital dermatoses were observed in our study. They were grouped etiologically as normal variants and benign abnormalities [22%], inflammatory dermatoses [27%], eczematous dermatoses [16%], drug induced [9%], pigmentary disorders [9%], benign growths [9%], malignant conditions [3%] and miscellaneous conditions. Pearly penile papules was found to be the most common condition overall [11%]. Among inflammatory dermatoses found in study, Lichen Sclerosus et atrophicans was the commonest [33.33%]. In normal variants and benign conditions, pearly penile papules was most common [50%]. Among eczematous dermatoses, Lichen simplex chronicus was the commonest [50%]. Among drug induced genital dermatoses, majority were of fixed drug eruption [66.67%]. In pigmentary dermatoses, vitiligo was the commonest [77.77%]. 9 cases were of steatocystomas, which were benign growths and three cases were of squamous cell carcinoma penis. In miscellaneous conditions, single case each of angioedema, insect bite reaction, traumatic erosion, epidermal nevus and porokeratosis were observed.

According to the site of involvement, the dermatoses involved- genitalia only [75%], genitalia & skin only [17%], genitalia & oral mucosa only [3%], genitalia, skin & oral mucosa [3%] and genitalia, skin, oral mucosa & ocular mucosa [2%]. The dermatoses which most commonly involved only genitalia was pearly penile papules [14.66%] and involving genitalia and skin both was psoriasis [41.17%]. The dermatoses which involved genital and oral mucosa, were lichen planus, Fixed drug eruption and angioedema. The dermatoses which involved genital, skin and oral mucosa, were erythema multiforme major, Fixed drug eruption and Vitiligo and with additional ocular mucosal involvement were two cases of Steven Johnsons Syndrome.

Comparison with other studies is shown in table 1.

Comparison with other studies [Table 1]:

Comparison with other studies	Our study	Parmar B et al (2024)	Raja SK et al (2023)	Kakkar S et al (2022)	Kaur R et al (2024)
Patients included	Non-infective, non-venereal male genital dermatoses	Non-infective, non-venereal male genital dermatoses	Non-venereal male genital dermatoses	Non-venereal male genital dermatoses	Non-venereal male genital dermatoses
No.of patients	100	261	82	100	492
Age group	Any age	Age >18	Any age	Age >20	Any age
Age range (ys)	6-82	23-65	2-85	20-60	1-79
Commonest age group (yrs)	21-30 (28%)	31-40 (37.1%)	21-30 (26%)	20-30 (45%)	21-40 (39.6%)
Married	71 (71%)	248 (95.02%)	-	57 (57%)	362 (73.58%)
No.of dermatoses	27	20	17	16	22
Most common dermatoses	Pearly penile papules (11%)	Vitiligo (23.37%)	Pearly penile papules and Tinea cruris (both 19.51%)	Vitiligo (20%)	Scabies (27%)
Most common dermatoses according to etiology	Inflammatory (27%)	Pigmentary conditions (23.37%)	-	-	Infectious (56.91%)
Distribution of dermatoses according to sites involved	Genitalia only(75%) Genital and other cutaneous (17%) Genitalia and oral mucosa (3%) Genitalia, other cutaneous and oral mucosa (3%) Genitalia, other cutaneous, oral and ocular mucosa (2%)	Genitalia only(78.54%) Genital and other cutaneous (14.18%) Genital,other cutaneous and oral mucosa (4.98%) Genital and oral mucosa (2.3%)	-	-	Genitalia only (32.72%) Perianal and genital lesions (7.72%) Genital and other cutaneous sites (51.83%) Genital lesions and oral mucosa (2.8%) Genital lesions with nail involvement (4.87%)

Conclusion:

These dermatoses were more commonly found in sexually active adult males, hence the need to be differentiated from venereal dermatoses. All lesions occurring over genitalia are not always sexually transmitted. Proper counselling will allay anxiety, helping to cope up with the venerophobia associated with these dermatoses.

Abstract N°: 1366

A cross-sectional, prospective, field-based study on the disease patterns, healthcare perceptions and socioeconomic determinants of skin neglected tropical diseases among migrant workers

Rochelle Monteiro*[1]

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Introduction & Objectives:

The interactions between migration and skin neglected tropical diseases (skin NTDs) are dynamic, complex and have far reaching implications for the health and safety of vulnerable populations. Growing social and economic disparities, political unrest , disasters, including those due to climate change, social exclusion have serious impacts on their health and wellbeing. As a result, these diseases tend to be diagnosed at a later stage, with increased severity of manifestations, recalcitrance and complications. This results in greater morbidity, lowers the quality of life and places a tremendous financial burden on an already economically strained group of individuals.

This study aimed to evaluate the incidence of skin disorders among migrant workers in our geographic locality. We also intended to assess their living conditions, awareness towards skin diseases, attitude towards personal protection for skin , and their perception of healthcare discrimination.

Materials & Methods:

A prospective, descriptive, cross-sectional study involving field visits was conducted over a 3-month period among migrant labourers aged 18 years and above involved in construction work and in local industries following ethical clearance. After obtaining informed consent, using a detailed questionnaire the patterns of associated risk factors, the general level of awareness regarding skin diseases, perceived discrimination, sense of belonging and barriers to care were recorded. Perceived discrimination was measured using the Healthcare discrimination assessment scale.

Statistical analysis of the data was performed using SPSS 23.0 software. Descriptive statistics were analyzed as frequency and percentage for categorical data.

Results:

A total of 402 migrant workers were screened for skin NTDs and other dermatological disorders. The mean age was 31 years with a male preponderance (92%). The majority (55.47%) had migrated within a time frame of less than one year showing the dynamic nature of their population. Shared living arrangements (49.2%) were common. Around half of the workers (50.24%) reported no protective measures used for skin during their work. The commonest diagnoses were dermatophytosis (16.41%),xerosis (7.9%)and Hansen’s disease (6.7%). A total of 66.6% of workers had access to healthcare services . The majority (77%) reported a lack/low awareness about skin diseases and occupational skin disorders. Although discrimination among migrants has been reported in most studies, our study was contradictory with 90.04% of individuals reporting a lack of discrimination.

Conclusion:

Cutaneous diseases and skin NTDs are common among migrants . The increased prevalence of infectious disorders underscores the need for hygiene and better living conditions .The lack of discrimination reported may be due to the study region being an urban agglomeration with a high literacy rate. Lack of knowledge about skin diseases is a major factor for the delay in obtaining diagnosis and treatment. Health education, including the need

for skin protection, is essential. Early diagnosis and management of these conditions, as well as an understanding of the context in which they present, is crucial to providing dermatologic care for migrant populations worldwide.

Abstract N°: 1445

Age and gender disparity among leprosy cases in recent 20 years in Shanghai: results from the leprosy surveillance system

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[1]Shanghai Skin Disease Hospital, Tongji University School of Medicine, Shanghai, China

Introduction & Objectives:

Leprosy is a chronic infectious disease which can cause nerve damage and permanent disability. China has achieved great progress since 1980s and was with an incidence rate <1/100,000 for over 30 years. Although leprosy is in low-epidemic state in China, growing number of leprosy cases are reported each year, especially among migrants in metropolitan such as Shanghai.

Materials & Methods:

During 2001-2020, 149 leprosy cases in Shanghai were extracted from Leprosy Management Information System developed by China CDC. The diagnosis and clinical classification of leprosy were performed by WHO guidelines. SAS 9.4 was applied for data analysis with $P<0.05$ was considered as statistical significance.

Results:

In Shanghai, the incidence of leprosy ranged from 0.004/100,000 to 0.081/100,000 during 2001-2020, with an obviously descending trend ($\chi 2=35.26$, $P<0.01$). 149 cases included 113 males (75.84%), with average age of (40.81±15.27) years. 85.91% leprosy cases were migrants and 7.38% had disability. Time interval (TI) between disease onset and diagnosis ranged from 6 days to 10 years, with a median value of 6 months. Compared with patients aged >60 years, the proportion of migrants was higher among those aged <45 years (92.86%) and 45-60 years (83.87%), and TI between disease onset and diagnosis was shorter among patients aged <45 years (6 months) and 45-60 years (10 months). The disability prevalence was higher among patients aged >45 years (15.69%) than <45 years (3.06%). Male leprosy patients tend to have lower disability prevalence and lower migrant proportion, but without statistical significance.

Conclusion:

The incidence of leprosy is <1/1,000,000 on average in Shanghai in recent 20 years. Migrants from neighbouring provinces contributed to the majority of leprosy patients, female patients and patients with older age tend to have higher prevalence of disability and longer TI between disease onset and diagnosis which should provide special attention on them in the future.

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

Abstract N°: 1498

The Social Face of Leprosy: A 15-Year Analysis of Severe Cutaneous Lesion Burden in Brazil (2010–2025)

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[1]Professor Rubem David Azulay Institute of Dermatology, Rio de Janeiro, Brazil

Introduction & Objectives:

Leprosy remains a significant public health issue in Brazil, especially in its multibacillary forms. The number of skin lesions is a clinical marker of disease severity and transmissibility, and may reflect inequalities in access to early diagnosis and care.** This study aimed to analyze sociodemographic disparities in the distribution of severe leprosy cases — defined as those with more than five skin lesions — reported in Brazil between 2010 and 2025.

Materials & Methods:

A descriptive cross-sectional study was conducted using national data from the Brazilian Notifiable Diseases Information System (SINAN) of DATASUS - BR. We included all confirmed leprosy cases reported from 2010 to 2025. Frequencies of cases with more than 5 skin lesions were analyzed according to educational level, race, age group and geographic region. Population data was obtained from the Census of the Brazilian Institute of Geography and Statistics - IBGE, which includes retroactive data since 2010. Graphics were generated using Microsoft Excel.

Results:

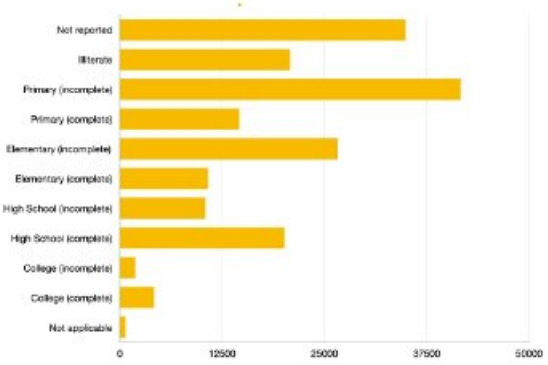
A total of 513,420 leprosy cases were reported in Brazil during the selected period, of which 186,634 (36.3%) involved more than five skin lesions. These severe cases were predominantly observed among individuals with incomplete elementary education (41,654 cases). The majority self-identified as Brown race (106,335). Adults aged 30–59 years were the most affected group, accounting for 101,494 cases with more than 5 lesions. Geographically, the highest burden was seen in Brazil's North and Northeast regions, especially in Maranhão (20,933), Pará (19,463) and Bahia (15,578), where over 50% of the population lives on less than half the minimum wage. In contrast, Brazil's South and Southeast regions, where poverty rates are lower, showed significantly fewer severe cases. These findings indicate the role of social vulnerability in disease progression and diagnosis delay.

Conclusion:

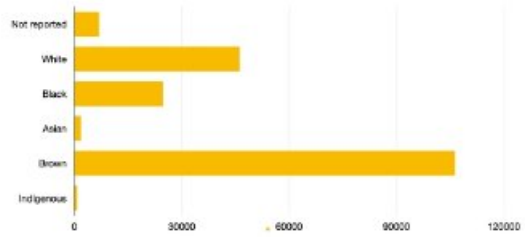
Severe leprosy cases in Brazil are disproportionately concentrated in historically marginalized populations, including those with lower educational attainment, non-white racial backgrounds, and residents of underserved regions. These disparities highlight ongoing structural inequities in health care access and disease control. Strengthening early diagnosis, surveillance, and public health outreach — particularly in high-risk communities — is essential to reduce the burden of multibacillary leprosy.

Figure 1. Distribution of Severe Leprosy Cases (> 5 Lesions) by Sociodemographic and Geographic Factors in Brazil (2010-2025)

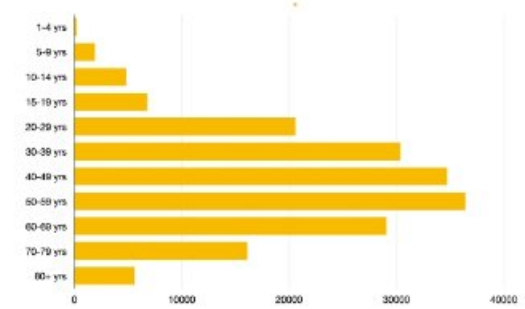
1a. Leprosy Cases with > 5 Skin Lesions by Education Level (Brazil, 2010-2025)



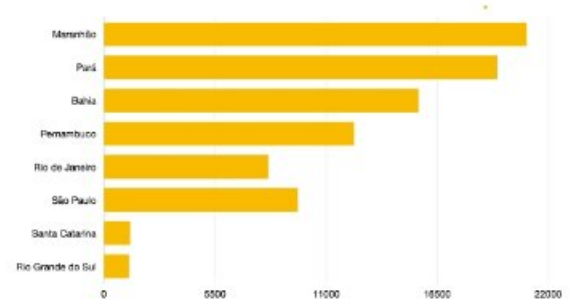
1b. Leprosy Cases with > 5 Skin Lesions by Race (Brazil, 2010-2025)



1c. Leprosy Cases with > 5 Skin Lesions by Age Group (Brazil, 2010-2025)



1d. Leprosy Cases with > 5 Skin Lesions in High- and Low-Burden Brazilian States (Brazil, 2010-2025)



Abstract N°: 1559

The Potential Role of Birth Weight As a Prognostic and Risk Factor for Developing Melanoma: A Statistical Analysis

Christine Wan[1], Aasheen Qadri[1], Rajaa Shoufkeh[2], Magdi Elghannam[1], Muhammad Osto*[1], Shawn Kwatra[1], Marcia Driscoll[1]

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The Potential Role of Birth Weight As a Prognostic and Risk Factor for Developing Melanoma: A Statistical Analysis

Introduction & Objectives: Melanoma is a rapidly aggressive and unpredictable cutaneous malignancy1; therefore, many clinical, histological, and genomic characteristics have been developed to assess risk of melanoma development and recurrence.2 While birth weight has been associated with an increased risk of several systemic malignancies, its relationship with melanoma remains unclear. This study aims to explore the association between birth weight and melanoma risk.

Materials & Methods: A comprehensive PubMed search was conducted to identify cohort studies examining the relationship between birth weight and melanoma incidence. The keywords [“skin cancer” OR “melanoma” AND “birth weight”] were searched. The studies were included if they had absolute number of cohort and control patients available rather than risk ratios alone. Rates of melanoma in low (<2500g), reference (2500-4000g), and high (>4000g) birth weight categories were collected. Statistical analysis was performed using Cochrane RevMan.

Results: The search identified 3,734 studies; four articles met inclusion criteria. A total of 629,525 patients were included. In the low-birth-weight group, 31,728 did not have melanoma and 81 had melanoma. In the reference group, 511,850 did not have melanoma and 1,969 had melanoma. In the high birth weight group, 83,906 did not have melanoma and 441 had melanoma. Statistical analysis revealed that low birth weight is correlated with a decreased risk of melanoma development (RR=0.62, 95% CI [0.49-0.77], $p<0.05$). Whereas high birth weight is correlated with an increased risk of melanoma development (RR=1.19, 95% CI [1.07-1.32], $p<0.05$).

Conclusion: Our findings highlight the potential role of higher birth weight in the increased risk of melanoma development. Further understanding of this association may inform early intervention strategies such as early full body skin exams for higher risk patients such as those with family history of melanoma, high number of melanocytic nevi, and high number of solar lentigines. Future studies should evaluate birth weight as an additional clinical prognostic factor of early-stage melanoma using machine learning models alongside other clinical and histological characteristics.

References:

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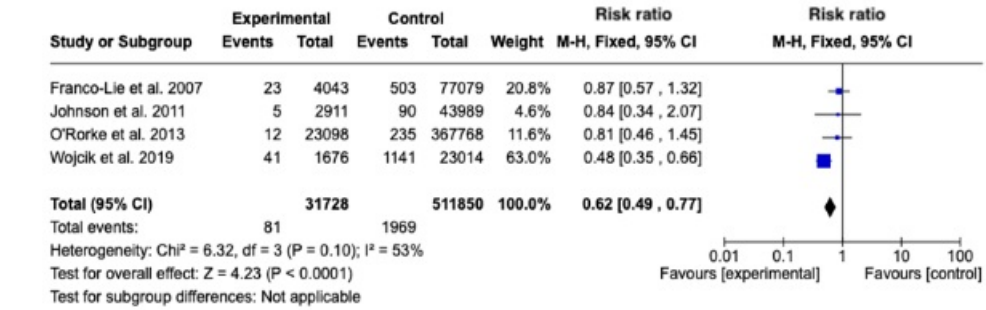
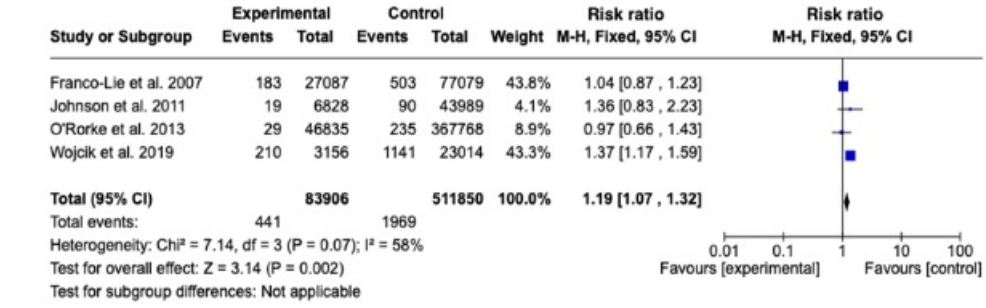
2. Wan G, Nguyen N, Liu F, et al. Prediction of early-stage melanoma recurrence using clinical and histopathologic features. NPJ Precis Oncol. 2022;6(1):79. Published 2022 Oct 31. doi:10.1038/s41698-022-00321-4


Experimental
Control
Risk ratio
Risk ratio
Study or Subgroup Events Total Events Total Weight M-H, Fixed, 95% CI
M-H, Fixed, 95% CI
Franco-Lie et al. 2007 23 4043 503 77079 20.8% 0.87 [0.57 , 1.32]
Johnson et al. 2011 5 2911 90 43989 4.6% 0.84 [0.34 , 2.07]
O'Rorke et al. 2013 12 23098 235 367768 11.6% 0.81 [0.46 , 1.45]
Wojcik et al. 2019 41 1676 1141 23014 63.0% 0.48 [0.35 , 0.66]
Total (95% CI) 31728 511850 100.0% 0.62 [0.49 , 0.77]
Total events: 81 1969
Heterogeneity: Chi² = 6.32, df = 3 (P = 0.10); I² = 53%
Test for overall effect: Z = 4.23 (P < 0.0001)
Test for subgroup differences: Not applicable
0.01 0.1 1 10 100
Favours [experimental]
Favours [control]


Experimental
Control
Risk ratio
Risk ratio
Study or Subgroup Events Total Events Total Weight M-H, Fixed, 95% CI
M-H, Fixed, 95% CI
Franco-Lie et al. 2007 183 27087 503 77079 43.8% 1.04 [0.87 , 1.23]
Johnson et al. 2011 19 6828 90 43989 4.1% 1.36 [0.83 , 2.23]
O'Rorke et al. 2013 29 46835 235 367768 8.9% 0.97 [0.66 , 1.43]
Wojcik et al. 2019 210 3156 1141 23014 43.3% 1.37 [1.17 , 1.59]
Total (95% CI) 83906 511850 100.0% 1.19 [1.07 , 1.32]
Total events: 441 1969
Heterogeneity: Chi² = 7.14, df = 3 (P = 0.07); I² = 58%
Test for overall effect: Z = 3.14 (P = 0.002)
Test for subgroup differences: Not applicable
0.01 0.1 1 10 100
Favours [experimental]
Favours [control]

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

Abstract N°: 1949

Economic Impact Analysis and Public Health Benefits of Regular Sunscreen Use in Preventing Skin Cancer in Brazil: A Comprehensive Analysis

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Introduction & Objectives: Skin cancer (melanoma and non-melanoma) represents a significant health and economic burden globally. In Brazil, skin cancer incidence is particularly high due to factors such as geographic location and sun exposure patterns. The primary objective of this study is to estimate costs avoided in skin cancer treatment with sunscreen use and number of skin cancer cases prevented over a period of 5, 10 or 15 years.

Materials & Methods: The impact calculator was built in Microsoft Excel®. Study was conducted in three phases. The first involved a systematic literature review to identify sunscreen effectiveness in preventing skin cancer. The second entailed epidemiological data collection on skin cancer in Brazil, including projected Brazilian population by age group up to year 2070, skin cancer incidence and mortality rates. The third involved national population data collection and sunscreen use guidelines. Sunscreen effectiveness ratio derived from the results of Nambour Skin Cancer Prevention Trial (Van der Pols, 2006) and Green et al. (2011), which demonstrated significant reduction in skin cancer risk. Sunscreen costs were estimated based on market prices and skin cancer treatment cost was based on national data, adjusted for inflation using IPCA index. The tool simulates the projected number of people with skin cancer by age range, with and without sunscreen use, calculating associated costs.

Results: Considering that sunscreen use benefits are cumulative over time, the longer the period of use, the lower the skin cancer incidence rates. Developed tool demonstrates that, in early years, there is a higher resources consumption, mainly due to sunscreen cost. However, from the fifth year, it is possible to observe significant savings compared to earlier years, depending on skin cancer type. This is due to reduction in number of patients with skin cancer after continuous adequate use, highlighting its long term positive economic impact. Estimated total skin cancer treatment cost, in population that does not use sunscreen was significantly higher compared to population with regular use, with notable reduction in costs over time due to cumulative sunscreen effectiveness in skin cancer incidence reduction. Estimated annual cost of sunscreen considers consensus recommendation of 2 mg/cm2per exposed body area.

Conclusion: Sunscreen use has been proven to reduce skin cancer. However, current lack of implemented public policies and awareness programs that encourage adequate use and access may be attributed to lack of visible economic results. This is the first economic impact study of this subject developed in Brazil. Impact tool highlights cost-benefit relationship of regular sunscreen use, demonstrating that investing in such theme not only enables health promotions, due to reduction in skin cancer incidence, but also has potential to significantly reduce treatment costs in long term. Results presented provide relevant information for policymakers and healthcare providers, who are the main actors in implementing and supporting prevention policy strategies, guaranteeing continued access, as well as creating educational programs. Thus, improving public health scenario and alleviating financial pressure on most diverse healthcare systems. It can also be a useful tool for dermatologists in counseling regular sunscreen use.

Abstract N°: 1957

The Kenyan Healthcare Program for Persons with Albinism – Learnings from and for European Dermatologists

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[2]Hamburg Centre for Health Economics, Hamburg, Germany

[3]National Council for Persons with Disabilities Kenya, Nairobi, Kenya

[4]Institute for Interdisciplinary Dermatological Prevention and Rehabilitation (iDerm) at Osnabrueck, Dermatology, Environmental Medicine, Health Theory , Osnabrück, Germany

Introduction & Objectives: Oculocutaneous albinism (OCA) is a condition of reduced or absent melanin production which leads to specific functional losses of the skin and the eyes. OCA results from genetic defects due to a variety of gene mutations which show familiar and regional patterns. Estimates of the worldwide prevalence range from 1 out of 1,500 to 1 out of 20,000 affected persons in the population. Persons with Albinism (PWA) face considerable physical, emotional and social burdens. Healthcare for Sub-Saharan Africa is particularly challenging and less developed than in Europe, with a high level of sun exposure increasing risks for skin cancer and ocular damage. Furthermore, stigmatization, discrimination and exclusion due to myths and misconceptions occur in many communities around the continent putting the lives of PWA at risk. There are however, a few examples of best practices and large-scale programs aimed at improving the social, economic, and political and health situation of PWA in Africa. The objective was to report on a nationwide support program for PWA in Kenya which may serve as an example of best-practice for other regions.

Materials & Methods: Narrative literature review on international sources and local interviews in Kenya in 2024.

Results: Literature on national programs for PWA is scarce but primary data show an elaborate program in Kenya. The Kenyan National Council for Persons with Disabilities (NCPWD) is mandated since 2011 to develop a nationwide program for the PWA. Since then, the government has provided an annual budget of 775,193.80 US$. Core element is an individual support package to every PWA including the free provision of prevention and care, and an educational program for PWAs, caregivers and the community. The evidence of these measures derives from European and Australian programs for occupational skin cancer prevention. The individual support package to every PWA includes the free provision of: 1) sunscreen lotion, lip care and after-sun lotion, 2) protective clothing, 3) regular skin cancer screening and treatment, 4) comprehensive eye care, 5) eye checks and supply of vision aid equipment, and 6) an educational program, including awareness material for the persons, caregivers and community. The distribution of these materials is organized by the NCPWD through the Kenya Medical Supplies Authority (KEMSA) and local health centers in each of the 47 counties. In 2024, approx. 5,000 of an estimated 9,729 PWA (about 51%) were enlisted for the program. Major benefits reported from the participants are prevention from skin cancer, better skin and eye health, more participation in socio-economic and political activities.

Conclusion: The albinism support program for PWA in Kenya has a large reach-out and improves the health condition and the social and economic inclusion of PWA. The healthcare quality follows the European level but remains adapted to East African conditions. Further health services research would support elaborate the program benefits and its economic and political potential. The Kenyan experience shows that prevention of skin cancer in PWA is key. Surprisingly, the World Health Organization (WHO) has repeatedly rejected to list sunscreens for PWA

in its essential medicines list (EML), despite the high need and a request by multiple expert organisations in 2022. For these severely affected persons but also for other people working under sun exposure, preventive expenses should be reimbursed, in general.

Abstract N°: 1963

Sun exposure habits, attitudes and knowledge in outdoor athletes. Five easy changes sport organizations can make to reduce skin cancer risk.

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[1]Costa del Sol University Hospital, Clinical Management Unit of Dermatology, Marbella, Spain
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[3]Andalusian Center for Sports Medicine, Cádiz, Spain
[4]Costa del Sol University Hospital, Marbella, Spain

Introduction & Objectives: Overexposure to ultraviolet radiation, in particular sunburn, is the main preventable cause of skin cancer. Nevertheless, athletes do not sufficiently use sun protection methods. Moreover, sun protection related legislation is poor or nonexistent among sport organizations. This study examines habits, attitudes and knowledge concerning sun exposure and protection of Andalusian athletes, analyzes sunburn rates during sport practice and identifies risk predictors of sunburn.

Materials & Methods: Study population consisted of outdoor athletes from all federated sports who underwent a sports medical examination at the Andalusian Sports Medicine Centre between 8 June 2021 and 7 June 2024. Athletes completed a questionnaire on habits, attitudes and knowledge concerning sun exposure and protection.

Results: 1528 athletes were included (78% males), with a mean age of 37.5±14.0 years. Sun protection measures were used regularly by 37.9% of the athletes. Regarding sun-related attitudes, concern about skin cancer had the highest level of agreement (93.9%). 51% reported at least one sport related sunburn in the previous year. The number of days/year and the number of hours practicing outdoor sport were identified as variables that increase the risk of sunburn. Avoiding midday hours was identified as a protective factor.

Conclusion: Athletes showed poor sun protection and skin monitoring habits, exceeding the recommended hours of sun exposure. To reduce their skin cancer risk, sport organizations should get involved by 1) optimizing competition and training schedules; 2) providing shaded areas; 3) encouraging the use of protective equipment against ultraviolet radiation; 4) promoting skin checks and 5) launching communication actions.

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Abstract N°: 2113

Global Burden and Trends of Skin and Subcutaneous Diseases from 1990 to 2021: A GBD 2021 Systematic Analysis

yamamah al-dulaimi[1]

[1]NHS, CARDIFF, United Kingdom

Introduction & Objectives:

Skin and subcutaneous diseases are among the most prevalent non-fatal conditions worldwide, contributing significantly to long-term disability and impaired quality of life. Despite their widespread impact, these conditions have often been underrepresented in global health policy. Understanding their burden across time, geography, age, and sex is essential for developing targeted and equitable public health strategies.

Materials & Methods:

We used estimates from the Global Burden of Disease (GBD) 2021 study to evaluate the burden of skin and subcutaneous diseases from 1990 to 2021. We analyzed both total DALYs and age-standardized DALY rates globally, and stratified by Socio-demographic Index (SDI), world region, age group, and sex. We calculated annualized rates of change with corresponding 95% uncertainty intervals (UIs) to capture trends across these strata.

Results:

Globally, DALYs due to skin and subcutaneous diseases increased from 40.4 million in 1990 to 59.8 million in 2021, representing a 47.96% rise, with an average annual increase of approximately 625,000 DALYs. Age-standardized DALY rates remained relatively stable, increasing slightly from 529.5 to 535.3 per 100,000—a 1.09% rise—suggesting that demographic changes rather than worsening per capita disease burden were the main drivers. The highest annualized increases in age-standardized DALY rates were observed in high-middle SDI countries (0.07; 95% UI: 0.05–0.08), followed by middle and high SDI countries, while low SDI regions experienced a decline (–0.03; 95% UI: –0.06 to 0.01). Regionally, Central Europe, Eastern Europe, and Central Asia saw the steepest increases (0.09; 95% UI: 0.08–0.11), with notable rises also in Latin America and the Caribbean, and North Africa and the Middle East. South Asia showed a slight decrease (–0.01), and Sub-Saharan Africa remained stable. By age group, the most significant increase occurred in individuals aged 75 and older (0.09; 95% UI: 0.04–0.14), followed by those aged 20 and above (0.05; 95% UI: 0.03–0.08), while children and adolescents under 20 showed no meaningful change (0.00; 95% UI: –0.04 to 0.03). Males experienced a greater increase in age-standardized rates (0.02; 95% UI: 0.01–0.04) compared to females (0.00; 95% UI: –0.02 to 0.02).

Conclusion:

While age-standardized DALY rates for skin and subcutaneous diseases have remained largely stable over the past three decades, the absolute burden has grown substantially, particularly among older adults and in transitioning regions. These findings reveal important disparities by geography, age, and sex, and underscore the need for targeted investment in dermatologic services and prevention efforts, especially in high-growth regions and aging populations.

Abstract N°: 2132

Burden and Disparities in Skin-Related Mortality in the United States, 1999–2020: A Population-Based Analysis by Race and Sex

yamamah al-dulaimi[1]

[1]NHS, Cardiff, United Kingdom

Introduction & Objectives:

Diseases of the skin and subcutaneous tissue are commonly associated with nonfatal outcomes, yet they may contribute significantly to mortality, particularly among medically and socially vulnerable populations. Despite this potential impact, little is known about their long-term contribution to death in the U.S. or disparities by race and sex.

Materials & Methods:

We used the CDC WONDER Multiple Cause of Death files (1999–2020) to identify U.S. deaths where a skin-related condition, defined by ICD-10 codes L00–L99, was listed as a contributing cause. Crude and age-adjusted mortality rates (AAMRs) per 100,000 population were calculated using U.S. Census denominators and stratified by race, sex, and year to assess overall burden and time trends.

Results:

From 1999 to 2020, there were 479,146 deaths associated with skin-related conditions in the United States. The overall age-adjusted mortality rate was 6.5 per 100,000. Females accounted for 278,609 deaths with an AAMR of 6.4, while males accounted for 200,537 deaths with an AAMR of 6.5. Over the study period, AAMRs among females showed a gradual decline from 6.7 in 1999 to 6.1–6.2 in the 2010s, followed by a sharp increase to 7.2 in 2020. Males had relatively stable rates from 1999 to 2010 (ranging 6.3–6.8), but experienced a similar spike in 2020, reaching 7.5. Racial disparities were marked: Black or African American individuals had the highest AAMR at 13.3 per 100,000, despite a lower total number of deaths (88,664), suggesting a disproportionate burden relative to population size. American Indian and Alaska Native individuals also experienced elevated mortality (AAMR: 7.9), while White and Asian/Pacific Islander individuals had lower rates at 5.9 and 3.2 per 100,000, respectively. These disparities persisted throughout the 22-year period.

Conclusion:

Skin-related mortality represents a significant and underrecognized contributor to health burden in the United States. Despite modest improvements over time, both sex- and race-based disparities remain substantial. The increase in mortality observed in 2020 across both sexes may reflect the broader impact of systemic vulnerabilities during the COVID-19 pandemic. These findings highlight the need for targeted strategies to improve early diagnosis, access to dermatologic care, and prevention in underserved populations.

Abstract N°: 2268

Ethnic variation in the incidence and prevalence of psoriasis and generalised pustular psoriasis in England, UK

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Introduction & Objectives: Previous estimates of the incidence and prevalence of psoriasis in the UK are now over 12-years old (1999-2013). In 2013, the incidence rate was 129 per 100,000 person-years with a prevalence of 2.8%. We aimed to provide more recent data on the incidence and prevalence of psoriasis and generalised pustular psoriasis (GPP) in the UK, examining for the first time how rates vary by ethnic groups and how diagnoses were impacted by the COVID-19 pandemic.

Materials & Methods: We carried out a cohort study involving analysis of longitudinal electronic health record data from the Clinical Practice Research Datalink Aurum database and linked hospital data between 1998 and 2022. Psoriasis and GPP cases were identified from diagnoses captured in the primary and secondary care data. Annual prevalence and incidence rates, stratified by ethnicity, were estimated for psoriasis and GPP. Period prevalence and incidence rates were calculated over the 25-year study period.

Results: In the psoriasis population, 85.3% were white, 5.1% were Asian, 1.1% were Black, 0.9% were of mixed ethnicity, and 0.3% were other ethnicities.** Between 1998 and 2022, prevalence rates of psoriasis increased from 1.38% to 3.16%, with a period prevalence of 2.66%. Psoriasis prevalence varied across ethnic groups over the study period; highest rates were consistently seen in White individuals from 1.59% in 1998 to 3.67% in 2022 (period prevalence 3.23%), followed by Asians with rates increasing from 0.67% in 1998 to 1.86% in 2022 (period prevalence 1.55%), Mixed ethnicity 0.65% to 1.36% (period prevalence 1.24%), and Black ethnicity 0.31% to 0.80% (period prevalence 0.67%). Incidence rates were relatively stable between 1998 and 2022 for Whites (period incidence 158 per 100,000 person-years), Asians (period incidence 121/100,000py) and Blacks (period incidence 50/100,000py) with some fluctuation for mixed ethnicity (period incidence 91/100,000py)). In all ethnic groups, incidence rates dropped substantially in 2020 during the COVID-19 pandemic with rates beginning to increase from 2021 but not reaching pre-2020 incidence rates. A bimodal trend in age of psoriasis onset was observed with onset occurring earliest in those of mixed ethnicity (mean age of onset 30.6±16.9), followed by other (32.7±15.9), Asian (36.2±17.1), Black (37.2±18.8) and White (39.9±20.5) ethnic groups.

In the GPP population, 85.4% were White, 9.4% were Asian, and 3.7% were Black, mixed, or other ethnicities. GPP prevalence increased steadily over the 25-year period from 4.8 per million in 1998 to 46 per million in 2022. Annual prevalence was highest in Asian individuals (11/million in 1998 to 51/million in 2022), followed by White (5/million to 50/million) and all other ethnicities (0 to 20/million). A moderate bimodal distribution in age of GPP onset was observed in the Asian ethnic group. Onset was earliest in Asians (mean age of onset 40.3±19.4), followed by the other ethnic groups (42.3±18.9), and Whites (57.1±19.8).

Conclusion: Psoriasis and** GPP in England varies by ethnicity; psoriasis is more common in individuals of White ethnicity whereas GPP is more prevalent in individuals of Asian ethnicity.

Abstract N°: 2478

Public Awareness and Perceptions of Hidradenitis Suppurativa: A Cross-Sectional Survey in Germany

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Introduction & Objectives:

Hidradenitis Suppurativa (HS) is a chronic, debilitating inflammatory skin disease with a significant impact on quality of life. Despite its prevalence, public awareness of HS remains limited, delaying diagnosis and appropriate management. The objective was to assess the level of knowledge, perceptions, and ability to find relevant information regarding HS on the internet among the general public in Germany.

Materials & Methods:

A cross-sectional online survey was conducted using convenience and snowball sampling methods between December 2024 and February 2025. The survey was designed to identify terms that a general public would use to "diagnose" their disease on the internet. Further items included questions on demographic characteristics, knowledge of HS (assessed by familiarity with the terms "Hidradenitis suppurativa" or "Acne inversa"), perceived causes and intended healthcare providers. Logistic regression was used to identify predictors of HS awareness. Additionally, the top three Google search results for each free-text search term combination were analysed to determine whether they led to reliable HS information. The data analysis was performed using R (Version 4.4.2) and Python (Version 3.13.2).

Results:

A total of 184 participants completed the survey. Overall, 34.2% reported awareness of HS. The univariate as well as multivariate logistic regression models showed that the age group (26-45) was about 3.5 more likely to have increased HS awareness in comparison to the other age groups. Gender and education did not remain significant predictors of HS awareness in the multivariate model after adjusting for other covariables. The analysis of search terms indicated that more than 82% of search terms led to HS information within the top three Google results.

Conclusion:

Public awareness of HS in Germany remains limited, with only about one-third of participants reporting prior knowledge of the condition. Individuals aged 26–45 were significantly more likely to be aware of HS, while gender and education were no significant predictors in the multivariate analysis. The success of online searches in providing reliable HS information highlights the need for improved online resources and targeted educational campaigns to increase public understanding of this chronic condition. However, our study has some limitations. The sample may not be fully representative of the general population, and the reliance on self-reported data introduces potential bias. Additionally, the cross-sectional design prevents conclusions about causality. Future research should explore targeted awareness campaigns and assess the quality and accessibility of online HS resources more comprehensively.

Abstract N°: 2627

Leprosy's prevalence in Brazil, between 2014 and September 2024

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Introduction & Objectives: Leprosy, an infectious disease affecting skin and nerves caused by *Mycobacterium leprae*, is highly prevalent in Brazil, the second most affected country. Understanding its epidemiology is crucial for controlling and eliminating the disease in impacted communities. The aim of this study is to assess the prevalence and demographics characteristics of leprosy cases in Brazil from 2014 to September 2024.

Materials & Methods: This is an epidemiological study, made with data from the Brazilian health database called DATASUS, between 2014 and September 2024. The variables analyzed were: age, sex, region, education, bacilloscopy, clinical form, race and number of lesions.

Results: From 2014 to September 2024, Brazil recorded a total of 2,271,346 leprosy cases, with the northeast region accounting for the highest number at 932,698. More than half (65.4%) were men. The disease was most prevalent among individuals of mixed-race (60.7%), followed by those of white descent (24.7%). The age group most affected was 50 to 59 years old (19.2%), with 40 to 49 closely following at 19.16%. A significant portion of the affected individuals had not completed elementary school (26.1%), with 13% being illiterate and only 14% having graduated high school. Additionally, 62.6% of cases tested positive for bacilloscopy, and the majority had more than five lesions (69.4%). Most cases were classified as borderline lepromatous leprosy (56.3%), while lepromatous leprosy accounted for 34.7%.

Conclusion: The results indicate a significant leprosy burden in Brazil. The prevalence among men and mixed-race individuals highlights the need for targeted public health measures. High bacilloscopy positivity suggests severe disease, underscoring the importance of continued treatment efforts.

Abstract N°: 2629

Occupational dermatoses in mixed-race and black individuals: Prevalence in Brazil, between 2013 and 2023

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Introduction & Objectives: Occupational dermatoses are skin, mucosa, or attachment changes caused or worsened by biological, physical, chemical, or psychological agents in the work environment or processes related to a worker's occupational activity. This study aimed to analyze occupational dermatoses in brazilian mixed-race and black individuals between 2006 and 2023.

Materials & Methods: Epidemiological study, made with data from the Brazilian health database called DATASUS, between 2006 and 2023. The incidence of occupational dermatosis was evaluated in black and brown individuals. The covariates analyzed were age, sex, treatment regime, causative agent, lesion site, evolution and type of dermatosis (ICD-10 L00-L08, L10-L14, L20-L30, L40-L45, L50-L54, L60-L75 and L80-L90).

Results: From 2006 to 2023, 2341 instances of occupational dermatoses have been documented among individuals of mixed race and black descent, with men making up 54.8% of cases. The age group most affected was 35 to 44 years old (27.7%), followed by 25 to 34 (24.8%). Dermatitis and eczema were the most common, with 1,489 cases (61.2%). Other conditions included skin and subcutaneous tissue diseases (774 cases, 31.8%), skin appendage diseases (74 cases, 3%), urticaria and erythema (54 cases, 2.3%), infections (23 cases, 1%), papulosquamous diseases (14 cases, 0.6%), and blistering diseases (3 cases, 0.1%). The primary causative agent for dermatoses was chrome, with solvents and nickel following closely behind. Lesions were most frequent on the hands (44%), then on the upper limbs (13.1%) and the rest of the body (11.4%). Most cases (79.3%) were treated on an outpatient basis, with the majority achieving cure, however, 4.2% resulted in partial disability.

Conclusion: Occupational dermatoses affected mainly mixed-race and Black males aged 35-44, with dermatoses linked to chrome exposure, primarily on the hands. Most cases were treated outpatient and recovered.

EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
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Abstract N°: 2707

Knowledge, attitudes and practice of Iranian patients on sunscreen application

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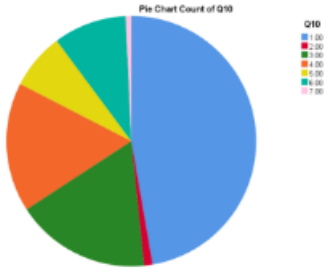
Introduction & Objectives: Exposure to ultraviolet (UV) radiation is a major risk factor for photoaging and skin cancer. Use of sunscreens is an essential preventive strategy, but its efficacy is hampered by incorrect application and low knowledge. This study evaluates patients' knowledge, attitudes, and practice sunscreen use in Iran.

Materials & Methods: A cross-sectional study was conducted in Iran, on 292 patients referred to 2 private skin clinics. They were asked to complete a questionnaire measuring the participants' attitudes and knowledge regarding the usage of sunscreen based on the American Academy of Dermatology recommendations. Clinical and demographic information was also gathered. Associations between patient features, attitudes, and knowledge were investigated by statistical analysis.

Results: Although 61.5% of participants agreed that using sunscreen every day is essential, there were clear knowledge gaps on the minimum sun protection factor (SPF) recommendations (33.8%), when to apply it (33.3%), and how long to wait between applications (38.1%). Price had an impact on attitudes about sunscreen; 34.5% of respondents said they would use it more often if it were given away for free. Information on sunscreen was primarily obtained from dermatologists (47.3%). Knowledge and variables including age, gender, and educational attainment were shown to be significantly correlated ($p < 0.05$). Source of information for dermatological patients on the correct way to use sunscreen is shown in figure 1.

Conclusion: This study shows that although dermatology patients generally understand the value of using sunscreen, their understanding of particular recommendations—such as the right amount of sunscreen, the right SPF, when to apply it, and how often to reapply it—remains inadequate. Furthermore, although opinions on the usage of sunscreen were generally favorable, knowledge and opinions were strongly impacted by variables including gender, age, education, and a history of skin conditions. Giving patients thorough instruction and counseling on how to apply sunscreen is essential for the primary prevention of skin cancer and photo damage. The dissemination of this knowledge is mostly the responsibility of healthcare professionals, especially dermatologists. To increase public awareness and compliance with sunscreen recommendations, public health campaigns and focused educational initiatives are required.



1: Dermatologist

2: General practitioner

3: Heard about it

4: Read about it

5: Nobody

6: I learned about it through my own efforts

7: Pharmacist

Figure 1: Source of information for dermatological patients on the correct way to use sunscreen

Abstract N°: 2955

A series of 510 cases of hypertrichosis in women: Epidemioclinical profile, proposed treatments, and psychosocial repercussions

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Introduction & Objectives:

Female hypertrichosis is a dermatological condition characterized by excessive hair growth in areas of the body that are normally hairless or sparsely haired in women. This condition, affecting a significant number of women worldwide, is often associated with underlying hormonal disorders such as polycystic ovary syndrome. It can lead to significant psychosocial repercussions beyond physical implications, including lowered self-esteem and social isolation.

The objective of our study, involving 510 women, is to raise awareness among both patients and healthcare professionals about the importance of diagnosing and managing hypertrichosis.

Materials & Methods:

This is a cross-sectional study conducted from April 2022 to October 2024. Data collection was carried out through a structured questionnaire administered to patients consulting the dermatology department for complaints related to hypertrichosis or other concerns.

Data analysis was performed using IBM SPSS software (version 2021). The chi-square test was used to identify factors associated with hypertrichosis, with a significance threshold set at 0.05.

Results:

A total of 510 responses were collected. The average age of the patients was 21.4 ± 4.9 years, with phototypes III (42.5%) and IV (47.3%) being the most prevalent. According to the Ferriman-Gallwey score, 56.5% of the participants had hirsutism, of which 73% had a mild form, 20% a moderate form, and only 7% a severe form. The most affected areas were the face (50.2%) and the legs/arms (43.9%).

A significant majority of participants (82.7%) sought medical advice for this issue, with dermatologists being the most consulted specialists (34.3%). Acne was the most frequently associated condition (19.4%), followed by polycystic ovary syndrome (15.3%). A significant association was noted between hypertrichosis and PCOS, as well as acne.

Furthermore, 5.9% of the women had received medical treatment for hypertrichosis, with anti-androgens such as cyproterone acetate being the most prescribed (69.5%). The most commonly used hair removal methods were hot wax (32.5%) and razors (26.3%), while 23.9% of the participants opted for laser hair removal, and a much smaller proportion (3.1%) used intense pulsed light.

Nearly 63% of the patients reported a significant decline in self-esteem, and 6.9% admitted to avoiding certain social interactions due to their condition. Among married women, 28.5% indicated a negative impact on their marital relationship.

Conclusion:

Our findings indicate a high prevalence of hypertrichosis among young women, a result that is not surprising and aligns with existing literature, particularly for those with hormonal disorders such as acne and PCOS. Current treatment options, do not always yield satisfactory results for all patients, necessitating a more personalized and multidisciplinary approach. Hair removal methods remain the most commonly used solutions, but their perceived effectiveness is limited. Additionally, the psychosocial impact of hypertrichosis is often overlooked.

Hypertrichosis is not only a medical but also an aesthetic issue that causes significant psychological distress in affected women. A consultation with a dermatologist is essential to assess its severity, conduct further investigations when necessary to identify associated conditions, and provide a multidisciplinary treatment approach. It is crucial to involve the patient in therapeutic decision-making while ensuring adequate psychological support.

Abstract N°: 2963

Self-medication in dermatology: Prevalence, motivations, and associated risks

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Introduction & Objectives:

Skin conditions, often perceived as benign, lead many individuals to treat themselves without consulting a healthcare professional. This trend is reinforced by the easy access to information via the Internet and social media, as well as the availability of numerous over-the-counter products. However, self-medication can lead to risks such as worsening of skin lesions, allergic reactions or masking of serious underlying conditions. Although several studies have explored this phenomenon in other medical fields, there is a lack of recent data specifically concerning dermatology.

This work aims to fill this gap by analyzing user profiles, their motivations, and the consequences associated with self-medication, in order to develop appropriate educational strategies.

Materials & Methods:

This is a descriptive cross-sectional study conducted between January and March 2025. Data were collected using a questionnaire disseminated online via social media platforms.

A total of 346 complete responses were collected and included in the analysis. Statistical analysis was performed using IBM SPSS 21 software. Qualitative variables were expressed as percentages.

Results:

The predominant age group in our study was between 18 and 35 years old (54%), with a female majority (62%). Regarding education, 61% were enrolled in medical studies, and 20% had a university-level education in other fields.

Among the 346 participants, 86% had previously experienced a skin problem, mainly acne (57%), seborrheic dermatitis (38%), hair loss (31%).

68% of participants reported having self-medicated for dermatological issues. The most commonly used products were topical antibiotics (41%), topical corticosteroids (28%), followed by natural products (14%) and cosmetic products (10%). These products were obtained without a prescription from a pharmacy in 57% of cases, and purchased online in 34%.

The main motivations for self-medication were the cost of medical consultations (42%), the perception of the problem as minor (34%), lack of time (23%), recommendations from a pharmacist (22%), a relative (19%), or a social media influencer (18%). Additionally, 24% of participants stated that online information or content found on social media influenced their decision to self-medicate.

39% experienced what they described as partial improvement of their condition, while 26% reported adverse effects such as skin irritation, 5% reported allergic reactions or severe skin responses and 22% noted a worsening of their condition.

Regarding the perception of risks related to self-medication, 62% felt poorly informed. Their main sources of

information were websites (53%) and social media (41%). For this reason, 76% expressed interest in an awareness campaign.

Conclusion:

This study highlights the extent and risks of self-medication in dermatology, especially among young and educated populations, and emphasizes the need for patient therapeutic education, particularly regarding the rational use of dermatological treatments to limit risky behaviors.

It also appears crucial to strengthen regulation on the accessibility of certain products, combat online misinformation, promote digital health literacy to help users distinguish reliable sources from potentially harmful content, launch awareness campaigns, and encourage accessible dermatological consultations, especially for remote areas. Finally, integrating a therapeutic education module into dermatological care pathways could be a valuable addition.

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Abstract N°: 2968

Acquired Palmoplantar Keratoderma: A Systematic Review of 444 Patients Highlighting Underlying Etiologies and Diagnostic Clues

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Introduction & Objectives:

Acquired palmoplantar keratoderma (PPK) encompasses a heterogeneous group of disorders characterized by abnormal thickening of the palms and soles, secondary to diverse underlying conditions. Its clinical heterogeneity poses diagnostic challenges, and a timely diagnosis may unveil severe systemic diseases, including malignancies.

Materials & Methods:

To provide a comprehensive overview of acquired PPK, highlighting associated conditions, clinical patterns, diagnostic challenges, and therapeutic approaches, with the goal of guiding dermatologists toward prompt recognition and management. A systematic review was conducted in August 2024 across PubMed and EMBASE using PRISMA guidelines. Studies reporting acquired PPK were included irrespective of patient demographics. Genetic PPK, review articles, and non-English/French papers were excluded. A total of 125 articles, comprising 444 patients, were analyzed for demographics, clinical presentation, histopathology, associated diseases, latency of diagnosis, treatment, and outcomes.

Results:

The cohort (mean age 50.6 years) included 55.9% males. PPK was diffuse in 80%, focal in 15%, punctate in 4%, and transgredient in 1%. Underlying etiologies (n=490) included dermatologic disorders (37%), malignancies (25%), infections (15%), medications (11%), systemic diseases (3.5%), chemicals/toxins (1.5%), miscellaneous (6%), and idiopathic cases (1%). Among malignancy-associated PPK (n=122), 97.5% presented prior to cancer diagnosis, with a mean latency of 1.23 years. Dermatologic associations included psoriasis, hyperkeratotic eczema, and lichen planus. Infections ranged from tinea pedis to tuberculosis and syphilis. Systemic associations included hypothyroidism and IgG4-related disease. Medications such as hydroxyurea and BRAF inhibitors were common triggers (table 1). Histopathological clues and latency patterns helped distinguish among causes. Treatment was etiology-specific, often involving keratolytics, retinoids, or immunosuppressants.

Conclusion:

Acquired PPK is a dermatological manifestation of multifactorial origin. It can serve as an early indicator of malignancy or systemic disease. Recognizing clinical and histologic patterns is crucial for timely diagnosis. We propose a structured diagnostic algorithm to guide clinicians in evaluating and managing acquired PPK. Heightened awareness can improve patient outcomes through early detection and tailored interventions.

Abstract N°: 3153

Development of an automated method of data extraction from skin cancer histology reports

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Introduction & Objectives:

Skin cancer is Australia's most common cancer. Skin cancer data is currently extracted manually, which can be unreliable, expensive and labour intensive. The aim of this study was to accurately and efficiently automate extraction of critical medical data from histopathology reports from melanoma and keratinocyte cancer specimens using AI-powered large language models (LLM). This may allow for benchmarking of quality care standards for melanoma management and monitor burden of disease.

Materials & Methods:

An optical character recognition (OCR) technique was created, optimised, and validated to accurately convert PDF histology reports into text files. Next, we used AI-powered LLMs to extract disease-specific entities such as procedure date, type of procedure and histological characteristics such as Breslow Thickness, presence of ulceration, and surgical margins from unstructured pathology report data. Reports from the Victorian Melanoma Service at Alfred Health were used. The accuracy of each LLM output was scored by manually comparing the LLM output with the original histopathology reports.

Results:

A preliminary cohort of 142 histopathology reports have been converted from PDF format to .txt format, then run through Version 15 of the LLM. Results for number of specimens, lesion thickness, positive sentinel lymph node biopsy, and presence of perineural invasion and lymphovascular invasion showed 100% accuracy. Lab number, pathology lab name, procedure date, diagnosis, procedure type, body location, melanoma subtype, and presence of ulceration had 97-99% accuracy. Deep and radial surgical margins had 95% accuracy. Occasionally the LLM missed reporting subsequent histology reports in a single patient's PDF. This model will next be validated on a further 300 reports.

Conclusion:

Preliminary output from this large language model on skin cancer data extraction is promising. The use of large language models may enhance the accuracy and efficiency of skin cancer data collection in the future.

Abstract N°: 3277

Basal Cell Carcinoma in young adults: incidence and characteristics in a population under 40 years old

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Introduction & Objectives:

Basal cell carcinoma (BCC) represents the most prevalent type of skin cancer, with annual incidence rates consistently increasing each year. The rising prevalence among young patients is noteworthy, potentially because to increased knowledge of Non Melanoma Skin Cancers (NMSCs). Despite increased awareness and early identification, the dimensions of BCCs in young individuals remain comparable to those in the overall population.

Materials & Methods:

We collected all basal cell carcinomas (BCCs) diagnosed in our department (Dermatology and Venereology, University of Pisa, Italy) from January 1, 2015, to December 31, 2023 (a span of 9 years) in patients under 40 years of age at the time of diagnosis. We created a database encompassing age, gender, city of origin, lesion count, histotype, location, and main dermoscopic characteristics.

Results:

The population consists of 161 patients: 74 males and 87 females. The mean age was 35 years. The histotypes included superficial (72), nodular (50), morphea-like (6), ulcerated (13), pigmented (6), adenoid (2), and 12 non-specific cases. The head and neck region (65) was the predominant site, with the scalp being the primary affected area. We identified 60 cases on the trunk (predominantly on the back), 16 on the limbs, and 20 unspecified cases. The predominant phototypes were I and II, as classified by Fitzpatrick. The predominant risk variables included indoor tanning, occupational UV exposure, a history of sunburns, and cigarette smoking. The predominant dermoscopic features identified included arborizing vessels, leaf-like areas, spoke wheel structures, focal ulceration, and shiny white lines upon an erythematous background. The highest recurrence rate was observed in phototypes I and II, particularly among individuals who often performed indoor tanning.

Conclusion:

BCC is less aggressive than other skin malignancies due to its lower propensity for metastasis. Nonetheless, surgical intervention and radiation therapy are common treatment modalities. Consequently, deformity and functional impairment are critical factors to consider. Identifying a BCC in a young patient may initially provide difficulties, primarily due to the prevalent belief that it is a form of skin cancer restricted to older individuals. This may result in misdiagnosis (dermal nevus, sebaceous hyperplasia, adnexal tumors, or inflammatory diseases), hindering appropriate patient management and leading to increased costs, psychological distress, and treatment-related deformity. We propose expanding this observational study to a broader population while also investigating risk variables associated with an earlier development of BCC.

Abstract N°: 3327

Dermatologic consultations from the emergency departments at a referral center in Taiwan: A 2-year retrospective analysis

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Dermatologic consultations from the emergency departments at a referral center in Taiwan: A 2-year retrospective analysis

Introduction & Objectives:

In the emergency department (ED), physicians frequently encounter a wide spectrum of dermatological conditions. However, the chief complaints, clinical features, common diagnoses, and factors influencing clinical decision-making in dermatology consultations remain underexplored. This study aimed to review the characteristics of dermatology consultations in the ED at a single referral center.

Materials & Methods:

We reviewed electronic medical records of patients with dermatologic consultations in the ED between 2023 to 2024. Data collected included patient demographics (age and sex), chief complaints, clinical manifestations, final diagnoses, and subsequent management.

Results:

635 dermatology consultations were reviewed, with a median patient age of 64 years and a male-to-female ratio of 320:315. Of these, 49 (7.7%) consultations were requested from the pediatric ED and 586 (92.3%) from the adult ED. Thirty-two consultations involved two diagnoses, resulting in a total of 667 diagnoses, categorized as follows: infectious diseases (51.0%), inflammatory disorders (43.2%), benign skin tumors/malignancies (1.1%), other conditions (3.0%), and inconclusive diagnoses (1.8%). The three leading dermatologic disorders prompting consultation requests from the adult ED were scabies (16.5%), herpes zoster (14.7%), and eczematous dermatitis (10.7%); whereas in the pediatric ED, the leading disorders were scabies (12.2%), eczematous dermatitis (12.2%), and enterovirus infection/other viral exanthems (12.2%). The prevalence of herpes zoster and enterovirus infection/viral exanthems differed significantly between the two groups ($p < 0.05$). 408 patients (64.2%) presented to the ED with primary dermatologic complaints, among which 257 (63.0%) had sought medical help previously. Overall, 207 patients (32.6%) were hospitalized due to dermatologic disorders, with the three leading diagnoses being herpes zoster (17.8%), drug eruption (16.4%), and vasculitis (9.2%). The risk of admission increases with generalized skin involvement ($p<0.05$).

Conclusion:

Our results underscored the multiple roles of dermatologists in the ED, including identifying patients who require isolation and differentiating diverse dermatological diseases, particularly transmissible diseases and life-threatening inflammatory conditions. The data presented in this study can serve as a valuable reference for dermatologists and emergency physicians, enabling them to better identify potentially urgent issues, enhance diagnostic accuracy, and implement optimal management strategies

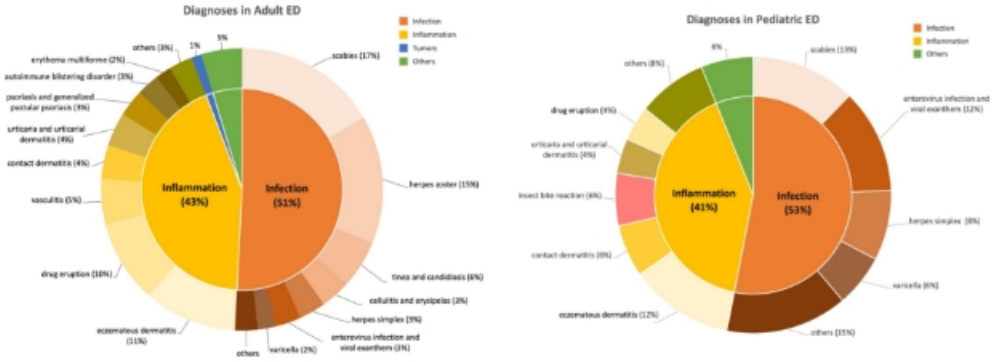

Figure 1. The final diagnoses of dermatology consultations in the adult ED and pediatric ED

Table 1. The category of final diagnoses of dermatology consultations in the adult ED and pediatric ED

	Total		Adult		Pediatric	
	n	%	n	%	number	%
Infectious diseases	340	50.97	314	50.81	26	53.06
Inflammatory disorders	288	43.18	268	43.37	20	40.81
Benign tumors/Malignancy	7	1.05	7	1.13	0	0.00
Others	20	3.00	18	2.91	2	4.08
Inconclusive diagnoses	12	1.80	11	1.78	1	2.04
Total	667		618		49	

Table 2. The most prevalent diagnoses of dermatology consultations in adult ED and pediatric ED

	Adult (n=586)			Pediatric (n=49)	
	n	%		n	%
scabies	102	16.50	scabies	6	12.24
herpes zoster	91	14.72	eczematous dermatitis	6	12.24
eczematous dermatitis	66	10.68	enterovirus and other viral exanthem	6	12.24
drug eruption	59	9.55	herpes simplex	4	8.16
tinea and candidiasis	34	5.50	contact dermatitis	3	6.12
vasculitis	32	5.18	insect bite reaction	3	6.12
contact dermatitis	24	3.88	varicella	3	6.12
urticaria and urticarial dermatitis	24	3.88	urticaria	2	4.08
cellulitis/erysipelas	21	3.40	drug eruption	2	4.08
psoriasis and generalized pustular psoriasis	19	3.07			
herpes simplex	19	3.07			
enterovirus and other viral exanthem	18	2.91			

Table 3. The differences in final diagnoses of dermatology consultations between the adult and pediatric ED

	Overall (n=667)		Adult (n=618)		Pediatric (n=49)		p value
Diagnoses	n	%	n	%	n	%	
scabies	108	16.19	102	16.50	6	12.24	0.436
herpes zoster	92	13.79	91	14.72	1	2.04	0.013*
eczematous dermatitis	72	10.79	66	10.68	6	12.24	0.734
drug eruption	61	9.15	59	9.55	2	4.08	0.201
tinea and candidiasis	34	5.10	34	5.50	-		
vasculitis	32	4.80	32	5.18	-		
contact dermatitis	27	4.05	24	3.88	3	6.12	0.444
urticaria and urticarial dermatitis	26	3.90	24	3.88	2	4.08	
herpes simplex	23	3.45	19	3.07	4	8.16	0.060
enterovirus and other viral exanthem	23	3.45	18	2.91	6	12.24	<0.001*
cellulitis/erysipelas	21	3.15	21	3.40	-		
psoriasis and generalized pustular psoriasis	19	2.85	19	3.07	-		
autoimmune blistering disorder	16	2.40	16	2.59	-		
varicella	16	2.40	13	2.10	3	6.12	0.077
erythema multiforme	11	1.65	11	1.78	-		
insect bite reaction	4	0.60	1	0.17	3	6.12	<0.001*

Table 4. Clinical manifestations of the dermatology consultations with primary dermatologic complaints

Dermatologic consultations with primary dermatologic complaints				
	Overall (n=408)	Admission (n=207)		p value
Clinical manifestations	n (%)	n (%)		
generalized	231 (56.6)	128 (61.8)	55.4	0.031*
localized	177 (43.4)	79 (38.2)		
blisters	182 (44.6)	93 (44.9)	51.1	0.895
no blisters	226 (55.4)	114 (55.1)		
violaceous appearance	47 (8.50)	30 (14.5)	63.8	0.056
no violaceous appearance	361 (91.50)	177 (85.5)		
mucosal involvement	61 (14.9)	36 (17.4)	59.0	0.161
no mucosal involvement	347 (85.0)	171 (82.6)		
cornea	16 (2.7)	5 (2.9)	31.3	0.112
genital area	12 (2.1)	8 (2.5)	66.7	0.426
oral	21 (2.4)	14 (2.7)	66.7	
at least 2 sites (oral/nasal/cornea/genital)	12 (1.8)	9 (2.2)	75.0	0.321

Abstract N°: 3412

Defining the Prevalence, Clinical Characteristics, and Demographic Influences on Patients with Sensitive Skin Syndrome: Insights from the Largest Global Survey of Sensitive Skin

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Introduction & Objectives: Sensitive skin syndrome (SSS) is a highly prevalent, standalone condition defined by the presence of unpleasant stinging, burning, pain, itching, and tingling sensations in response to normally non-irritating stimuli, with or without the presence of erythema. While previous studies have estimated the global prevalence of SSS based on country-specific findings, there has never been an inclusive, purposefully disseminated survey tool to assess the comprehensive picture of SSS. This multi-continent survey aimed to investigate the true global prevalence and experience of SSS.

Materials & Methods: Two 20-minute online, anonymous surveys were conducted in two phases (December 2022–January 2023 and December 2023) across six continents. Participants were recruited through a global panel exchange platform using country-specific representative quotas for age, sex, and region. Surveys collected information on demographics, skin sensitivity, dermatologic history, lifestyle, environment, and skincare practices.

Results: A total of 16,619 participants completed the survey (response rate: 81.1%), with phase I including 10,566 individuals from Australia, Brazil, India, the Philippines, Germany, China, and the United States, and phase II including 6,075 individuals from Kenya, Nigeria, South Africa, Tunisia, and Egypt. Respondents represented diverse skin tones across nine self-declared categories. Overall, 78% of participants reported some degree of SS, with 45% experiencing sensitive or very sensitive skin. The highest prevalence of very sensitive skin (44%) was observed in respondents with the darkest self-reported skin tones. Notably, 39% of individuals reported SS in the absence of any other dermatologic condition. Itching (50%) and redness (30%) were the most common symptoms. The highest incidence of sensitive skin was observed in Nigeria (94%), while greater pain prevalence was reported in India (30%), tightness in Germany (34%), and redness in China (48%). Temperature changes and stress were the leading SS triggers reported by participants, which contrasts with findings from earlier studies conducted between 1990 and 2018, which found cosmeceuticals to be the leading trigger.

Conclusion: The prevalence and symptom severity of SSS found in this first global survey of SSS align with prior estimates. These findings underscore SSS as a distinct condition and reinforce the established definition of SSS. Novel insights into SSS prevalence in individuals with darker skin tones may allow for further elucidation of the pathophysiologic mechanisms underlying SSS. Regional differences reveal the experience of SSS transcends skin tone, emphasizing the significant role of environmental and lifestyle factors. This global survey illuminates the

impact of SSS and the need for targeted, region-specific interventions to optimize the care of individuals affected by SSS worldwide.

Abstract N°: 3427

Skin cancer prevention in athletes: the crucial role of event organizers through communication strategies

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Introduction & Objectives: Several studies conclude that athletes have a high risk of developing skin cancer due to high rates of sunburn caused by inadequate sun exposure and sun protection habits. Therefore, implementing skin cancer prevention strategies for this population is essential. This study evaluates the effectiveness of a skin cancer prevention communication campaign at sporting events.

Materials & Methods: In 2024, a communication campaign on skin cancer prevention was conducted across multiple channels simultaneously, including the runner's guide, runner's bag, bib number pickup, and social media during nine sports competitions organized by Terraincognita. To assess the effectiveness of these channels, a specific question was included in the organization's satisfaction survey: "Have you received messages from the organization about sun protection?" Participants could respond No/Yes, with the option to specify the channel through which they received the message. Instagram post on skin cancer prevention reach and engagement were also analyzed.

Results: Eight out of nine events were analyzed with 7178 athletes participating. The average response rate was 5.14% (n=369). 92.8% reported having received skin cancer prevention messages, mainly through the runner's guide (37.3%) and runner's bag (36.5%). At one event, a sun protection workshop and skin checks were offered, with skin checks being the most frequently mentioned (38.5%, n=39). Instagram posts for skin cancer prevention did not alter reach compared to the five previous and subsequent posts of regular content (n=6) on any of the accounts. Engagement rates were below the median in 7 out of 10 publications.

Conclusion: The implemented skin cancer prevention communication campaign was effective in delivering messages to the target audience. However, Instagram formats need to be improved to increase engagement rates.

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Abstract N°: 3500

Incidence and Clinical Features of Anterior Oculopalpebral Tumors in Dermatological Practice: The TorKcas Study

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Introduction & Objectives:

The anterior oculopalpebral region is routinely examined by ophthalmologists but less frequently during dermatological evaluations. This prospective study aimed to assess the incidence of tumors in the anterior oculopalpebral area in a general dermatological practice setting.

Materials & Methods:

A prospective, monocentric, observational epidemiological cohort study was conducted from November 2019 to March 2022. All dermatological patients seen at CHU Saint-Etienne underwent systematic ocular and palpebral examination. Clinical data collected included tumor type, location, patient phototype, age, sex, and diagnostic method (clinical, dermoscopy, confocal microscopy, LC-OCT, histology).

Results:

- 4,674 patients examined; mean age 58.7 years, sex ratio (M/F): 0.9.
- 825 (17.6%) presented with at least one anterior oculopalpebral tumor.
- Palpebral tumors found in 468 patients (10%), most commonly seborrheic keratosis (19.4%), nevi (17.6%), and skin tags (11%). The malignant/pre-cancerous tumor rate was 9.4%, predominantly basal cell carcinoma (BCC).
- Ocular tumors found in 390 patients (8.3%), predominantly benign, with melanocytosis (53.1%), primary acquired melanosis (PAM, 21%), and nevi (13.3%) being most frequent. Malignant tumors accounted for 1.2%, primarily melanoma.
- Significant associations: older age and higher incidence of malignant palpebral tumors (BCC, SCC, melanoma); younger age and higher incidence of benign ocular melanocytic lesions (melanocytosis, PAM, nevi).

Routine dermatological examinations reveal a significant incidence of oculopalpebral tumors, often asymptomatic and overlooked. The majority are benign, but malignant lesions, especially BCC and melanoma, emphasize the importance of systematic screening to ensure early diagnosis and treatment.

Conclusion:

Systematic dermatological evaluation of the anterior oculopalpebral region significantly improves detection rates of both benign and malignant tumors. This practice should be integrated into routine dermatological examinations to optimize early diagnosis and management.

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Abstract N°: 3686

Comorbidity Burden and Demographics of Patients Across Subtypes of Cutaneous Lupus Erythematosus From a Large US Electronic Health Record Database Study

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Introduction & Objectives:

Cutaneous lupus erythematosus (CLE) is an autoimmune disease with various skin manifestations, which can occur with/without systemic manifestations.1,2 This study aimed to evaluate demographics and comorbidities in a large cohort of US patients with CLE, CLE subtypes, and systemic lupus erythematosus (SLE), using an Electronic Health Record (EHR) data set.

Materials & Methods:

This cross-sectional study used the Optum® de-identified Electronic Health Record data set (N=~113 million) from 2016 to 2022. CLE, SLE, and comorbidities were defined using International Classification of Diseases-9/10-Clinical Modification codes.3,4 Informed by a recent study validating EHR-based algorithms to identify CLE patients,4 CLE patients were defined as having ≥ 2 ICD-10-CM codes for CLE, with ≥ 1 code from a dermatologist or a rheumatologist during the study period (2016–2022). Descriptive statistics were used to summarize the demographics (age, sex, race) and comorbidities. All analyses were conducted using SAS® 9.4.

Results:

Demographics

Among the 10,025 identified patients with CLE, 47.1% had coexisting SLE (CLE+SLE). Among the CLE-only and CLE+SLE patients, respectively, discoid lupus erythematosus (DLE) occurred in 56.8% and 72.0%, and subacute CLE (SCLE) in 13.3% and 5.7%. Demographic findings for the distribution of sex, age, and race are reported in **Figure 1**. In summary, demographic findings by CLE subtype, as reported in CLE-only and CLE+SLE patients, respectively, included proportion of female patients (DLE: 76.8%, SCLE: 81.1%; DLE: 89.9%, SCLE: 87.1%), median age-of-onset (years) (DLE: 52, SCLE: 61; DLE: 48, SCLE: 56), and proportion of African American patients (DLE: 29.1%, SCLE: 4.8%; DLE: 33.9%, SCLE: 8.9%).

Comorbidities

The frequency of cardiovascular risk factors and mental health disorders among patients with CLE by subtype are presented in **Figure 2**. In CLE-only and CLE+SLE patients, respectively, frequencies of comorbidities included: hypertension (DLE: 35.7%, SCLE: 34.1%; DLE: 54.2%, SCLE: 47.2%), obesity (DLE: 21.9%, SCLE: 16.2%; DLE: 33.9%, SCLE: 25.1%), type 2 diabetes (DLE: 10.4%, SCLE: 9.1%; DLE: 14.3%, SCLE: 9.2%), depression (DLE: 13.0%, SCLE: 13.5%; DLE: 30.1%, SCLE: 25.5%), and anxiety disorder (DLE: 16.4%, SCLE: 16.0%; DLE: 31.2%, SCLE: 31.0%).

Conclusion:

CLE patients across all subtypes, and with or without SLE, experience serious comorbidities including cardiovascular risk factors and mental health disorders, underlining the seriousness of CLE. Characterizing this comorbidity burden could encourage earlier screening and treatment and improve understanding of CLE beyond cutaneous manifestations.

References:

1Grönhagen CM, et al. Br J Dermatol 2011;164:1335–1341

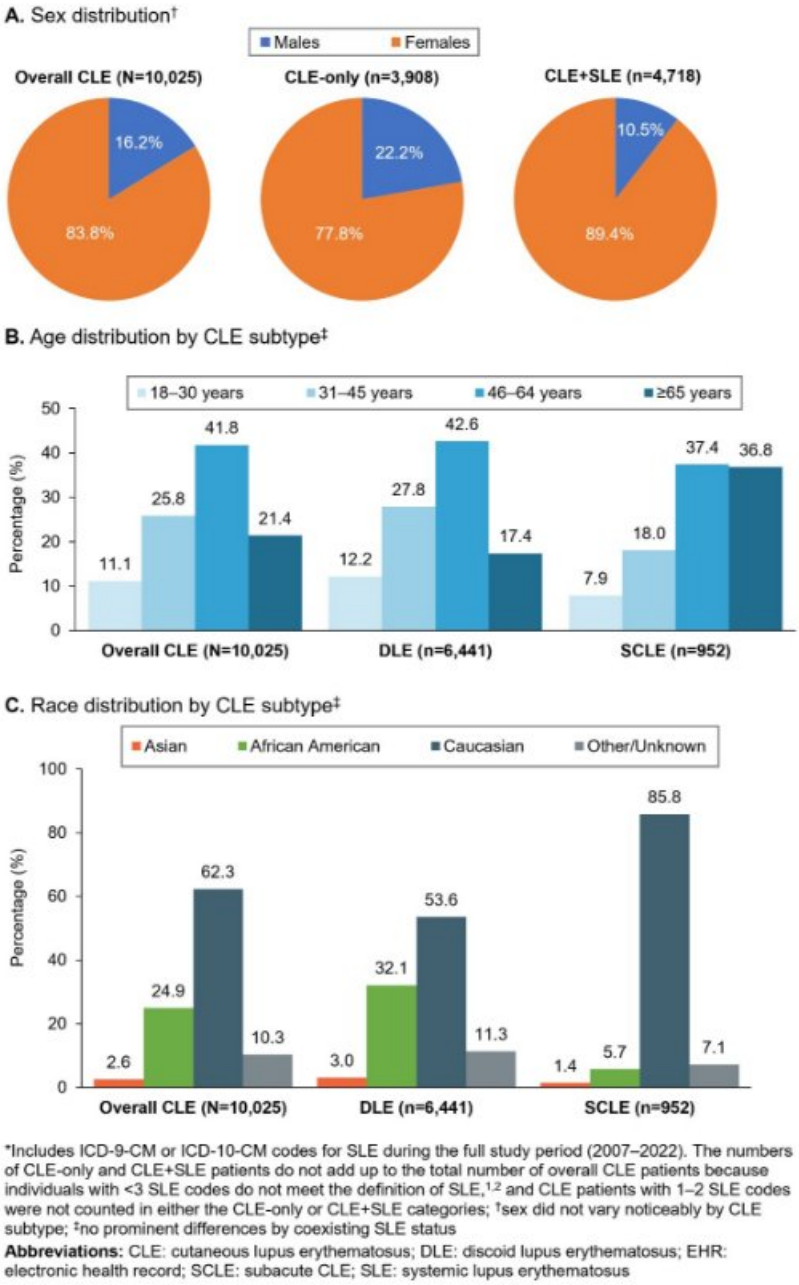
2Durosaro O, et al. Arch Dermatol 2009;145:249–253

3Barnado A, et al. Arthritis Care Res (Hoboken) 2017;69:687–693

4Guo L, et al. Arthritis Rheumatol 2022;74(Suppl. 9) (Abstract 0318)

Previously presented AAD 2025.

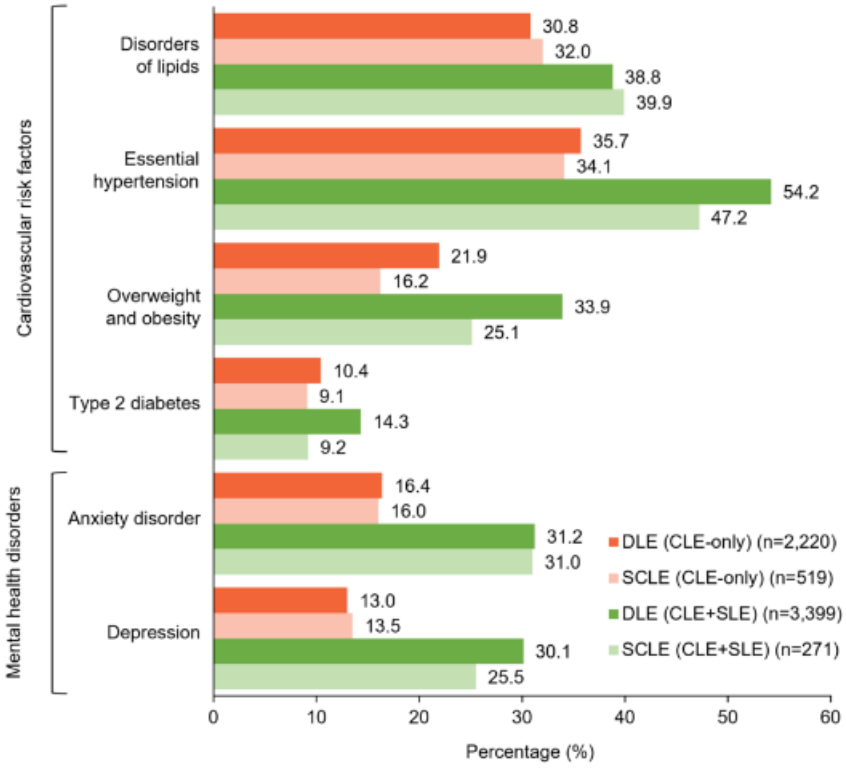
Figure 1. Demographic characteristics of patients with CLE in the Optum® EHR 2016–2022 by CLE subtype/coexisting SLE* status



*Includes ICD-9-CM or ICD-10-CM codes for SLE during the full study period (2007–2022). The numbers of CLE-only and CLE+SLE patients do not add up to the total number of overall CLE patients because individuals with <3 SLE codes do not meet the definition of SLE,[1,2] and CLE patients with 1–2 SLE codes were not counted in either the CLE-only or CLE+SLE categories; †sex did not vary noticeably by CLE subtype; ‡no prominent differences by coexisting SLE status

Abbreviations: CLE: cutaneous lupus erythematosus; DLE: discoid lupus erythematosus; EHR: electronic health record; SCLE: subacute CLE; SLE: systemic lupus erythematosus

Figure 2. Comorbidities of clinical interest among patients with CLE occurring any time between 2016–2022 in the Optum® EHR, by coexisting SLE* status and by CLE subtype



*Includes ICD-9-CM or ICD-10-CM codes for SLE during the full study period (2007–2022). The numbers of CLE-only and CLE+SLE patients do not add up to the total number of overall CLE patients because individuals with <3 SLE codes do not meet the definition of SLE,[1,2] and CLE patients with 1–2 SLE codes were not counted in either the CLE-only or CLE+SLE categories

Abbreviations: CLE: cutaneous lupus erythematosus; CM: Clinical Modification; CVD: cardiovascular disease; DLE: discoid lupus erythematosus; EHR: electronic health record; ICD: International Classification of Disease; SCLE: subacute CLE; SLE: systemic lupus erythematosus

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Abstract N°: 4036

Factors Affecting the Patient's Decision When Selecting Their Dermatologist in Kuwait: A Cross-Sectional Study

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Introduction & Objectives:

Dermatology in Kuwait has expanded to encompass both medical and cosmetic services. Despite this growth, little research has investigated factors influencing patient choice of dermatologist. This study aimed to identify and compare the most influential modifiable (e.g., professionalism, availability, appearance) and non-modifiable (e.g., age, gender, nationality) factors affecting dermatologist selection among patients in Kuwait.

Materials & Methods:

A cross-sectional online survey of 43 questions, adapted from validated instruments, was distributed via social media to individuals aged 18 years and older in Kuwait. Demographic data and patient preferences were collected. Due to non-normal distribution of responses, non-parametric tests (Mann-Whitney U and Kruskal-Wallis) were used for analysis. A total of 992 completed responses were analyzed.

Results:

Professionalism was rated the most important factor (median = 10), followed by availability and dermatologist appearance (median = 9). Religion, nationality, and marital status were consistently the least important factors (median = 1–2). Female respondents valued appearance and communication significantly more than males ($p < 0.05$). Higher-income participants prioritized academic credentials (e.g., foreign training, research involvement). Regional differences were observed, with southern governorates emphasizing physical appearance more, while residents in Jahra prioritized clinical experience. Insurance status had minimal overall impact, although uninsured patients placed slightly more importance on appearance and credentials.

Conclusion:

Patients in Kuwait prioritize modifiable traits, particularly professionalism, availability, and dermatologist appearance, when selecting their dermatologist. Non-modifiable factors such as age, gender, and nationality exert minimal influence. These findings suggest that improving professional behavior, accessibility, and communication may enhance patient satisfaction and dermatology practice success in Kuwait.

Abstract N°: 4141

Gender Dynamics in Specialty Choice: Insights from Dermatology in Morocco

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Introduction & Objectives:

Dermatology is one of the most demanding medical specialties. Although often perceived as a "consultation-based" discipline, it is in fact a transversal field interacting with several other medical areas, including rheumatology, infectious diseases, allergology, oncology, and internal medicine. In Morocco, dermatology has become a predominantly female specialty, which may influence its perception and attractiveness. The aim of this study is to analyze the factors influencing the choice of dermatology in Morocco, in light of the increasing feminization of the field and its impact on the specialty's perception and appeal.

Materials & Methods:

This was a descriptive, cross-sectional study. Data were collected through a self-administered questionnaire based on a literature review and distributed via social media platforms.

Results:

A total of 361 responses were collected: 193 residents (53.5%), 83 sixth-year medical students (23%), 74 university hospital interns (20.5%), and 11 regional hospital interns (3%). Female respondents predominated (62%), and 56.5% were aged 26 or older. Responses were distributed among Moroccan public medical faculties.

Among participants, 65.9% expressed a preference for medical specialties, compared to 31% for surgical specialties and 3% for laboratory-based disciplines. Only 9.7% expressed interest in an academic career.

Regarding specialty choice, only 84 respondents (23.3%) had chosen or would choose dermatology, of whom only 11.9% were male. Among factors related to undergraduate training, 58.3% stated that dermatology externship rotations had the greatest influence on their choice, followed by internship rotations (55.9%). Conversely, lectures were considered less influential (32.1%), and roundtable discussions or conferences were decisive for only a limited number of participants (10.7%).

As for the specialty-specific features, several factors motivated the choice of dermatology: post-residency quality of life was the most influential (77.4%), followed by an interest in minor surgery (70.2%), passion for the discipline (67.8%), and the visual nature of dermatology (60.7%). The appeal of aesthetic dermatology was cited by 50%, while 38.1% mentioned a scientific interest in the field.

Conversely, among those who did not choose dermatology, 88.8% reported a stronger interest in another specialty—28.5% of them in major surgery. Additionally, 11.2% cited the limited number of residency positions as a deterrent. A lack of employment opportunities in the private sector also discouraged 13.3% of participants. Finally, 35.4% perceived dermatology as a "female-oriented" specialty, which influenced their decision.

Two department-related elements were found to significantly impact the choice of dermatology: the teaching approach of professors (70.2%) and the department's working environment (53.6%). In contrast, schedule flexibility had a limited influence (22.6%).

Conclusion:

This study highlights the increasing feminization of dermatology in Morocco, reflecting a broader global trend. Factors such as the pursuit of better work-life balance and the perception of dermatology as a “female-oriented” specialty appear to shape both the attractiveness and gender distribution within the field. This dynamic may contribute to a phenomenon of self-selection among male physicians, potentially limiting diversity in the specialty.

Abstract N°: 4236

Erythema Anulare Centrifugum: a Retrospective Preliminary Study of 46 Patients in Relation to Clinical Characteristics and ANA Positivity

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Introduction & Objectives:

Erythema annulare centrifugum (EAC) is a dermatosis characterized by urticarial-like papules and plaques that may be accompanied by scales, forming annular or polycyclic lesions with central clearing. The etiology of the disease remains unclear; however, it is considered a hypersensitivity reaction triggered by infections, medications, malignancies, or the presence of autoimmune diseases.

Antinuclear antibodies (ANA) are a group of autoantibodies that target macromolecular components within the cell nucleus. They bind to DNA, RNA, proteins, and protein–nucleic acid complexes, and play a key role in the evaluation of a wide spectrum of rheumatologic and autoimmune disorders.

This study aims to investigate the clinical features of patients with EAC and the association with ANA positivity in order to obtain new insights into the possible autoimmune background of EAC.

Materials & Methods:

Clinical data of 46 patients diagnosed with Erythema Annulare Centrifugum (EAC) between 2015 and 2025 at the Dermatology Outpatient Clinic of Necmettin Erbakan University Hospital were retrospectively obtained from medical records. Clinical evaluations included gender, age, distribution of lesions, ANA levels, and associated diseases. Continuous variables (age) were expressed as mean ± standard deviation, while categorical variables (lesion localization, associated conditions) were presented as numbers and percentages.

Results:

In our study, the most common conditions associated with EAC were fungal skin infections (17.39%), malignancies (8.69%), and autoimmune thyroid disease (8.68%). ANA values were available for 26 of the 46 patients. Among these 26 patients, ANA was positive in 10 (38.46%) and negative in 16 (61.53%). We would like to draw attention to the limited number of studies in the literature reporting ANA test results in EAC; this parameter may offer new insights into the possible autoimmune background of the disease.

Conclusion:

In our study, we examined the demographic and clinical characteristics of patients with EAC. Among the etiological factors associated with EAC, autoimmune thyroiditis was found to occur with a notable frequency following cutaneous fungal infections and malignancies. Additionally, our findings suggest a potentially meaningful association between ANA positivity and EAC, indicating that ANA screening may serve as a helpful tool in elucidating underlying etiological factors.

Associated conditions, N (%)	N
Infections,9 (%19,56)	Tinea pedis/unguium: 8 Urinary tract infection: 1
Malignancies,4 (%8,69)	Lymphoma: 1 Renal cancer:1 Breast cancer: 1 Colon cancer: 1
Endocrinopathies,5 (%10,86)	Hashimoto’s thyroiditis: 2 Graves’ disease: 2 Diabetes: 1
Other,3 (%6,52)	Severe combined immunodeficiency (SCID):1 Crohn’s disease:1 History of drug use: 1

Table 1.Associated conditions which were blamed for triggering erythema annulare centrifugum in the patients.

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Abstract N°: 4634

International Society of Iconodiagnosis ISI Database: Iconodiagnosis and Semi-Quantitative Analysis of Cutaneous Anomalies in the arts

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Introduction & Objectives:

Iconodiagnosis is an innovative interdisciplinary approach that bridges art history and medicine to identify diseases through their depiction in visual artworks—particularly paintings and sculptures. By observing the human body in art through a clinical lens, researchers can detect signs of medical conditions, especially dermatological ones, that might otherwise go unnoticed in purely aesthetic or symbolic readings. With this in mind, the **International Society of Iconodiagnosis** has developed a unique and meticulously organized database using **LibreOffice**, compiling a corpus of historical artworks that feature visible cutaneous anomalies. The objective is to structure and enhance the value of these iconographic observations by linking them to both medical and artistic criteria.

Materials & Methods:

The database includes **over 25 searchable fields**, enabling detailed cross-analysis based on medical data (lesion type, suspected pathology, anatomical location) and artistic information (historical period, artistic technique, school or movement, artist name, medium). This level of detail allows for a dual reading of each artwork: on one hand, the semiological and clinical analysis of the depicted body; on the other, the artistic, historical, and cultural contextualization. Designed as a **collaborative and evolving tool**, the database is intended for use by **both art historians and medical professionals**, facilitating comparative research, the iconographic tracking of diseases, and the exploration of epidemiological and cultural trends over time.

Results:

A major strength of this database is its integration of **direct links to scientific publications** that describe and analyze the iconodiagnostic cases identified. This connection between imagery and scholarly literature allows diagnostic hypotheses to be supported by peer-reviewed sources, thereby enhancing the scientific rigor of the research. Additionally, the standardized structure of the database enables **semi-quantitative analyses**, allowing researchers to assess the frequency and distribution of dermatological manifestations across various historical periods and artistic styles. These studies offer fresh insights into how skin diseases have been perceived, portrayed, and possibly stigmatized in different eras, as well as the degree of anatomical and pathological accuracy in artistic representations.

Conclusion:

This work highlights the relevance and richness of iconodiagnosis as a complementary approach to **deepening**

our historical understanding of dermatological conditions. It underscores the value of combining medical and artistic perspectives to analyze the representation of diseased bodies in visual art and proposes a **structured research framework** for exploring the clinical, cultural, and aesthetic dimensions of these images. The database developed by the International Society of Iconodiagnosis emerges as a **valuable resource for interdisciplinary research**, fostering dialogue among medicine, art history, anthropology, and the social sciences.

Abstract N°: 4714

Understanding Global Gaps in Dermatologist Availability and Training: Findings from the SkinObservatory Study

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Introduction & Objectives: Although dermatologic conditions affect nearly one-third of the global population, there are limited data on the distribution of dermatologists and dermatology training programs worldwide. Prior studies from select countries reveal striking disparities in dermatologist distribution and training capacity, with rural areas facing lower dermatologist density than urban centers and a disproportionate number of dermatologists concentrated in the private sector, despite many patients relying on public healthcare systems. We aim to provide the first systematic global assessment of access to dermatological care.

Materials & Methods: The Global Access to Skin Health Observatory (SkinObservatory) is a cross-sectional, Delphi-developed, online survey conducted among national level-dermatologic leaders in all 194 WHO member states. Participants provided information on the availability of dermatologists and dermatology training programs, and responses were compared across World Bank income levels via Chi-squared and Fisher's exact tests.

Results: The SkinObservatory survey has been completed by 128 countries across all six WHO regions. Many countries (39.8%) reported one or fewer dermatologists per 100,000 inhabitants, with five countries from the African and the Western Pacific regions reporting zero dermatologists. The density of dermatologists per 100,000 population varied by World Bank income level ($p<0.001$), with an average of 0.4 dermatologists per 100,000 population in low-income countries, 1.4 in low-middle-income countries, 3.0 in upper-middle-income countries, and 5.0 in high-income countries (**Figure 1**).

In addition, dermatology residency training programs were unevenly distributed, ranging from zero training programs in 25 countries to as many as 400 in India. There was an average of 3.6 dermatology trainees per million people globally, with half of all surveyed countries reporting at or below 2 trainees per million inhabitants. Dermatology trainee density also varied by World Bank income level of the country ($p<0.001$, **Figure 2**).

There were notable differences in perceived access to dermatologic care associated with country income level for both general dermatologic care ($p=0.02$) and specialized care for complex diseases requiring systemic management ($p=0.04$). Most low- and lower-middle-income countries (61%) reported *extremely poor* or *inadequate* access to general dermatologic care, while 77% of upper-middle and high-income countries rated access as *adequate*, *satisfactory*, or *excellent*. Within-country distribution of dermatologists was also identified as an issue, with respondents citing a shortage of dermatologists in the public sector as compared to private (50%) and in rural areas as compared to urban (68%).

Conclusion: Significant disparities exist in dermatologic care worldwide, with the availability of dermatologists, formal training programs, and access to care largely shaped by a country's income level. Low- and low-middle-income countries face the greatest challenges, struggling with severe shortages of dermatologists and training programs and limited access to general and specialized care. However, disparities persist across all income levels, with access consistently poorer in rural areas and the public sector. Addressing these inequities requires targeted efforts to expand dermatology training programs and strengthen healthcare infrastructure.

Figure 1: Dermatologist Density per 100,000 Population by World Bank Income Level

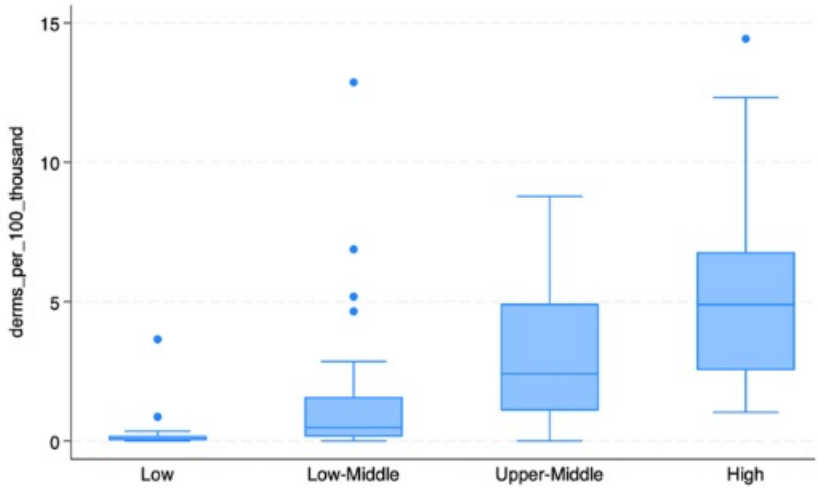
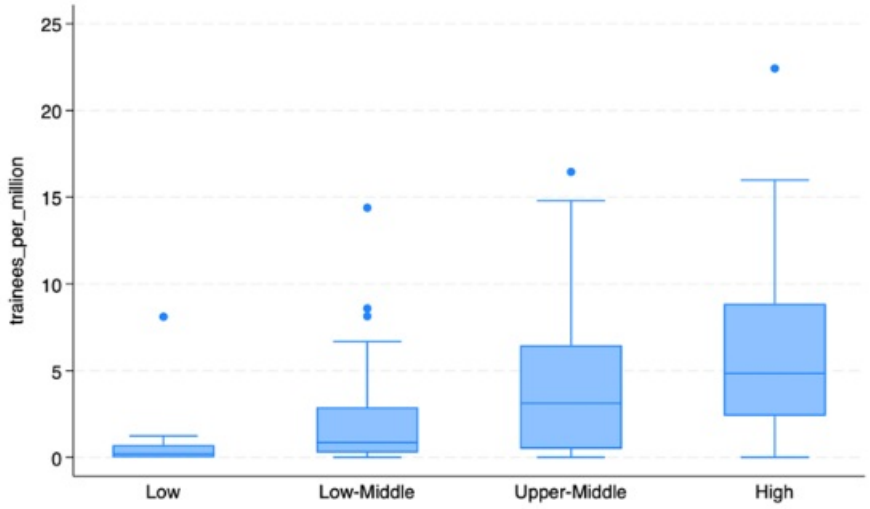


Figure 2: Dermatology Trainee Density per Million Population by World Bank Income Level



Abstract N°: 4821

‘Simu-skin’ and the ‘new and changing mole’ model: A novel approach to tackling increasing melanoma rates and empower positive change

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Introduction and objectives

Melanoma is the most aggressive type of skin cancer and fifth most common cancer overall. Primary risk factors include ultraviolet (UV) radiation, fair skin, age and sex. In Ireland over 1000 people are diagnosed with melanoma each year. Here, as with many other countries, the ‘ABCDE’ rule is the primary public-health messaging tool to empower improved skin monitoring for melanoma. Despite its widespread use international melanoma incidence rates are increasing. *Simu-skin* (simulation-skin) has been newly developed by ourselves and a graphic design team using silicone to form clinically accurate tactile representations of the steps of progression from a typical naevus to a melanoma. Each individual silicone piece (1.5cm2) was mounted onto a hand-held backing to form a ‘new and changing mole’ model. The purpose of this study was to assess patient’s knowledge of melanoma and then compare attitudes toward current Irish ‘ABCDE’ campaign literature and the ‘new and changing mole’ model.

Materials & Methods

Fifty patients attending dermatology clinic were included. Patient’s knowledge was assessed by identifying whether they had heard the term melanoma, from what source and if they were aware of any relevant public-health campaigns. They were then shown the pictorial representation of the ‘ABCDE’ rule from the Irish Skin Foundation ‘Protect and Inspect’ patient leaflet and the prototype *simu-skin* ‘new and changing mole’ model. Patients could hold, view and feel the *simu-skin*. The respondents were asked how easy each information source was to understand, which provided a clearer explanation and how likely they were to monitor their skin/change photo-protective practices having viewed them.

Results

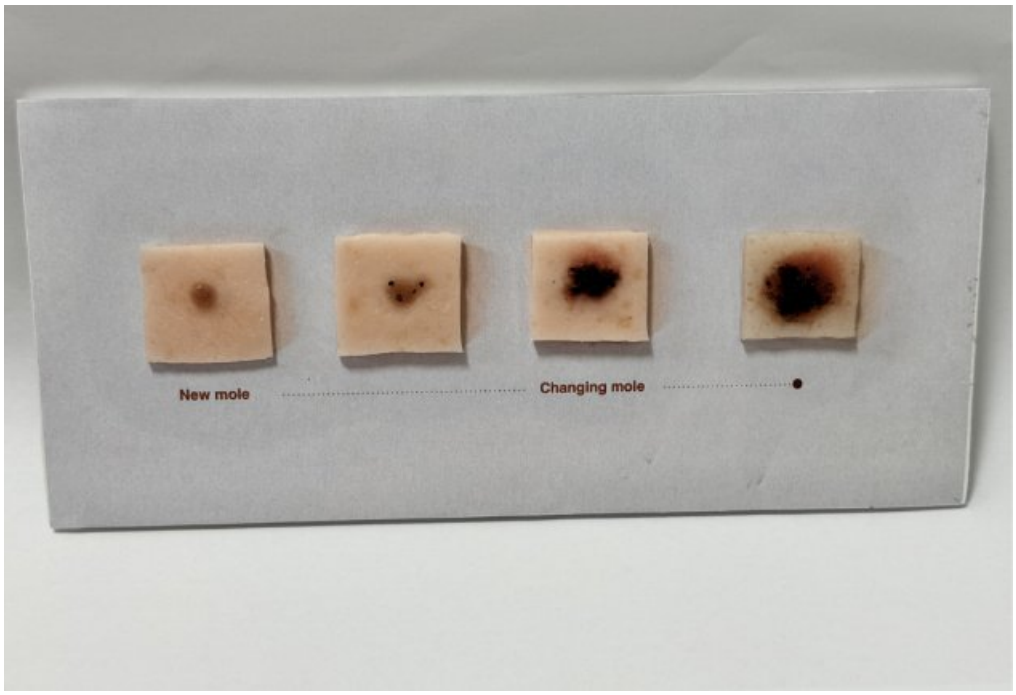
92% of patients were aware of the term melanoma with 94% identifying it as skin cancer. The majority heard of melanoma from healthcare professionals (26) or friends and family (25). 14 were aware from public health campaigns but only 3 could name a relevant campaign. The majority at 62% found the ‘ABCDE rule’ leaflet ‘easy’ to understand and 26% ‘extremely easy’ to understand. 4% found it ‘somewhat difficult’ to understand. 56% reported that they were ‘very likely’ to monitor their skin and change practice after reading it, 36% ‘somewhat likely’ and 8% ‘neutral’. In comparison, 60% of respondents found the *simu-skin* model ‘extremely easy’ to understand, 32% ‘easy’ to understand and 4% ‘somewhat difficult’ to understand. 78% of patients were ‘very likely’ to monitor their skin and change practice based on viewing it, with 14% ‘somewhat likely’ and 8% ‘neutral’. Overall 58% of respondents found the ‘new and changing mole’ model a clearer method of explanation compared to 42% for the ‘ABCDE’ rule.

Conclusion

Skin cancer rates are increasing despite well-established patient education tools. Patients are aware of the term melanoma but generally lack knowledge of public-health campaigns. Our analysis shows messaging of any kind

has a positive impact on patient's attitudes to skin monitoring and may change their photo-protective practices. 58% of respondents found our *simu-skin* model easier to understand compared to 42% for traditional methods. Desirability and feasibility studies as well as larger scale patient analyses are required to potentially expand and develop this method of public-health messaging. However, we believe this novel approach may hold future potential to combat ever-increasing melanoma incidence rates.

Figure 1: 'new and changing mole' model



Abstract N°: 4822

beyond the screen: regional and temporal patterns in german teledermatology

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Introduction & Objectives: This study investigates usage patterns of teledermatology consultations in Germany by analyzing quantitative data on patient activity across different times, days, and places of residence. Teledermatology enables remote dermatological consultations and diagnoses through digital technologies, allowing patients to address skin conditions without requiring in-person visits. Demand for teledermatology services has increased significantly, driven by technological advancements, limited access to in-person care, and the COVID-19 pandemic, which necessitated rapid adaptations in healthcare delivery. It has proven to be a reliable and cost-effective approach, reducing the need for face-to-face appointments—particularly in underserved regions—and facilitating faster access to medical advice and treatment plans. This, in turn, may lead to earlier interventions and improved clinical outcomes.

Materials & Methods: Data were collected between 1 August 2023 and 31 July 2024 via a nationwide teledermatology service. Standardized patient questionnaires and clinical images were reviewed by board-certified dermatologists, who provided diagnostic and therapeutic recommendations based on structured protocols.

Results: Across the observation period, we observed notable patterns in both temporal and gender-related usage. The majority of patients with mild symptoms submitted during office hours (64.6%), while those reporting severe symptoms (e.g., significant pain and/or itching) submitted more frequently outside regular hours (47.7% vs. 35.4%, $P<0.01$) (Fig. 2). This suggests a correlation between symptom burden and after-hours service demand. Gender-stratified analysis of the top 25 diagnoses (Fig. 1) revealed that *eczema* and *acne* were the most common conditions in male and female, while certain conditions showed marked gender differences. For instance, *rosacea* and *perioral dermatitis* were more prevalent in women, whereas condylomata acuminata was exclusively diagnosed in men (0.1% vs. 0.8%, $P<0.01$). Submission timing was also associated with disease presentation (Fig. 3). Some conditions such as *balanitis* and *scabies* were more frequently reported during morning hours, while others—like *abscesses* and *prurigo simplex*—were more prevalent in the evening. Furthermore, Mondays consistently showed the highest volume of submissions across all patient groups.

Conclusion: This study concludes that teledermatology could be further optimized by aligning services with temporal usage trends and regional demand, thereby enhancing accessibility and clinical effectiveness. Our findings underscore that teledermatology is actively bridging gaps in dermatological care and holds significant potential to complement and extend traditional healthcare infrastructure. By adapting to observed usage patterns, teledermatology can serve as a valuable addition to conventional care—particularly in underserved regions—and help bridge existing gaps in access to specialized medical services.

Figure 1 – Top 25 diagnosis by gender (all age groups)

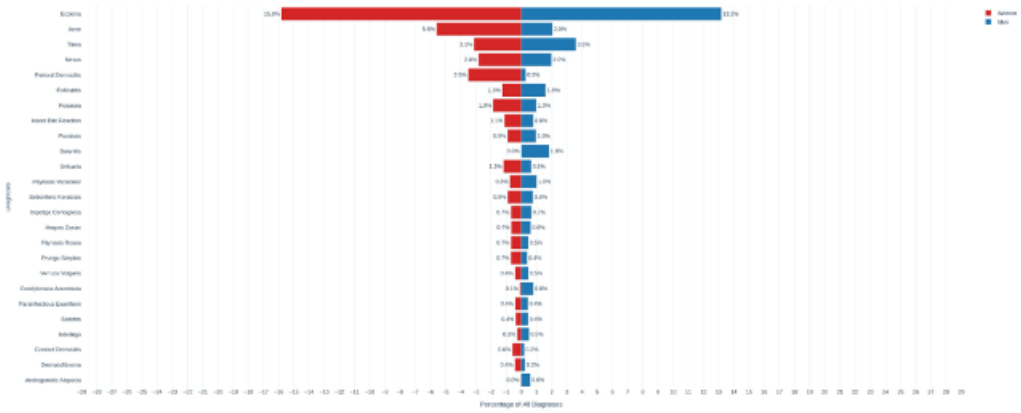
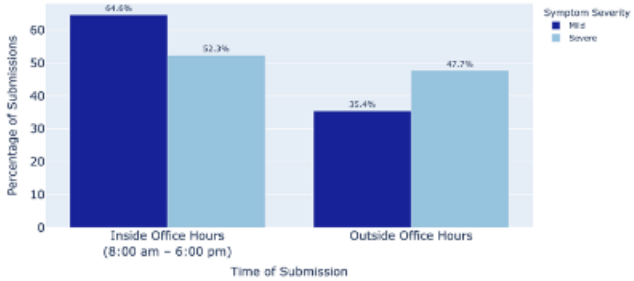


Figure 2 – Submission Timing by Symptom Severity (Pain and Itching)



Abstract N°: 5081

Comparative Analysis of HIV/AIDS Mortality Rates in Portugal and Brazil: from 2012 until 2022.

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Introduction & Objectives:

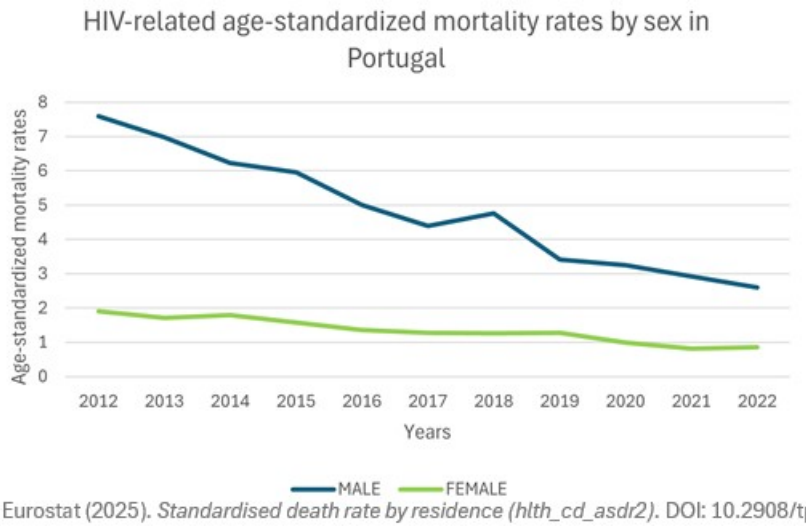
Human Immunodeficiency Virus (HIV) remains a major public health challenge, despite treatment advances and policy interventions1. Sexual transmission continues to drive approximately 70% of new infections worldwide2. Though antiretroviral therapy (ART) has reduced HIV-related mortality rates and virally suppressed individuals can no longer sexually transmit the virus, access to treatment remains uneven1,2. Portugal and Brazil exemplify contrasting epidemiology. In Europe, Portugal reports Western Europe's highest HIV incidence, with late diagnosis persisting as a critical barrier, particularly among migrants from Latin America1. Brazil still faces a high disease burden despite advances in MR, regardless of its pioneering role in ART access, remaining below UNAIDS 90-90-90 targets, with an estimated 83% diagnosis rate2. Thus, this study aims to examine age-standardised mortality rates (ASMR) due to HIV between Brazil and Portugal, disaggregated by sex, to explore potential disparities and underlying structural differences in public health responses.

Materials & Methods:

A descriptive cross-sectional analysis of ASMR was conducted using national mortality data from Datasus, ECDS and EUROSTAT, based on ICD10 codes B20-B24, stratified by sex and year (2012-2022). ASMR were calculated per 100,000 population using the European Standard Population (ESP 2013) to ensure comparability. Trends were assessed descriptively.

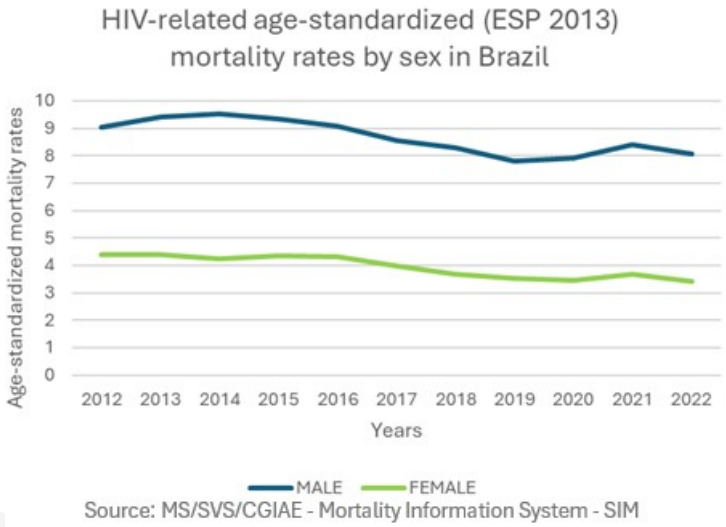
Results:

Despite overall declines in both, Portugal showed a consistent and accentuated reduction in ASMR in both sexes, mainly in men (from 7.59 to 2.6/100,000 inhabitants). Women's rates also decreased, though less markedly (from 1.9 to 0.86/100,000 inhabitants). Portuguese men represented almost fourfold the MR observed in Portuguese women in 2012, a disparity that narrowed to approximately threefold by 2022.



Source: Eurostat (2025). *Standardised death rate by residence (hlth_cd_asdr2)*. DOI: 10.2908/tps00143

Brazil however did not show the same trend, with a slower decline in its ASMR, men's rates remained higher (from 9.03 to 8.08/100,000 inhabitants). Women's rates showed a moderate reduction (from 4.38 to 3.43/100,000 inhabitants). However, difference between sexes were stable, ranging from approximately two- to 2.4-fold higher among men compared to women.



Source: MS/SVS/CGIAE - Mortality Information System - SIM

While both countries demonstrated a decrease in HIV-related ASMR between 2012 and 2022, Portugal achieved a steeper decline (65.7% in men and 54.7% in women) compared to Brazil (10.5% in men and 21.7% in women).

Conclusion:

Although both Portugal and Brazil saw reductions in HIV-related ASMR between 2012 and 2022, the magnitude and pace differed substantially. Portugal achieved a more pronounced and consistent reduction across both sexes, reflecting a stronger public health response. In contrast, Brazil's slower, uneven decline points to persistent structural challenges and regional inequalities. These findings underscore the importance of enduring interventions and early diagnosis to further reduce HIV-related mortality and address existing disparities.

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EUROPEAN ACADEMY OF DERMATOLOGY & VENEREOLOGY

Abstract N°: 5319

Recurrence of basal cell carcinoma after different treatment modalities: A nationwide study with up to 9 years follow-up

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Introduction & Objectives: The global incidence of basal cell carcinoma (BCC) is rising, placing a significant burden on healthcare systems. However, few studies using large, real-world datasets have compared the impact of different treatments or predicted BCC recurrence. The objective was to investigate and compare recurrence of nodular BCC (nBCC) and superficial BCC (sBCC) after treatment with curettage, standard excision (SE), imiquimod cream, photodynamic therapy (PDT) or cryotherapy. A second objective was to identify predictors of 2-year BCC recurrence using machine-learning model.

Materials & Methods: The study assessed BCCs treated in state-funded, office-based dermatology practices registered in the Danish Skin Cancer Registry between 2013-2022. Kaplan-Meier analysis was used to estimate cumulative recurrence rates (CRRs), and Cox-regression was used to estimate hazard-ratio (HR) according to treatment method. A machine-learning-based, boosted-decision-tree-model was used to predict BCC recurrence within the first 2 years after treatment.

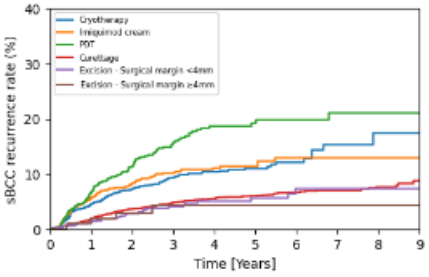
Results: The study comprised 98,757 tumours, with 73,952 (74.9%) nBCCs and 24,805 (25.1%) sBCCs. The most frequently used treatment was curettage for both nBCC and sBCC (85.1% and 63.2%). For nBCC, SE had the lowest 5-year CRR of 7.6% (95% confidence interval:6.4%–9.1%) (Fig 1). For sBCC, SE and curettage had similar 5-year CRRs of 5.6% (3.8%–8.2%) and 6.1% (5.5%–6.7%), respectively. BCC tumours treated with PDT had the highest 5-year CRRs reaching 27.8% (24.3%–31.7%) for nBCC and 20.0% (17.5%–24.1%) for sBCC. Assessment of HRs showed similar patterns: nBCC recurrence was decreased for SE (HR:0.80 and 0.83 for <4mm and ≥4mm margin, respectively) versus curettage (reference), and conversely increased for PDT treated between 2013-2020 (HR:1.25–1.84) (Fig 2). For sBCC, increased HRs for recurrence were observed for PDT (HR:1.39), imiquimod cream (HR:1.21), and cryotherapy (HR:1.23) compared with curettage, while no significant differences were observed between SE, 5-fluourouracil, and curettage. The machine-learning-model identified key predictors of BCC recurrence, including facial location, larger tumour size, a high number of hospital-registered diagnoses, and short distance to dermatological clinics.

Conclusion: SE had the lowest recurrence for nBCC, whereas for sBCC, it was both SE and curettage. Prediction models found both tumour-related and non-tumour-related factors to be important predictors of recurrence. These findings highlight the impact of treatment selection and patient-specific factors in guiding dermatologists toward optimal BCC management.

Fig 1. Cumulative recurrence rate estimated with Kaplan-Meier analysis and stratified by treatment type for**a)** nodular basal cell carcinoma and **b)** superficial basal cell carcinoma.

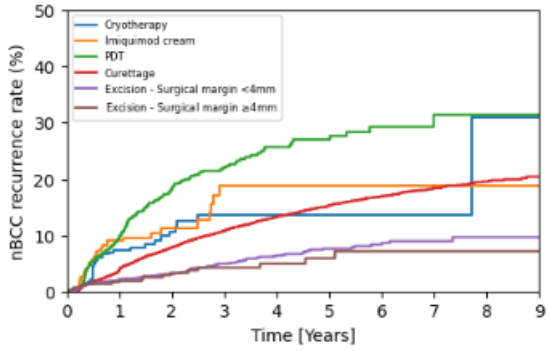
a)

b)



	2-year sBCC recurrence rate (% [CI 95%])	5-year sBCC recurrence rate (% [CI 95%])	8-year sBCC recurrence rate (% [CI 95%])
Cryotherapy	7.29 [6.26,8.47]	11.02 [9.48,12.79]	17.46 [13.71,23.77]
Imiquimod cream	8.37 [7.09,9.88]	11.44 [9.59,13.62]	12.94 [10.57,15.8]
PDT	11.38 [9.72,13.3]	19.26 [16.77,23.34]	21.03 [17.35,25.46]
Curettage	3.7 [3.34,4.09]	6.04 [5.47,6.66]	7.68 [6.75,8.74]
Excision - Surgical margin <4 mm	2.88 [1.9,4.37]	5.66 [3.83,8.33]	7.37 [4.76,11.32]
Excision - Surgical margin ≥4 mm	3.04 [1.69,5.29]	4.37 [1.74,10.75]	4.37 [1.74,10.75]

a)



	2-year nBCC recurrence rate (% [CI 95%])	5-year nBCC recurrence rate (% [CI 95%])	8-year nBCC recurrence rate (% [CI 95%])
Cryotherapy	10.68 [7.33,15.42]	13.67 [9.37,19.71]	30.93 [10.6,70.55]
Imiquimod cream	11.38 [7.91,16.23]	18.83 [12.67,27.49]	18.83 [12.67,27.49]
PDT	18.34 [16.08,20.87]	27.06 [23.56,30.96]	31.46 [25.94,37.82]
Curettage	7.85 [7.56,8.15]	15.35 [14.78,15.95]	19.58 [18.6,20.61]
Excision - Surgical margin <4 mm	3.12 [2.63,3.68]	7.65 [6.37,9.17]	9.69 [7.67,12.21]
Excision - Surgical margin ≥4 mm	3.35 [2.03,5.51]	5.95 [3.52,9.96]	7.2 [4.16,12.31]

b)

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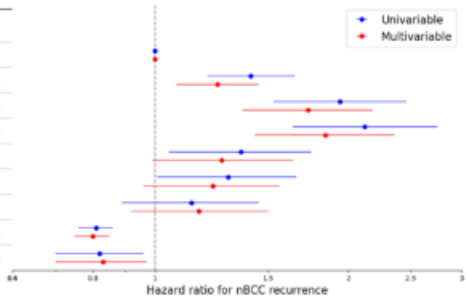
a)

a) **Fig 2.** Hazard ratios for recurrent tumour according to treatment method in**a)** nodular basal cell carcinoma, **b)** superficial basal cell carcinoma.**

nBCC	Recurrence/total	HR Univariable (95% CI)	HR Multivariable (95% CI)
Treatment			
Curettage	3882/62948	1.00 (ref.)	1.00 (ref.)
PDT (2013-2018)	113/809	1.41 (1.21-1.65)	1.25 (1.08-1.45)
PDT (2019)	57/350	1.94 (1.53-2.46)	1.73 (1.37-2.18)
PDT (2020)	51/289	2.12 (1.64-2.75)	1.84 (1.43-2.36)
PDT (2021-2022)	33/377	1.36 (1.05-1.75)	1.27 (0.99-1.64)
Imiquimod cream	36/382	1.30 (1.01-1.66)	1.23 (0.96-1.56)
Cryotherapy	32/382	1.14 (0.89-1.45)	1.17 (0.92-1.50)
Excision - Surgical margin <4 mm	217/7351	0.81 (0.76-0.86)	0.80 (0.75-0.85)
Excision - Surgical margin ≥4 mm	26/1043	0.82 (0.70-0.96)	0.83 (0.70-0.97)



b)

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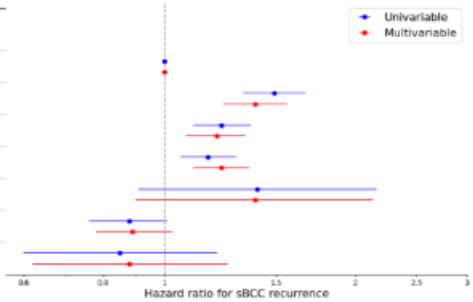
sBCC	Recurrence/total	HR Univariable (95% CI)	HR Multivariable (95% CI)
Treatment			
Curettage	509/15688	1.00 (ref.)	1.00 (ref.)
PDT	194/2081	1.49 (1.33-1.67)	1.39 (1.24-1.56)
Imiquimod cream	166/2533	1.23 (1.11-1.37)	1.21 (1.08-1.34)
Cryotherapy	198/2661	1.17 (1.06-1.30)	1.23 (1.11-1.36)
5-Fluorouracil	13/119	1.40 (0.91-2.16)	1.39 (0.90-2.13)
Excision - Surgical margin <4 mm	36/1497	0.88 (0.76-1.01)	0.89 (0.78-1.03)
Excision - Surgical margin ≥4 mm	5/226	0.85 (0.60-1.21)	0.88 (0.62-1.26)



Multivariable adjustment from Cox-regression included age, sex, lateral tumour size, anatomical location, and Fitzpatrick skin type. HR=hazard-ratio; PDT=photodynamic therapy

Abstract N°: 5484

Prevalence and mortality rates from melanoma in Serbia

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Introduction & Objectives:

Cutaneous malignant melanoma has an increasing incidence and continues to be the deadliest form of skin cancer globally, significantly impacting public health. This increase is due to various factors, including demographic changes and possibly increasing UV exposure and changes in sun-related behaviors. The aim of this study was to assess the incidence and mortality number and rates, with references to the gender and age disparities in Serbia.

Materials & Methods:

The study was designed as a retrospective descriptive epidemiological study. The research used data from last report of Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" about malignant tumors in Republic of Serbia. Incidence and mortality rates were standardized by the method of direct standardization, with the World and European population as the standard population. Correlation, linear regression and T test were performed to assess the association and differences between gender and age group.

Results:

There is no statistically significant correlation between gender considering number of new cases of melanoma in the period between 2016 and 2022. The mean number of new cases was 367 for males and 296 for females which represents 1.6% and 1.4% of all new cases of maligned carcinomas in Republic Serbia. Linear trends showed mainly steady rates, with increase towards the 2022. Incidence rate for males was 6.1 per 100,000 and for female was 4.7 on 100,000 while trend analysis showed increase in females ($y=3.8x+288.87$; $R^2=0.0482$).There is no statistically significant correlation between gender considering number of death cases by melanoma in the period between 2016 and 2022. The mean number of death cases was 159 for males and 103 for females which represents 1.3% and 1.2% of all death cases from maligned carcinomas in Republic Serbia. Linear trends showed mainly steady rates for males, while in females decrease is noticed ($y=-2.2857x+109.86$; $R^2=0.1906$). Mortality rate for males was 2.3 per 100,000 and for female was 1.3 per 100,000 while trend analysis showed mainly steady rates, with sight decrease in males, and increase in females.Considering the age, median number of new cases was equal in age group 0-20 years, it was 1.2 times higher in females in age group 21 to 40 and 1.2 and 1.3 times higher in males in group 41 to 60 and older than 60. Looking at the number of death cases by melanoma, it was equal in age group 0-20 years, and higher in males in 21 to 40, 41 to 60 and over 60 by 1.8, 1.7 and 1.4, respectfully.

Conclusion:

The trend of increasing mortality from malignant melanoma in Serbia was observed, especially in males. Age proved to be significantly important determinant for melanoma occurrence for younger females and older males. The male gender seems to have melanomas diagnosed more common. Significant number of new cases of melanoma could be prevented by implementing effective prevention measures by controlling the exposure and adequate skin protection, but most importantly by examinations of the skin by dermatologist along with implementing the education and awareness about melanoma.

Abstract N°: 5888

Correlation between the number of solar lentigines and seborrheic keratoses: a cross-sectional study of 89 patients

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Introduction & Objectives:

Solar lentigines and seborrheic keratoses are common benign epidermal lesions strongly associated with cumulative ultraviolet exposure and chronological aging. Although differing in cellular origin — lentigines from melanocytic hyperplasia, keratoses from clonal keratinocytic proliferation — both frequently coexist in sun-exposed areas. This raises the possibility of shared environmental or intrinsic aging-related mechanisms. The aim of this study was to evaluate the quantitative relationship between these lesions and explore potential shared contributing factors in adult dermatology patients.

Materials & Methods:

A total of 89 patients (64 women [71.9%], 25 men [28.1%]) aged 42–85 years (mean age: 63) were prospectively enrolled during routine dermatological consultations in 2024. Patients with active dermatoses affecting lesion visibility were excluded. Most participants had Fitzpatrick skin types II (n=38) and III (n=44); types I (n=2) and IV (n=5) were underrepresented. Lesions were evaluated on the face (n=76), neck (n=68), chest (n=61), forearms (n=74), and hands (n=73) using both polarized and non-polarized dermoscopy (HEINE DELTA 20T). Two board-certified dermatologists independently counted lesions within standardized 5×5 cm areas per site. Interobserver agreement was assessed using Cohen's kappa coefficient ($\kappa = 0.87$), indicating strong concordance. Diagnostic criteria included pseudonetworks and fingerprint-like structures for solar lentigines, and comedo-like openings and milia-like cysts for seborrheic keratoses. Data distribution was assessed using the Shapiro–Wilk test, revealing a significant deviation from normality ($p < 0.05$). Spearman's rank correlation was used for statistical analysis. All participants provided written informed consent.

Results:

The number of solar lentigines ranged from 6 to 49 (mean: 27.3), and seborrheic keratoses from 2 to 35 (mean: 13.6) per patient. A strong positive correlation was observed between the counts of solar lentigines and seborrheic keratoses ($r = 0.84$, $p < 0.0001$), suggesting a possible shared etiological pathway. Both lesion types also demonstrated a moderate positive correlation with age:

- Solar lentigines: $r = 0.46$, $p < 0.001$
- Seborrheic keratoses: $r = 0.52$, $p < 0.001$

Subgroup analysis by sex revealed consistently strong correlations ($r = 0.83$ in women; $r = 0.81$ in men; both $p < 0.001$), with no significant sex-based differences. Solar lentigines were most frequently observed on the face and forearms, while seborrheic keratoses were more evenly distributed, particularly on the chest and hands.

Conclusion:

This study revealed a strong correlation between the number of solar lentigines and seborrheic keratoses in adult patients, as well as a moderate association of both lesion types with age. These findings support the hypothesis that cumulative sun exposure and intrinsic aging may jointly contribute to the parallel development of these lesions. Future research incorporating histopathological and molecular profiling is warranted to determine whether this correlation reflects overlapping mechanisms of skin aging or a coincidental coexistence due to shared environmental influences.

Abstract N°: 6030

Care of Patients with GPP: Analyses from the German PPBest Registry

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Introduction & Objectives:

Generalized pustular psoriasis (GPP) (Zumbusch type) is a rare, heterogeneous, neutrophilic dermatosis. Clinically, it presents as episodes of extensive skin erythema accompanied by sterile, macroscopically visible pustules. GPP can be associated with life-threatening systemic inflammation affecting multiple organ systems. Compared to plaque psoriasis, our understanding of the disease characteristics, quality of life, and comorbidities of GPP is limited. Analysing data from the PPBest registry allows for informed insights into socio-economic data.

Materials & Methods:

A statistical evaluation was conducted of the first three visits of the GPP patients participating. This included an assessment of prior therapies, therapy changes, disease activity, comorbidities, and quality of life.

Results:

From 2022 to 2024, 13 GPP patients were included across three German centres, of which 12 were female. The mean age was 54 years, with patients having suffered from GPP for an average of 13 years, and 54% (n=7) had intermittently required inpatient dermatological care. At baseline, Adalimumab (n=3) was the most commonly used systemic therapy, followed by Spesolimab (n=1). The mean dermatology life quality index (DLQI) was 9.7 at Visit 1, 4 at Visit 2, and 1.7 at Visit 3. The mean GPP Psoriasis Area and Severity Index (GPPASI) was 6.3 at baseline, 2.0 at Visit 2, and 0.3 at Visit 3. The most common comorbidity was arterial hypertension (n=5), followed by depression (n=3) and hypothyroidism (n=3).

Conclusion:

GPP is a rare skin disease with severe clinical courses, particularly characterized by a deterioration in quality of life during flare-ups and challenging treatment selection. With the increasing volume of data, PPBest significantly contributes to the acquisition of further insights.

Abstract N°: 6035

Epidemiology and Comorbidity of Pemphigus Vulgaris (PV) in Germany: A Health Insurance Claims Database Analysis

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Introduction & Objectives:

Pemphigus vulgaris (PV) is a rare blistering skin disease in which antibodies to desmogleins (desmosomal adhesion molecules of the cadherin family) cause painful blisters and erosions on the mucosa and/or keratinising integument. Little is known about the epidemiology and comorbidity in Germany. This study aimed to obtain valid, representative data on the prevalence and comorbidity of PV in the German general population.

Materials & Methods:

This retrospective cohort analysis was based on statutory health insurance data (DAK-Gesundheit) from 2018 to 2022. The annual PV prevalence of the diagnosis of International Classification of Disease (ICD)-10 L10 were calculated for 2018 to 2022. The occurrence of comorbidities in patients with PV was analysed, as well as hospitalisation rates and systemic and topical treatments used.

Results:

In 2022, PV affected 342 people of 2.308.155 insured persons (mean age 69, 65 % women) with a prevalence of 12 to 100.000, 52% of patients had a severe form of PV. PV was often associated with atopic dermatitis relative risk (RR) of 3.6 (CI 2.2 - 6), other dermatitis (ICD-10 L30) with RR 3.2 (CI 2.4 – 4.2), Psoriasis with RR 2.38 (CI 1.5 – 3.8), gastroenterological diseases with RR 1.7 (CI 1.3 – 2.2) and other malignant neoplasms of the skin (C44) with RR 1.7 (CI 1.1 – 2.6). In 2022, 3.8 % of the patients needed hospital treatment, with the majority of inpatient stays (3.5 %) being in dermatology departments (n = 12 patients).

Conclusion:

PV affects only a small number of insured patients, but more than half of the cases have severe courses. In this claims data analysis comorbidity with other diseases has been detected, corroborating primary data from previous studies. For a comprehensive understanding of the epidemiology of PV and accompanying comorbidities, further complementary population-based studies are necessary.

Abstract N°: 6140

Here comes the sun! A study on sun exposure and associated risks in the Canadian population

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Introduction & Objectives:

To evaluate the awareness and attitudes towards various aspects of sun exposure risks and protection methods among Canadians.

Materials & Methods:

An online survey conducted from 28 September to 18 October 2021 included 3,540,000 panellists aged 18 years and above from 17 countries across five continents – the data presented is that of the Canadian subset population. The survey focused on demographics, sun exposure habits, comprehension of risks, and knowledge of photoprotection. The results were analyzed using descriptive statistics to identify prevalent trends and discrepancies in sun protection behaviours among Canadians.

Results:

The majority of Canadian respondents (93%) acknowledged the health risks associated with sun exposure. While 81% of Canadians reported using some form of sun protection, only 10% systematically implemented all recommended protective measures, highlighting a gap in knowledge translation. Misconceptions regarding the safety of tanned skin and the effectiveness of sunscreens were widespread, particularly in younger demographics and in individuals with darker skin phototypes. Knowledge and preventive behaviours were markedly better among individuals who regularly consult dermatologists.

Conclusion:

This study highlights general awareness of sun protective behaviours but a lack of universal and comprehensive implementation among Canadians. Given the knowledge gaps in younger demographics and darker skin phototypes, targeted educational initiatives are essential to correct prevalent misconceptions about sun exposure and tanned skin. Dermatologists and other health care professionals can play a pivotal role in education and

primary prevention strategies for skin cancer and other sun-related comorbidities.

Abstract N°: 6285

Sun Exposure Behaviors in Adults with Dermatologic Conditions

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Introduction & Objectives:

Chronic exposure to ultraviolet (UV) radiation causes cutaneous photoaging, sunburn, and skin cancer, with melanoma having the highest mortality rate. Although photoprotection measures, such as sunscreen use and physical barriers, exist to prevent skin damage, their adoption has been limited by a lack of awareness regarding long-term risks. The main objective was to quantify the prevalence of sun exposure-related behaviors among patients at a dermatological center. Additionally, the study aims to identify the psychosocial barriers that these patients encounter in adopting photoprotection measures in their daily lives.

Materials & Methods:

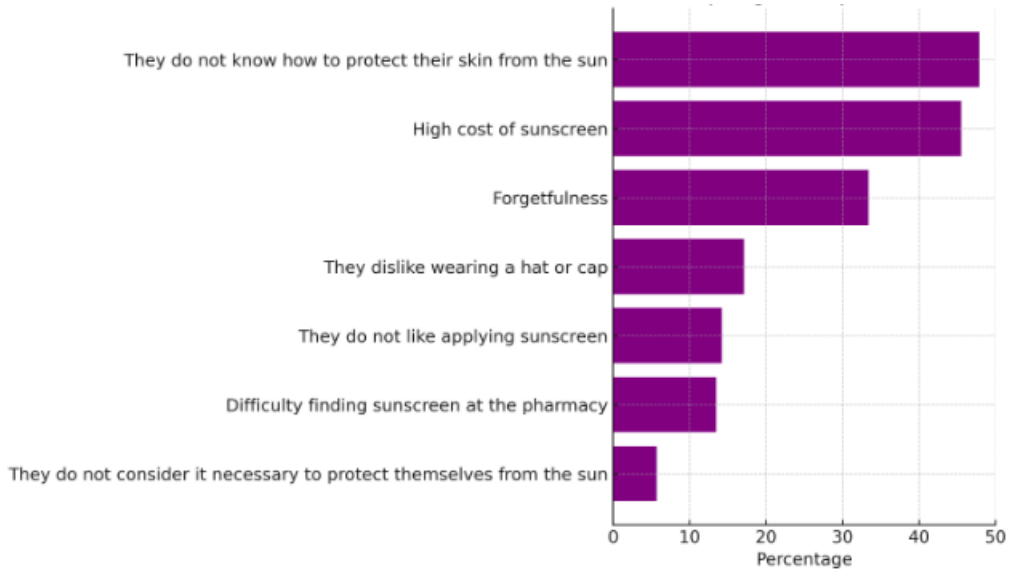
A cross-sectional survey-based study was conducted at the "Dr. Ladislao de la Pascua" Dermatologic Center in Mexico City. The research protocol received approval from the Research Ethics Committee. Adult patients attending either their initial or follow-up outpatient visits were recruited, while individuals with cognitive disabilities and minors were excluded. To ascertain the prevalence of sun exposure behaviors, the validated CONRESOL questionnaire was administered. Furthermore, patients were queried regarding the challenges they encounter in adopting photoprotection measures and their motivations for sun protection. The variables examined included skin phototype, duration of daily sun exposure, sun protection measures, barriers to photoprotection, and motivations. The sample size was calculated based on a previously reported prevalence of 26.2% for the most common photoprotection behavior at the same institution. Utilizing OpenEpi version 3, and considering an alpha of 0.05, a sample size of 510 participants was estimated for a 99% confidence interval. Statistical analysis was conducted using SPSS version 25.

Results:

A cohort of 578 outpatients was recruited from the "Dr. Ladislao de la Pascua" Dermatologic Center, comprising 61.4% (n=355) women and 38.6% (n=223) men. The median age of participants was 42 years, with an interquartile range of 30 years, and ages spanning from 18 to 91 years. The most prevalent skin phototypes were II (33.39%) and III (42.39%). The median duration of reported sun exposure on a typical day was 180 minutes (3 hours), with a range from 0 to 11 hours and 30 minutes, and an interquartile range of 180 minutes. The frequency of sun protection behaviors is detailed in Table 1 and the psychosocial barriers in Figure 1. # **Table 1. Photoprotection Measures**

Measure	Often	Sometimes	Never	Always
Seek shade to avoid sun exposure	29.4%	28.9%	8.5%	33.2%
Use an umbrella	16.1%	39.4%	28.9%	15.6%
Wear a hat	20.1%	37.5%	23.0%	19.4%
Wear sunglasses	18.7%	35.5%	31.1%	14.7%
Wear long-sleeved clothing	24.4%	43.4%	14.4%	17.8%
Check the UV index	11.8%	27.2%	55.2%	5.9%

Figure 1. Barriers to adopting photoprotection habits.



Conclusion:

Patients often lack familiarity with sunscreen usage, primarily due to inadequate awareness of the detrimental effects of ultraviolet (UV) radiation on the skin, including the risk of skin cancer. Extended exposure to UV radiation over time has been linked to skin damage. Therefore, public policies focused on skin cancer prevention should be enacted to enhance photoprotection. These policies should include measures such as reducing the cost of sunscreens and promoting the use of physical photoprotection strategies, including wearing hats, using umbrellas, donning long-sleeved clothing, seeking shade, and monitoring the UV index.

Abstract N°: 6502

Our World Is Changing—Global Epidemiologic and Etiologic Perspectives in Dermatology

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Introduction & Objectives: The burden of dermatologic diseases is rising worldwide due to complex interactions between epidemiologic and etiologic factors. Understanding these changing patterns is essential for developing effective prevention, diagnosis, and management strategies in global dermatology. This review aims to examine the global epidemiologic factors contributing to the increasing prevalence of skin diseases and the etiologic factors leading to increasing incidence and emergence of new skin conditions.

Materials & Methods: We employed a three-step methodology: 1) An iterative expert consensus approach to identify and characterize major epidemiologic and etiologic factors affecting global dermatologic disease patterns; 2) Semantic search using cosine distance on a database of abstracts published between 2015-2025 from the top 10 journals by impact factor in each relevant category (dermatology, oncology, medicine, AI, climate science, …); this yielded approximately 400,000 abstracts from which we identified and verified the relevance and quality of candidate abstracts; 3) Structured paper construction integrating verified scientific evidence while maintaining narrative coherence.

Results: Our analysis revealed multiple interconnected factors driving the increasing global burden of skin diseases. The aging population exhibits heightened vulnerability to dermatitis, viral and fungal infections, with distinctive presentations of chronic inflammatory dermatoses requiring specialized management approaches. Climate change affects skin health through altered UV exposure, rising temperatures correlating with increased eczema risk, and extreme weather events triggering direct skin injuries. Environmental pollutants disrupt skin barrier function, with traffic-related pollution linked to atopic dermatitis exacerbations and acceleration of skin aging processes. Dietary patterns, particularly Western-style diets rich in dairy and high-glycemic foods, significantly influence conditions like acne. Migration patterns create unique dermatological challenges, with displaced populations experiencing high rates of infectious and inflammatory skin conditions. Emerging infections continue to present novel cutaneous manifestations, as observed with COVID-19 and monkeypox. Technological advances have transformed diagnostic capabilities, with tools like dermoscopy significantly improving detection sensitivity, while AI systems now approaching expert-level accuracy in skin lesion classification, though raising concerns about patient-provider relationships, equitable access across different skin tones, and regulatory oversight.

Conclusion: Dermatologists must adapt to address the multifaceted nature of contemporary skin diseases through comprehensive approaches targeting environmental, demographic, lifestyle, and technological factors. As the WHO proposes recognizing skin diseases as a global health priority, preventive strategies, environmental interventions, and research into disease mechanisms become critical to address the growing burden of skin disorders. This review provides a framework for understanding the changing landscape of dermatological practice and sets the foundation for innovative care models responsive to our evolving world.

Abstract N°: 6510

Findings from phase 1 and 2 of the EPISTAR study: harmonising epidemiological research methods for atopic dermatitis

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Title: Findings from phase 1 and 2 of the EPISTAR study: harmonising epidemiological research methods for atopic dermatitis

Suzanne H Keddie*, Karl P Drewitz*, Katrina Abuabara, Sebastien Barbarot, Kelly Barta, Aaron M Drucker, Jinane El Khoury, Cesar Galvan, Kiran Godse, Rita J Iskandar, Jennifer J Koplin, Tina Mesarič, Yukihiro Ohya, Erere Otrofanowei, Christian Vestergaard, Hua Wang, Hywel C Williams, Yik Weng Yew, Carsten Flohr*, Christian J Apfelbacher*

*Joint first and senior author

Introduction & Objectives:

Epidemiological studies on the population burden of atopic dermatitis lack standardisation in key areas, including how diagnostic criteria, socio-demographic factors and disease severity should be assessed. Therefore, direct cross-study comparisons, recognition of population differences, and pooled analyses are challenging or not possible at all. Consequently, the burden of atopic dermatitis remains difficult to assess and address. The Epidemiological Study Designs for Atopic Dermatitis Research (EPISTAR) initiative aims to reach consensus on which domain items should be recommended for future population-based epidemiological studies on atopic dermatitis and how they should be assessed.

Materials & Methods:

The harmonisation process consists of three phrases. During the first phase a steering group of experts from dermatology and epidemiology as well as patient representatives utilised evidence from systematic reviews to generate an initial list of items constituting key variables to be harmonised. The second phase includes an international consensus exercise conducted through e-Delphi methodology between June and August 2025. Results of the e-Delphi will be presented together and stratified by stakeholder group and geographic region. Phase three will involve an online consensus conference to discuss any items that do not reach consensus in the e-Delphi.

Results:

The results that will be presented at the EADV congress are the findings from Phases I and II and will include the results of the e-Delphi. We will present which domain items reached agreement on inclusion in every future population-based epidemiological study of atopic dermatitis and where agreement was reached on how these items or variables should be measured as well as which items did not reach consensus.

Conclusion: The results from EPISTAR have the potential to transform the field of atopic dermatitis epidemiology by addressing gaps in data quality and comparability, facilitating meta-analyses, and ultimately informing evidence-based policy and clinical guidelines.

Abstract N°: 6525

Epidemiology and geographical variations of psoriasis in high-impact areas across 22 countries

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Introduction & Objectives:

So-called “high-impact areas” have particularly negative impact when affected by psoriasis and may require increased attention and impact choice of therapy. The objective was to investigate the variations in anatomical localization of psoriasis associated with race and geography, and to quantify the burden of disease related to having psoriasis in high-impact areas (i.e., face, scalp, feet, hands, nails, and genitals).

Materials & Methods:

The Global Health Care Study on Psoriasis (GHSP) is a large international cohort of patients treated for psoriasis across many geographical regions.

Categorical variables were reported as absolute and relative frequencies, whereas continuous variables were presented as means with standard deviations (SD) for normally distributed data and medians wit interquartile ranges (IQR) for non-normally distributed data.

To assess differences between patients with and without psoriasis in high-impact areas, chi-squared tests and Mann-Whitney *U* tests were used for categorical and continuous variables, respectively. Proportions of patients with psoriasis in high-impact areas were calculated stratified by treating country and race and visualized with 95% confidence intervals (CI).

Results:

A total of 3764 patients were included across 22 countries. Most (83.3%) had psoriasis in at least one high-impact area, varying from 77.8% among patients with mild psoriasis to 87.8% among patients with severe psoriasis. The most frequently affected high-impact area was the scalp affected in 50.3% of patients with mild psoriasis and 73.3% of patients with severe patients, followed by the nails (34.9%-41.9%), hands (21.4%-29.9%), face (14.2%-29.6%), feet (16.4%-21.0%), and genitals (11.2%-17.7%) (Figure 1). Both DLQI and PASI were higher among patients with involvement of high-impact areas compared to those without (median (IQR) DLQI: 8.0 (3.0, 14.0) vs. 5.0 (1.0, 11.0), p<0.0001, median (IQR) PASI: 5.2 (2.0, 12.0) vs. 3.2 (1.0, 9.0), p<0.0001). Proportions of patients receiving biologic therapy showed a borderline significant difference (p=0.05). Patients from Portugal and Croatia were less likely to have high-impact involvement compared to the rest of the included countries, whereas high-impact involvement was more frequent in Thailand, Singapore, and the Philippines. Similarly, Asian patients were more likely to be affected by high-impact involvement compared to white, Hispanic Latino, and Black African patients (Figure 2).

Conclusion:

Patients with psoriasis in high-impact localizations displayed higher disease burden, including PASI and DLQI, but did not receive advanced systemic treatments more frequently. The proportion of patients affected in high-impact areas differed across geographical regions and race. More awareness on the localization of psoriasis and on variations related to race and geographical region, may help prevent undertreatment of this patient group and thereby potentially reduce the burden of disease.

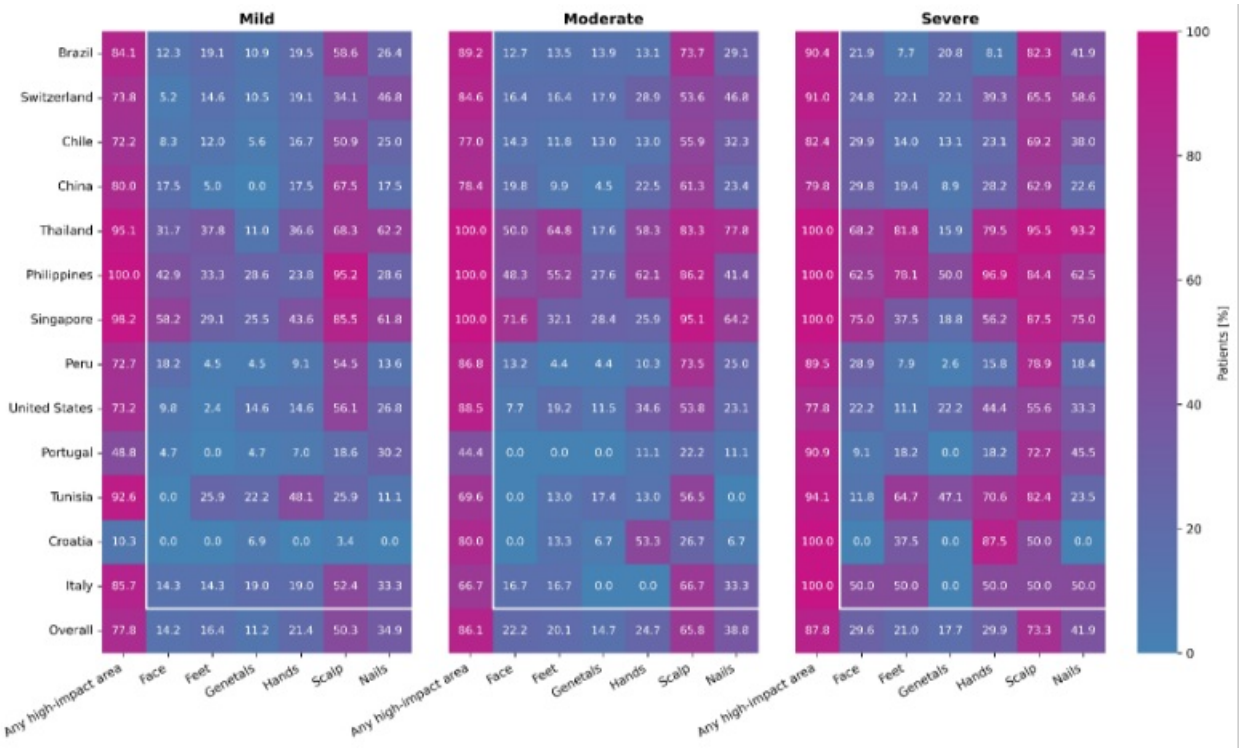
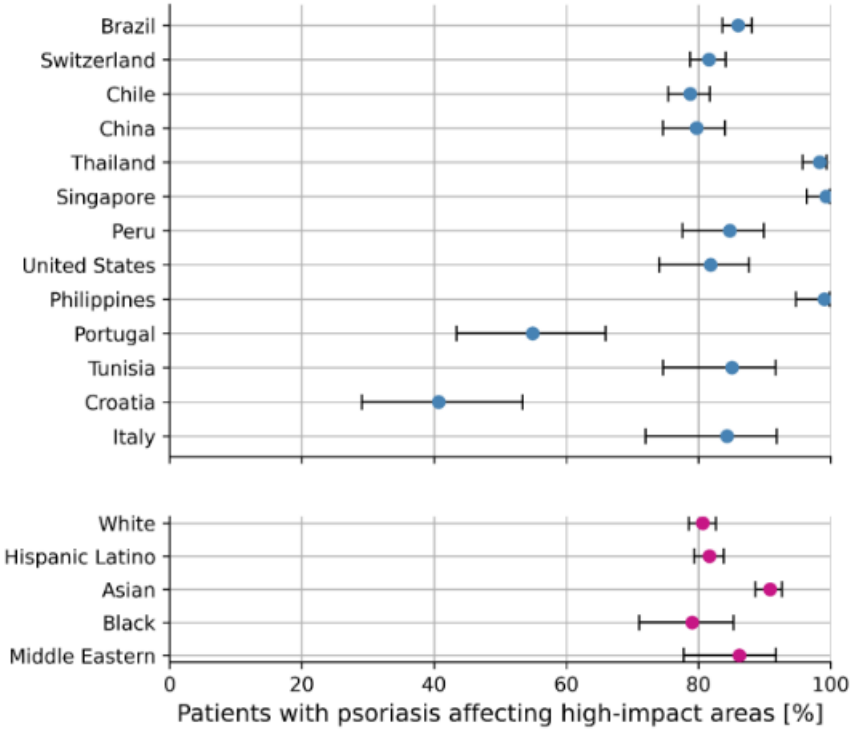


Figure 1: Proportions of patients with psoriasis in specific high-impact localizations, stratified by psoriasis severity (mild: PASI<3; moderate: PASI≥3 and PASI<10; severe: PASI≥10).

Figure 2: Proportions with 95% CI of patients with involvement of high-impact areas.


Brazil
Switzerland
Chile
China
Thailand
Singapore
Peru
United States
Philippines
Portugal
Tunisia
Croatia
Italy
White
Hispanic Latino
Asian
Black
Middle Eastern
0
20
40
60
80
100
Patients with psoriasis affecting high-impact areas [%]

EA DV CONGRESS
PARIS 17-20 SEPTEMBER 2025
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Abstract N°: 6617

From Training to Treatment: A Systematic Review of How European Dermatology Falls Short on Diversity, Equity, and Inclusion

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Introduction & Objectives: Europe's demographic shift and migration policies in recent years have led to an increasingly diverse population. In dermatology this affects both the patient spectrum as well as the workforce. Historically, there has been a greater focus on white skin in research and clinical training than on darker skin. Missing experience can lead to misdiagnoses, prolonged treatment and hence non-inclusive healthcare. Furthermore, there is little evidence of diversity in the workforce in European dermatology. However, studies from the United States (US) have shown that Diversity, Equity & Inclusion (DE&I) in medicine lead to better outcomes for patients and health care professional and thus are also crucial for better clinical outcomes for all skin types. DE&I in dermatology is recognizing that there are persons with different characteristics in terms of gender, race, sexual orientation, religion, disability, generation and much more. It involves promoting representation of these groups in dermatology workforce as well as different diagnoses and treatments tailored to the needs different of the different groups for inclusive healthcare and good healthcare outcomes. There has been little focus on DE&I in dermatology so far. The aim of this study was to analyse the degree of published research on DE&I in European Dermatology.

Materials & Methods: Systematic review in the online databases PubMed, Embase, Psyndex and PsycInfo for publications on DE&I related to skin diseases and dermatology. Results were first checked by title-abstract-screenings, followed by full-publication screenings. Two independent raters conducted all procedures. Applicable papers were systematically extracted for their content and attributed to a novel categorical system of DE&I.

Results: A total of n=11,456 publications were retrieved, with n=437 (3.8 %) meeting the selection criteria by title/abstract on a global level. After the second check, n=176 (40.3 %) of these were selected for full analysis, including n=45 (25.6 %) original publications and n=84 (47.7 %) reviews. k=79 (43.9 %) related to health care professionals and n=92 (51.1 %) to patients. In total, 82.3 % of the relevant publications derive from the US, 5.4 % from Canada and only 5.1 % from Europe. In the n=7 European publications, the following topics were addressed: diversity of work force (n=1), diversity of patients (n=6), and inclusion of marginalized groups (n=1). There were no publications related to equity in dermatological professions or patient access to care.

Conclusion: Despite the great importance of DE&I in all health professions, this topic is only marginally represented in research for dermatological care in Europe. Placing a greater focus on specialized training, education, research and publications for the diverse population within the European continent may enhance satisfaction and performance of the health care professionals and improve clinical outcomes for accurate and equitable care in diverse patient groups. Strengthening commitment to DE&I in dermatology is crucial not only for clinical excellence but also for social justice. A call to action for prioritizing DE&I in dermatology in Europe would be of great benefit, and further learning from North America would be crucial in developing targeted strategies to improve patient outcomes and a more inclusive and effective health services.

Abstract N°: 6680

Association Between Pemphigus and Malignant Neoplasms in the Colombian Population: A Nationwide Analysis from 2019 to 2023

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Introduction & Objectives:

Pemphigus comprises a group of rare, potentially life-threatening autoimmune blistering diseases, with pemphigus vulgaris being the most common subtype. Although its etiology remains poorly understood, some studies have proposed a potential association with malignant neoplasms. However, the existing evidence is limited and inconclusive. This study aims to investigate the association between pemphigus and various malignant neoplasms in the Colombian population, in order to provide data that may guide clinical management and improve our understanding of the potential link between these conditions.

To determine the prevalence ratios (PRs) between a diagnosis of pemphigus and different types of malignant neoplasms, including gastrointestinal, cutaneous, mammary, pulmonary, and hematologic cancers.

Materials & Methods:

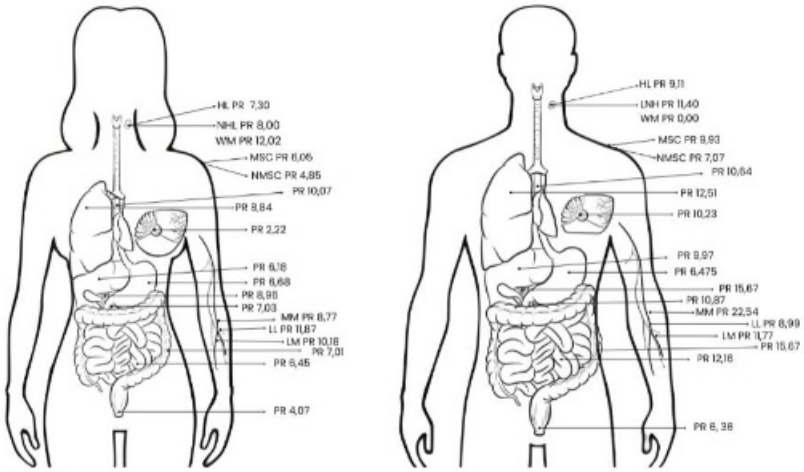
We analyzed the national health database of the Colombian Ministry of Health (RIPS), focusing on adult patients attended between 2019 and 2023. Data were collected using ICD-10 codes to identify individuals diagnosed with pemphigus and specific malignancies. The population was stratified by biological sex and age groups (18–28, 29–59, and ≥60 years).

Results:

A total of 9,436 cases of pemphigus were recorded during the 2019–2023 period, corresponding to a prevalence of 2.33 cases per million. Of these, 60.5% were female (n = 5,711). A positive prevalence ratio was observed between pemphigus and all studied malignancies, including: multiple myeloma (PR: 14.35), myeloid leukemia (PR: 10.78), lymphoid leukemia (PR: 10.52), esophageal cancer (PR: 10.10), non-Hodgkin lymphoma (PR: 9.34), Waldenström macroglobulinemia (PR: 8.63), pancreatic cancer (PR: 8.47), small intestine cancer (PR: 8.67), Hodgkin lymphoma (PR: 7.99), melanoma (PR: 7.51), colon cancer (PR: 7.69), hepatic cancer (PR: 7.69), non-melanoma skin cancer (PR: 5.70), anorectal cancer (PR: 4.98), gastric cancer (PR: 6.46), and breast cancer (PR: 3.03). See Figure 1 for prevalence ratio differences by sex.

Conclusion:

Although the association between pemphigus and cancer has traditionally been attributed to paraneoplastic pemphigus, our real-world data suggest a broader link between pemphigus and several types of malignancies. These findings underscore the need for a more vigilant clinical approach. In patients diagnosed with pemphigus, it is advisable to implement targeted cancer screening strategies that consider the patient's sex, age group, and presenting symptoms. Such an approach may facilitate early detection of underlying neoplasms and improve clinical outcomes through timely intervention.


HL PR 7,30
NHL PR 8,00
WM PR 12,02
MSC PR 8,06
NMSC PR 4,85
PR 10,07
PR 8,84
PR 2,22
PR 8,16
PR 8,68
PR 8,98
PR 7,03
MM PR 8,77
LL PR 11,87
LM PR 10,18
PR 7,01
PR 6,45
PR 4,07
HL PR 9,11
LNH PR 11,40
WM PR 0,00
MSC PR 9,93
NMSC PR 7,07
PR 10,64
PR 12,51
PR 10,23
PR 9,97
PR 6,475
PR 15,67
PR 10,87
MM PR 22,54
LL PR 8,99
LM PR 11,77
PR 15,67
PR 12,16
PR 6, 38
HL Hodgkin lymphoma
NHL Non-Hodgkin lymphoma
WM Waldenstrom macroglobulinemia
MSC melanoma skin cancer
NMSC non-melanoma skin cancer
MM Multiple myeloma
LL Lymphoid leukemia
ML myeloid leukemia

Abstract N°: 7037

Prevalence of tennis players wearing a cap during the 2024 Roland Garros French Open

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Introduction & Objectives:

Tennis is the most popular individual sport in the world, with approximately 106 million people playing worldwide. The primary concern for tennis players is the consequence of both acute and chronic sun exposure during training and competition. Indeed, 91.2% of tennis courts are outdoors. As a result, tennis players face a high risk of UV-related skin damage due to prolonged exposure. Among protective behaviors, wearing a baseball-type cap is a simple and effective measure for facial sun protection.

We conducted an observational review to assess the use of head protection among male professional tennis players during the 2024 French Open (Roland Garros) in Paris.

Materials & Methods:

Data on players' age, nationality, and ATP ranking were obtained from the official ATP website.

To evaluate headwear use, we accessed Getty Images, a professional stock photo agency with a database of over 477 million digital assets, primarily still images. For each player, we searched the Getty Images platform using the keywords "French Open 2024" along with the player's first and last name.

We reviewed match photographs to determine whether the player wore a cap or a brimmed hat during play. The orientation of the visor—forward or backward—was also recorded when applicable. Only match images (not training or off-court photos) were considered for analysis.

Results:

Out of 128 players in the main draw, at least one match image was available for 119 players (median age: 27 years). Among these 119 players, 59 (49.6%) wore a cap. Of those, 26 players wore the cap backwards (44.1%), meaning that only 33 players (27.7%) had a cap worn in a forward-facing, sun-protective position.

The mean age was comparable between players who wore a cap and those who did not. Among the nine players identified with Fitzpatrick skin phototypes V or VI, only one wore a cap. None of the players observed wore protective eyewear.

This study has several limitations. First, it represents a single time point, and players may use headwear in other tournaments not captured in this analysis. Second, other forms of sun protection, such as sunscreen or clothing with ultraviolet protection, were not assessed. Finally, some matches were played in the evening when the use of a cap may have been unnecessary due to reduced sun exposure.

Conclusion:

Tennis players are at risk of sunburn, photoaging, and skin cancers due to prolonged sun exposure. In Spain, the median daily personal UV exposure for tennis players during summer training is estimated at 7.5 standard erythema doses (SEDs) per day. Preventive measures include the regular application of sunscreen, wearing

protective clothing, caps, and sunglasses, and avoiding play between 10 a.m. and 4 p.m. However, reapplying sunscreen during competition can be challenging, and international broadcast schedules often dictate match timing, limiting opportunities to avoid peak UV hours.

Professional ATP players should not only protect themselves but also serve as role models for amateur and younger players. A study among high school tennis players in Southern California found that 27% did not routinely wear hats or visors. Although a wide-brimmed hat would offer superior protection, particularly for the ears and neck, wearing a traditional cap remains a step in the right direction. Nevertheless, the observation that only about a quarter of players wear a cap properly—with the visor facing forward—suggests that current practices are likely insufficient.

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

Abstract N°: 7071

Unseen Vulnerabilities: Dermatologic Burdens in People Experiencing Homelessness

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[2]Tel Aviv University, Tel Aviv-Yafo, Israel
[3]Street Medicine TLV, Tel Aviv-Yafo, Israel

Introduction & Objectives:

People experiencing homelessness are at extreme risk for dermatological disorders due to limited access to hygiene, immobility, and chronic exposure to environmental stressors. Shelters for people experiencing homelessness providing basic hygiene and basic needs may play an important factor in improving dermatological health.

The objective of this study is:

*To compare the prevenance and severity of various dermatological disorders encountered in unsheltered people experiencing homelessness compared to those residing in shelters.

*To identify risk factors unique to each subgroup and propose interventions for improved dermatological care.

Materials & Methods:

In this retrospective study we compared the various clinical and epidemiological attributes of patients encountered during in street rounds carried out by the Street Medicine Tel-Aviv team between January 2021 to July 2023, and compared to those encountered in shelter visits.

Results:

We encountered a total of 318 unsheltered patients during medical street rounds, compared to 85 encounters in shelter visits. 60% of unsheltered people experiencing homelessness had a chief complaint of a dermatologic disorder, compared with 27% of sheltered individuals ($p<0.001$). Chronic leg ulcers, traumatic injuries and skin infections were more common in unsheltered people experiencing homelessness (19% vs 12%, 22% vs. 12%, and 18% vs.3%, respectively, <0.05). Accordingly, wound dressing and systemic antibiotics were more commonly prescribed in unsheltered people experiencing homelessness (36% vs. 6%, 14% vs 2%, respectively, $p<0.05$).

Conclusion:

The study reveals marked differences in dermatological health between sheltered and non-sheltered homeless populations. Non-sheltered individuals had greater risk of traumatic injuries, acute infections and leg ulcers. Addressing these issues requires targeted health interventions thatprioritize access to permanent housing and shelters, providing hygiene and medical care for non-sheltered individuals. Collaborative efforts between healthcare providers, shelters, and public health agencies are essential to mitigate these disparities and enhance well-being among people experiencing homelessness.

Abstract N°: 7155

Skin Disorders in Diabetic Patients: A Clinical and Epidemiological Analysis of 380 Cases

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Introduction & Objectives:

Diabetes is a chronic metabolic disorder that is steadily increasing worldwide. It leads to numerous systemic complications, among which cutaneous manifestations are frequently observed. These dermatoses may either reveal diabetes or arise during its progression. They present a genuine diagnostic and therapeutic challenge due to their diversity and impact on patients' quality of life. The objective of this study is to catalog the most frequent dermatoses observed in diabetic patients attending the endocrinology department and to analyze associated epidemiological and clinical factors.

Materials & Methods:

This is a descriptive cross-sectional study based on the medical records of 380 diabetic patients seen in the endocrinology department. Data were collected in an Excel spreadsheet including demographic information (name, sex, age), clinical data (type of diabetes, duration, glycemic control), and dermatological findings (presence or absence of dermatoses, type of dermatosis, treatment received, clinical evolution). Among these 380 patients, 104 presented with a dermatosis, representing a prevalence of 27.4%. Dermatoses were classified into broad categories: infectious, inflammatory, autoimmune, tumoral, depigmenting, and others.

Results:

Data analysis revealed a predominance of infectious dermatoses among diabetic patients seen in the endocrinology department. Of the 104 documented dermatoses, infectious conditions accounted for 59.6% of cases, including onychomycosis (19.2%), interdigital intertrigo (13.5%), erysipelas (11.5%), and mixed infections related to diabetic foot. Inflammatory dermatoses (eczema, pruritus) represented 13.5% of cases, while autoimmune dermatoses accounted for 9.6%, tumoral forms 5.8%, and depigmenting disorders 3.8%.

Type 2 diabetes was present in 76.9% of cases with dermatosis, confirming its strong association with cutaneous manifestations, especially infectious ones. Regarding sex, 57.7% of patients with dermatoses were female, with a predominance of superficial fungal infections. Men were more represented among cases with complicated diabetic foot. Age-wise analysis showed that infectious dermatoses were more common after age 50, while certain autoimmune dermatoses affected younger patients.

Infectious dermatoses were treated with a combination of oral antifungals (Teguma, Mycoderm) and topical agents (creams, powders), often associated with topical corticosteroids. More severe cases required antibiotics (Augmentin, vancomycin) or even partial amputation (7.7% of cases). Inflammatory dermatoses were managed with topical corticosteroids, antihistamines, and emollient care. Regarding outcomes, only 23.1% of the records had detailed follow-up, but improvement was observed in about half of the documented cases, especially with better glycemic control.

Conclusion:

Dermatoses observed in diabetic patients attending the endocrinology department are diverse, predominantly fungal infections and diabetic foot complications. The type of diabetes, sex, and age appear to influence the

nature of cutaneous involvement. Early, comprehensive, and multidisciplinary care is essential to prevent complications,and improve quality of life. Therapeutic education, hygiene, glycemic control, and appropriate dermatological follow-up are the pillars of an effective management strategy.

Abstract N°: 7278

The real-world risk of cardiovascular and thromboembolic outcomes associated with Janus kinase (JAK) inhibitors in atopic dermatitis: A global cohort study

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[2]University of Lübeck, Lübeck, Germany

Introduction & Objectives:

Janus kinase (JAK) inhibitors are increasingly used for moderate-to-severe atopic dermatitis (AD). However, concerns have emerged regarding their cardiovascular safety profile, particularly the risk of thromboembolic complications. Evidence specific to AD populations remains sparse.

In the current study, we aimed to evaluate the real-world risk of myocardial infarction (MI), stroke, pulmonary embolism (PE), and deep vein thrombosis (DVT) among patients with AD treated with JAK inhibitors relative to those treated with dupilumab, methotrexate, and cyclosporine.

Materials & Methods:

Using the TriNetX global database, we conducted three propensity score–matched analyses comparing AD patients initiating JAK inhibitors with those receiving dupilumab (n=1,006), methotrexate (n=958), or cyclosporine (n=948). The incidence of MI, stroke, PE, and DVT over three years was assessed.

Results:

The risk of PE (hazard ratio [HR], 2.75; 95% confidence interval [CI], 1.19-6.38; P=0.014) and DVT (HR, 2.54; 95% CI, 1.14-5.64; P=0.017) was significantly higher among patients treated with JAK inhibitors relative to dupilumab, but with numerically low risk difference (8 and 9 additional cases of PE and DVT/1,000 patients starting JAK inhibitors, respectively). Relative to methotrexate, JAK inhibitors were associated with an increased risk of DVT (HR, 2.41; 95% CI, 1.14-5.08; P=0.017), with a low risk difference (7 additional cases/1,000 patients starting JAK inhibitors). The risk of MI and stroke was not statistically elevated under JAK inhibitors in comparison to any of the comparators.

Conclusion:

JAK inhibitor use in patients with AD is associated with an increased risk of PE and DVT compared to dupilumab and methotrexate. However, these elevated risks were numerically low, as 7-9 additional cases of PE and DVT were observed per 1,000 patients initiating JAK inhibitors. Administration of JAK inhibitors ought to be weighed after a comprehensive risk and benefit assessment for each patient with AD. These results support a cautious, individualized approach to the use of JAK inhibitors, particularly in patients with elevated baseline thromboembolic risk.

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Abstract N°: 7550

Epidemiological survey of self-perceived sensitive skin in China: Comparison with global data and analysis of risk factors

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[2]Capital Medical University, Beijing, China
[3]Galderma SA, , Zug, Switzerland
[4]Galderma China, Shanghai, China

Introduction & Objectives:

Sensitive Skin (SS) is a cutaneous hyperreactivity to otherwise innocuous stimuli and expressed by unpleasant sensations and features, with normal or erythematous appearance. It has been reported to affect up to 70% of the population worldwide. Despite its widespread prevalence, SS is yet to be well understood. To gain a more comprehensive understanding of SS, an international profiling survey was conducted to explore the commonalities and regional differences in the various factors that may contribute to the onset and exacerbation of SS.

Materials & Methods:

Twenty-minute online surveys were created on Cint (a global panel exchange platform) to collect information on demographics, skin manifestation, dermatological medical history, lifestyle, psychosocial factors, environment factors, and skin care practices. The survey data collection was conducted during Dec 5, 2022 - Jan 9, 2023. The survey was conducted in Australia, Brazil, India, Philippines, Germany, USA and China. Adult participants who consented to the survey were recruited through Cint. Data quality was ensured through automated checks to screen out respondents with excessively short completion times, uniform responses across grid questions, and nonsensical open-text responses. Data were also checked for duplicate entries.

Results:

Overall, 1,498 subjects in China and 9,046 subjects globally (excluding China) participated in the survey. The prevalence of self-perceived sensitive skin in China (47.1%) was significantly lower than the global average (50.6%; $p<0.001$). This difference was observed in both facial (31.8% in China vs. 46.8% globally;$p<0.001$) and body skin (23.8% in China vs. 37.5% globally; $p<0.001$). In terms of symptoms, redness was significantly more prevalent in Chinese subjects than global population (41.1% vs. 36.8%; $p<0.05$), while neurogenic discomforts such as itching, pain, heat, and burning were reported at relatively lower rates in China. Subjects with SS both in China and globally experienced significant adverse psychological effects. The impact on daily life, sleep, social activities, and intimate relationships was more pronounced in China than globally. The occurrence or severity of SS were significantly associated with females, younger age, dry skin type, history of allergic dermatosis, tobacco use, sensitivity to skincare products, extreme temperatures, UV, outdoor occupations, chronic stress, insufficient sleep, and high-stress employment.

Conclusion:

This study elucidates both the similarities and differences between self-perceived SS in China and that observed globally. It highlights the intrinsic connections between SS and compromised skin barriers, as well as increased neurovascular reactivity. Strategies aimed at avoiding these risk factors, repairing the skin barrier, and inhibiting

neuroinflammatory activation may play a crucial role in the prevention and management of SS.

Abstract N°: 7607

Profiling of sensitive skin: India-specific subset analysis of the global epidemiological study assessing and characterizing sensitive skin

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Introduction & Objectives:

Sensitive skin is a widespread dermatological issue, affecting up to 70% of the global population. It is characterized by the occurrence of unpleasant sensations (stinging, burning, pain, itching, and tingling) in response to stimuli that typically should not provoke such sensations. Sensitive skin can affect various parts of the body, particularly the face. It may also be associated with other skin conditions, such as rosacea, acne, or atopic dermatitis. This study aimed to understand demographic information, skin sensitivity grading, symptoms, and associated skin conditions in participants with sensitive skin, in 7 countries including India.

Materials & Methods:

An online self-evaluation survey, involving 10,566 participants with sensitive skin, was conducted across Australia, Brazil, China, USA, Germany, India, and the Philippines from December 5, 2022, to January 9, 2023. The analysis here focuses on the 1,504 Indian participants with self-reported sensitive skin. Data on demographic characteristics, environmental and climatic factors, skin characteristics, dermatological disorders, cosmetics use etc. were collected. The 95% confidence interval was used for the data analysis.

Results:

While global prevalence of self-reported skin sensitivity was about 40%, India had the highest prevalence (62%) compared to other countries, with China reporting the lowest (28%). Among Indian participants, 53% were male and 47% female. The most common symptoms were itching (47%), followed by redness (32%), pain (30%), and tightness (14%). Acne (47%) was the most common skin condition associated with sensitive skin, followed by hyperpigmentation (30%) and atopic dermatitis (18%).

Conclusion:

Sensitive skin management requires a personalized approach, with active patient-physician collaboration to manage symptoms, identify triggers, and optimize skincare. The survey highlights that India has the highest prevalence of sensitive skin among the studied countries, with itching as the predominant complaint. Additionally, the highest level of pain was reported in India. Anecdotally, it has been suggested that the perceptions of skin sensitivity and associated pain vary culturally; however, more evidence is required to confirm this. A final significant discovery was that regardless of geographical location, darker skin tones have the highest incidence of sensitive skin. A combination of factors such as genetics, lifestyle, and environmental factors are associated with the increased prevalence of very sensitive skin in darker skin tones. Understanding the interplay may provide deeper insights and promote personalized treatment. There is a need for skincare products specifically designed to reduce itching in individuals with sensitive skin.

Abstract N°: 7623

Clinical-Epidemiological Profile of Superficial Fungal Infections: A 3-Year Laboratory Analysis from Southern Iran (KOH and Culture-Based Study)

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[2]Department of Parasitology and Mycology, Basic Sciences in Infectious Diseases Research Center, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran., Shiraz , Iran

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Introduction & Objectives:

Superficial fungal infections (SFIs) are among the most prevalent dermatological disorders worldwide, affecting 20–25% of the global population.

Materials & Methods:

This descriptive-analytical cross-sectional study evaluated the epidemiological and mycological profiles of 2,270 patients with suspected SFIs referred to Shahid Faghihi Hospital, Iran, from 2021 to 2023. Data on age, sex, involved body site, and results of KOH smear and fungal culture were analyzed using SPSS v27.

Results:

Of the participants, 61.6% (n=1,398) were female, with a mean age of 36.7 years. The most affected site was toenails (21%, n=476). KOH smears were positive in 45.3% (n=1,028), of which 57.2% (n=589) had positive cultures. Among culture-positive cases, 66% (n=389) were female, and the 30–40 age group was most prevalent (29%, n=171). Fingernail infections dominated culture-positive results (36.5%, n=215). Candida species (43.1%, n=254) and dermatophytes (40.3%, n=237) were the most frequent isolates, with Trichophyton mentagrophytes (48.1%, n=114) and Microsporum canis (14.7%, n=35) as leading dermatophytes. Non-dermatophyte molds (e.g., Aspergillus spp., Fusarium spp.) accounted for 16.6% (n=98). Clinically, tinea manuum (22.4%) and tinea corporis were predominant dermatophytoses.

Conclusion:

This study highlights the high prevalence of onychomycosis caused by *Candida* and dermatophytes in SFIs, emphasizing the need for targeted diagnostic and therapeutic strategies. Epidemiological insights can guide public health interventions to reduce SFI burden in Iran.

Abstract N°: 7855

Childhood Farm Living and Cat Exposure: Associations with Decreased Risk of Atopic Multimorbidity in Adults from a Dutch Population-Based Retrospective Study

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[2]University Medical Center Groningen, Epidemiology, Groningen, Netherlands

Introduction & Objectives:

While the hygiene hypothesis suggests that reduced exposure may contribute to the development of atopic diseases, higher exposure has also been linked to symptom worsening and may also promote disease progression.

The current study aims to investigate the association between multiple childhood environmental exposures and atopic multimorbidity, defined as atopic dermatitis (AD) accompanied by at least two other atopic comorbidities, including asthma, food allergy (FA), or allergic rhinitis (AR).

Materials & Methods:

Data on self-reported physician-diagnosed AD in lifetime was collected between February and May 2020 via an additional digital questionnaire from the Lifelines Cohort Study, an ongoing population-based cohort study on 167,729 residents of the northern Netherlands. Moreover, adults retrospectively reported their childhood environmental exposures during the Lifelines baseline assessment between 2006 and 2013, including birthweight, gestational age, delivery mode, breastfeeding, tobacco smoke, living conditions (self-reported farm-living before the age of 5 [no/yes]; rural or urban residence according to living addresses density), and pet exposure (referring to dog and cat only) before the age of 16. Pet exposure was assessed through three variables: pet ownership (no/yes), the type of pets (no pets/dog only/cat only/both dog and cat), and the age at which they had pets (≤1 year old / 1-15 years old). Additionally, data on asthma, AR, and FA were also collected between 2006 and 2013. The study population was categorized into those without atopic disease and those with atopic multimorbidity. Associations were examined using logistic regression, with each individual environmental exposure adjusted for age and sex.

Results:

Among the 28,791 included participants, 27,939 (97.0%) had no atopic disease, and 852 (3.0%) had atopic multimorbidity. Compared to participants without any atopic disease, pet exposure before the age of 16 (odds ratio, 95% confidence interval: 0.76, 0.66–0.88), especially owning a cat only (0.66, 0.54–0.81), living on a farm before 5 years old (0.49, 0.38–0.63), or living in a less-urbanized area residence (0.75, 0.65–0.87), were negatively associated with atopic multimorbidity.

Conclusion:

Childhood exposure to pets, especially cat ownership only, and living in farm environments were associated with a significantly lower lifetime risk of atopic multimorbidity. These findings suggest that increased exposure to certain environmental factors may have a protective effect against atopic multimorbidity. To better understand this relationship, longitudinal studies are needed to explore the potential causal relationships. Such evidence may also help guide public health strategies aimed at promoting beneficial childhood exposures, for example,

incorporating interactions with pets.

Abstract N°: 8229

Epidemiological and Clinical Profile of Dermatological Conditions Observed During Medical Caravans in our region

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[1]UHC SOUSS-MASSA, DERMATOLOGY, AGADIR, Morocco

Introduction & Objectives:

Dermatological diseases are a major public health concern in developing countries, commonly seen in general consultations and medical caravans. Despite their prevalence, epidemiological data in southern of our country remain limited. This study examines the epidemiological and clinical profile of skin disorders identified during five medical caravans in underserved regions with limited access to specialized care.

Materials & Methods:

This retrospective descriptive study includes all individuals who attended free dermatological consultations during medical caravans in various regions of southern of our country, conducted between October 2023 and February 2025.

Results:

A total of 508 patients were examined: 44.69% women, 30.90% men, 15.35% girls and 9.06% boys, with ages ranging from 5 months to 91 years (average: 45.70 years). Inflammatory dermatoses were most prevalent, affecting over half of both children and adults, with acne being the most common (37.68% in children, 30.80% in adults). Infectious dermatoses followed, affecting around 29% in both groups. Interdigital intertrigo was the leading infection in adults (33.92%), while impetigo was most frequent in children (22.22%). Autoimmune diseases ranked third in children (7.25%), mainly vitiligo (77.77%). In adults, tumoral skin conditions represented 3.90%, with basal cell carcinoma (BCC) accounting for 26.66%. Hair disorders, primarily androgenetic alopecia (AGA), were reported in 3.38% of adults, while pigmentary disorders accounted for 3.12%, predominantly melasma (91.66%). Xerosis cutis was diagnosed in 104 patients.

Conclusion:

These findings reinforce the importance of improving access to dermatological care in underserved regions. Medical caravans provide essential healthcare and valuable epidemiological data, but broader studies are needed for a more comprehensive national perspective.

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

Abstract N°: 8230

Latest Research Hot Spots of Warts Management: A Bibliometric Analysis and Visualized Review

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Latest Research Hot Spots of Warts Management: A Bibliometric Analysis and Visualized Review

Introduction & Objectives: Viral warts, caused by human papillomavirus (HPV), are common skin conditions with variable treatment responses and frequent recurrences. Despite numerous therapies such as salicylic acid, cryotherapy, laser, surgery, and immunotherapy no universally effective treatment exists. While many studies have explored wart management, there is limited comprehensive analysis of global research trends and knowledge development. Bibliometric analysis offers valuable insights into scientific impact, research hotspots, and future directions by identifying key contributors, institutions, and collaborations. This study aims to evaluate global research on wart management and highlight influential findings to inform clinical practice.

Materials & Methods: Data were retrieved from the Web of Science Core Collection on January 30, 2025, using the keyword “warts” and covering publications from 2015 to 2025. After excluding non-English articles and studies with unsuitable methodologies, 941 records were analyzed. VOSviewer was used to visualize authors, countries, institutions, and keywords, while Microsoft Excel supported basic data summaries. Results include global research trends, hotspots, and emerging therapies.

Results: A total of 1,402 articles on wart management were retrieved from the Web of Science

(2015-2025). After excluding non-English and irrelevant studies, 941 publications were analyzed. The USA ranked first in number of publications (134), citations (1,607), and international collaboration, followed by Egypt and China. Spain had the highest citations per

Rank	Country	Publications	Percentage (%)	Citations	Citation Per Publication	Total Link Strength
1	USA	134	19.14	1607	11.99	78
2	Egypt	124	17.71	921	7.43	18
3	Peoples R China	92	13.14	648	7.04	17
4	India	91	13	570	6.26	15
5	Iran	54	7.71	391	7.24	7
6	Italy	47	6.71	385	8.19	26
7	Spain	45	6.42	610	13.55	35
8	England	43	6.14	556	12.93	42
9	Germany	37	5.28	392	10.59	41
10	South Korea	33	4.71	278	8.42	6
Total		700	99.96	6398	93.63	295

publication (CPP: 13.55). Zagazig University had the most publications (47), while Leiden University ranked highest in CPP (19.00). The most productive author was Nofal, Ahmad (17 papers,208 citations), and Fairley, Christopher K. led co-citation networks. U.S. agencies (HHS, NIH) were the main funders,

with support also from Merck and Sanofi Pasteur. Keyword analysis identified 79 terms in 8 clusters, with growing interest in treatments like MMR vaccine and Candida antigen.

Table 1. Top productive countries

Table 2. Top Ten Productive Institutions

Figure 1. Cluster Analysis of Keywords Co-occurrence

Conclusion:

This bibliometric analysis summarizes global research on wart management, based on 941 studies. The USA led in publication volume and collaborations, followed by Egypt and China. Zagazig University was the top contributor. Major funders included HHS and NIH, with minimal pharmaceutical support. Key topics included HPV, immunotherapy, cryotherapy, and emerging treatments. Future research should enhance global collaboration and industry engagement.

Keywords: warts, HPV, bibliometric analysis, immunotherapy, cryotherapy, global research.

Abstract N°: 8406

Dermatological Emergencies of the Legs: A High-Stakes Diagnostic Puzzle

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Introduction & Objectives:

Dermatological emergencies are common and present both diagnostic and therapeutic challenges. Involvement of the lower limbs is particularly concerning due to the wide range of potential etiologies, including infections, vascular disorders, inflammatory conditions, and trauma. Patients frequently present to the emergency department with polymorphic skin lesions affecting the lower limbs, requiring prompt and effective management. Differential diagnosis can be complex, as some serious conditions may mimic benign diseases.

Materials & Methods:

This is a retrospective study conducted over a 27-month period, from June 2022 to August 2024. It includes patients who presented to the emergency department of Avicenne University Hospital, as well as those hospitalized in various departments for whom a dermatology consultation was requested during on-call shifts. The objective of this study was to identify the main dermatological conditions affecting the legs encountered in the emergency setting and to assess their frequency and distribution based on factors such as age, sex, and medical history.

Results:

A total of 516 patients were included in the study, with a mean age of 58 years and a slight female predominance (56%). The most frequent diagnoses were infectious dermatoses, primarily erysipelas (59%), followed by vascular conditions (14%), mechanical causes (12%), and inflammatory disorders (7%). Less frequent diagnoses were also reported. The hospitalization rate was estimated at 15% of all lower limb lesions managed in the emergency department, representing 8% of all patients admitted to the dermatology department during the study period.

Comorbidities were present in 83% of cases. Our study demonstrated a statistically significant association between hospitalization and both diabetes ($p = 0.006$) and hypertension ($p = 0.026$). Among the patients presenting to the emergency department, 50% had previously consulted a general practitioner, and in more than half of these cases, antibiotics had already been prescribed. In nearly 50% of cases, antibiotic therapy was initiated, predominantly by general practitioners, and dosing or therapeutic adjustments were required in 61% of these situations.

A particularly noteworthy finding was the reluctance to wash affected areas in the presence of dermatological lesions, observed in the majority of patients. This represents a critical aspect of management, with some patients showing marked improvement after simple hygiene measures.

The mortality rate was low, estimated at approximately 2%, mainly among patients with necrotizing fasciitis. Lack of improvement in lesions was noted in 10% of cases, most frequently involving leg ulcers and lymphedema.

Conclusion:

This study is the first to focus exclusively on lower limb lesions in an emergency context. It provides the basis for developing operational strategies and effective action plans to better manage hospitalization risk factors,

particularly among diabetic patients. As prevention is preferable to cure, ongoing training of general practitioners is essential to anticipate and prevent complications. In parallel, public awareness must be raised to overcome the fear of washing in the presence of dermatological lesions, turning this apprehension into a step toward recovery

Abstract N°: 8546

Epidemiological and clinical profile and management of chronic urticaria in Casablanca

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Introduction & Objectives:

Urticaria is a common inflammatory dermatosis, accounting for 1-2% of dermatology consultations. Chronic urticaria (CU) corresponds to the presence of superficial urticaria and/or angioedema for at least 6 weeks. Positive diagnosis is clinical. Treatment is based on second-generation antihistamines.

Materials & Methods:

This was a retrospective study, carried out in a specialized dermato-allergology consultation at Casablanca University Hospital. All patients with a diagnosis of UC who consulted between January 2018 and January 2024 were included. The diagnosis of UC was clinical. Cases of acute urticaria were eliminated. Standard forms were completed from the medical record, collecting the following data: demographic data, disease characteristics, paraclinical examinations ordered.

Results:

Two hundred and eighty patients were included during this period. There were 230 women and 50 men, with an M/F sex ratio of 0.22 and an average age of 38.4 years. Angioedema was noted in 37% of cases. Personal atopy was found in 66% of cases, familial atopy in 33%, autoimmune terrain in 34% and epigastralgia in 25%. Emotional shock was reported as a trigger in 14% of cases. Oral corticosteroids were used to treat severe attacks in 39% of cases.

All our patients received second-generation antihistamines, with dose escalation. Total duration of treatment averaged 33 months, with extremes ranging from 8 months to 3.5 years. Anti-leukotrienes were administered in 28% of cases. Favourable evolution was noted in the majority of cases.

Conclusion :

In our series, UC occurred mainly in young women with a history of atopy and autoimmunity, in line with the literature. The history included angioedema in association with general corticosteroid therapy. Management was based on second-generation antihistamines, with adequate duration of treatment.

Abstract N°: 8636

Skin deseases in outpatient Dermatologic Consultation

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Introduction & Objectives:

Skin diseases are a major cause of morbidity and therefore have a financial and public health impact. Little data is available on the real burden of skin diseases in Algeria. Our aim was to describe the typology of dermatoses treated on outpatient dermatologic consultations in the public and private sectors.

Materials & Methods:

The study was conducted over two periods in the same year (January-February, June-July) in two towns in eastern Algeria, Constantine and Annaba. Patients were recruited on the basis of consultation. Only new cases were included in the study.

Results:

1720 patients consulted for 1766 skin complaints during the four months of the study. 70% were under 45 years of age. People aged 60 years and over accounted for only 13.5%. Women predominated in all age groups except the over 60 years.

Cardiovascular and metabolic pathologies accounted for more than half of the pathological histories in our patients. The most frequent pathology groups for both sectors (public/private) and both regions were skin infections (onychomycosis, warts, folliculitis, scabies) 30.4%, inflammatory dermatoses (psoriasis, eczema, urticaria, atopic dermatitis) 26.5%, adnexal pathologies (acne, alopecia, sebaceous cysts) 16.7% and skin tumours (nevi, molluscum pendulorum, carcinoma) 5. 0%. These accounted for 78.6% of consultation requests. The other reasons were: pruritus/prurigo, pigmentation disorders, immunodermatology and internal medicine, topographical dermatoses and dermatoses caused by physical agents.

Discussion :

In addition to skin infections, most of which are benign and whose frequency in our study was attributed to patient recruitment bias, attention should be drawn to inflammatory dermatoses including psoriasis, eczema, urticaria and AD, which are chronic, often associated with co-morbidities and whose management represents a considerable economic burden, particularly as they were particularly frequent in patients aged under 45, the majority population in our study.

Conclusion:

Skin problems are a real health problem because of the impact they have on the patient's socio-professional life, but above all because of their cost to households, healthcare structures and the economy.

Abstract N°: 8647

Epidemio-clinical profile of erysipelas hospitalized in a moroccan tertiary care hospital

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Introduction & Objectives

Erysipelas is an acute dermo-hypodermal infection (non necrotizing) of bacterial origin, mainly group A beta-haemolytic streptococcus. It represents a frequent reason for emergency consultation and may require hospitalization to prevent serious complications. The objective of this study was to describe the epidemiological, clinical, and therapeutic profile of patients hospitalized for erysipelas in a tertiary care center, and to contextualize these findings through a review of current literature, with the aim of improving patient management and outcomes.

Materials & Methods We conducted a retrospective and prospective study including 115 patients hospitalized for erysipelas at Ibn Sina University Hospital, Rabat, between 2004 and 2025. Patient data were collected from hospital records and analyzed using Jamovi software (version 2.5).

Results Among the 115 hospitalized patients, 40 (34.8%) were male and 75 (65.2%) female. The median age was 58 years [IQR: 50–66.8], and the mean length of hospital stay was 8 days. Prior prophylactic treatment was reported in 7.8% of patients. Before hospitalization, antibiotics were prescribed in 71% of cases, most commonly amoxicillin–clavulanic acid (40.9%). NSAIDs and corticosteroids were prescribed in 13% and 11.3% of cases, respectively. Local predisposing factors were identified in 89.6% of patients, primarily interdigital intertrigo (77.4%). General risk factors were present in 82.6% of cases, with obesity (45.2%) and diabetes (39.1%) being most prevalent. The lower limbs were affected in 83.5% of cases. General symptoms were noted in 67% of patients, with fever (51.3%) and chills (19.1%) being the most common. Cutaneous signs included bullae (53.9%), purpura (13%), necrosis (13%), and ulceration (10.4%). Decompensation of underlying diseases occurred in 30.4% of patients. The most frequently used antibiotics during hospitalization were amoxicillin–clavulanic acid and third-generation cephalosporins, with treatment durations ranging from 10 to 15 days. A major limitation of this study was the incomplete documentation in medical records.

Conclusion

This study offers valuable epidemiological and clinical data on hospitalized erysipelas cases, contributing to a better understanding of its risk factors and complications. Our findings emphasize the need for early identification, standardized treatment protocols, and targeted preventive strategies to improve patient outcomes and reduce recurrence.

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

Abstract N°: 8819

Epidemiologic Profile of Dermatological Conditions in the Middle East: A Cross-Sectional Assessment of Disease Burden and Distribution in Jordan

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Introduction & Objectives:

Jordan's population has more than doubled since 2000, reflecting significant demographic shifts and rapid urbanization rates. These changes, combined with environmental and socioeconomic challenges and having one of the highest refugee populations per capita globally have resulted in considerable pressure on its healthcare system to accommodate the needs of its population, particularly in managing cutaneous conditions. Understanding the prevalence and distribution of cutaneous diseases is important for optimizing healthcare policies and access, as skin conditions often reflect underlying systemic health issues, environmental exposures, and inequities. This study aims to characterize the epidemiological distribution of cutaneous conditions in Jordan to provide insight into specific dermatological needs of its diverse population.

Materials & Methods:

The Global Burden of Diseases, Injuries and Risk Factors database, last updated in 2021, was queried on March 27, 2025 for data on prevalence, incidence, and Disability-Adjusted Life Years (DALYs) for skin and subcutaneous conditions in Jordan populations aged 5-94 years. The DALYs were obtained by adding Years Lived with Disability to Years of Life Lost due to premature mortality. The data was additionally stratified based on dermatological condition and sex.

Results:

The most prevalent cutaneous condition in Jordan was acne vulgaris (3.96%), followed by fungal skin diseases (2.79%), dermatitis (2.62%), viral skin diseases (1.41%), scabies (1.06%), urticaria (0.95%), pruritus (0.92%), psoriasis (0.52%), bacterial skin diseases (0.4%), alopecia areata (0.19%), and decubitus ulcer (<0.01%), as presented in **Table 1**. Fungal skin diseases (2.27%) had the highest incidence, followed by bacterial skin diseases (2.15%), dermatitis (1.06%), scabies (0.77%), acne vulgaris (0.5%), urticaria (0.4%), viral skin diseases (0.26%), pruritus (0.18%), alopecia areata (0.08%), psoriasis (0.02%), and decubitus ulcer (<0.01%). The three conditions with the highest DALYs include dermatitis (0.39%), acne vulgaris (0.37%), and urticaria (0.25%). Trends between sex for prevalence, incidence, and DALYs were similar when the data was stratified. Stratifying the data by age cohort showed that both prevalence and incidence increased from the 5-9 (prevalence: 15.96%, incidence: 5.36%) to 15-19 year cohort (27.51%, 10.32%) (**Figures 1 and 2**). After this peak, the rates declined, then began to steadily increase from the 35-39 (15.18%, 8.74%) to 90-94 year group (52.37%, 29.46%).

Conclusion:

Acne vulgaris, fungal skin diseases, and dermatitis were determined to be the most prevalent dermatological conditions in Jordan, underscoring the need to prioritize awareness and screening for these diseases. To improve equitable dermatologic care for vulnerable populations in refugee-heavy populations, future research should

include longitudinal studies focused on displaced communities.

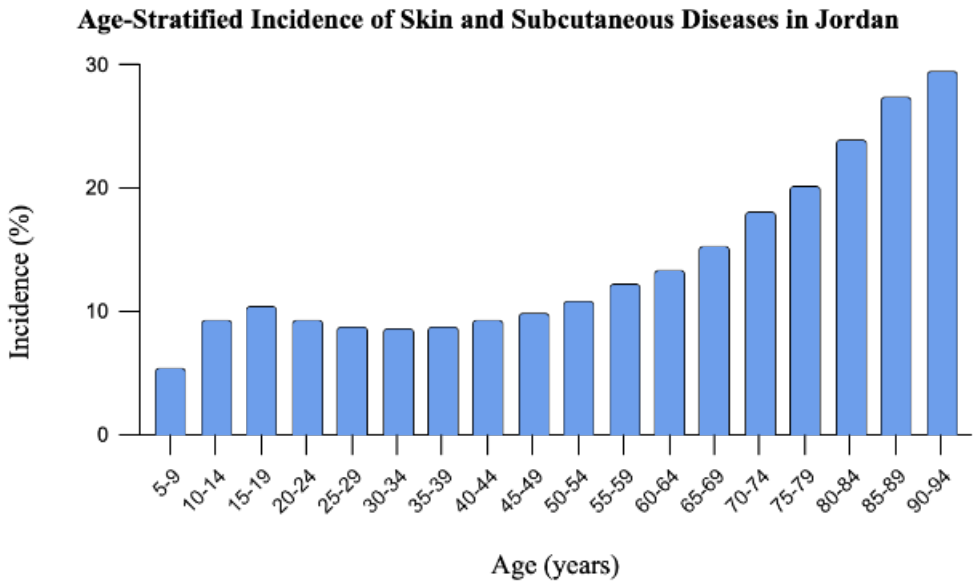

Figure 1. Incidence of skin and subcutaneous diseases in Jordan stratified by 5-year age cohorts.

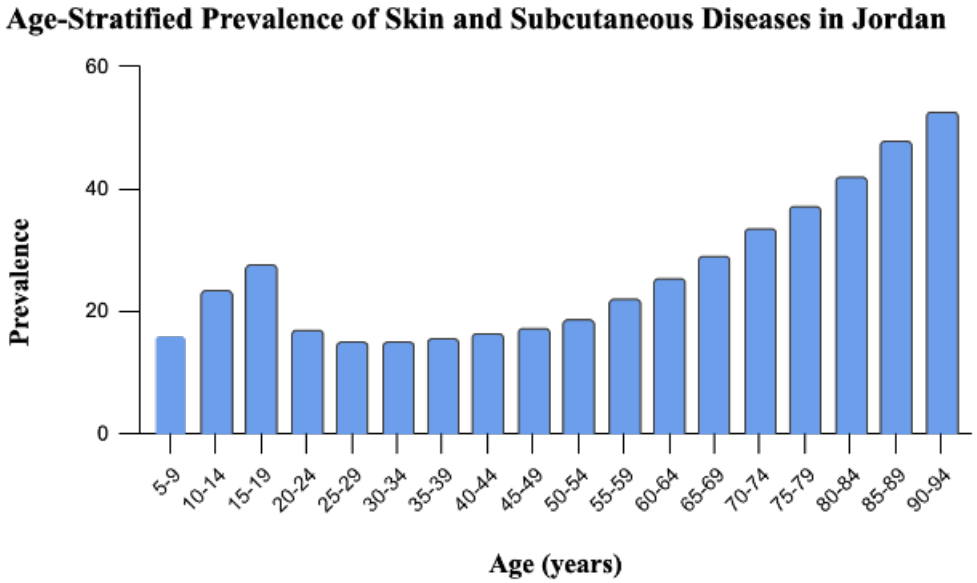

Figure 2. Prevalence of skin and subcutaneous diseases in Jordan stratified by 5-year age cohorts.