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

Abstract N°: 468

The use of Nemolizumab in refractory scrotal dysesthesias

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Introduction & Objectives:

Due to its high density of nerve fibers, the genital skin is prone to neruocutaneous dysesthesias that manifest with burning, pruritus, or pain. These dysesthesias may be purely neuronal in origin, such as from a spinal cord injury, or part of an inflammatory skin process, such as psoriasis or atopic dermatitis. Genital dysesthesias are notoriously difficult to cure, and treatments include corticosteroids, antidepressants, anticonvulsants, and neuroleptic medications.

Nemolizumab, an IL-31 receptor alpha antagonist, targets receptors on leukocytes, keratinocytes, cutaneous nerves, and the dorsal root ganglia. Due to its ability to modulate nerve activity, it may be a treatment for cutaneous dysesthesias. Herein are two cases of refractory scrotal dysesthesia that improved with Nemolizumab.

Materials & Methods:

Two patients with a several year history of scrotal dysesthesia (pain and burning) that failed to improve with topical steroids, topical lidocaine, oral gabapentin, and patch testing were treated with Nemolizumab. Changes in DLQI, NRS-itch, and NRS-pain were assessed at weeks 0, 2, 4, 8, and 12 after initiation with Nemolizumab.

Results:

Prior to starting Nemolizumab, patients 1 was using a 10% ketamine /5% amitriptyline /5% lidocaine solution several times per day to control his symptoms. At baseline, Patient 1 had a baseline DLQI of 7, NRS-pain of 2, and NRS-itch of 3. By week 12 of Nemolizumab, his DLQI was 1, and he had an NRS-pain and NRS-itch of 0. The patients was able to stop all additional treatments for his scrotal pain and burning.

Prior to starting Nemolizumab, patients 2 was taking oral indomethacin, oral gabapentin, and topical crisaborole to control his symptoms. At baseline, Patient 2 had a baseline DLQI of 25, NRS-pain of 4, and NRS-itch of 5. By week 12 of Nemolizumab, his DLQI was 3, and he had an NRS-pain and NRS-itch of 0. The patients was able to stop all topical and systemic treatments except for PRN crisaborole cream for breakthrough pain.

Conclusion:

Dysesthesias such as scrotodynia and vulvodynia are difficult to treat and cause tremendous morbidity to patients. Genital dysesthesias are heterogeneous, and they have a variety of underlying cause. In this series, Nemolizumab improved symptoms for two patients with scrotal dysesthesia that had been refractory to numerous topcial and oral agents. Therefore, dermatologists should be aware that Nemolizumab—due to its ability to target cutaneous nerves—may be an effective treatment for these patients when anesthetics and neuromodulating medications fail.

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Abstract N°: 489

Recurrent Oral Melanoma Managed with Topical Immunotherapy: A Case Report.

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Introduction & Objectives:

Oral mucosal melanoma (OMM) is a rare and aggressive malignancy that differs significantly from cutaneous melanoma in epidemiology, genetics, clinical presentation, and treatment response. The primary treatment for oral mucosal melanoma is surgical resection, though it often carries significant morbidity, and recurrence remains frequent despite complete excision. Targeted therapies for melanoma-specific driver mutations and immune checkpoint inhibitors show lower efficacy in mucosal melanomas than their cutaneous counterparts, necessitating alternative therapeutic approaches. Toll-like receptor (TLR) agonists have demonstrated efficacy in treating cutaneous malignancies, including melanoma.

Results:

A 49-year-old female (Fitzpatrick skin type III) with a history of melanoma in situ of the hard palate presented to the Dermatology Department with asymptomatic black macules on the oral mucosa, progressively appearing over several months. She denied pain, bleeding, dysgeusia, dysarthria, dysphagia, or lymphadenopathy. Her family history was unremarkable for cutaneous or mucosal melanoma, and she reported no tobacco use.

Intraoral examination revealed an asymmetric, pigmented (black with grey shades) lesion on the right maxillary buccal vestibule, elevated from the adjacent mucosa. The lesion measured 5cm × 4cm, extending to the marginal gingiva. It had irregular but well-defined borders, a smooth, unscrapable surface, and was non-tender on palpation. Additionally, superficial erosions were noted on the hard palate, but no other pigmented areas were present. Extraoral examination showed no significant abnormalities.

Dermoscopy revealed a multi-component pattern with various colors, a central blue-white veil, regression structures, irregular dots and globules, and atypical radial streaks at the periphery.

Confocal microscopy was performed and highlighted high-density basal hyper-reflective dendritic cells, numerous bright large pagetoid cells in the epithelium, disruption of chorion papillae architecture, and atypical cells in the upper chorion.

The findings were highly suggestive of recurrent OMM with multifocal field cancerization. The patient was initiated on topical imiquimod 5%, applied once daily, five days per week for six months. At the three-month follow-up, a significant clinical response was observed. Given the high risk of recurrence, the patient will undergo long-term surveillance with regular oral cancer examinations for five years to monitor for any further disease progression.

Conclusion:

Imiquimod therapy induces an antitumor response by activating helper T cells, leading to complete and sustained histopathologic remission of OMM. Its topical application ensures targeted tumor treatment while minimizing systemic side effects. Therefore, 5% imiquimod cream emerges as a valuable immunomodulatory option for effectively managing OMM.

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Abstract N°: 2449

Multisite Mucocutaneous Lichen Planus: A Rare Case with Complete Remission Following Combined Therapy — Highlighting the Importance of Early Recognition and Multidisciplinary Management

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Introduction & Objectives:

Lichen planus (LP) is a rare papulosquamous inflammatory disease with a prevalence of 0.1–4%. According to the Philippine Dermatological Society, there is no gender predilection. Oral LP affects 1–4% of the population. This report presents a rare case involving cutaneous, oral, and genital LP managed with systemic and topical therapies.

Materials & Methods:

This is a case of a 54-year-old Filipino, female, who presented with a 2-year history of multiple dull red-violaceous papules and plaques on the trunk and all extremities and multiple lacy, whitish plaques on the oral and genital mucosa. Initial lesions started on the buccal mucosa as several whitish reticulated plaques with erythema and was managed by ENT service with unrecalled spray for oral ulcers and an oral dental adhesive paste with no resolution. Two months after, she then noted multiple dull red-violaceous flat-topped papules on the upper extremities and abdomen accompanied with intermittent pruritus. She then noted progression of the lesions as increasing in number of the papules now coalescing into plaques involving the back and lower extremities. Persistence of the oral lesions with reported pain on eating, prompted her to seek consult with the attending dermatologist. Physical examination showed the following: multiple dull red-violaceous, well-marginated, flat-topped polygonal papules and plaques, on the chest, abdomen, back, upper and lower extremities; multiple lace-like, whitish reticulated plaques and surrounding erythema on buccal mucosa, gingiva, tongue, also known as Wickham striae and several well-demarcated erythematous patches and erosions with lace-like whitish reticulated plaques on the clitoral hood, labia majora and minora. Koebnerization was observed at the upper back following accidental scratching of the area. Dermoscopy revealed reticular pearly whitish structures radiating outward from the center, surrounded by radial linear and dotted capillaries. Skin biopsy showed lichenoid interface dermatitis consistent with atrophic lichen planus. CBC, ESR, lipid profile, liver enzymes, FT3, FT4, TSH, and ANA were unremarkable.

Results:

The patient was diagnosed with extensive lichen planus and initiated on oral prednisone (20 mg/day tapered to 10 mg/day over 4 weeks), super potent topical corticosteroids for skin and mucosal lesions, and a compounded mouthwash (diphenhydramine, lidocaine 2%, Mg/Al hydroxide). She was referred to a dentist for oral care and an OB-GYN for genital involvement. At the two-month follow-up, the patient reported complete resolution of both cutaneous and mucosal lesions described as disappearance of the whitish reticulated plaques on the oral and genital mucosa and flattening to fading violaceous papules and plaques on the trunk and extremities. She is presently maintained in remission with methotrexate (7.5 mg/week) with no subjective complaints.

Conclusion:

This case illustrates a rare extensive mucocutaneous LP presentation requiring coordinated multidisciplinary care. Early diagnosis and combined systemic and topical therapy resulted in favorable outcomes. Given the use of systemic methotrexate, regular monitoring of liver enzymes—ideally every six months—is recommended to ensure patient safety and to adjust the medication when the need arises. Continued follow-up is critical to assess disease

activity, treatment response, and potential adverse effects.

Abstract N°: 2664

Jak inhibitors in the treatment of lichen planus: case series and literature review

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Introduction & Objectives:

Lichen planus (LP) is an immune-mediated inflammatory disease of unknown etiology that can affect the skin, its appendages, and mucous membranes, the latter carrying an increased risk of developing squamous cell carcinoma (SCC). While some patients respond to topical therapies, others require systemic treatments, and certain cases, are unresponsive to these agents. Therefore, there is a need for more effective and targeted therapeutic options.

Multiple molecular and clinical studies have demonstrated the involvement of the JAK-STAT signaling pathway in the pathophysiology of LP. Consequently, Janus kinase inhibitors (JAK inhibitors or JAKi) have emerged as promising therapeutic candidates for LP.

Materials & Methods:

We conducted a retrospective study of patients with LP treated with JAK inhibitors at our center. The cohort included 7 patients (5 females and 2 males, aged 51 to 84 years), 5 of whom had erosive mucosal LP and 2 with generalized cutaneous LP. All patients were refractory to previous systemic treatments, and 2 (28.6%) had developed SCC of the oral mucosa. Tofacitinib was administered to 6 patients and baricitinib to 1, with a median follow-up duration of 9.6 months (range 5.7 – 46.6).

Results:

A favorable clinical response was observed in 57.1% of the patients, and no adverse events were reported. Our findings are consistent with existing literature, showing significant improvement in both lesions and life quality.

Conclusion:

JAK inhibitors have shown promising efficacy in the treatment of LP, including cases refractory to conventional therapies. Clinical improvement has been observed even in patients with erosive mucosal forms, who often have a limited response to standard treatments. Moreover, these agents have demonstrated a favorable tolerability profile across reported cases. Although further prospective studies with larger cohorts are needed, current evidence supports the potential of JAK inhibitors as a valuable option for difficult-to-treat LP.

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Abstract N°: 2798

A familial case of Heck´s disease or Focal Epithelial Hyperplasia (FEH)

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A FAMILIAL CASE OF HECK´S DISEASE OR FOCAL EPITHELIAL HYPERPLASIA (FEH)

Introduction & Objectives:

Heck´s disease, or Focal epithelial hyperplasia is a benign proliferation of the oral mucosa. It is caused by the human papillomavirus (HPV) and is most prevalent in childhood and in certain ethnic groups (American Indians and Eskimos). The objective of this poster is to review the disease.

Materials & Methods:

We present the case of a 13-year-old female from Peru with no significant family history that came into the Dermatology Department due to the appearance of asymptomatic lesions on the oral mucosa three years earlier. Her mother reported that her brother had similar lesions.

Physical examination revealed whitish papules that coalesced into plaques on the buccal mucosa and the mucosa of the lower lip. No other lesions were observed on the skin or genital mucosa (Figure A).

Her 6-year-old brother had similar lesions that had appeared two months earlier (Figure B).

Results:

Biopsies showed epidermal hyperplasia, acanthosis with elongation of the interpapillary ridges, and cells with enlarged nuclei and a focal perinuclear halo (Figures C and D).** Polymerase chain reaction (PCR) demonstrated the presence of HPV type 32.

With the diagnosis of focal epithelial hyperplasia, periodic treatment with cryotherapy was initiated, and vaccination was initiated to prevent coinfections with other HPV strains. Currently, 18 months after the initial visit, the lesions remain stable.

Conclusion:

Focal epithelial hyperplasia (FEH) is caused by a benign proliferation of the oral mucosa due to human papillomavirus (HPV) infection. It can affect any part of the oral mucosa, but the mucosa of the lower lip is most frequently affected. The pathogenesis of this disease is unknown; the higher incidence in certain ethnic groups and the existence of familial conditions, as in this case, suggest a genetic predisposition. The clinical course of the disease is variable; most cases regress spontaneously. It is important to know this entity to avoid any invasive therapy.

Abstract N°: 2829

Recurrent reactive infectious mucocutaneous eruption (RIME): a case report

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Introduction & Objectives: Reactive infectious mucocutaneous eruption (RIME) refers to a rare group of inflammatory parainfectious mucocutaneous eruptions. Previously known as Mycoplasma pneumoniae-induced rash and mucositis (MIRM), the term RIME was adopted upon identification of additional infectious triggers. Typically affects children and adolescents, although some cases have been reported in adults.

Materials & Methods: Case report. A 20-year-old woman with no relevant medical history presented to the emergency department with painful oral and genital lesions evolving over several days, preceded by cough, fever, and malaise. She was initially diagnosed with herpetic gingivostomatitis and genital herpes and was discharged with oral acyclovir and analgesics. Four days later, she returned due to worsening oral lesions and ocular discomfort.

Examination showed edematous, friable lips with erosions, crusts, and whitish membranes in the oral mucosa. Genital examination revealed swollen labia with erosions, and mild conjunctival hyperemia was noted. Given clinical suspicion of RIME, she was admitted and started on oral prednisone, azithromycin and topical treatments with good clinical response. All diagnostic tests for infectious etiologies, including Mycoplasma pneumoniae (MP) serology, were negative.

Five months later, the patient returned with similar symptoms, this time accompanied by retrosternal burning pain. An upper endoscopy revealed extensive denudation of the esophageal mucosa. After ruling out other conditions, recurrent RIME was diagnosed and she responded well to the same treatment regimen. On this occasion, PCR for human herpesvirus 6 (HHV-6) and IgG serology for MP were both positive.

Results: RIME is characterized by mucositis affecting two or more locations, typically following a prodromal phase of cough, fever, and malaise. Oral involvement is nearly universal, with hemorrhagic crusts, erosions, gingivitis, ulcers, or whitish membranes. Ocular involvement is also common and genitourinary lesions are reported in approximately 60% of cases and may affect the vulva, vagina, penis, and scrotum. Cutaneous involvement tends to be mild or absent.

Recurrence rates range from 8% to 35% depending on the series. Some authors suggest that recurrent episodes may present with fewer prodromal symptoms and less non-oral mucosal involvement, and that M. pneumoniae is frequently implicated in the initial episode.

The differential diagnosis includes erythema multiforme (EM), Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) and other conditions such as herpetic gingivostomatitis, autoimmune blistering disorders…

Diagnosis is primarily clinical, supported by laboratory and imaging findings. Skin biopsy is not routinely performed, as histopathologic features are nonspecific. No standardized treatment exists; management includes analgesia, hydration, debridement of crusts, and supportive care. Systemic corticosteroids may be used in cases with extensive mucosal involvement. Targeted antibiotic therapy, particularly tetracyclines, is also suggested.

Conclusion: We present a case of RIME with two notable features: recurrence presentation and extensive

esophageal involvement during the second episode, an exceptional finding not previously reported. RIME should be considered in young patients presenting with acute mucosal involvement, prodromal symptoms, and no history of recent medication use.

Abstract N°: 3586

Tattoo-associated Lichen Sclerosus: a rare extragenital manifestation linked to the Koebner Phenomenon

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Introduction & Objectives:

Lichen Sclerosus (LS) is a chronic inflammatory skin disease, mainly affecting postmenopausal women. It primarily impacts the anogenital region but can involve other areas of the body in 15 to 20% of cases. Clinically, it features white, atrophic papules or plaques, often with pain, itching, and possible Koebner phenomenon. The extragenital form is rarer.

Materials & Methods:

A comprehensive review of the literature was carried out for this case.

Results:

We report a rare case of lichen sclerosus (LS) occurring in a tattoo on a 69-year-old woman with a history of genital LS. Three months prior, she noticed whitish lesions on a pelvic tattoo. On physical examination, atrophic plaques with a pearly white color were observed over the tattoo. Histopathological study revealed erosion, irregular acanthosis, hyalinization of the superficial dermis with moderate lymphohistiocytic infiltrate that was accentuated in areas of exogenous pigment deposition (tattoo), intense and coarse sclerosis of the middle and deep dermis with moderate fibroblastic cellularity without atypia and mononuclear cell infiltration. Thus, the diagnosis of extragenital lichen sclerosus associated with the tattoo was confirmed.

Conclusion:

Extragenital LS occurs more frequently on the trunk and, unlike the anogenital form, is asymptomatic and rarely undergoes transformation into squamous cell carcinoma. Its etiopathogenesis is unclear, but likely involves genetic predisposition, hormonal factors, and local trauma.

Friction from tight clothing and scratching have been identified as triggers for genital LS, suggesting a Koebner phenomenon. Extragenital LS has also been linked to trauma, with lesions appearing on post-surgical scars, vaccination sites and more.

The Koebner phenomenon has been observed after tattoos in conditions like psoriasis, vitiligo, and lichen planus, but reports linking tattoos to LS are rare. Symptom onset can occur 1 to 50 years post-trauma. The first LS case in a tattoo was reported in 2009 by B. Arun.

The diagnosis of LS is mainly clinical, supported by histopathology, showing vacuolar degeneration of the basal layer and upper dermal homogenization, with the presence of a band-like lymphocytic infiltrate in the underlying region. In cases of extragenital LS, an investigation of anogenital lesions should always be conducted due to their strong association. The strictly extragenital form of LS occurs in only 2.5% to 6% of cases.

Treatment for localized extragenital lesions primarily involves potent topical corticosteroids, followed by topical calcineurin inhibitors during maintenance. Systemic retinoids and phototherapy are options for extensive cases. It

is important to advise patients about the risk of exacerbating their dermatosis through traumatic events such as tattoos.

Abstract N°: 3850

Flow cytometric T-cell phenotyping helps differentiate between mucous membrane pemphigoid and erosive oral lichen planus: a cross-sectional study

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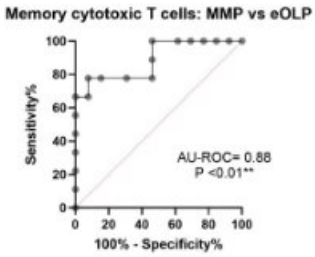
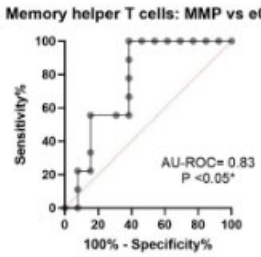
Introduction & Objectives: Despite being characterized by different pathogenic mechanisms, mucous membrane pemphigoid (MMP) and erosive oral lichen planus (eOLP) can share similar clinical manifestations and can be challenging to distinguish through the histological and serological tests currently available. This study investigated the immunophenotype of patients with eOLP and MMP evaluating flow cytometry as adjuvant test in differential diagnosis.

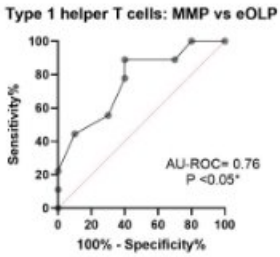
Materials & Methods: Twenty-two patients (13 MMP and 9 eOLP) were recruited. A blood sample was collected from each patient and B and T lymphocytes subsets were phenotyped through flow cytometry. The following B and T-cell subpopulations were assessed: total helper T cells (CD3+CD4+), total cytotoxic T cells (CD3+CD8+), naïve helper T cells (CD3+CD4+CD45Ra+), memory helper T cells (CD3+CD4+CD45RO+), naïve cytotoxic T cells (CD3+CD8+CD45Ra+), memory cytotoxic T cells (CD3+CD8+CD45RO+), total B cells (CD20+) naïve B cells (IgD+ IgM+ CD27-) , pre-switch memory B cells (IgD+ IgM+ CD27+) and post-switch memory B cells (IgD- IgM- CD27+). Any correlation was investigated between the immune phenotype and clinical and serological data.

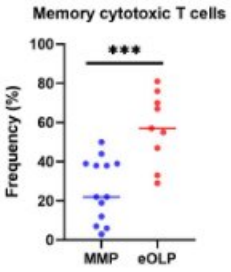
Results: High-risk MMP reported higher frequencies of memory helper T cells (*P* <0,05*) and post-switch memory B cells (*P* <0,01) compared to low-risk patients and a positive correlation was described between Mucous Membrane Disease Activity Index (MMPDAI) and memory helper T-cell value (*P* <0,05*). Interestingly, a significant lower frequency of activated type 1 helper T cells (*P* <0,05*), memory helper T cells (*P* <0,05*) and memory cytotoxic T cells (*P* <0,001***) was found in MMP compared to eOLP and, when assessing diagnostic accuracy, high AU-ROC curve values were obtained from each biomarker. Memory cytotoxic T-cell frequency was the most accurate in discriminating eOLP from MMP with an AU-ROC value of 0,88 (*P* <0,01**) and the cut-off of 38,5% reported a sensitivity and specificity of 80% and 70%, respectively. Memory helper T cells (cut-off 55%) and activated type 1 helper T cells (cut-off 0,35%), instead, reported a diagnostic sensitivity of 90% and a specificity of 70% and 60% with an AU-ROC curve of 0,83 (*P* <0,05*) and 0,76 respectively (*P* <0,05*).**

Conclusion: T cell immunophenotyping mirrors the distinct pathophysiology of eOLP and MMP and could be potentially useful in differential diagnosis between the two conditions. MMP patients with distinct clinical manifestations have specific immune phenotypes and flow cytometry could provide a better understanding of the role of cellular immunity in MMP.


Memory cytotoxic T cells: MMP vs eOLP
Sensitivity%
100% - Specificity%
AU-ROC= 0.88
P <0.01**


Memory helper T cells: MMP vs eOLP
Sensitivity%
100% - Specificity%
AU-ROC= 0.83
P <0.05*


Type 1 helper T cells: MMP vs eOLP
Sensitivity%
100% - Specificity%
AU-ROC= 0.76
P <0.05*


Memory cytotoxic T cells
Frequency (%)
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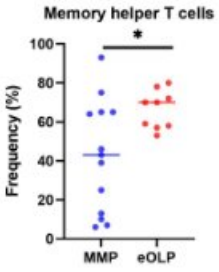
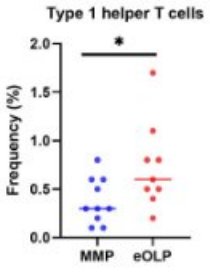
MMP
eOLP


Memory helper T cells
Frequency (%)
*
MMP
eOLP


Type 1 helper T cells
Frequency (%)
*
MMP
eOLP

Abstract N°: 4589

Incidence of Lichen Detected by Systematic Genital Mucosal Examination During Dermatological Consultation: EvE Study of 2,912 Patients

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Introduction & Objectives:

Examination of genital mucosa is not always routinely performed during dermatological consultations, making the true incidence of genital dermatoses, notably lichen, uncertain. This study reports the incidence of genital lichen in a systematically examined population, originally consulted for skin tumors or nevus follow-up, without an initial genital complaint.

Materials & Methods:

This prospective observational study (EvE) was conducted in a single Dermatology Departmen. All patients followed for nevi, melanoma, or other skin tumors underwent genital examination. Data were collected from October 2017 to October 2018.

Results:

A total of 2,912 patients were included, among whom genital dermatoses were identified in 17.75%: 1,512 men (21.23% genital dermatoses) and 1,400 women (14.14% genital dermatoses).

Lichen was clinically identified in 35 patients, representing 5.30% and 9.09% of genital dermatoses in men and women, respectively, with no significant difference. The overall incidence of lichen was 1.20% (1.29% in women and 1.12% in men).

Ten biopsies were performed to confirm the diagnosis: 8 cases were confirmed as lichen sclerosus, 1 case as lichen planus, and 1 case revealed an intraepithelial lesion with moderate squamous dysplasia.

The incidence of lichen in women according to age was 0% (18-39 years), 0.64% (40-59 years), 1.69% (60-79 years), and 3.42% (≥80 years), showing a statistically significant increase with age (p=0.02).

For men, incidence according to age was 0% (18-39 years), 0.77% (40-59 years), 1.06% (60-79 years), and 3.84% (≥80 years), without a statistically significant difference.

Asymptomatic genital lichen is not rare, observed in 1.20% of our consecutive series of 2,912 subjects. Distribution appears homogeneous between sexes, with incidence increasing with age. Early screening remains critical, particularly since the classical symptom of pruritus was absent in our cases. Such asymptomatic presentation may contribute to delayed diagnosis and underscores the importance of systematic genital examinations.

Conclusion:

These findings represent the most recent and extensive French data available regarding genital lichen incidence in a general population. Routine genital examination is therefore strongly recommended.

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Abstract N°: 4591

EPIDEMIOLOGY OF EYELID TUMOURS, TorKcas Study, ABOUT 4674 SUBJECTS

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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.

Abstract N°: 4775

Multiple vulvar epidermolytic acanthomas

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Introduction & Objectives:

Epidermolytic acanthoma (EA) is a rare, benign cutaneous lesion characterized by epidermolytic hyperkeratosis on histopathological examination. It typically presents as a solitary lesion, although multiple or disseminated forms can occur. EA usually manifests in adulthood and can affect various anatomical sites, including the trunk, extremities, face, and genitalia.

Materials & Methods:

We describe a patient with both clinical and histopathological features consistent with the diagnosis of EA.

Results:

A 55-year-old woman presented with multiple pruritic papular lesions in the vulvar region, with a slow, progressive course spanning several years. She was referred to Dermatology with a diagnosis of vulvar warts for treatment. She denied pain or any history suggestive of sexually transmitted infections (STI). Physical examination revealed multiple small, skin-colored to yellowish papules on the labia majora. A punch biopsy of one lesion was performed. Histopathological analysis showed classic features of epidermolytic hyperkeratosis, including compact hyperkeratosis, perinuclear vacuolization, and granular layer degeneration, without evidence of viral cytopathic effect. These findings confirmed the diagnosis of EA.

Conclusion:

EA is a benign, non-infectious condition that can mimic genital warts, leading to diagnostic confusion. Vulvar involvement is particularly uncommon and may contribute to misdiagnosis for STI with all the inherent implications. Histopathological examination is essential for definitive diagnosis, reassuring the patient, and avoiding unnecessary treatments. This case emphasizes the importance of considering EA in the differential diagnosis of chronic vulvar papular lesions, especially those with atypical progression and long-term evolution.

Abstract N°: 5046

Aggressive squamous cell carcinomas arising from mucosal lichen planus: A report of three cases

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Introduction & Objectives: Lichen planus (LP) is a chronic inflammatory disease that affects the skin and mucous membranes. Mucosal LP has been discussed as a premalignant condition and malignant transformation has been reported in 0.8% to 10% of patients with oral LP (OLP) and up to 2,5% with vulvar LP (VLP) in the literature. In this case series, we present three patients with metastatic squamous cell carcinoma (SCC) arising from VLP and OLP who experienced a rapid disease course with a fatal outcome.

Materials & Methods: Retrospective case series of three cases; patient and disease characteristics and the course of the disease were recorded.

Results: Patient 1 is a 63-year-old woman with mucosal LP diagnosed 4.5 years ago. Differentiated vulvar intraepithelial neoplasia (dVIN) had been detected 1.5 years later and treated externally with laser vaporization. After recurrence and further treatment, a poorly differentiated non-HPV-associated SCC was diagnosed. Staging examinations revealed suspicious inguinal and pelvic lymph nodes and urethral infiltration. Despite surgery and radiochemotherapy with cisplatin, rapid progression with cutaneous, peritoneal, and axillary metastases occurred. The patient deceased three weeks later.

Patient 2 is a 64-year-old woman with VLP diagnosed three years ago. Two years later, vulvar carcinoma was detected. CT imaging revealed right inguinal lymph node metastasis and suspicious bilateral parailiac nodes. She underwent bilateral laparoscopic lymphadenectomy and cisplatin-paclitaxel therapy, but the disease progressed. Following vulvectomy, lymphadenectomy, and radiotherapy, extensive peritoneal carcinomatosis developed after five months and she deceased.

Patient 3 is a 77-year-old woman with a 33-year history of LP. After 32 years, oropharyngeal carcinoma developed. She underwent laser resection, neck dissection, and lymph node extirpation, followed by adjuvant radiochemotherapy with cisplatin, which was discontinued after 4 weeks due to severe toxicity. 13 months later, an unresectable local recurrence was diagnosed. A palliative tracheostomy was performed, and the patient deceased 15 weeks later.

Conclusion: Patient 1 and 2 developed invasive vulvar carcinoma despite a short disease duration and with metatases present after a short time. Patient 3 with oropharyngeal carcinoma in OLP had a delayed onset of inoperable local recurrence one year later.

Although there have been reports of patients with mucosal LP and resulting SCC, we would like to raise awareness of a fulminant, highly dynamic and metastatic course with a fatal outcome, especially in VLP. Mucosal LP patients should receive interdisciplinary care and regular check-ups. Therapy-resistant lesions should be biopsied regularly to rule out malignant transformation.

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Abstract N°: 5247

Glomus Tumor of the Lower Lip: A Rare Localization

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Introduction:

Glomus tumors are rare mesenchymal neoplasms originating from modified smooth muscle cells of glomus bodies. First described by Hoyer in 1877, glomus bodies are specialized arteriovenous structures located within the subungual dermis of the digits, between the venous and arterial systems. Their primary role is to regulate temperature through the shunting of blood. Clinically, glomus tumors often present as small, well-circumscribed pink to purple papules or nodules, and may mimic other vascular tumors such as hemangiopericytoma or hemangioma. While typically painful and tender in subungual locations, oral glomus tumors are exceedingly rare and usually painless, contributing to diagnostic challenges.

Herein, we present a rare case of a glomus tumor of the lower lip in ayoung woman, adding to the limited number of oral cases described in the literature.

Case report:

An 27-year-old woman presented to our department with a persistent, painless nodule on the labialmucosa of the lower lip, evolving over two years. The patient denied any history of trauma, ulceration, bleeding or smoking. Over the past year, the lesion had gradually increased in siez. Clinical examination revealed a 0.5 cm, round, protruding, non-tender, pink to violaceous nodule on the left corner of the lower lip. There were no associated lymphadenopathy or mucosal changes.

The lesion was surgically excised under local anesthesia. Histopathological analysis showed an encapsulated tumor located in the superficial dermis, composed of dilated vascular spaces surroundingby profilating uniform small round cells without cytological atypia or mitoses. The intervening stroma exhibited focal fibrosis and a sparse inflammatory infiltrate. No features of malignancy were identified. These findings were consistent with a diagnosis of glomus tumor.

Conclusion:

Glomus tumors of the oral cavity are extremely rare, with the lips being the most frequently reported site, followed by the hard palate, tongue, buccal mucosa, and gingivaIn contrast to their extraoral counterparts, which typically present as intense pain, cold sensitivity, and tenderness, oral glomus tumors tend to manifest as slow-growing, asymptomatic nodules. Histologically, they are classified into solid tumors (75%), glomangiomas with vascular predominance (20%), and glomangiomyomas with smooth muscle predominance (5%) based on the relative proportions of glomus cells, vasculature, and smooth muscle. Since the first oral case was reported in 1943, the present case represents, to the best of our knowledge, the 30th benign glomus tumor in the oral cavity. Given their rarity and atypical presentation, oral glomus tumors should be included in the differential diagnosis of well-circumscribed, painless, and vascular-appearing lesions of the oral mucosa. Clinical suspicion, supported by imaging and confirmed through histopathological evaluation, remains essential for accurate diagnosis and appropriate management.

Abstract N°: 5543

Management of oral involvement in autoimmune bullous diseases, epidermal necrolysis, and erythema multiforme: international consensus using the DELPHI method

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Introduction & Objectives:

Oral involvement in autoimmune bullous diseases (AIBD), epidermal necrolysis (EN, i.e., Stevens-Johnson syndrome and toxic epidermal necrolysis), and erythema multiforme (EM) is common, but there are no formalized recommendations for their specific management. We sought to establish an international consensus using the DELPHI method.

Materials & Methods:

A panel of 65 international experts specializing in oral dermatoses (primarily dermatologists and stomatologists) was formed. After a literature review, we compiled a list of 62 statements, which we submitted to an online vote using the "Survey Monkey" tool, with a scale from 1 (strongly disagree) to 9 (strongly agree). The statements covered: general oral hygiene recommendations, severity scores, topical and systemic treatment of active oral lesions of AIBD, EN and EM, and more specifically inpatient care. The results were analyzed using the RAND/UCLA method: the median of the rating of each statement was calculated ("inappropriate" if median between 1 and 3.4/9; "uncertain" between 3.5 and 6.9/9; "appropriate" between 7 and 9/9), then a "disagreement index" was associated (consensus was obtained if index <1).

Results:

44/65 (67.7%) experts approached agreed to participate and 34/65 (52%) completed the survey. In a single round of voting, we reached a consensus on the broad outlines of treatment for oral lesions of AIBD, EN, and EM. Consensus was reached for 58/62 statements (93.5%) in the first round. Four statements, with median scores <7 and no consensus, were discarded. Therefore, it was not necessary to organize a second round of voting.

The strong points of consensus concerned: 1/ general principles of oral hygiene (smoking cessation, antisepsis, brushing, dental and periodontal monitoring, avoidance of implants during the active phase, etc.); 2/ the role of severity scores and current recommendations to guide systemic treatment combined with local treatment in AIBD (pemphigus and mucous membrane pemphigoid); 3/ modalities of topical corticosteroids for AIBD, both in acute and maintenance treatment; 4/ the role of topical tacrolimus in AIBD; 5/ the importance of hospital-based care, including enteral nutrition, particularly in EN and EM; 6/ topical and systemic treatment for oral EM flare-ups.

The points of disagreement concerned: 1/ use of hydrogen peroxide mouthwash; 2/ duration of topical corticosteroids in AIBD; 3/ use of antiseptics more than twice a day; 4/ the role of HSV serology in selecting

prophylactic antiviral treatment for EM.

Conclusion:

This DELPHI sets out a broad framework for the management of oral involvement in AIBD, EN and EM, to be adapted on a case-by-case basis by a multidisciplinary team, for both acute and long-term management. It may help to standardize management in future multicenter studies.

Abstract N°: 5680

Mucositis in chemotherapy patients: supportive care can improve daily life

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Introduction & Objectives:

Mucositis is an inflammatory and/or ulcerative lesion of the mucous membranes of the oral and/or gastrointestinal tract that can be caused by treatments such as chemotherapy and radiotherapy, or by infection. Approximately 40% of adult patients receiving conventional chemotherapy experience mucositis, and up to 75% experience mucositis with high-dose chemotherapy. The prospective multicenter French study by Colombier et al. (2012) assessed the impact of mucositis on the quality of life of cancer patients. 112 patients with different types of cancer who had undergone radiotherapy and/or chemotherapy had been recruited. The results confirmed that mucositis was associated with a significant deterioration in patients' quality of life, particularly in terms of pain, discomfort, eating difficulties and weight loss. The authors concluded that the management of mucositis in cancer patients is essential to improve their quality of life. In this way, mucositis cause severe pain and discomfort in cancer patients and affect their quality of life.

Materials & Methods:

The management of mucositis remains a challenge, and clear recommendations are needed to standardize practice and improve patient outcomes. 25 French centers were asked to recruit individuals aged 18 years AND older with mucositis. Each patient was asked to complete a day zero questionnaire to establish baseline and a day 14 questionnaire to describe disease progression. Treatment was at the discretion of the physician.

Results:

77 patients were recruited from 20 French centers. Patients who completed both questionnaires and confirmed that they had been treated with a dermo-cosmetic product [Aqua, sodium chloride, zinc sulphate] in spray were retained for analysis. A total of 33 patients were considered evaluable [51.5% male, mean age 62.1±11.4 years]. According to the dermatologist's assessment of severity, the mucosa showed redness, heat and pain, but solid food was still possible. After 14 days of product use, the study found that 60.7% of participants experienced mouth discomfort, 57.1% reported mouth pain, 39.3% had difficulty eating and swallowing liquids, 35.7% had abdominal pain, 32.1% suffered from bad breath, and 28.6% experienced mouth bleeding. Between D0 and D14, using a visual numerical scale, 50.0% of participants reported an improved state of stress, 46.4% showed reduced fatigue, and 42.9% experienced a decreased state of overwork. 78% felt that the product had helped to reduce irritation of their oral mucosa and 85% were satisfied with the product.

Conclusion:

Mucositis, which is common in patients undergoing cancer treatment, has a significant impact on their daily comfort. A study published in 20221 showed that zinc chloride and sodium bicarbonate mouthwashes were

effective in treating and reducing the severity of oral mucositis, and subsequently improving quality of life in patients with cancer under chemotherapy. In our study of 33 patients, we found that the same product significantly improved pain, dysphagia and stress in just 14 days, with 85% satisfaction and good tolerance. These promising results highlight the importance of supportive care therapy in optimizing the management of mucositis.

1 Mohammadi F and all Effectiveness of sodium bicarbonate and zinc chloride mouthwashes in the treatment of oral mucositis and quality of life in patients with cancer under chemotherapy. Nurs Open. 2022

Abstract N°: 6152

Hypertrophic Oral Lichen Planus Treated With Tofacitinib: A Case Report

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Introduction & Objectives:

Oral lichen planus (OLP) is a chronic inflammatory mucocutaneous disorder that may present in various clinical forms. The hypertrophic and verrucous subtypes are uncommon and often manifest with atypical or extensive oral lesions. This report aims to describe the partial but significant therapeutic response to tofacitinib in a patient with longstanding, treatment-resistant hypertrophic OLP.

Materials & Methods:

A 65-year-old male with a 32-year history of mucocutaneous lichen planus and psoriasis vulgaris presented with painful, verrucous white plaques on the dorsal tongue and erythematous-desquamative lesions on the gingiva. He had a previous diagnosis of esophageal lichen planus and had undergone multiple topical therapies as well as prolonged systemic corticosteroid treatment in immunosuppressive doses, without sustained improvement. Due to progressive worsening of oral lesions, a biopsy and surgical excision were performed. Systemic immunomodulatory therapy with tofacitinib was subsequently initiated.

Results:

Oral tofacitinib (5 mg every 12 hours) was introduced in association with intermittent topical clobetasol. The patient showed a substantial reduction in pain and lesion size, with noticeable improvement in quality of life. However, despite the significant response, the disease did not resolve completely, and new mucosal lesions continued to emerge during follow-up. The patient remains under close clinical observation and continues treatment with partial disease control.

Conclusion:

This case underscores the potential role of systemic immunomodulatory agents in managing severe, refractory cases of hypertrophic OLP. Although tofacitinib induced substantial clinical improvement, it did not lead to complete remission, emphasizing the chronic and relapsing nature of the disease. Long-term follow-up and individualized therapeutic strategies remain essential in achieving optimal disease control.

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Abstract N°: 6734

Long Silence, Sudden Speech: The Delayed Emergence of Oral Lichen Planus

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Introduction & Objectives: Lichen planus comprises a spectrum of chronic inflammatory disorders affecting the skin, mucosa, hair, and nails. Lichen planopilaris (LPP) and oral lichen planus (OLP) are generally considered distinct clinical entities, though they share a common immunopathogenic foundation. While co-occurrence has been described, the sequential onset of OLP in patients with longstanding LPP is rarely reported. This case illustrates such a progression and underscores the importance of long-term surveillance in patients with localized lichenoid disease, particularly given the potential for evolving autoimmune behavior and extracutaneous involvement.

Materials & Methods: We report the case of a 60-year-old woman under continuous dermatologic care for cicatricial alopecia attributed to LPP, who presented with oral symptoms after more than a decade of cutaneous disease. Clinical examination of the skin, scalp, and mucosa was performed, supplemented by mycological testing and relevant serologies.

Results: The patient had a 15-year history of LPP, characterized by scarring alopecia predominantly in the fronto-parietal region, associated with scalp pruritus. Her disease had been partially controlled with high-potency topical corticosteroids, platelet-rich plasma therapy, and intermittent intramuscular corticosteroid therapy. She also had other comorbidities—dermatologic (plantar keratoderma) and endocrinologic (autoimmune thyroiditis).She presented with a three-month history of oral burning, ageusia, and the appearance of white plaques on the buccal mucosa and palate. Notably, no prior oral lesions had been identified or reported during years of dermatologic follow-up, and no mucosal involvement was previously suspected. Clinical examination revealed both reticular and plaque-type oral lesions, alongside candidiasis of the tongue. Mycologic testing confirmed Candida spp., and SARS-CoV-2 IgG antibodies were positive, providing a plausible explanation for the sudden-onset ageusia. Oral lichen planus was diagnosed based on clinical pattern and evolution. A dual therapeutic approach—combining topical corticosteroids in adhesive base and antifungal agents—was initiated, leading to symptom improvement. For scalp involvement, topical corticosteroids were continued along with a complementary regimen including medicated shampoo, balm, and hair growth solution.

Conclusion: This case underscores an uncommon but important clinical evolution: the late emergence of oral lichen planus (OLP) in a patient with long-standing lichen planopilaris (LPP). Although these conditions differ in clinical presentation and anatomical distribution, they share a common immunopathogenic foundation and may arise sequentially within the same individual. The absence of oral involvement for over a decade prior to OLP onset suggests distinct immunologic triggers or shifts in immune tolerance—possibly influenced by systemic or infectious stimuli, such as SARS-CoV-2.

This case highlights the need to recognize lichenoid disorders as dynamic, evolving conditions. Ongoing vigilance during long-term follow-up is essential to ensure timely identification and management of new manifestations in patients with chronic lichenoid disease.

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Abstract N°: 6818

The Use of Ablative Laser Therapy in Lichen Sclerosus et Atrophicus of the Vulva: A Systematic Review and Meta-analysis

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Introduction & Objectives: Lichen sclerosus et atrophicus (LSA) is a chronic inflammatory condition primarily affecting the genital and perianal areas, with occasional extragenital involvement. Treatment typically involves high to mid-potency topical corticosteroids, which are effective for both genital and extragenital lesions. Ablative laser treatment has emerged as a promising modality. The aim of this study is to assess its efficacy and safety in treating LSA.

Materials & Methods: A systematic search of PubMed was conducted using the terms: 'vulvar lichen sclerosus' AND 'ablative laser' OR 'fractional CO_2 laser' OR 'Er:YAG laser'. Eligible studies were randomized controlled trials evaluating fractional ablative laser in adult women with confirmed VLS. Two primary outcomes were analyzed: change in subjective total symptom burden, assessed using visual analog scale (VAS) scores, and objective disease severity, including physician-rated scoring systems (LS Score, Clinical Scoring System [CSS], and vulvar appearance VAS) that assessed features such as atrophy, fissures, and hyperkeratosis. VAS total was computed from domains such as itching, burning, and pain, and analyzed as mean difference. Severity scores were pooled using standardized mean difference (SMD). MD and SMD were pooled using a DerSimonian–Laird random-effects model. Heterogeneity was assessed using I^2. Risk of bias was evaluated with the Cochrane RoB 2.0 tool. This meta-analysis followed PRISMA guidelines.

Results: Four randomized controlled trials comprising a total of 172 patients were included in the meta-analysis. Three studies evaluated ablative fractional carbon dioxide (CO_2) laser therapy, while one study evaluated Nd:YAG + Er:YAG dual laser. Comparator arms included sham laser, topical clobetasol propionate 0.05% or low-dose CO_2 laser acting as a functional placebo. The number of laser treatment sessions ranged from three to five, and follow-up periods spanned from 6 to 48 weeks. Ablative laser therapy showed a non-significant reduction in VAS total compared to controls with a MD of −0.51 (95% CI −1.60 to 0.59; p = 0.37; I^2 = 64%) (Figure 1). Similarly, pooled analysis of LS severity scores showed a non-significant reduction with a SMD of −0.26 (95% CI −0.69 to 0.17; p = 0.24; I^2 = 50%) (Figure 2). Ablative laser therapy was consistently well tolerated, with no serious adverse events reported.

Conclusion: In conclusion, this meta-analysis has shown no significant overall improvement in symptoms burden or disease severity in patients with LSA treated with ablative laser therapy in comparison with controls. Definitely, corticosteroids therapy remains the mainstay and laser therapy can be added as adjunct. Further large-scale trials are needed to establish its role in LSA.

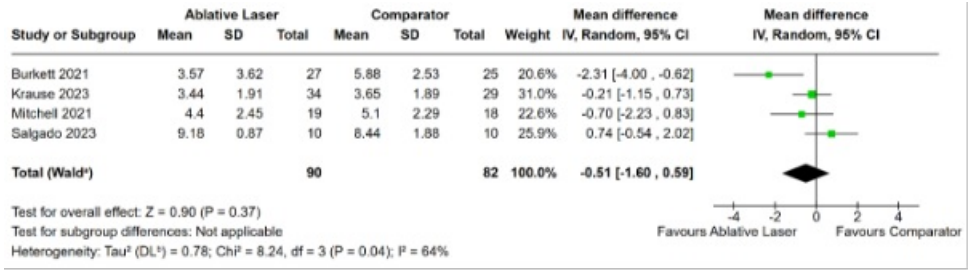

Figure 1: Forest plot comparing the effect of total ablative laser versus comparator group on Visual Analog Scale (VAS) scores for patient-reported outcomes in facial rejuvenation. Mean differences (MD) and 95% confidence intervals (CI) are presented for each study and pooled analysis

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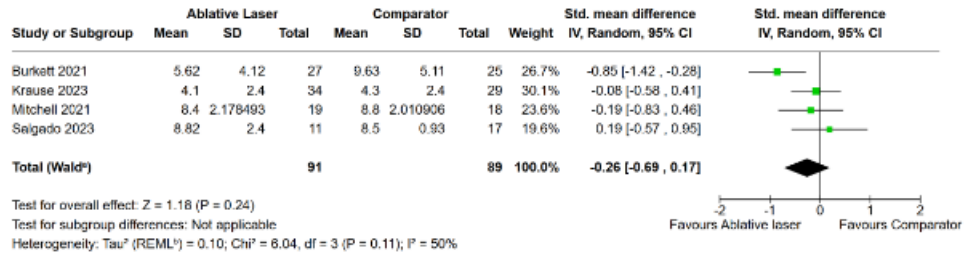

Figure 2: Forest plot comparing lesion severity (LS) scores between total ablative laser and comparator treatments. Mean differences (MD) and 95% confidence intervals (CI) are displayed to reflect the effect size across included studies.

Figure 2: Forest plot comparing lesion severity (LS) scores between total ablative laser and comparator treatments. Mean differences (MD) and 95% confidence intervals (CI) are displayed to reflect the effect size across included studies.

Abstract N°: 7204

Impact of Vulvar Lichen Sclerosus on Women's Quality of Life

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Introduction & Objectives:

Lichen sclerosus (LS) is a chronic inflammatory dermatosis that predominantly affects the anogenital region, especially in postmenopausal women. Its etiology is multifactorial, involving genetic, autoimmune, and local factors. LS typically presents with pruritus, pain, dysuria, and dyspareunia. Characteristic lesions include white, atrophic plaques with fissures or erosions. If left untreated, LS may lead to irreversible anatomical changes and an increased risk of squamous cell carcinoma. Despite its burden, LS remains underrecognized and undertreated. To address this, a specialized outpatient clinic was established in 2021 at a tertiary hospital to deliver structured care, facilitate early diagnosis, and collect standardized clinical and patient-reported outcomes. Primary objective: To assess the impact of vulvar LS on quality of life and sexual health. Secondary objectives: To describe clinical features, evaluate treatment outcomes, explore autoimmune associations, correlate clinical and patient-reported measures, and assess satisfaction with specialized care.

Materials & Methods:

This ambispective observational study included patients diagnosed with vulvar LS at the Dermatology Department of Dr. Balmis Hospital Centre. Inclusion criteria were: women aged >18 years with confirm vulvar LS at the Autoimmune Dermatology Clinic between 2021 and 2024. Ethical and scientific committee approval was obtained. Data collected included demographics, age at menarche/menopause, obstetric history, autoimmune comorbidities, date of diagnosis, treatment history, and follow-up. Disease severity was assessed using the Vulvar LS Clinical Score. Quality of life and sexual function were evaluated using DLQI, Skindex-29, and the IFSF (Index of Female Sexual Function). Patient satisfaction was measured with the PSQ-18. Data were extracted from SIA/Abucasis and Orion electronic records and anonymized.

Results:

Forty patients were included (mean age: 62 years; range: 42–81), 85% of whom were postmenopausal. A family history of LS was reported in 13%, and 60% had concomitant autoimmune diseases such as thyroiditis or vitiligo. Most patients presented with longstanding pruritus and structural vulvar changes already evident at the time of diagnosis.

DLQI and Skindex-29 scores revealed moderate-to-severe impairment in quality of life; 80% reported sexual dysfunction per IFSF. Documented complications included one case each of contact dermatitis, corticosteroid-induced atrophy, and vulvar squamous cell carcinoma. Treatment regimens included topical/oral corticosteroids, calcineurin inhibitors, platelet-rich plasma, and CO_2 laser; multimodal therapy was frequently employed. Based on the PSQ-18, 95% of patients reported a positive experience with the clinic.

Conclusion:

Vulvar LS significantly affects both physical and sexual health. Most patients present at advanced stages, highlighting the need for earlier diagnosis and improved access to specialized care. A dedicated multidisciplinary

clinic enhances diagnostic accuracy, treatment coordination, and patient satisfaction. Collaboration with gynecology is critical for integrated, long-term management and early identification of complications.

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Abstract N°: 7440

Persistent Penile Oedema as a Manifestation of Idiopathic Anogenital Granulomatosis with Intralymphatic Histiocytosis

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Introduction & Objectives:

Anogenital granulomatosis is a chronic condition of unknown aetiology that may present clinically with diffuse oedema of the penis, scrotum, vulva, or perineum, and is characterised histologically by a non-caseating granulomatous infiltrate. Although it may be idiopathic, a frequent association with Crohn's disease has been described.

This case report presents a patient with clinical and histological feaures consistent with anogenital granulomatosis.

Materials & Methods:

A 46-year-old man with a history of bronchial asthma presented with persistent, painless penile oedema of six months' duration, preceded by an erythematous flare. He reported a similar, self-limiting episode two years earlier. Physical examination revealed oedema of the penis with elastic consistency and slight paraphimosis. No lymphadenopathy was observed. Skin biopsy demonstrated modest nodular aggregates of histiocytes in the dermis and intralymphatic histiocytosis, with no evidence of microorganisms. Complementary investigations, including routine blood tests, immunological screening, and colonoscopy, were entirely normal. A diagnosis of idiopathic anogenital granulomatosis with intralymphatic histiocytosis was made.

Results:

Persistent genital oedema has a broad differential diagnosis, including infectious, inflammatory, and neoplastic conditions. The identification of non-caseating granulomas in the absence of other causes supports the diagnosis of anogenital granulomatosis. Since this condition can represent the first manifestation of Crohn's disease in up to 78% of cases, gastrointestinal involvement must be ruled out at the time of diagnosis.

The presence of dermal histiocytic aggregates alone may be insufficient to explain the intermittent oedema and erythema observed in anogenital granulomatosis, particularly given the differing clinical patterns of other granulomatous diseases. This case is notable for the presence of intralymphatic histiocytosis, which may obstruct lymphatic drainage and thereby account for the clinical findings. It may be hypothesised that these inflammatory cells are linked to intestinal inflammation in patients with Crohn's disease; however, their origin in otherwise healthy individuals remains unclear.

This condition shows parallels with orofacial granulomatosis (e.g., in Melkersson–Rosenthal syndrome), which also presents with soft tissue oedema, non-necrotising granulomas, occasional intralymphatic histiocytic infiltration, and a recognised association with Crohn's disease.

Conclusion:

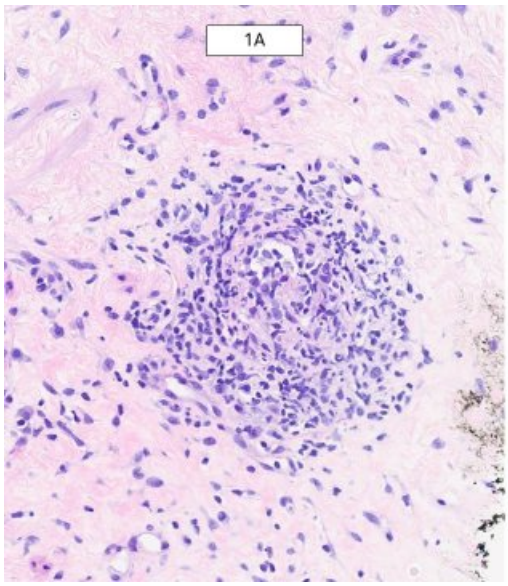
Persistent penile oedema may be a manifestation of anogenital granulomatosis. Although often associated with Crohn's disease, it can occur in isolation. Intralymphatic histiocytosis may play a role in the pathophysiology of the oedematous presentation, in an analogous manner to orofacial granulomatosis.

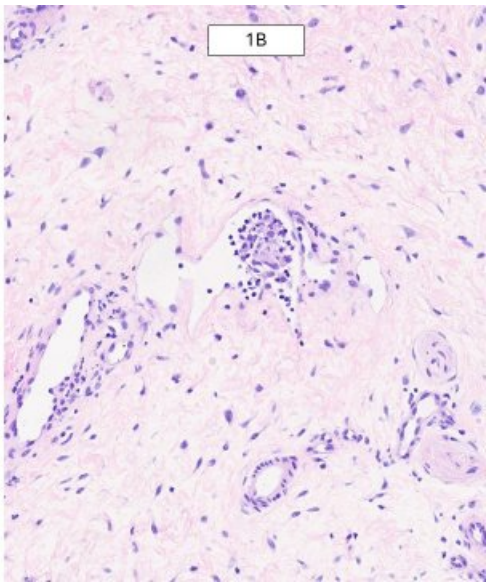
FIGURE CAPTIONS

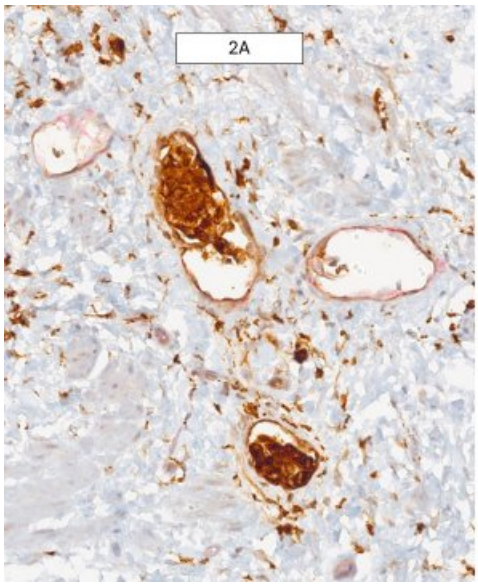
Figure 1. Skin biopsy of the patient showing (1A) nodular aggregates of histiocytes in the dermis and (1B) intralymphatic histiocytosis.

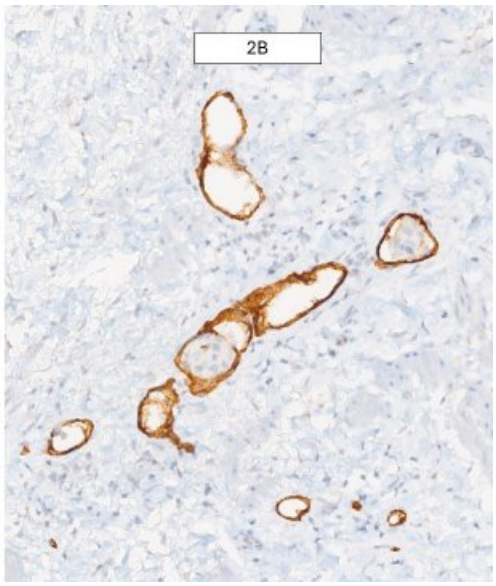
Figure 2. Immunohistochemical staining: (2A) CD68 (brown) and CD31 (pink) highlighting intravascular histiocytes; (2B) D2-40 staining confirms the lymphatic nature of the involved vessels.

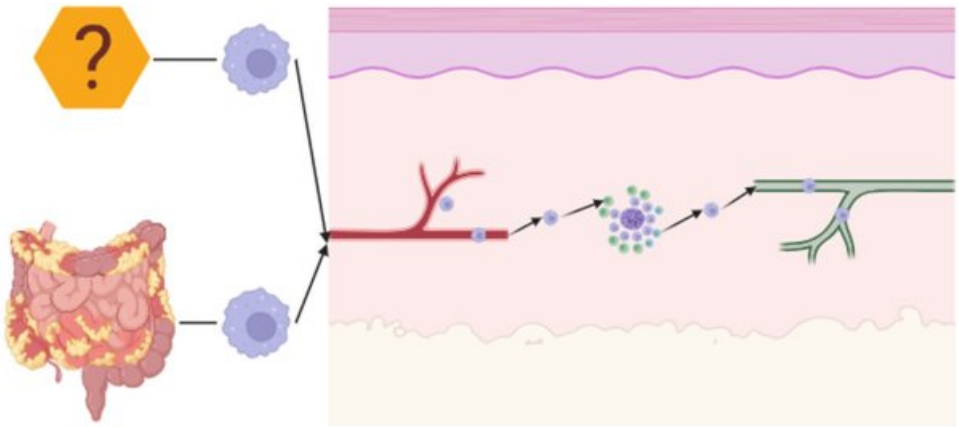
Figure 3. Schematic representation of the lymphatic obstruction process that may explain the anogenital oedema.











Abstract N°: 7790

The cause and occurrence of reactive hyperplasias on oral mucosa

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Introduction & Objectives: Gingival tumors represents an abnormal overgrowth of gingival tissues. Often, this condition represents a diagnostic challenge because a large group of pathologic processes can produce such lesions. The most common are the reactive hyperplasias, which develop in response to a chronic tissue injury that stimulates an excessive tissue repair response.

Materials & Methods: The study was conducted for a period of one year, included 28 cases, only which were microscopically diagnosed as benign gingival tumors. The pre-biopsy clinical differential diagnoses with which the biopsies were submitted were classified into reactive lesions or benign tumors. All of the patients undergo a treatment with Ca channel blockers for hypertension.

Results: The size of benign tumors ranged between 5-50 mm in diameter for the study group. The vascular and fibroblastic tumors presented the lowest mean size (5 and 7 mm respectively). Almost all the benign tumors included in the study presented as non-ulcerated masses. Only two presented as ulcerated masses.

Most of the benign tumors were clinically classified correctly as non-malignant and did not raise any clinical suspicion for malignancy. The results of the present series emphasize that the ulceration rate of benign oral mucosal tumors is very low.

Conclusion: Dental prosthesis, due to a chronic irritation or to the nature of the alloys used, can cause gingival tumors, especially when the patient is under treatment with Ca channel blokers. The clinical ability to recognize benign mucosal tumors by visual inspection is relatively poor. Indication for biopsies from each gingival tumors is required. In addition to the medical condition, often an esthetic issue occurs, especially when the gingival tumor is located around the anterior maxillary teeth.

Abstract N°: 8224

Emerging Therapies for Erosive Oral Lichen Planus: A Systematic Review of Biologics and Small Molecule Inhibitors

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Introduction & Objectives:

Erosive oral lichen planus (OLP) is a chronic inflammatory condition with significant impact on quality of life and limited effective long-term treatment options. Recent interest has grown in the application of biologics and small molecule inhibitors for recalcitrant cases. To systematically review the current evidence on the efficacy and safety of biologics and small molecule inhibitors in the treatment of erosive OLP.

Materials & Methods:

A comprehensive literature search was conducted to identify clinical studies, including case reports and case series, evaluating biologic agents and small molecule inhibitors in patients with erosive OLP. Studies were selected based on defined inclusion and exclusion criteria. Data on patient demographics, intervention details, outcomes, and adverse events were extracted and analyzed.

Results: **

A total of fifteen studies involving 84 patients were included in this systematic review. These comprised 9 case reports and 6 case series. The biologics and small molecule inhibitors evaluated across the studies included deucravacitinib, tofacitinib, upadacitinib, roflumilast, tildrakizumab, ustekinumab, secukinumab, guselkumab, rituximab, bevacizumab, apremilast, basiliximab, and efalizumab.

Among these, deucravacitinib, tofacitinib, and upadacitinib consistently demonstrated notable clinical improvements. Patients treated with these agents experienced substantial resolution of erosive lesions and reductions in inflammatory markers, with many reporting significant symptomatic relief.

Bevacizumab, evaluated in a controlled study, showed rapid remission of erosive lesions and outperformed topical corticosteroids in both lesion reduction and pain relief. The findings suggested a strong therapeutic potential in refractory cases.

Rituximab presented variable outcomes. While some patients experienced partial or complete remission, others showed limited response. Additionally, adverse effects such as infusion-related reactions and, in one case, the development of malignancy were reported, raising concerns about its safety profile.

Overall, most therapies were well tolerated across the studies. Reported side effects were generally mild and included nausea and acneiform eruptions, which resolved with conservative management. Serious adverse events were rare, though vigilance is recommended in clinical application.

Conclusion:

Emerging biologic and small molecule therapies demonstrate promise in managing erosive OLP, especially in treatment-resistant cases. However, current evidence is limited to small studies and case reports. Further

randomized controlled trials are necessary to establish efficacy, safety, and long-term outcomes.

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Abstract N°: 8568

Pigmentation of the fungiform papillae of the tongue: Consider iron deficiency anemia.

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Introduction & Objectives:

Fungiform papillae pigmentation of the tongue is a rare idiopathic condition in which only the fungiform papillae appear hyperpigmented. Although this disease can be easily diagnosed, it is rarely mentioned in the literature. We therefore report a case of PFPT in a young patient following iron deficiency anemia.

Materials & Methods:

A 39-year-old patient with no previous medical history presented with hyperpigmented spots on the tip of the tongue for 6 months without any symptoms. The patient was pale with discolored conjunctivae. On dermatological examination, she had dark brown pigmentation limited to the fungiform papillae on the back of the tip of the tongue (Fig 1), with a rose petal pattern on dermoscopy (Fig 2). The rest of the examination was unremarkable. The blood count showed a hemoglobin of 9.6, a MCV of 69, and a TCMH of 21. The ferritin level was 10. The rest of the blood work was normal. The patient was put on iron supplementation for 3 months with a marked decrease in tongue pigmentation (Figs 3 and 4) and a control blood count of 11.9 hemoglobin. The diagnosis of pigmentation of the fungiform papillae of the tongue following iron deficiency anemia was therefore retained, adding to the very few cases reported in the literature.

Results:

The tongue is the largest organ in the oral cavity, and its surface is dotted with four types of papillae: filiform, fungiform, foliate, and valley papillae. Fungiform papillae are club-shaped projections typically found scattered over the tip and sides of the tongue. In health, they are pink to red in color, like the rest of the lingual mucosa, and are usually indistinguishable as discrete organelles.

Holzwanger et al classified PFPT into three distinct clinical types: (a) well-defined hyperpigmented macules involving all fungiform papillae and located on the anterolateral surface or tip of the tongue; (b) hyperpigmentation involving 3 to 7 fungiform papillae and randomly distributed over the dorsal surface of the tongue; and (c) hyperpigmentation of all fungiform papillae on the dorsal surface of the tongue. (2)

Causes can be classified as physiological or pathological. Associated pathological causes include systemic infections such as human immunodeficiency virus (HIV) infection (3), malignancies, inflammatory conditions, iatrogenic and drug-induced hyperpigmentation, or idiopathic hyperpigmentation.

Several studies have suggested a link between iron deficiency anemia and pigmentation of the fungal papillae of the tongue. Decreased iron levels in the body can lead to changes in tongue tissues, including increased pigmentation of the fungal papillae. The exact mechanisms of this phenomenon remain to be elucidated, but they

are likely related to alterations in the production of melanin or other pigments.

The improvement and regression of pigmented lesions after iron supplementation confirms the deficiency origin, as is the case in our patient.

Conclusion:

Pigmentation of the fungal papillae of the tongue represents a little-explored aspect of the manifestations of iron deficiency anemia. Understanding this link may contribute to better recognition of the clinical signs of iron deficiency and more timely interventions. However, further research is needed to elucidate the precise mechanisms of this phenomenon and establish stronger links between fungal papillae pigmentation and iron deficiency anemia.