EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 8

DERMATOLOGICAL ICONODIAGNOSIS in Vienna: a unique museal opportunity for dermatologists at EADV 2026

Corinne Dechelette*[1, 2], Antonio PERCIACCANTE[1, 3], Philippe CHARLIER[1]

[1] ISI - International Society of Iconodiagnosis, Paris, France

[2] PEAUrigami Art médical - LA PEAU AUTREMENT, Toulouse, France

[3] Department of Medicine, Azienda Sanitaria Universitaria Giuliano Isontina, "San Giovanni di Dio" Hospital,, Gorizia, Italy

Introduction

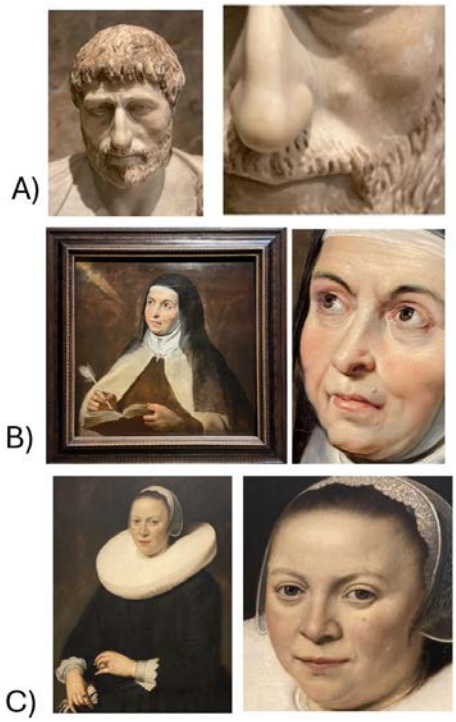
Background & Objective: EADV 2026 will be held in Vienna, a city rich in museums and artworks, offering dermatologists a unique opportunity to explore dermatological iconodiagnostic features. This study aimed to identify and analyze skin lesions depicted in the permanent collection of the Kunsthistorisches Museum, Vienna. Dermatological iconodiagnosis involves detecting visible skin abnormalities in artworks to enhance visual diagnostic skills and medical education.

Materials and Methods

Paintings and sculptures from the permanent collection of the Kunsthistorisches Museum, Vienna, were examined in situ by members of the ISI, following the standardized protocols, guidelines, and recommendations for dermatological iconodiagnosis published by Charlier et al. (Charlier P. et al., Ethics, Medicine and Public Health, 31, 2023, 100951). High-resolution photographs were subsequently used for cross-validation by the ISI dermatological board. The analysis focused on skin lesions, including nevi, moles, and other observable dermatological features, while carefully excluding potential pseudo-diagnoses attributable to artistic style or technique.

Results

Among approximately 800 artworks, three dermatological iconodiagnoses were identified, including dermal nevi and moles. This corresponds to 0.5% of paintings and three sculptures exhibiting observable dermatological signs. Potential pseudo-diagnoses attributable to artistic style or technique were carefully excluded.



International Society of Icono-diagnosis

KUNST HISTORISCHES MUSEUM

Ref.	Artists	Legends – Date	ICONODIAGNOSIS	Level of proofs
A)	Unknown	Bartiger Man – 3rd century AD Marble Sculpture	Left paranasal nodular lesion : dermal naevus	II
B)	Peter Paul Rubens	St Teresa of Avila - around 1615 Oil on canvas	Dermal naevus	II
C)	Dirck Santvoort	Portrait of a couple - 1639 Oil on canvas	Mole & dermal naevus	II

Conclusions

Discussion:A very small proportion of public artworks exhibit visible skin abnormalities. Access to museum reserves and collaboration with curatorial staff are essential to expand dermatological inventories and ensure accurate iconodiagnostic interpretation. All members of the dermatological and art-historical community are encouraged to contribute to the systematic recording of dermatological features in artworks, thereby enhancing the comprehensiveness and reliability of ISI dermatological iconodiagnosis databases.

Conclusion:Systematic dermatological iconodiagnosis in museums is both feasible and educational. The ISI recommends that dermatologists attending EADV—typically held in major art-rich cities—incorporate museum visits into their program to combine professional training with cultural enrichment, hands-on visual learning, and active contribution to the growing inventory of dermatological features in art.

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Abstract N°: 25

Global Burden of Skin Diseases 1990–2021: Insights from the GBD Study

Yulin Zou*[1], Timo Buhl[1]

[1] Department of Dermatology, Venereology and Allergology, University Medical Center Göttingen, Göttingen, Germany

Introduction
Dermatological diseases can be broadly classified into inflammatory, infectious, neoplastic, and other common skin disorders. Although most are not life threatening, they can substantially impair daily life and overall well-being.

Materials and Methods
Using data from the Global Burden of Disease (GBD) Study 2021, we estimated prevalence, incidence, mortality, and burden of skin diseases, measured as years of life lost, years lived with disability, and disability-adjusted life years. To explore trends and differences across countries and regions, we applied statistical and forecasting models, inequality assessments and regression analyses, focusing in particular on China, the United States of America, and Europe.

Results
Between 1990 and 2021, global age-standardized trends increased for several skin conditions significantly, including pyoderma (EAPC 0.68), bacterial skin diseases (0.64), acne vulgaris (0.43), and other skin and subcutaneous diseases (0.46). Moderate increases were observed for pruritus (0.35) and psoriasis (0.23). Several conditions, including seborrheic dermatitis, fungal skin diseases, contact dermatitis, urticaria, and cellulitis, showed only minor increases. In contrast, declines were observed for alopecia areata (–0.14) and atopic dermatitis (–0.20), while scabies, viral skin diseases, and decubitus ulcer showed minor decreases.

Conclusions
Between 1990 and 2021, the global burden of skin diseases rose, mainly driven by bacterial infections, inflammatory conditions, and chronic dermatological disorders. The most pronounced increases were seen in pyoderma, bacterial skin diseases, and acne vulgaris, underscoring the growing public health relevance of skin infections and inflammation. In contrast, declines in alopecia areata, atopic dermatitis, scabies, and viral skin diseases may reflect progress in treatment, hygiene, and prevention. Sustained monitoring and targeted interventions are essential to address the changing burden of skin diseases.

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Abstract N°: 173

Association between air quality index and risk of alopecia areata: A nationwide population-based cohort study

Meng-Chieh Li[1], Chun-Ying Wu[2], Chon-Kit Ao[3], Chen-Yi Wu*[2]

[1] Chang-Gung Memorial Hospital, Taipei, Taiwan
[2] National Yang-Ming Chiao-Tung University, Taipei, Taiwan
[3] National Cheng-Kung University, Tainan, Taiwan

Introduction
Alopecia areata (AA) is an autoimmune-mediated inflammatory disorder characterized by non-scarring hair loss, affecting approximately 2% of the global population. Although genetic predisposition and immune dysregulation are well-established contributors, environmental triggers remain incompletely understood. Air pollution has emerged as an important environmental risk factor for various dermatologic diseases through mechanisms involving oxidative stress, inflammation, and disruption of skin barrier function. The Air Quality Index (AQI), a composite measure incorporating major pollutants such as particulate matter (PM2.5, PM10), sulfur dioxide, nitrogen dioxide, ozone, and carbon monoxide, provides an integrated assessment of ambient air quality. While prior studies have linked air pollution to conditions such as atopic dermatitis and psoriasis, its association with AA has not been clearly established. Therefore, this study aimed to investigate the relationship between long-term AQI exposure and the incidence of AA in a nationwide population-based cohort.

Materials and Methods
We conducted a retrospective cohort study using data from the Taiwan National Health Insurance Research Database (NHIRD) linked with the Taiwan Air Quality Monitoring System. A total of 21,727,991 individuals without a prior diagnosis of AA before 2008 were included and followed from January 1, 2008, to December 31, 2018. Participants were categorized into quartiles (Q1–Q4) based on their average long-term AQI exposure. The primary outcome was incident AA, defined as at least three outpatient diagnoses or one inpatient diagnosis by a dermatologist. Covariates included age, sex, urbanization level, comorbidities, temperature, and relative humidity. Competing risk analysis was performed using the Fine–Gray model, accounting for death as a competing event. Multivariable models were used to estimate adjusted hazard ratios (aHRs) with 95% confidence intervals (CIs).

Results
During the 10-year follow-up period, 61,637 incident cases of AA were identified. A clear dose-response relationship between AQI exposure and AA risk was observed. Compared with the lowest exposure group (Q1), the risk of AA increased significantly in Q2 (aHR: 1.44, 95% CI: 1.21–1.79), Q3 (aHR: 3.47, 95% CI: 2.86–4.34), and Q4 (aHR: 6.18, 95% CI: 5.20–7.38). When AQI was analyzed as a continuous variable, each one-unit increase in AQI was associated with a 5% increase in AA risk (aHR: 1.05, 95% CI: 1.05–1.05). The 10-year cumulative incidence of AA also increased progressively across AQI quartiles (0.097% in Q1 to 0.447% in Q4). Among individual pollutants, PM2.5 (aHR: 1.33) and carbon monoxide (aHR: 10.16) were significantly associated with increased AA risk, whereas PM10 showed an inverse association. Subgroup analyses demonstrated consistent findings across most demographic and clinical strata, with stronger associations observed in urban populations.

Conclusions
Long-term exposure to higher AQI is significantly associated with an increased risk of alopecia areata, demonstrating a clear dose-response relationship. Air pollution may represent an important and modifiable

environmental risk factor for AA. Further mechanistic studies are warranted to elucidate the underlying biological pathways, particularly the roles of oxidative stress and immune dysregulation. Public health strategies aimed at improving air quality may have broader benefits extending to dermatologic health.

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Abstract N°: 181

Unveiling the skin disease burden Lagos, Nigeria: A preliminary study from a New Dermatology clinic.

Adaeze Viola Ikebudu*[1]

[1] Federal medical centre ebutte metta yaba Lagos Nigeria, General hospital Isolo Lagos Nigeria, Lagos, Nigeria

Case Presentation
Skin diseases are major health problems, especially in resource-poor countries and one of the most frequent conditions informing hospital visits. Despite its low mortality, morbidity is however remarkable due partly to meager resources allocated to skin health care and inadequate dermatologists to manage the increasing number of cases.

Conclusion
This retrospective study was carried out between June 2024 and August 2024. Disease frequencies and prevalence by sex, median, and age group were recorded. RESULTS: We reviewed 92 patients' medical records within the study period. The median age was 42 years, ranging between three months and 84 years. The females formed 73.9% of the patients with a male-to-female ratio of 1:2.8. Infections had the highest prevalence of 40.2% with about half being fungal infections (22.8%). Scabies were seen in a significant number (8.7%) of the patients. Papulosquamous and reactive dermatoses were seen in 4.3% and 8.7%. Idiopathic guttate hypomelanosis (3.3%) was the most common pigmentary disorder found in this study. Acne and acneform eruptions were 10.9%. Atopic dermatitis (4.3%) was the predominant dermatitis seen among the patients with eczema.

CONCLUSIONS: Skin diseases vary with age, sex, and season with infectious dermatoses being the most common. Addressing poverty, instituting public health preventive measures and increase access to dermatologists will enhance patients' skin health.

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Abstract N°: 219

Removing Financial Barriers and Its Impact on Hospital Costs in Skin Cancer: A National Severity-Adjusted (DRG-Based) Evaluation of the Zero Copayment Policy in Chile (2020–2024)

Paulina Naranjo Arce[1], María Fernanda Murúa Royo[2], Diego Mendez-Villanueva*[1], Montserrat Cendoya Ferrada[1]

[1] Universidad de Santiago de Chile, Santiago, Chile

[2] Universidad del Desarrollo, Santiago, Chile

Introduction

The Zero Copayment Policy eliminated institutional copayments for publicly insured patients in intermediate and higher income brackets, potentially affecting access to hospital care and healthcare expenditure. Its impact on hospital costs and clinical outcomes in skin cancer has not been fully evaluated. This study aimed to evaluate the impact of eliminating institutional copayments on hospital costs, DRG-measured clinical severity, and in-hospital mortality among hospitalizations for melanoma (C43) and other malignant skin tumors (C44) during 2020–2024.

Materials and Methods

A retrospective observational study was conducted using administrative hospital discharge data from 2020 to 2024. All hospitalizations with a primary diagnosis of melanoma (C43) or other malignant skin tumors (C44) were included. A total of 6,868 hospitalizations were analyzed (C43: 1,829; C44: 5,039), including 45 pediatric cases (<15 years). Pre- and post-policy periods were compared. Analyses included mean hospital costs, distribution of DRG severity (levels 0–3), and in-hospital mortality. Statistical analyses used Welch's t-test, chi-square test, and Pearson correlation.

Results

Total hospital expenditure reached $16.6 million. Melanoma had a higher mean cost than C44 tumors ($2,685 vs $2,313; Δ +$372; $p<0.001$) and a three-fold higher in-hospital mortality rate (2.79% vs 0.89%; $p<0.001$). After the Zero Copayment Policy, overall mean hospitalization cost increased (+$334; $p<0.001$), with increases of +23.1% for melanoma (Δ +$555; $p<0.001$) and +12.0% for C44 tumors (Δ +$261; $p<0.001$) (Figure 1). No significant changes were observed in in-hospital mortality or in the proportion of severe DRG cases (≥2) (C43: 32.39% vs 32.24%; C44: 23.79% vs 22.06%). DRG severity was positively correlated with hospital costs (pre $r=0.38$; post $r=0.50$; $p<0.001$). For C44 tumors the correlation increased significantly ($r=0.38$ to $r=0.54$; $p<0.001$), whereas in melanoma it remained stable ($r=0.37$ to $r=0.39$; $p<0.001$).

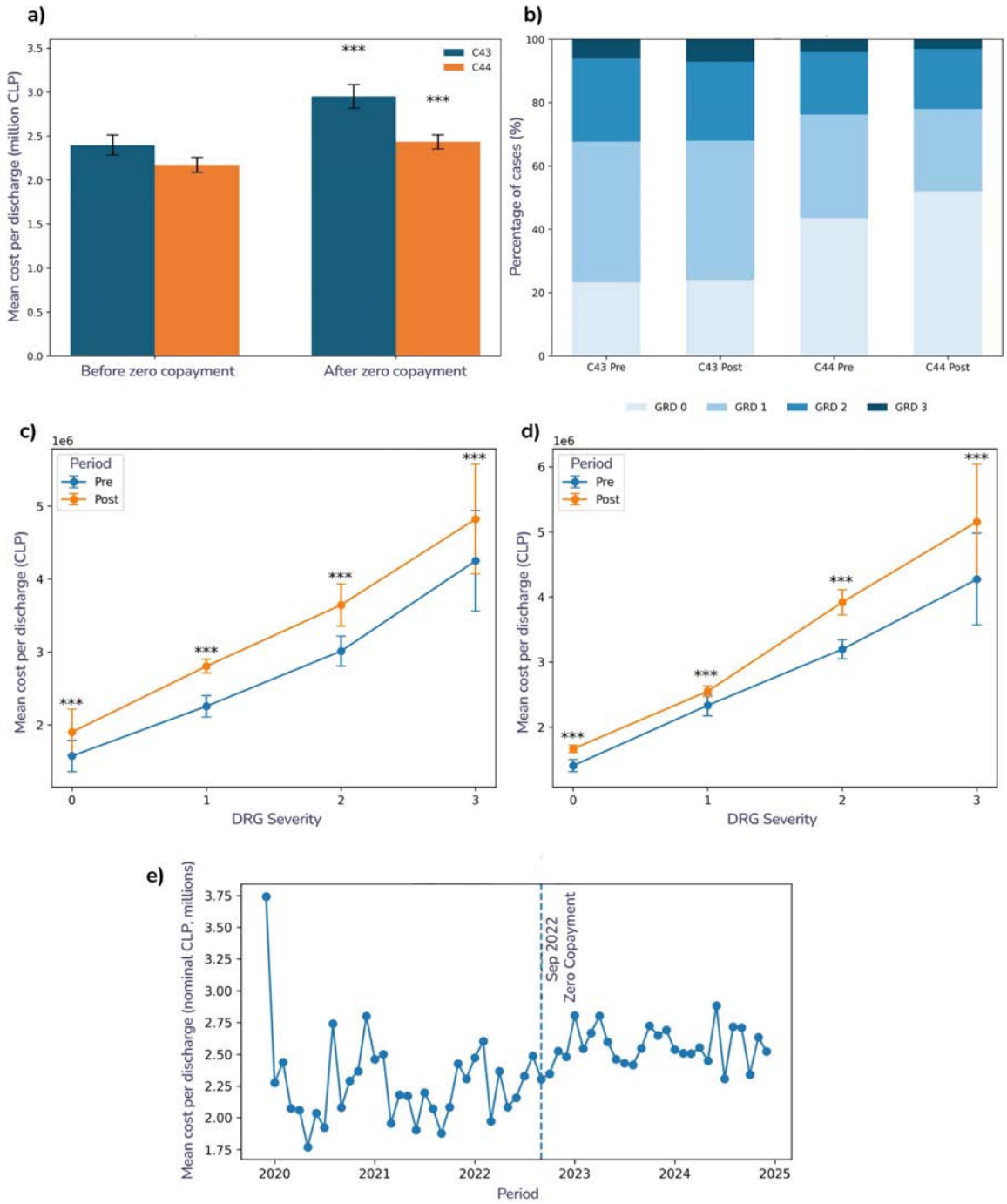

Figure 1. Economic impact of the Zero Copayment Law on hospital costs and DRG severity distribution in malignant skin cancers in the Chilean public health system (2020–2024). a) Mean nominal hospital cost per discharge before and after implementation of the Zero Copayment Law, stratified by diagnosis: melanoma (ICD-10 C43) and other malignant cutaneous tumors (ICD-10 C44). Bars represent the mean ± 95% confidence interval (95% CI). Comparisons between periods were performed using two-sided Welch's t-tests. ***p < 0.001. b) Percentage distribution of clinical severity according to Diagnosis-Related Groups (DRG 0–3) for the same diagnostic groups (C43 and C44) before and after policy implementation. c) Association between administrative DRG severity and mean nominal hospital cost per discharge for melanoma (C43), comparing the periods before and after implementation of the Zero Copayment Law. Points represent mean costs by DRG category (0–3) and vertical bars indicate 95% confidence intervals. d) Association between administrative DRG severity and mean nominal hospital cost per discharge for non-melanocytic malignant skin tumors (C44), comparing the same periods. Points represent mean costs by DRG category and vertical bars indicate 95% confidence intervals. e) Temporal evolution of the mean nominal cost per hospital discharge for malignant skin cancers in the Chilean public healthcare system between 2020 and 2024. The vertical dashed line indicates the implementation of the Zero Copayment Law (September 1, 2022). Abbreviations: DRG, Diagnosis-Related Groups; CLP, Chilean pesos.

Conclusions

Eliminating institutional copayments was associated with increased hospital expenditure for skin cancer without changes in clinical severity or in-hospital mortality, suggesting an expansion of access rather than a shift in disease severity. DRG severity remained consistently associated with hospital resource use, although patterns differed between melanoma and other malignant skin tumors, highlighting potential implications for hospital financing models in cutaneous oncology.

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Abstract N°: 221

Regional and Hospital-Level Differences in Severity-Adjusted (DRG-Based) Hospital Costs Following the Zero Copayment Policy in Skin Cancer (2020–2024)

Paulina Naranjo Arce[1], María Fernanda Murúa Royo[2], Diego Mendez-Villanueva*[1], Montserrat Cendoya Ferrada[1]

[1] Universidad de Santiago de Chile, Santiago, Chile

[2] Universidad del Desarrollo, Santiago, Chile

Introduction

The Zero Copayment Policy eliminated financial barriers in the public health system; however, its impact may vary according to territorial healthcare capacity and hospital complexity. The Diagnosis-Related Group (DRG) system seeks to link administrative severity levels with the expected consumption of hospital resources. In clinical scenarios characterized by high anatomical and reconstructive variability, hospitalizations classified within the same DRG severity level may involve substantially different levels of resource utilization, potentially generating distortions in hospital financing. Within this context, the present study aimed to analyze the association between DRG severity and hospital expenditure by ICD-10 subcode, region, and hospital, comparing its behavior before and after the implementation of the Zero Copayment Policy.

Materials and Methods

An observational analysis of 6,868 hospitalizations (2020–2024) was performed. The association between DRG severity and hospital expenditure was evaluated using Pearson correlations (r) and Fisher's z transformation, stratified by ICD-10 subcodes and macro-regions. Changes before and after the implementation of the Zero Copayment Policy were analyzed using Welch's t-tests and effect sizes (Hedges g).

Results

Among 68 public healthcare institutions, seven concentrated 47.4% of national hospital expenditure. In melanoma (C43), the most frequent subtype was melanoma of the lower limb (C43.7; n=619), whereas melanoma of the ear (C43.2) showed the greatest increase in mean cost after policy implementation (+$1,335,350). Among non-melanocytic tumors (C44), facial lesions (C44.3; n=2,022) predominated, with significant increases in mean costs observed in trunk (C44.5) and upper limb (C44.6) subcodes. Territorial performance was heterogeneous throughout the study period: the association between severity and expenditure was moderate in the central ($r=0.44$; $p<0.001$) and southern macro-regions ($r=0.43$; $p<0.001$), in contrast to the austral macro-region ($r=0.16$; $p=0.18$) (Figure 1). Ten regions showed significant increases in mean costs, with rises exceeding $3,000,000 in extreme geographic areas.

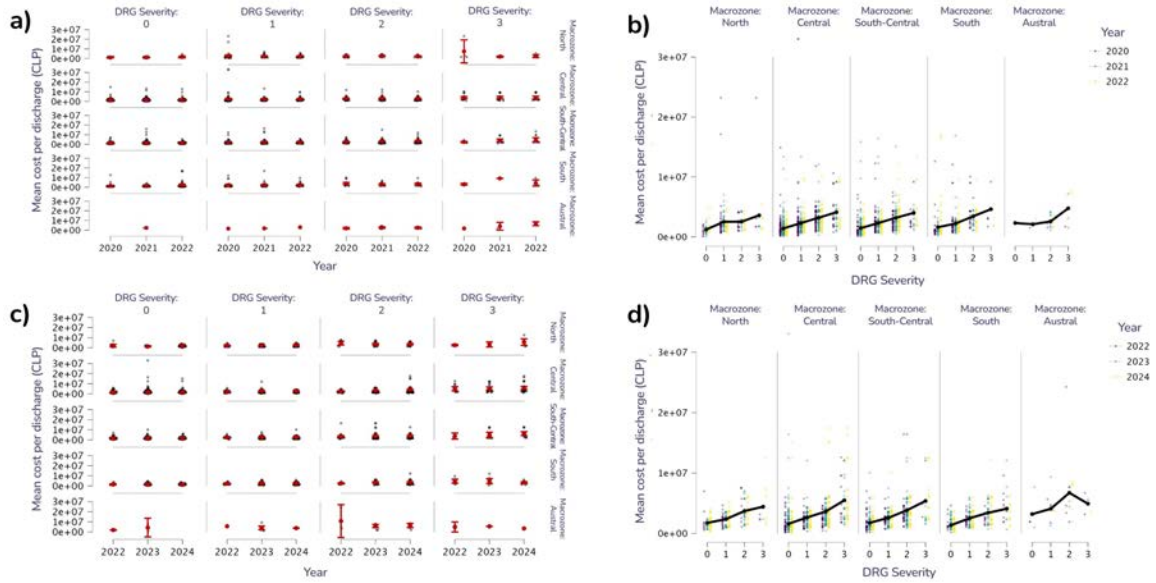

Figure 1. Association between DRG severity and mean cost per hospital discharge in melanoma and malignant skin tumors, by macro-zone and period before and after the Zero Copayment Law (Chile, 2020–2024). Relationship between administrative severity according to the Diagnosis-Related Groups (DRG 0–3) system and the mean nominal hospital cost per discharge (CLP), stratified by geographic macro-zone and analysis period. Panels a)and b) correspond to the pre–Zero Copayment period (January 2020 to August 31, 2022), while panels c) and d)represent the post–Zero Copayment period (September 1, 2022 to December 2024), defined according to the implementation date of the Zero Copayment Law. Panels a) and c) show the annual mean cost per discharge according to DRG severity category, disaggregated by macro-zone. Red points represent annual means, and vertical bars indicate 95% confidence intervals (95% CI). Panels b) and d) display the distribution of individual discharges (points differentiated by year) and the average cost trend according to DRG severity (black line), stratified by macro-zone. For territorial analysis, regions were grouped into five macro-zones: North (Arica and Parinacota, Tarapacá, Antofagasta, and Atacama), Central (Coquimbo, Valparaíso, Metropolitan Region, and O'Higgins), Central-South (Maule, Ñuble, and Biobío), South (La Araucanía, Los Ríos, and Los Lagos), and Austral (Aysén and Magallanes).

Conclusions

The implementation of the Zero Copayment Policy strengthened the overall association between administrative severity and hospital expenditure, although it also revealed structural limitations of the DRG system in geographically extreme regions. Adjustments to DRG relative weights and improvements in the territorial organization of care may be required to ensure sustainability and equity in hospital financing.

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Abstract N°: 223

Beyond Ultraviolet Exposure: Sex, Territorial, and Urban–Rural Inequalities in Melanoma Mortality in Chile—A National Ecological Study (2023–2025)

Paulina Naranjo Arce[1], María Fernanda Murúa Royo[2], Diego Mendez-Villanueva*[1], Montserrat Cendoya Ferrada[1], Pía Chahuán Miranda[1]

[1] Universidad de Santiago de Chile, Santiago, Chile

[2] Universidad del Desarrollo, Santiago, Chile

Introduction

Cutaneous melanoma is the most aggressive skin malignancy and the leading cause of death from skin cancer. In Chile, the coexistence of extreme levels of ultraviolet radiation (UVR), population aging, and inequalities in access to specialist care creates a complex epidemiological scenario that requires updated characterization. In this context, the present study aimed to characterize melanoma mortality in Chile during the period 2023–2026 and to analyze disparities according to sex, age, rurality, and territorial distribution.

Materials and Methods

An ecological population-based observational study was conducted using national mortality records from the Department of Health Statistics and Information (ICD-10: C43). Mortality rates per 100,000 inhabitants were calculated using national population projections. Statistical analysis was performed using Poisson regression models with a log link and an offset term for ln(population) to estimate incidence rate ratios (IRR). Models were adjusted for the aging index and geographic macrozones using consolidated data from 2023–2025; the year 2026 was included only for descriptive analyses due to its partial nature. Municipalities were classified as urban or rural according to the population settlement patterns defined by the national statistics system.

Results

A total of 890 melanoma-related deaths were identified. Mortality showed a marked age gradient, with more than 50% of cases occurring in individuals aged ≥65 years (Figure 1). Male sex was significantly associated with higher mortality (IRR 1.44; $p<0.001$). Territorial analysis showed that the southern macrozone had a significantly higher risk than the northern macrozone (IRR 1.85; 95% CI 1.24–2.82). A significant interaction was also observed between male sex and the Antofagasta region. Regarding rurality, regions such as O'Higgins (47.9%) and Los Ríos (41.2%) showed the highest proportions of deaths occurring in rural settings.

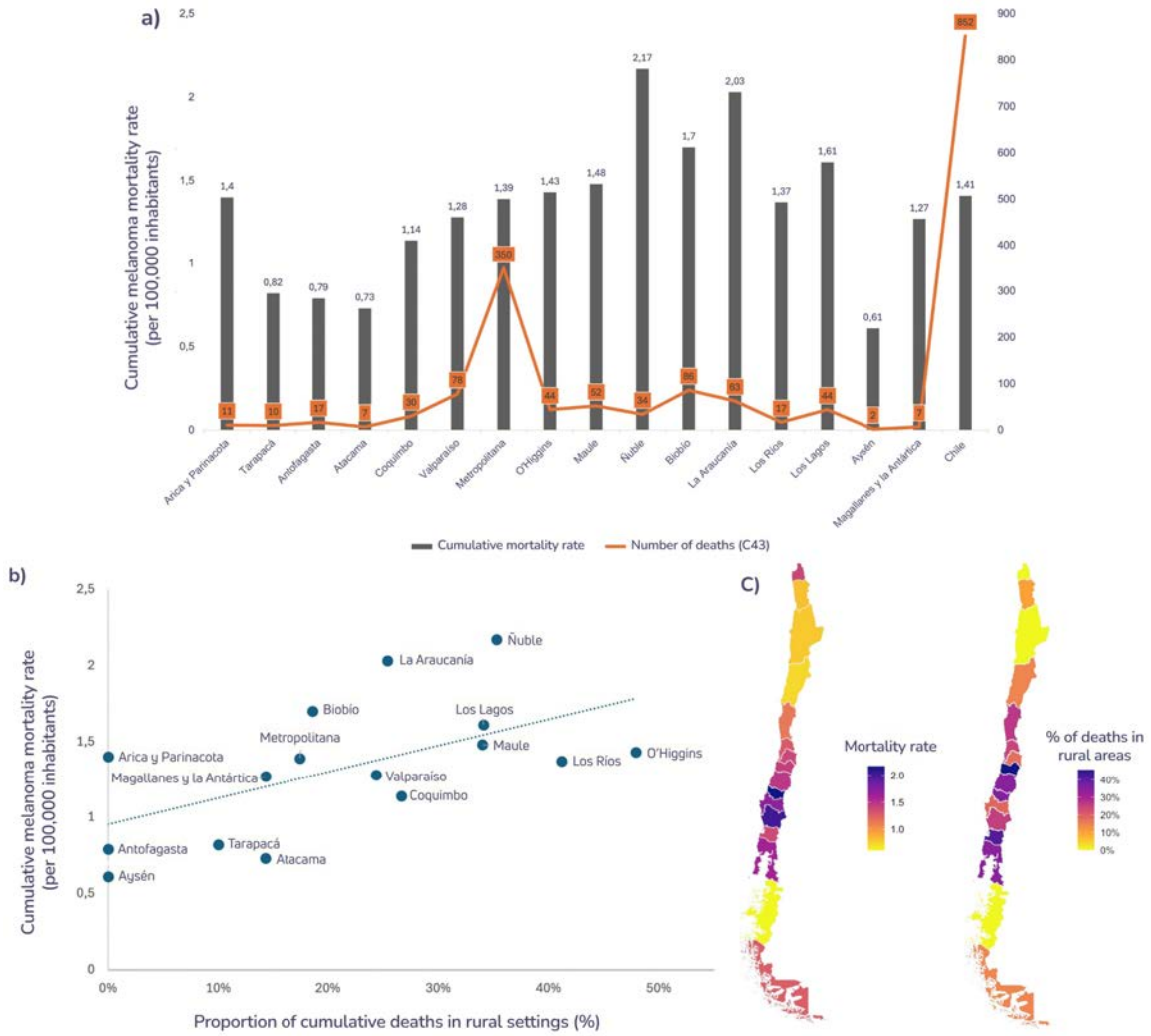

Figure 1. Territorial and Urban–Rural Inequalities in Melanoma Mortality in Chile (2023–2025). A national ecological analysis showing geographic variability in melanoma mortality (C43): (A) Cumulative melanoma mortality rate (per 100,000 inhabitants) and absolute number of deaths by region. Higher rates are observed in south-central regions, particularly Ñuble and La Araucanía, while the highest absolute number of deaths occurs in the Metropolitan Region. (B) Relationship between the proportion of deaths occurring in rural settings (%) and melanoma mortality rates at the regional level. A positive association is observed, suggesting a higher mortality burden in more rural territories. (C) Choropleth maps displaying melanoma mortality rates (per 100,000 inhabitants) and the percentage of deaths in rural areas, highlighting marked geographic variability across the country.

Conclusions

Melanoma mortality in Chile shows important demographic and territorial inequalities. Although the northern part of the country concentrates the highest levels of ultraviolet radiation, the highest mortality rates were observed in the southern regions, suggesting the influence of demographic factors, population phototype distribution, and barriers to timely diagnosis. These findings highlight the need to strengthen early detection strategies particularly targeting older men and to improve access to dermatological care in rural territories.

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Abstract N°: 274

Retrospective Epidemiological Analysis of 12,976 Culture-Positive Superficial Fungal Infections in a Subtropical Region of China

Chunjiao Zheng*[1], Lianjuan Yang[1]

[1] Shanghai Skin Disease Hospital, Shanghai, China

Introduction
Superficial fungal infections (SFIs) are common dermatological conditions with increasing incidence worldwide. Their prevalence is strongly influenced by climatic factors, particularly temperature and humidity, as well as lifestyle habits, leading to significant regional variations. However, recent large-scale epidemiological data from subtropical regions of China remain limited.

Materials and Methods
A single-center retrospective observational study was conducted. Clinical specimens including skin scales, hair, and nails were collected from patients with suspected SFIs. All samples underwent direct microscopy using fluorescent staining and fungal culture on Sabouraud dextrose agar. Fungal identification was primarily based on colony morphology and microscopic features. Cases with contaminated cultures or incomplete data were excluded.

Results
A total of 12,976 culture-positive cases were included. Onychomycosis was the most common clinical type (33.8%), followed by tinea cruris (20.1%) and tinea pedis (18.6%). Significant gender differences were observed: females had higher rates of onychomycosis and tinea pedis, while males predominated in tinea cruris, tinea corporis, and folliculitis ($p<0.05$). The highest infection rates occurred in adults aged 31-40 years. Dermatophytes accounted for 52.5% of isolates, with Trichophyton rubrum (T. rubrum) being the predominant species (44.3%). Yeasts comprised 25.0% (Candida spp. most common) and moulds 22.5% (Aspergillus spp. most common). Age and gender distributions of pathogens varied significantly.

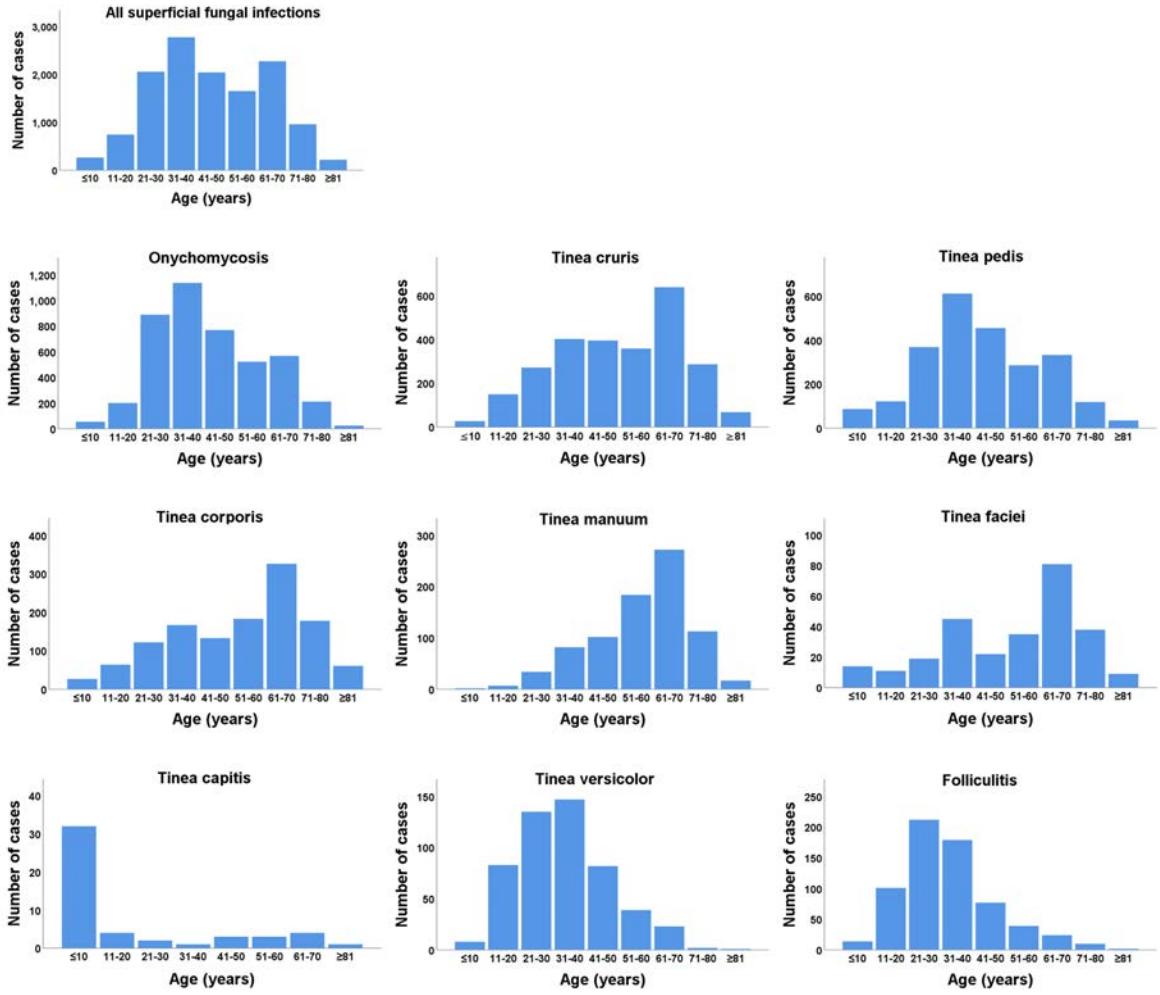

FIGURE 1. Superficial fungal infection distributions by patient age.

Conclusions

This study provides updated epidemiological insights into SFIs in subtropical China, highlighting the predominance of onychomycosis, tinea cruris, and tinea pedis, with T. rubrum as the leading pathogen. These findings underscore the need for region-specific prevention and treatment strategies.

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Abstract N°: 358

Sun Protection Practices, Attitudes and Sunburn Prevalence Among Athletes Participating in Outdoor Sport in the UK: A Cross-Sectional Study

Leo Sassoon*[1], Daniel Keith[1]

[1] Faculty of Health & Life Sciences, University of Bristol, Bristol, United Kingdom

Introduction
Outdoor athletes frequently expose themselves to prolonged periods of ultraviolet (UV) radiation while competing, subjecting themselves to an increased risk of sunburn and skin cancer. Despite increasing awareness of the harmful effects of chronic sun exposure, attitudes and engagement in sun-protective measures remain poorly characterised. This study aimed to assess commitment to sun-protection behaviours, attitudes towards chronic UV exposure, and the prevalence of sport-related sunburn among athletes.

Materials and Methods
A cross-sectional, anonymised online survey was distributed to athletes across a variety of sports and levels of outdoor activity. Data collected included demographics, Fitzpatrick skin type, training environment, sun-safe behaviours, sunburn history, and an assessment of knowledge and attitudes towards prolonged sun exposure. Athletes were defined as individuals who were members of a university or amateur sports performance club.

Results
Responses were received from 46 athletes, predominantly aged 18-24 years, across indoor, outdoor and mixed training environments. Although 85% recognised the increased risk of skin damage from sun exposure and 67% considered themselves well-informed about effective sun-protection strategies, consistent sunscreen use remained limited; 96% of participants did not reapply sun protection at the recommended intervals. Alternative sun-protective measures, such as protective clothing, sunglasses and seeking shade were variably adopted. Sunburn in the preceding 12 months was reported by 37% of participants. Commonly perceived barriers included inconvenience and concerns about negative impacts on sporting performance, despite a majority considering themselves at risk of skin damage due to their sport.

Conclusions
Athletes showed good awareness of the long-term risks of chronic sun exposure during sport but demonstrated suboptimal adherence to effective sun-protective behaviours, with a high prevalence of sunburn. These results emphasise the need for improved targeted education and sport-specific sun-protection interventions within athletic populations.

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Abstract N°: 360

Sun Protection Practices, Attitudes and Sunburn Prevalence Among Athletes Participating in Outdoor Sport in the UK: A Cross-Sectional Study

Leo Sassoon*[1], Daniel Keith[1]

[1] Faculty of Health & Life Sciences, University of Bristol, Bristol, United Kingdom

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Abstract N°: 494

Living environment shapes acne severity and care pathways: evidence of rural–urban disparities

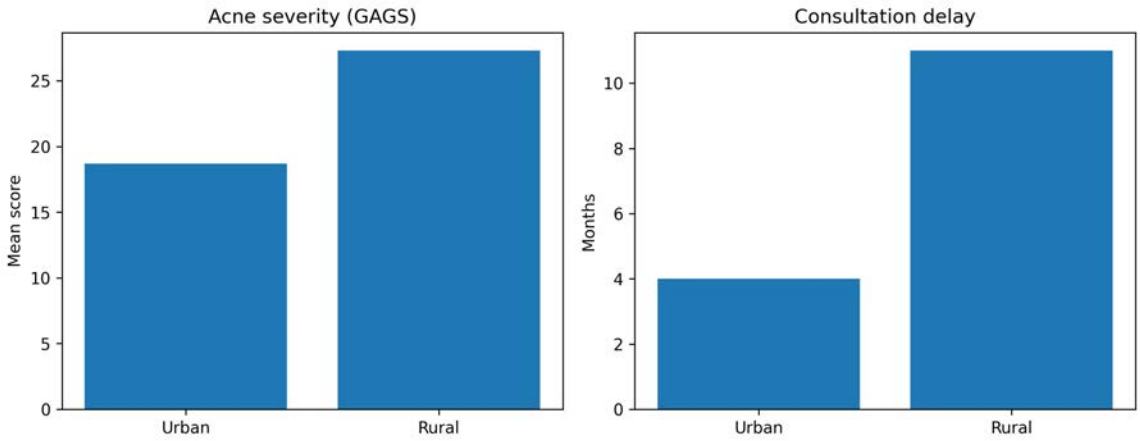
Ouissal Hormi*[1], Lamis El yamani[1], Salma Moujahid[1], Khadija Imam[1], Nassiba Zerrouki[1], Nada Zizi[1]

[1] Department of Dermatology, Venereology and Allergology, Mohammed VI University Hospital Center, Oujda, oujda, Morocco

Introduction
Acne is a highly prevalent inflammatory dermatosis with significant psychosocial impact. In low-resource settings, disparities in access to dermatological care may influence disease severity and management. This study aimed to evaluate the impact of living environment on acne severity and care pathways.

Materials and Methods
A prospective study was conducted including 80 patients with acne, equally distributed between urban and rural settings. Disease severity was assessed using the Global Acne Grading System (GAGS). Data on consultation delay, prior treatments, healthcare access, and patient satisfaction were collected and compared between groups.

Results
The mean age of the patients was 22.1 ± 5.2 years, ranging from 13 to 34 years, with no significant difference between the two groups. Females predominated in the overall study population (67%), with a slightly higher proportion in urban areas (72% versus 62% in rural areas). Regarding clinical severity, the mean acne score assessed by GAGS was significantly higher among patients from rural areas (27.3 ± 8.5) compared to urban patients (18.7 ± 6.2) ($p<0.01$). Severe forms (GAGS ≥ 30) were observed in 34% of rural patients versus only 12% of urban patients.The time to access specialized care also showed a marked disparity. The median delay between acne onset and the first dermatology consultation was 11 months in rural areas versus 4 months in urban areas ($p<0.001$). Nearly 48% of patients living in rural areas waited more than one year before consulting, compared to only 15% in urban areas.Regarding prior treatments, self-medication was much more frequent among rural patients (70% versus 35% in urban areas, $p<0.001$). Similarly, the use of traditional remedies was widely reported in the rural group (56% versus 18% among urban patients, $p<0.001$). In contrast, a prior medical prescription (by a general practitioner or dermatologist) was reported by 62% of urban patients, compared to only 28% of rural patients.Economically, the financial burden represented a major constraint for patients in rural areas. The average monthly cost of acne management corresponded to 16% of the family income in this group, versus 6% in urban areas ($p<0.01$). Finally, satisfaction with care was significantly lower in the rural group (44% versus 72% in urban areas, $p<0.01$). The main reasons for dissatisfaction were high treatment costs (65%), limited availability of prescribed products (48%), and geographical distance to healthcare facilities (41%).



Rural patients exhibited significantly higher acne severity (GAGS score) and longer delay to dermatological consultation compared to urban patients, highlighting the impact of living environment on disease burden and access to care.

Conclusions

Living environment emerges as a major determinant of acne severity and access to care, with rural patients experiencing delayed consultation, increased disease severity, and significant therapeutic inequities.These findings go beyond simple epidemiological differences and highlight a structural gap in dermatological care delivery, where geographical, economic, and informational barriers directly translate into worse clinical outcomes.Addressing these disparities is therefore not only a matter of access, but a critical step toward preventing severe disease and long-term sequelae. Targeted interventions such as teledermatology, decentralization of dermatological expertise, and structured patient education programs should be prioritized to bridge this gap.Reducing territorial inequalities in acne care represents a tangible and actionable opportunity to improve both clinical outcomes and health equity in dermatology.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 679

Establishment of a Standardized 10-Level Skin Color Typology Atlas Based on 10,000 Chinese Individuals and Its Clinical Application in Artificial Intelligence-Driven Skin Intelligence

Li Ye*[1], Nathalie Issachar[2], Xi Fang[3], Xianli Song[2], Kan Zhou[3], Qili Shen[4], Linshan Wu[1], Si Wen[1], Liangyan Shen[4], Hongling Zhu[1], Zhen Yi[1], Xiaoyan Fu[1], Qingbin Wu[4], Bin Yang[1]

[1] Cosmetics Testing Center, Dermatology Hospital of Southern Medical University, NMPA Center for Innovation and Research in Regulatory Science, Translational Medicine Center, Dermatology Hospital of Southern Medical University, GuangZhou, China

[2] Clarins Cosmetics Techology(Shanghai), Shanghai, China

[3] Eucerin Germany, Beiersdorf Group, Shanghai, China

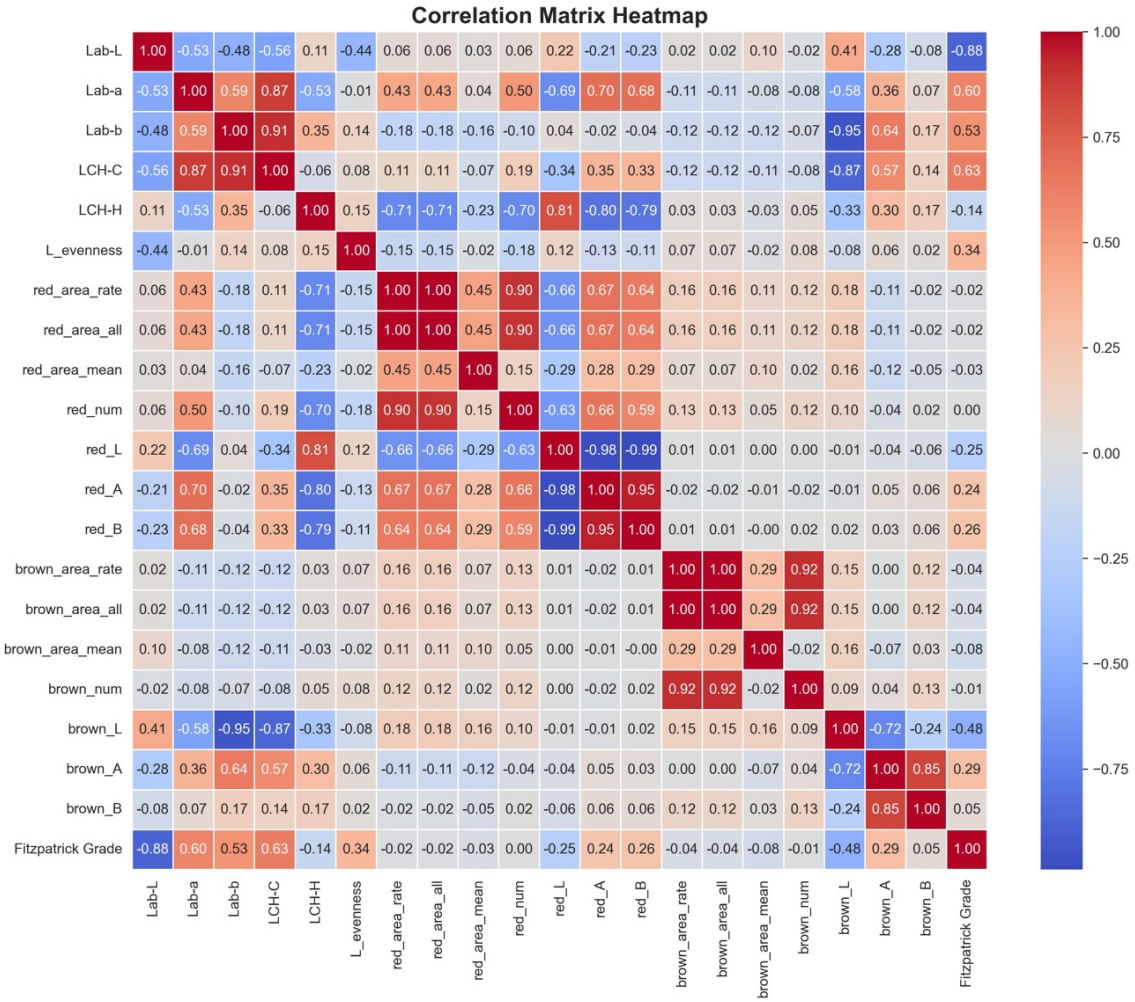
[4] Shanghai Fuhuan Technology Co., Ltd, Shanghai, China

Introduction

The classic Fitzpatrick skin typing system was developed for European and American populations and poorly matches the diversity and specificity of Chinese skin color. At present, no standardized localized skin typing system exists in China, which limits the construction of artificial intelligence (AI)-based skin intelligence for precise dermatological assessment. This study aimed to establish a standardized 10-level skin color typology atlas based on a large Chinese cohort, and to explore its value as a core module in developing an AI-driven skin intelligence system, so as to provide an objective, quantitative, and reproducible basis for clinical dermatology, aesthetic medicine, and skin-related industrial research and development.

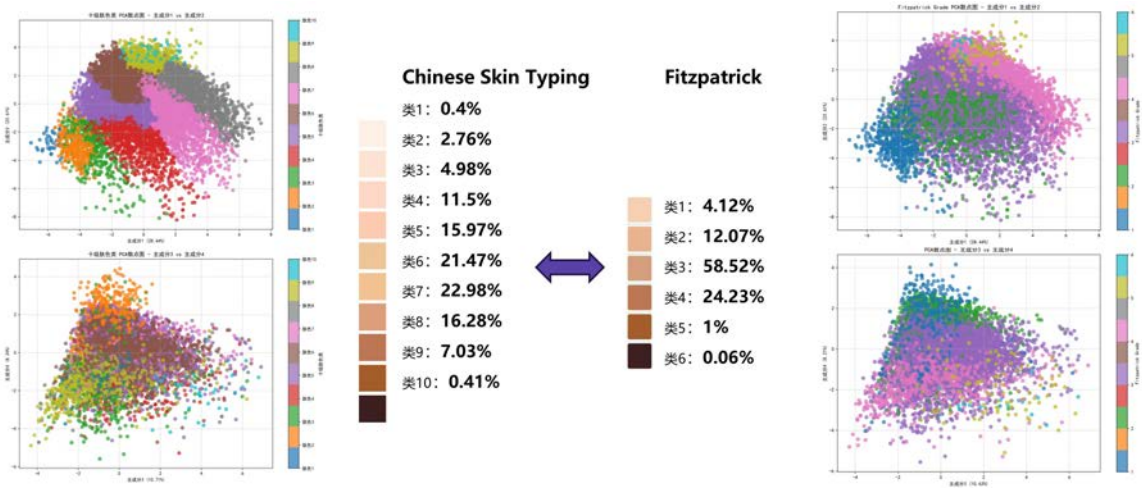
Materials and Methods

A multicenter, cross-sectional study was conducted with strict ethical approval (Approval No.: IIT-2025-082; Clinical Trial Registration No.: ChiCTR2500115023). A total of 10,000 healthy Chinese women aged 18–65 years were enrolled from 6 major cities including Shanghai, Guangzhou, Xi'an, Beijing, and Chongqing. Facial imaging was performed using the Vplus high-resolution system under standardized environmental conditions (21±1℃, 50%±10% RH) with standard, cross-polarized, parallel-polarized, and UV light sources. Twenty-one skin parameters were extracted, including Lab*, LCH, ITA index, skin uniformity, hemoglobin, melanin, and pigmented spot indices. Principal component analysis (PCA) and agglomerative hierarchical clustering (AHC) were used for dimensionality reduction and typing classification. The established typology was further integrated into an AI framework to support intelligent skin feature recognition and classification, laying the foundation for a comprehensive skin intelligence system.



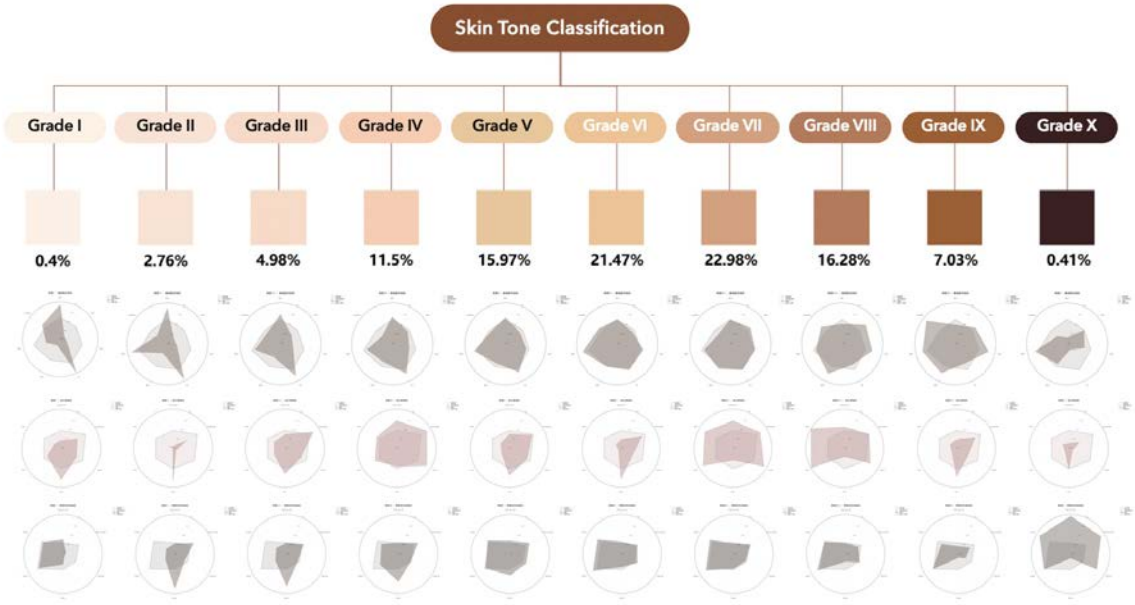
Results

A standardized 10-level skin color typology atlas for the Chinese population was successfully constructed based on 10,000 samples. The population distribution of each type showed a reasonable gradient, which was more in line with the actual skin color characteristics of Chinese people than the Fitzpatrick system. Type Ⅵ (neutral yellow skin) and Type Ⅶ (medium brown skin with erythema) were the most prevalent, accounting for 21.47% and 22.98% respectively, while Type Ⅰ (very pale white) and Type Ⅹ (very dark brown) were rare (each ~0.4%). A quantitative index system centered on L*, a*, b*, C*, and melanin content was established, with significant gradient differences among types: Type Ⅰ had the highest L* (89.09) and ITA value (75.98), while Type Ⅹ had the lowest L* (31.13) and ITA value (-46.62). Correlation analysis verified that a* was highly correlated with hemoglobin and b* with melanin. The new typing system was consistent with the Fitzpatrick system in overall skin lightness assessment but more sensitive to subtle features. As a core module embedded into the AI framework, it improved the accuracy of AI-driven skin color recognition.



Conclusions

Based on 10,000 multicenter samples, this study established the first standardized 10-level skin color typology atlas for Chinese individuals, filling the gap in localized skin typing. As a core module of AI-driven skin intelligence, this system enables quantifiable, reproducible, and intelligent skin color assessment, supporting precision dermatology, aesthetic medicine, and skin-related product development. Further integration with deep learning and multi-dimensional skin data will help build a full-stack skin intelligence system, while expanding the cohort to include males and wider age groups will enhance its generalizability and clinical value.



EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 777

From infestation to inflammation: The link between scabies and Th2-mediated skin diseases explored by a global population-based study

Khalaf Kridin*[1], Ralf Ludwig[2]

[1] Galilee Medical Center, Nahariya, Israel, Nahariya, Israel

[2] University of Lubeck, Lubeck, Germany, Lübeck, Germany

Introduction

Background: Scabies is a parasitic infestation known to elicit a strong Th2 immune response. While this immune profile overlaps with various Th2-mediated inflammatory skin diseases (T2ISDs), the potential of scabies to act as a trigger for these conditions remains poorly defined. We aimed to assess whether scabies is associated with an increased risk of developing T2ISDs, including atopic dermatitis (AD), bullous pemphigoid (BP), prurigo nodularis (PN), chronic spontaneous urticaria (CSU), Wells syndrome (WS), hypereosinophilic syndrome (HES), and DRESS syndrome.

Materials and Methods

This global, population-based, retrospective cohort study utilized data from the TriNetX platform. Patients diagnosed with scabies were matched 1:1 with controls based on demographics and comorbidities using propensity score matching. The incidence of T2ISDs was analyzed and stratified by time (0–1, 1–2, and 2–4 years after infestation). Hazard ratios (HRs) were calculated using Cox proportional hazards models.

Results

The study included 88,668 patients with scabies and 88,668 matched controls. Scabies was significantly associated with an increased risk of AD (HR 1.72), BP (HR 8.40), PN (HR 1.19), and CSU (HR 1.73). These risks were highest in the first year post-infestation, but remained statistically significant even in the second year for AD, BP, and CSU. The risk of HES was elevated only in the first year (HR 4.99), while no significant association was found with WS or DRESS syndrome. Risk patterns varied by sex and age, with stronger associations seen in males for AD and CSU, and in females for BP and PN.

Conclusions

Scabies is a significant short-term risk factor for developing multiple T2ISDs, particularly within the first two years following infestation. These findings highlight the importance of monitoring scabies patients for emerging inflammatory dermatoses and suggest that scabies may be associated with disease onset in predisposed individuals.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 898

Use of artificial intelligence tools by dermatology patients: impact on consultation behavior and trust in medical diagnosis

Houda Talbi*[1], Nassiba Zerrouki[1, 2], Nada Zizi[1, 2]

[1] Mohammed VI University Hospital, Department of Dermatology, Venereology and Allergology, Oujda, Morocco
[2] Faculty of Medicine and Pharmacy, Mohammed First University, Laboratory of Epidemiology, Clinical Research and Public Health, Oujda, Morocco

Introduction
The rapid expansion of artificial intelligence (AI) based tools has profoundly modified patients' access to medical information. In dermatology, a specialty largely relying on visual assessment and pattern recognition, these technologies are increasingly used for self-evaluation of cutaneous lesions. However, their real-world use by patients and their impact on diagnostic perception and healthcare-seeking behavior remain insufficiently characterized.
To assess the prevalence of AI tool use among dermatology patients and to evaluate its impact on consultation delay, perception of lesion severity, and trust in medical expertise.

Materials and Methods
A cross-sectional study was conducted using a structured anonymous questionnaire administered to patients presenting with various dermatological conditions. Data collected included sociodemographic characteristics, patterns of digital health information seeking, use of AI-based tools (including conversational agents), perceived diagnostic reliability, and influence on healthcare-seeking behavior. Statistical analysis was performed using descriptive methods and chi-square tests for categorical variables, with a significance threshold set at $p < 0.05$.

Results
A total of 102 patients were included. The mean age was 29.4 ± 9.1 years, with a female predominance of 68.6%. Prior to consultation, 79.4% of patients reported searching for dermatological information online, and 41.2% had used AI-based tools for symptom interpretation or diagnostic orientation.Among these users, 62.0% perceived the information as moderately to highly reliable, whereas 38.0% reported low or no confidence. The use of these tools resulted in reassurance in 44.3% of cases but induced increased anxiety in 35.7%, particularly in patients consulting for pigmentary lesions or acneiform eruptions. Notably, 28.6% reported postponing medical consultation following AI use.In terms of diagnostic preference, 72.5% of participants favored a hybrid model combining digital assistance with physician validation, while 23.5% preferred physician-only evaluation and only 4.0% accepted an AI-only diagnostic approach. Acceptance of AI-assisted diagnosis was significantly associated with younger age ($p = 0.02$).Tolerance to diagnostic uncertainty varied substantially, with 61.8% of patients accepting false-positive results compared to only 18.6% accepting false-negative outcomes, reflecting a lower tolerance for missed diagnoses of potentially serious conditions.

Conclusions
AI-based tools are increasingly integrated into the diagnostic pathway of dermatology patients and significantly influence their perception of disease and healthcare-seeking behavior. While primarily perceived as adjunctive tools, their use may contribute to delayed consultations and heightened anxiety, particularly in visually alarming dermatoses. These findings underline the need for a structured and dermatologist-guided integration of AI technologies to optimize patient education, minimize misinterpretation, and ensure safe clinical decision-making.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 906

The Global Threat of Zoonotic Sporotrichosis: Cyclical Epidemics in South America and the Risk of Emergence in Europe

Barbara Brunca*[1], Sofia Mitidieri[1], Vitor Stolf[1], Maria Clara Paganelli[1], Elisangela Pereira[1], Livia Matida Gontijo Leal[1]

[1] Hospital PUC Campinas, Campinas, Brazil

Introduction

Sporotrichosis is the most prevalent implantation mycosis worldwide, caused by Sporothrix species[1]. Historically common in early twentieth-century Europe, it became rare after World War I and is now associated with sporadic Sporothrix schenckii cases[2]. Traditionally acquired through environmental inoculation, the disease has shifted toward zoonotic transmission via infected felines, driving urban epidemics[1,3].This transformation is mainly attributed to Sporothrix brasiliensis, a highly virulent species responsible for a growing epidemic in South America[3,4]. The lymphocutaneous form predominates, accounting for approximately 80% of cases[1,4]. In Brazil, sporotrichosis is a major public health concern, with sustained urban transmission and cyclical patterns influenced by environmental, socio-economic, and feline-related factors[5].High fungal burden in cats facilitates transmission through scratches, bites, and contact with exudates[1,3]. International authorities warn of potential global spread of S. brasiliensis, with Europe considered vulnerable due to limited surveillance[2,3].

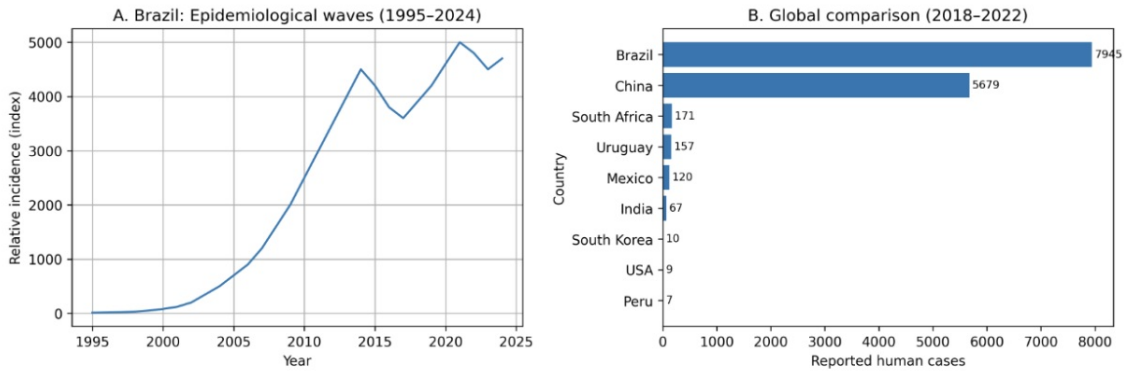

Figure 1. (A) Brazil: illustrative timeline of sporotrichosis (1995–2024), demonstrating a cyclical epidemiological pattern with recurrent epidemic waves characterized by periods of increased and decreased incidence. (B) Global comparison of reported human sporotrichosis cases (2018–2022), highlighting the disproportionately high burden observed in Brazil compared to other countries. Note: Panel A represents a didactic model based on epidemiological trends described in the literature, as continuous standardized national time-series data are not available. Panel B is based on the most recent standardized global literature review.

Materials and Methods

Retrospective descriptive case series analyzing five sporotrichosis patients at a dermatology service (January-March 2026). Demographic, clinical, diagnostic, therapeutic, and outcome data were analyzed. Diagnosis was based on clinical findings, mycological culture, and histopathology. Analysis was descriptive with individual case presentation. Study followed ethical principles ensuring patient anonymity.

Case	Sex/Age	Epidemiological History	Clinical Findings	Treatment
1	F/61	Cat scratch	Erythematous nodules distributed along the lymphatic drainage pathway in bilateral upper limbs	Itraconazole (irregular use)
2	M/59	Plant-related trauma	Papule progressing to crusted linear nodules distributed along the lymphatic pathway in the right upper limb	Itraconazole (intolerance)
3	F/46	Contact with infected cat	Painful nodules, some fluctuant and suppurative, distributed along the lymphatic pathway in the right upper limb	Itraconazole
4	M/60	Indirect contact with cat	Crusted plaque associated with ascending linear nodules in the right upper limb extending to the axillary region	Itraconazole
5	F/80	Cat bite	Crusted tumorous lesion with digital necrosis associated with forearm nodules in the left upper limb	Itraconazole

Figure 2. Clinical, epidemiological, and therapeutic characteristics of patients diagnosed with lymphocutaneous sporotrichosis included in the case series. REFERENCES [1] Rodrigues, A. M., et al. (2022). Current Progress on Epidemiology, Diagnosis, and Treatment of Sporotrichosis. Journal of Fungi, 8(8), 776. https://doi.org/10.3390/jof8080776 [2] Monno, R., et al. (2021). Clinical and epidemiological aspects of sporotrichosis in Europe and Italy. Infezioni in Medicina, 29(2), 191-198. https://pubmed.ncbi.nlm.nih.gov/34061783/ [3] WHO. (2023). Sporotrichosis Fact Sheet. https://www.who.int/news-room/fact-sheets/detail/sporotrichosis [4] CDC. (2024). Sporotrichosis in Domestic Cat and Zoonotic Transmission. Emerging Infectious Diseases, 30(12). https://wwwnc.cdc.gov/eid/article/30/12/24-0864_article [5] de Freitas, V. L. T., et al. (2023). Seasonality of sporotrichosis in Brazil. Mycoses, 66(8), 643-650. https://doi.org/10.1111/myc.13594

Results

Sporotrichosis shows global distribution with predominance in tropical and subtropical regions where temperature and humidity favor fungal survival[1,3]. Higher incidence occurs in Latin America, Asia, and Africa with cases predominantly from traumatic plant inoculation[3,4]. South America accounts for over 80% of global cases, with Brazil, Peru, and Mexico leading notifications[3]. Uniquely, Brazil exhibits sustained zoonotic transmission via Sporothrix brasiliensis-infected felines, unlike sporadic environmental cases elsewhere[1,4]. This positions Brazil as responsible for one of history's largest prolonged sporotrichosis epidemics[1,4]. Rio de Janeiro represents the world's primary zoonotic sporotrichosis epicenter, where the major urban feline-transmitted epidemic emerged in the late 1990s and remains hyperendemic after 25+ years of transmission[4]. High stray cat density, close human-feline contact, untreated infected animals, and socioeconomic barriers to veterinary care maintain active reservoirs[4]. Sporotrichosis exhibits cyclical patterns with epidemic peaks when infected cats circulate widely, increasing human exposure to scratches, bites, and high-fungal-load exudates. Incidence declines as animals die, receive treatment, or leave transmission chains, but new susceptible animals maintain epidemic wave potential[5]. Recent spatiotemporal analyses confirm disease dynamics result from sustained zoonotic transmission, susceptible host renewal, and territorial heterogeneity[5]. Temperature and humidity modulate oscillation patterns, though urban feline cycles drive endemicity[5].

Conclusions

Sporothrix brasiliensis-mediated zoonotic sporotrichosis represents a paradigm shift from traditionally occupational mycosis to sustained urban epidemics. For European dermatologists, while sporotrichosis remains

rare, S. brasiliensis introduction through travel or pet trade poses real risk. The European Centre for Disease Prevention and Control surveillance gap could delay imported case recognition. Cyclical disease patterns suggest similar epidemic dynamics if established in new regions.One Health integration of human, veterinary, and environmental health is essential for preventing zoonotic transmission. Understanding feline epidemiology, high fungal burden in cats, and proper diagnostic and treatment protocols helps reduce transmission. This study highlights the importance of clinical vigilance for imported cases and interdisciplinary collaboration to prevent this emerging global zoonosis[1,3].

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30 SEP - 3 OCT 2026

Abstract N°: 1059

Systematic evaluation of local and systemic risk factors for primary lower-leg cellulitis in a large-scale cohort study

Henning Olbrich*[1], Philip Curman[2, 3, 4, 5], Sören Dräger[1, 5], Ralf Ludwig[1, 5]

[1] Department of Dermatology, University of Lübeck, Lübeck, Germany

[2] Dermato-Venereology Clinic, Karolinska University Hospital, Stockholm, Sweden

[3] Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

[4] Dermatology and Venereology Division, Department of Medicine (Solna), Karolinska Institutet, Stockholm, Sweden

[5] Lübeck Institute of Experimental Dermatology, University of Lübeck, Lübeck, Germany

Introduction

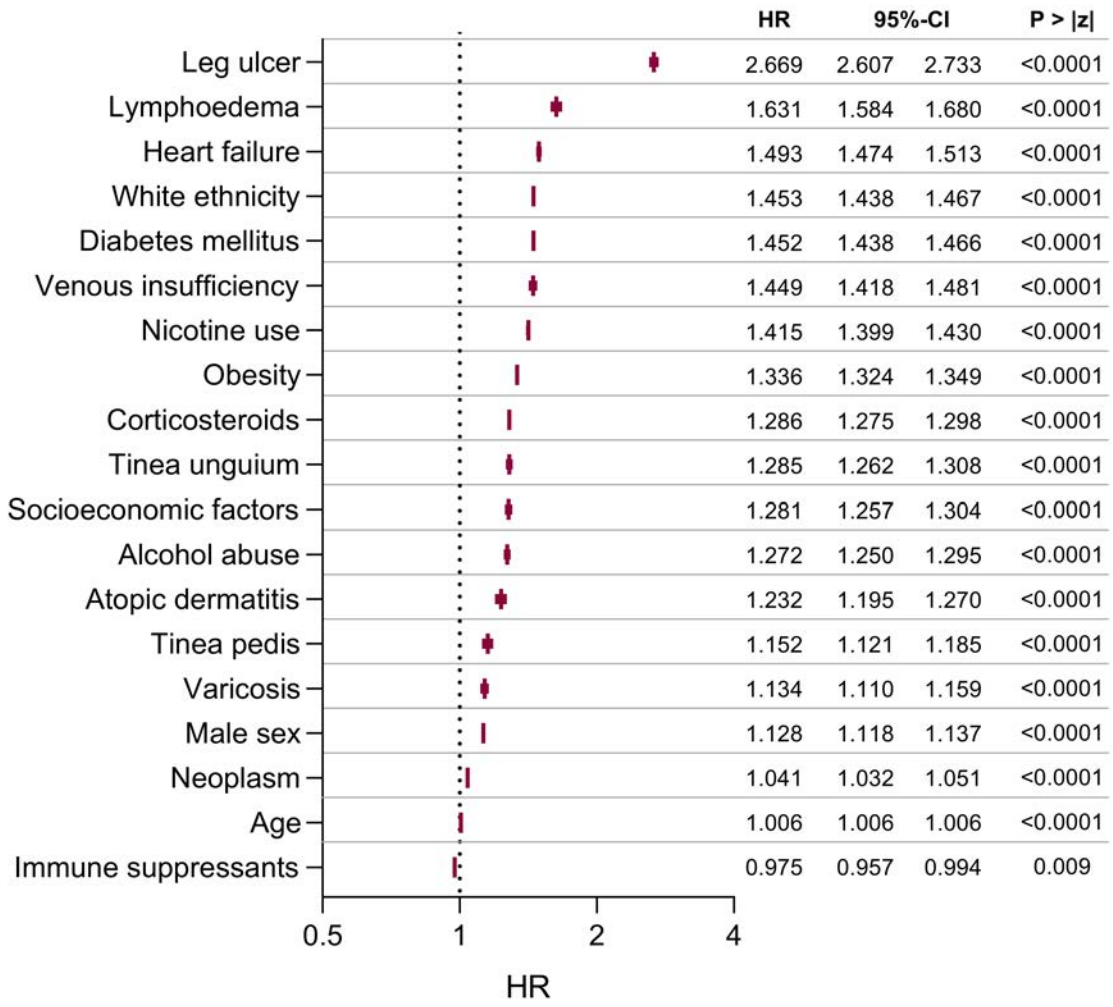
Cellulitis of the lower leg represents a common and burdensome bacterial skin infection with substantial healthcare impact. Risk factors known from clinical experience include fungal infections, diabetes mellitus, immunosuppression and ulcers. However, previous studies investigating those risk factors are limited by small sample sizes and inconsistent findings. This study aimed to systematically identify and quantify risk factors for primary cellulitis using large-scale real-world data.

Materials and Methods

We conducted a retrospective cohort study using electronic health records from the TriNetX U.S. collaborative network, including over 11 million adults without prior cellulitis. Nineteen risk factors predefined from clinical experience were analyzed. Multivariate Cox proportional hazards (CPH) models were applied to estimate hazard ratios (HRs), and Kaplan–Meier (KM) analyses with extensive propensity-score matching were performed to validate associations over a 5-year follow-up period.

Results

The strongest risk factors for primary cellulitis were leg ulcers (HR 2.67) and lymphedema (HR 1.63). Additional significant risk factors included venous insufficiency, heart failure, diabetes mellitus, obesity, fungal infections (onychomycosis and tinea pedis), nicotine use, alcohol abuse, corticosteroid use, low socioeconomic status, atopic dermatitis, and male sex. Age showed only a minor effect. In contrast, immunosuppressive therapies and neoplasms were not associated with increased risk. All findings were consistently confirmed in KM and sensitivity analyses.



Leg ulcers and lymphedema emerged as the most prominent risk factors for primary lower-leg cellulitis in multivariable Cox proportional hazards analyses. Bars show hazard ratios (HR) with 95% confidence intervals (CI).

Conclusions

This large-scale study identifies key local and systemic risk factors for primary cellulitis, with particular emphasis on skin barrier disruption and impaired lymphatic or venous drainage. These findings support targeted prevention strategies, including optimized wound care, management of edema and vascular disease, and treatment of fungal infections. Addressing modifiable lifestyle factors may further reduce disease burden.

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Abstract N°: 1139

The Ugly Duckling in Ink: Melanoma Awareness, Risk Perception, and Preventive Behaviors in Tattooed Skin

Sofia Spagnolini*[1], Laura Massari[1], Patrick Silvetti[1], Carmine D'Acunto[2], Pietro Quaglino[3], Scarcella Giuseppe[4], Maria Pizzichetta[5], Francesca Palmieri[6], Giorgio Stabile[7], Antonia Pirrera[8], Saverio Caini[9], Serena Magi[10], Giulio Gualdi[11], Ignazio Stanganelli[1, 12]

[1] University of Parma-Department of Medicine, Parma, Italy
[2] Department of Emergency, Burns Center and Dermatology, M Bufalini Hospital, Cesena, Italy
[3] Dermatologic Clinic, Department of Medical Sciences, University of Turin, Torino, Italy
[4] Dermatology Unit, Hospital G. Fracastoro San Bonifacio, Verona, Italy
[5] Department of Dermatology, University of Trieste, Trieste, Italy
[6] Department of Medical, Surgical and Health Sciences, University of Trieste, Trieste, Italy
[7] School of Medicine, Vita-Salute San Raffaele University, Milan, Italy;, Dermatology Clinic, IRCCS San Raffaele Hospital, Milan, Italy;, Milan, Italy
[8] National Centre for Innovative Technologies in Public Health, Istituto Superiore di Sanità, Rome, Italy
[9] Clinical Epidemiology Unit, Institute for Cancer Research, Prevention and Clinical Network (ISPRO), Florence, Italy
[10] Skin Cancer Unit, IRCCS Istituto Romagnolo per lo Studio dei Tumori "Dino Amadori" – IRST, Meldola, Italy
[11] Dermatology clinic, Department of Medicine and Surgery, University of Parma, Parma, Italy
[12] Skin Cancer Unit, IRCCS Istituto Romagnolo per lo Studio dei Tumori "Dino Amadori", Meldola, Italy

Introduction
The increasing prevalence of tattoos has raised concerns about their potential impact on melanoma detection and dermatologic safety. While tattoo pigments are known to obscure early clinical and dermatoscopic signs of melanoma, data on melanoma-related awareness and preventive behaviors among tattooed individuals remain limited. This study aims to evaluate melanoma risk perception and awareness, as well as their impact on preventive behaviors, in a large population of tattooed adults.

Materials and Methods
A cross-sectional survey was conducted using an anonymous online questionnaire administered between January and July 2025. Eligible participants were italian speaking adults with at least one tattoo. The questionnaire consisted of 14 multiple-choice questions covering the following domains: demographic characteristics (age, sex, education level); tattoo characteristics (size, procedure, informed consent, and disclosure of ink ingredients); personal or family history of melanoma or other skin cancers; engagement in preventive behaviors (dermatological evaluation before tattooing, observation of nevi within the tattooed area and sun protection habits); awareness of the IARC position on tattoos and carcinogenicity; knowledge of the UD sign and the ABCDE rule; and the belief that dermatologists can detect melanoma even beneath tattoo ink.
Logistic regression models were used to identify factors associated with knowledge and behaviors.

Results
A total of 1,223 participants were included, mostly young adults aged 18–30 (54.5%) and predominantly female (72.7%). Although 80.6% reported receiving information from tattoo artists about possible adverse reactions, only 36.9% considered it detailed, while 19.4% received no information at all.
Overall, 60.8% were unaware of the IARC position not excluding the potential carcinogenicity of tattoo inks. Lack

of information and absence of dermatological consultation were key factors associated with this limited awareness; notably, only 17.3% participans underwent a dermatological examination before tattooing.
Larger tattoos (>10 cm) were associated with a higher likelihood of nevi within tattooed areas (OR 8.51, p<0.001), although overall dermatological knowledge remained limited, poorer knowledge of the ABCDE rule was independently associated with having large tattoos (OR 1.42, p=0.022).
Dermatological evaluation prior to tattooing represented the strongest point of convergence of knowledge for both the UDS and the ABCDE rule. Knowledge of melanoma detection criteria was uneven: 40.9% were familiar with the ABCDE rule, while only 24.3% knew the UDS. Awareness was higher among women and individuals with higher education or a history of melanoma. Notably, 81.6% of participants believed that tattoos make early melanoma detection more difficult. However, this perception did not consistently translate into preventive actions, highlighting a clear gap between risk awareness and behavior.

Conclusions

Significant gaps in melanoma awareness and preventive practices persist among tattooed individuals, despite widespread perception of diagnostic difficulty. This highlights a discrepancy between risk perception and preventive action. Pre-tattoo dermatological consultation represents a key opportunity to improve melanoma literacy and promote safer tattooing practices. Integrating dermatological evaluation into tattooing pathways may enhance early detection and support targeted prevention strategies.

EA DV CONGRESS
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Abstract N°: 1169

A Cross-Sectional Survey of Over 1,000 Physicians and Patients: Insights into Perceptions of Rosacea and Skin Barrier Repair

Rui Li*[1], Baiyu Li[1], Caixia Ye[1], Yijie Zheng[1]

[1] La Roche Posay, L'Oréal Dermatological Beauty, L'Oréal China, Shanghai, China

Introduction

Rosacea is a chronic, recurrent inflammatory dermatosis that primarily affects the midfacial vasculature, neural structures, and pilosebaceous units. To clarify discrepancies between patient and physician perceptions of disease status, treatment expectations, and product usage patterns, this study undertook a large-scale, dual-perspective investigation. We aimed to characterize unmet clinical needs and behavioral patterns in patients, evaluate physician–patient alignment on key therapeutic ingredients, and assess the clinical value of skin barrier repair as an adjunctive strategy for the management of rosacea.

Materials and Methods

This cross-sectional study involved 3,681 valid questionnaires. The patient-perspective survey comprised Questionnaire A (n=619), assessing disease burden, quality of life (QoL), medical history, and awareness of skin barrier repair, and Questionnaire B (n=387), focusing on feedback regarding functional skincare during the maintenance phase. The physician-perspective survey (n=2,675; 258 offline, 2,417 online) investigated the role of barrier impairment in rosacea pathogenesis, awareness of reparative ingredients, and clinical recommendation patterns for dermocosmetics.

Results

1. 81.1% of rosacea patients have cheek involvement. 86.43% report negative emotional impacts, and 74.31% report impaired physical health (Figure 1A). 73.99% are receiving medical treatment, and those with longer disease duration visit clinicians significantly more frequently (Figure 1B).

2. 95.48% of patients recognize that skin barrier impairment plays a critical role in rosacea. 75.58% of offline and 83.85% of online doctors rate skin barrier repair as "very important". Both groups acknowledge that panthenol, ceramides, hyaluronic acid, and Centella asiatica extract are beneficial for skin barrier restoration (Figure 2A-C). Notably, patients with longer disease duration show a significantly stronger preference for clear labeling of all ingredients and their contents (Figure 3).

3. Most patients report high safety (84.5%), favorable user experience (77.8%), and symptom improvement (77.8%) with skin barrier repair as an adjuvant therapy. Over 70% of patients acknowledge its efficacy in skin lesion improvement (76.5%), skin barrier repair (76.0%), and skin luster enhancement (72.6%) (Figure 4A). Furthermore, 98.84% of offline and 99.1% of online doctors recognize skin barrier repair as an adjuvant therapy (Figure 4B, C).

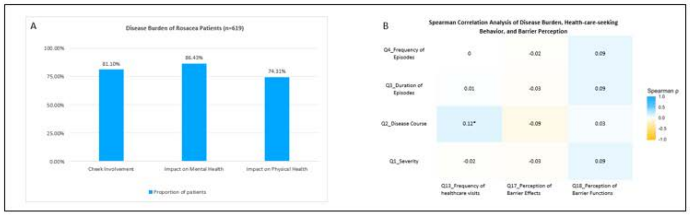

Figure 1. A: The disease burden of rosacea patients. B: The Spearman correlation between disease burden and health-care-seeking behavior/perceptions of barriers. *p < 0.05.

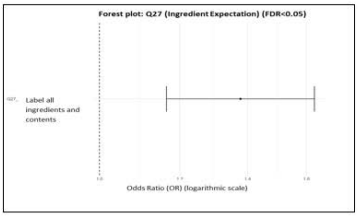

Figure 3. Logistic regression analysis of disease burden and ingredient expectations. FDR, False Discovery Rate.

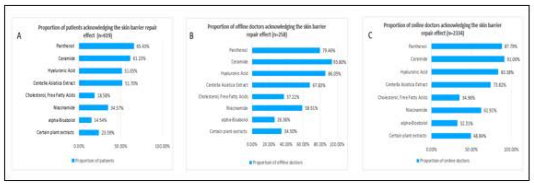

Figure 2. A: Proportion of patients recognizing the skin barrier repair effect associated with each ingredient. B: Proportion of offline doctors recognizing the skin barrier repair effect associated with each ingredient. C: Proportion of online doctors recognizing the skin barrier repair effect associated with each ingredient

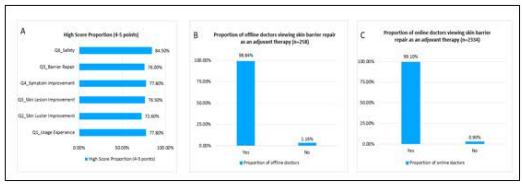

Figure 4. A: Proportion of high scores across evaluated dimensions. B: Proportion of offline doctors viewing skin barrier repair as an adjuvant therapy. C: Proportion of online doctors viewing skin barrier repair as an adjuvant therapy.

Figure 1. A: The disease burden of rosacea patients. B: The Spearman correlation between disease burden and health-care-seeking behavior/perceptions of barriers. *p < 0.05. Figure 2. A: Proportion of patients recognizing the skin barrier repair effect associated with each ingredient. B: Proportion of offline doctors recognizing the skin barrier repair effect associated with each ingredient. C: Proportion of online doctors recognizing the skin barrier repair effect associated with each ingredient Figure 3. Logistic regression analysis of disease burden and ingredient expectations. FDR, False Discovery Rate. Figure 4. A: Proportion of high scores across evaluated dimensions. B: Proportion of offline doctors viewing skin barrier repair as an adjuvant therapy. C: Proportion of online doctors viewing skin barrier repair as an adjuvant therapy.

Conclusions

As the first large-scale investigation into physician–patient perceptions in rosacea, this study demonstrates that skin barrier repair has become firmly established as a fundamental pillar of long-term rosacea management. A strong consensus exists regarding the efficacy of a “Core Four” ingredient profile: panthenol, ceramides, hyaluronic acid, and Centella asiatica extract. The findings indicate that consistent, long-term use of these agents is critical for stabilizing the cutaneous microenvironment, thereby reducing flare-ups and significantly improving long-term clinical outcomes. This evidence supports the standardized integration of specialized reparative dermocosmetics into international rosacea management guidelines.

EADV CONGRESS
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Abstract N°: 1343

Skin Diseases in the Elderly: A Series of 320 Cases

Layla Bendaoud*[1], meryem aboudourib[2], ouafa hocar[3], said amal[2]

[1] Cadi ayyad university, faculty of medicine and pharmacy, Dermatology department, Marrakesh, Morocco

[2] Cadi ayyad university, faculty of medicine and pharmacy, Marrakesh, Morocco

[3] Cadi ayyad university, Biosciences and health laboratory, faculty of medicine and pharmacy, Dermatology department, University hospital center, Marrakesh, Morocco

Introduction

Dermatosis is common in the geriatric population. The aim of this study is to determine the epidemiological profile of geriatric dermatoses in the hospital setting, as well as their clinical, therapeutic and evolutionary aspects.

Materials and Methods

This is a retrospective study of inpatient records collected at the dermatology and venereology department of CHU Mohamed VI over a 10-year period, from January 2014 to December 2023. All hospitalized patients aged 65 or over were included in this study, while patients undergoing consultation and day hospitalization were excluded.

Results

During this 10-year period, 320 elderly persons were included and hospitalized 408 times among 2430 hospitalizations, representing a frequency of 16.79%, with no gender predominance. The 65-74 age group was the most represented, with 176 patients (55%). The mean age was 74.30 ± 6.97 years. Patients with at least one comorbidity accounted for 75%. A total of 324 diagnoses were made. Analysis of the various diagnoses in our series showed the predominance of infectious dermatoses (29.32%), followed by skin tumors with 22.53%. Autoimmune bullous dermatoses accounted for 13.89% of cases, followed by drug-induced toxidermia with 10.19%. Systemic diseases accounted for 8.95% of cases. Inflammatory dermatoses were present in 4.94% of cases and neutrophilic dermatoses in 2.16%, while allergic dermatoses came last with 0.62%. Pruritus was the most frequently reported functional sign (40%). The average hospital stay was 16.5 days. This was strongly influenced by comorbidities in the elderly, especially diabetes, and the nature of the underlying dermatoses, notably autoimmune bullous diseases.

Conclusions

Dermatological conditions in the elderly are becoming an increasing cause for concern, highlighting the urgent need for appropriate inpatient care. Our study reveals that infectious and neoplastic skin diseases are the leading causes of hospitalization among the elderly at our facility.

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Abstract N°: 1396

Adults with atopic dermatitis and atopic multimorbidity experience impaired sleep quality

Rui Chen*[1], Leon Miltner[1], Laura Loman[1], Marie-Louise Schuttelaar[1]

[1] Department of Dermatology, University Medical Center Groningen, University of Groningen, Groningen, Netherlands

Introduction
Individuals with atopic dermatitis (AD) often experience sleep disturbances, which may lead to impaired mental health and reduced quality of life. Moreover, patients with AD frequently have atopic multimorbidity (AM), which may further increase disease burden and worsen sleep quality. In this study, we aimed to investigate sleep quality and daytime sleepiness among individuals with AM in the Dutch general population and to identify the most affected components of sleep.

Materials and Methods
This study was conducted within the Lifelines Cohort Study, a prospective, population-based, longitudinal cohort that enrolled over 167,000 participants from the Northern Netherlands. Data on self-reported physician-diagnosed AD were collected through a digital add-on skin questionnaire sent to 135,950 adults between February and May 2020. Information on lifetime asthma, AR, and FA was collected between 2014 and 2017. AM was defined as the presence of AD together with at least two of these lifetime atopic comorbidities.

Furthermore, overall sleep quality and daytime sleepiness were assessed using the Pittsburgh Sleep Quality Index (PSQI; range 0-21) and the Epworth Sleepiness Scale (ESS; range 0-24), which were sent to all adult Lifelines participants between 2021 and 2024 and between 2012 and 2015, respectively. A PSQI total score greater than 5 indicated poor sleep quality, and an ESS total score greater than 10 indicated excessive daytime sleepiness. To assess the consistency of the findings, both logistic and linear regression analyses were performed. Moreover, regression models were adjusted for several covariates, including long-term stress, mental health conditions, smoking, alcohol consumption, and body mass index. The association between AM and individual PSQI components was further examined using ordinal logistic regression with a proportional odds model, and false discovery rate and Bonferroni corrections were applied for multiple testing.

Results
Among 12,655 included participants, 349 (2.8%) had AM and 12,306 (97.2%) had no atopic diseases. Logistic regression showed that, compared with participants without atopic diseases, those with AM were significantly more likely to have poorer sleep quality according to the PSQI (adjusted odds ratio [aOR] 1.33, 95% confidence interval [CI] 1.03–1.73). However, the odds of excessive daytime sleepiness according to the ESS did not differ significantly between the two groups. Linear regression analyses of the total PSQI and ESS scores supported these findings (aOR 1.21, 95% CI 0.94–1.55). Further component analysis showed that AM was significantly associated with higher scores for sleep disturbance (aOR 2.08, 95% CI 1.63–2.63), daytime dysfunction (aOR 1.80, 95% CI 1.47–2.20), and subjective sleep quality (aOR 1.42, 95% CI 1.14–1.76) (all $P<0.05$).

Conclusions

Individuals with AM are more likely to experience poor sleep quality, particularly with regard to sleep disturbance, daytime dysfunction, and subjective sleep quality. Clinicians should take this additional disease burden into account when caring for patients with AM.

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Abstract N°: 1498

Declining interest in tattoos in the Balkans: a Google Trends analysis

Nicolas Kluger*[1, 2, 3, 4], Lidiya Todorova[5]

[1] Aava medical Centre, Dermatology, Kerava, Finland
[2] Tampere University Hospital, Dermatology, Tampere, Finland
[3] Bichat - Claude Bernard Hospital, Tattoo consultation, Dermatology, Paris, France
[4] EADV, Tattoo and Body Art Task Force, Lugano, Switzerland
[5] Medical University of Plovdiv, Dermatology, Plovdiv, Bulgaria

Introduction

Tattooing is a popular decorative procedure worldwide. Its prevalence in adults ranges from 20 to 30%. However, Google Trends (GT) infodemiological data indicate that interest in tattoos began declining before the COVID-19 pandemic4. As trends may vary across regions, we aimed to determine whether a similar pattern occurred in Eastern Europe and the Balkans.

Materials and Methods

We used the same method as published elsewhere for previous tattoo health-related research using GT. GT is a useful website that provides data on the relative search volume (RSV) of queries and topics over time and across geographical areas (worldwide, country, city). It allows seasonal and long-term assessment of trends in public interest. We analyzed the data generated through GT, for the mean RSV on the topic "tattoo" for each Balkan country (Albania, Bulgaria, Greece, North Macedonia, and the nations of the former Yugoslavia: Bosnia and Herzegovina, Serbia, Croatia, Montenegro, and Kosovo) from January 1, 2004, to December 27, 2025. Results are displayed as a set of time series. The values are not the actual search counts but percentages relative to the total searches across the specified geography and time. The resulting numbers are then scaled from 0 to 100 based on the proportion to all searches on all topics. All data used in this study are publicly available, anonymous, and cannot be traced back to identifiable individuals.

Results

Every country displayed the similar seasonal search patterns as observed elsewhere[2] with peaks during summer and dips during December (*data not shown*). Between 2004 and 2025, interest in tattoos has first increased gradually before reaching a peak around 2011-2019, depending on the country, followed then by a constant decrease. The phenomenon is notable in every Balkan country. Only Kosovo shows a mean increase in search.

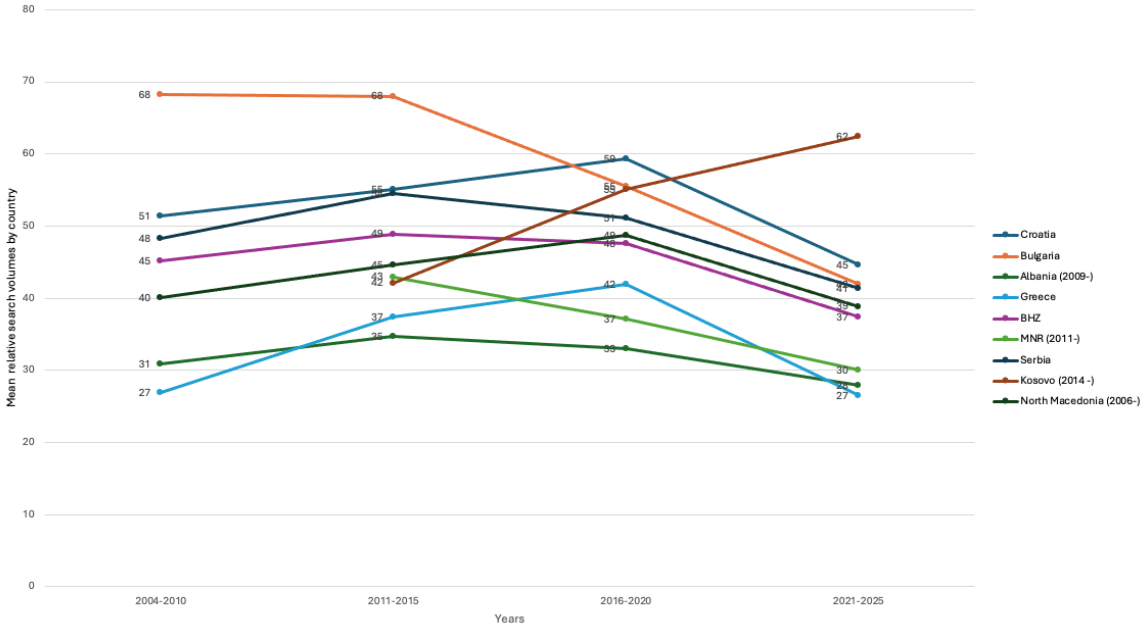

Figure 1. RSVs for tattoos in the Balkan countries from 2004 to 2023 (remark: direct comparison between curves is not possible, only the trends should be compared) Of note, data collection by GT started in 2005 for North Macedonia, 2007 for Montenegro, the end of 2013 for Kosovo. Furthermore, very high variations (rapid up and down peaks) in searches were noted for several countries in the beginning of the entry of function of GT. We considered that those values might not be reliable therefore for some countries data, therefore proper analysis started when the trends started to show a steady pattern.

Conclusions

The prevalence of tattooing in the Balkan peninsula is globally unknown. Available studies are usually limited by strong bias of selection. A small Croatian study found that *a*bout 15% of surveyed patients reported having at least one tattoo. About 19 % of adult Bulgarians reported having a tattoo in 2022. In Greece, a study among young Athenians aged 19-25 years-old, the prevalence was elevated however the study was most likely biased due to the recruitment procedure.

It is rather likely that the prevalence at least in urban areas in the Balkan mirrors results observed in Western or Northern Europe. However, it is interesting to discern that the same trend regarding a decrease in interest in tattoos can be observed both in Western and Eastern Europe. Kosovo appears as an outlier compared to its neighbors. The increase may be explained by the rapid expansion of the use of internet in the country. Besides, a careful analysis of the overall trends in Kosovo shows rather a stabilization now. As observed previously, the decrease began before COVID-19, indicating that the pandemic cannot be held responsible. This trend is corroborated by tattoo artists and industry observers who report a slowdown in demand, with appointment books no longer filling as quickly and income diversification becoming necessary. Rising inflation and living costs may reduce tattoos' priority for consumers. Additionally, established artists face increasing competition in an unregulated sector characterized by oversupply, low visibility for those not active on social media, and growth of low-cost alternatives (e.g., home-made tattoos and online equipment purchases). Media coverage of the potential carcinogenicity of tattoo inks, often sensationalized despite robust evidence, may have further contributed. Study limitations include reliance on Google Trends, which is not a true epidemiological tool and only captures internet users, limiting population representativeness.

Acknowledging the limits of our study, the current loss of interest in tattoos seems widespread and across Europe.

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Abstract N°: 1668

Uncovering Patient Priorities in Atopic Dermatitis Through an International Google Trends Analysis

Sille Brændsgaard Nørfjand*[1, 2], Kenneth Thomsen[1], Suzanne H. Keddie[2], Piers Allen[2], Carsten Flohr[2], Christian Vestergaard[1]

[1] Department of Dermatology and Venereology, Aarhus University Hospital, Aarhus, Denmark

[2] Global Atopic Dermatitis Atlas Coordinating Centre, St John's Institute of Dermatology, King's College, London, United Kingdom

Introduction

Atopic dermatitis (AD) is a common chronic inflammatory skin disease with a substantial impact on quality of life. Despite its global burden, patient concerns and priorities remain insufficiently understood, particularly in low-resource settings. This study, conducted within the Global Atopic Dermatitis Atlas (GADA), aims to investigate patient priorities using Google search behaviour as a proxy for information needs.

Materials and Methods

In this retrospective, exploratory multi-country study, we analysed online search behaviour related to AD. Dermatologists and patient organisations from 20 countries were recruited to ensure geographic and socioeconomic diversity. Each collaborator provided locally relevant search terms reflecting what patients with AD are likely to search for, ensuring linguistic and cultural validity.

These expert-derived terms were defined as zero-order terms and were expanded using the Google Trends "related queries" function to generate first- and second-order terms, resulting in a hierarchical dataset of patient-relevant search queries.

Search terms were analysed using qualitative open content coding to inductively identify patterns and themes, and hierarchical clustering with Bray–Curtis dissimilarity was applied to assess similarities in search behaviour between countries.

Results

A total of 1,569 search terms were included in the analysis. Hierarchical clustering demonstrated a high degree of overlap between countries, reflecting similar search behaviour. Minor clustering tendencies were observed but did not align clearly with geographic regions or healthcare system differences.

Conclusions

Our findings indicate that patients across the world are interested in similar themes when looking for information online, with patients predominantly searching for symptom recognition and treatment options.

Our study provides a structured and scalable approach to capturing patient priorities across diverse settings. By leveraging real-world search behaviour, this method enables identification of common and context-specific information needs in AD that could be applied to other inflammatory skin diseases. These findings can inform patient education, clinical communication, and future research prioritisation on a global scale.

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Abstract N°: 1726

Prevalence and Clinical Spectrum of Dermatologic Conditions in Renal Transplant Recipients: A 10-Year Retrospective Cross-sectional Study

Mishari Alrubaiaan*[1], Maisa Alfalah[2]

[1] College of Medicine, King Saud bin Abdulaziz University for Health Sciences, riyadh, Saudi Arabia
[2] Derpartment of Pediatric Dermatology, King Abdullah Specialist Children Hospital, riyadh, Saudi Arabia

Introduction
The lifelong immunosuppressive therapy required to ensure graft survival in renal transplant recipients (RTRs) substantially increases their susceptibility to cutaneous infections, skin malignancies, and drug-induced dermatologic conditions. However, data on their prevalence and clinical spectrum remain limited.

Materials and Methods
To determine the prevalence and clinical spectrum of dermatologic conditions among RTRs. A retrospective cross-sectional study design was performed using data extracted from the hospital health information system (BESTCare) to review the medical records of patients with renal transplantation who were referred for dermatologic evaluation over a ten-year period (2015–2025) at King Abdulaziz Medical City, Riyadh, Saudi Arabia (KAMC). Data analysis was conducted using SPSS (version 27.0). A multinomial logistic regression model was used to examine variables associated with dermatologic conditions.

Results
A total of 338 RTRs were included; among them, 174 (51.5%) were female. Infectious conditions were the most prevalent (37.3%), followed by inflammatory (24%), drug-induced (12.4%), hair disorders (11.5%), and neoplastic (5.9%). Viral warts were the most common infectious condition (52 cases, 41.3%), followed by superficial fungal infections (23 cases, 18.3%). Among neoplastic conditions, seborrheic keratosis was the most common benign neoplasm (7 cases, 35.0%), while squamous cell carcinoma (6 cases, 30.0%) and basal cell carcinoma (4 cases, 20.0%) were the most common malignant neoplasms. In multinomial logistic regression, increasing age was independently associated with higher odds of neoplastic conditions (OR = 1.10 per year; 95% CI, 1.05–1.15; $p < 0.001$). Sex was significantly associated with dermatologic conditions, with males having higher odds of inflammatory conditions (OR = 1.30; $p = 0.021$), while females had higher odds of hair disorders (OR = 4.16; 95% CI, 1.82–9.53; $p = 0.001$).

Conclusions
Our study characterized the range of dermatologic conditions encountered in RTRs and highlighted the need to incorporate dermatologic screening and follow-up into multidisciplinary transplant care.

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Abstract N°: 1733

DERM-ALERT: A Climate-Informed AI Early-Warning and Response Framework for Climate-Linked Dermatoses

Ahsan Raza Raja*[1], Aisha Sethi[2]

[1] Department of Medicine, Aga Khan University, Karachi, Pakistan

[2] Department of Dermatology, Yale University School of Medicine, New Haven, Connecticut, United States

Introduction

Climate change is increasingly relevant to dermatology, with heat, humidity, flooding, wildfire smoke, air pollution, ultraviolet exposure, vector habitat shifts, displacement, and disrupted sanitation influencing patterns of skin disease. Climate-sensitive dermatoses include infectious and ectoparasitic conditions, inflammatory flares, photodermatologic disease, disaster-related wounds and infections, and vector-associated infections with cutaneous manifestations. Although climate-health early-warning systems exist for several climate-sensitive diseases, dermatology has limited dedicated guidance for linking environmental signals, AI-enabled risk prediction, and actionable skin-health responses. We aimed to synthesize evidence on climate-linked dermatoses and develop a dermatology-facing conceptual framework for early warning and response.

Materials and Methods

An integrative narrative review (2010-2026) with conceptual framework development examined peer-reviewed dermatology literature and adjacent evidence from climate-health surveillance, infectious disease modeling, vector-borne disease forecasting, remote sensing, teledermatology, syndromic surveillance, humanitarian health, AI in public health, and global health implementation. Evidence was synthesized as direct dermatology evidence, evidence extrapolated from adjacent climate-health fields, or proposed implementation recommendations.

Results

Synthesis produced three practical outputs: a climate-skin pathway map, an inventory of AI-relevant data streams, and the DERM-ALERT early-warning and response framework. Extreme heat and humidity were linked to heat-related dermatoses, intertrigo, fungal disease, irritant dermatitis, and inflammatory flares. Flooding, displacement, and disrupted sanitation were associated with wounds, secondary infections, scabies, impetigo, and delayed dermatologic care. Wildfire smoke and air pollution were relevant to itch and inflammatory dermatoses, while ultraviolet exposure remained central to photodamage and skin cancer prevention. Vector habitat shifts were relevant to infections such as dengue, chikungunya, Zika, leishmaniasis, Lyme disease, and rickettsial disease, where cutaneous findings may support earlier recognition. AI-relevant data streams included meteorological data, satellite and remote-sensing indicators, air quality and ultraviolet indices, electronic health records, emergency and primary care syndromic data, teledermatology submissions, pharmacy or prescription patterns, laboratory data, vector surveillance, and community health worker reporting. **DERM-ALERT** comprises: Detect climate hazards, Evaluate environmental mediators, Recognize vulnerable populations, Map dermatologic syndromes, Aggregate data streams, Learn and forecast risk, Establish alert thresholds, Respond with targeted interventions, and Track outcomes and equity. Proposed outputs include clinician alerts, teledermatology surge planning, public health advisories, targeted supply prepositioning, vector-linked rash alerts, and humanitarian skin-disease surveillance.

Conclusions

Climate-linked dermatoses represent an important but insufficiently operationalized area of dermatology and climate health. DERM-ALERT offers a structured, dermatology-facing framework for translating climate, environmental, and health-system signals into earlier recognition, preparedness, and targeted response. Future work should prospectively validate dermatology-specific models, define clinically useful alert thresholds, evaluate implementation, and ensure equity, privacy, explainability, and local relevance before effectiveness claims are made.

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Abstract N°: 1789

A Survival Guide For Drug Survival Studies in Dermatology – Methodological Approaches and Best Practices

Liana Barenbrug[1], Linda T.H. Godding*[1], Elke MGJ de Jong[1], Marieke Seyger[1], Gerjon Hannink[1], Juul van den Reek[1]

[1] Radboudumc, Nijmegen, Netherlands

Introduction

Drug survival has gained increasing attention in dermatology as a valuable method for evaluating treatments in clinical practice. However, considerable variability exists in methodologies and reporting.

Materials and Methods

We provide an updated and comprehensive guide for clinical researchers on drug survival methodology, offering recommendations for performing, reporting, and interpreting drug survival analyses in a standardized manner, while visualizing examples using a synthetic dataset and highlighting best practices within dermatology.

Results

We provide guidance on fundamental concepts of drug survival analysis, including Kaplan–Meier curves, reporting standards, censoring, stratification, regression analyses, and sample size calculations (Figure 1). Additionally, to further enhance the quality of analyses, we discuss advanced topics such as restricted mean survival time, competing risks, time-dependent effects and covariates, and meta-analyses of drug survival data.

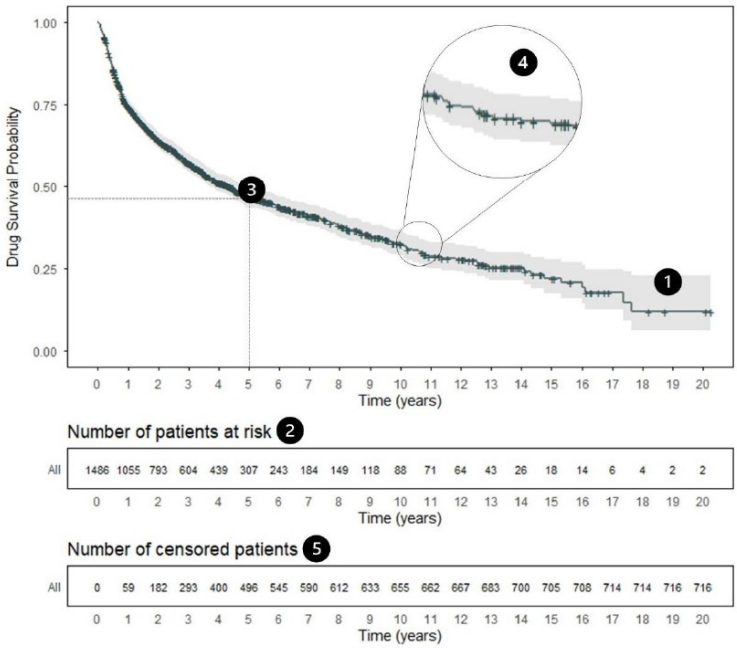

Figure 1| Recommendations for reporting Kaplan-Meier curves.
Kaplan-Meier curve showing overall drug survival of biologics in patients with psoriasis.
To support appropriate interpretation of Kaplan-Meier curves, it is recommended to present:
(1) Confidence intervals
(2) A table with the number of patients at risk at each time point
(3) The survival estimate of a clinically relevant time point alongside the curve
(4) Symbols that visualize censoring
(5) A table with the number of censored patients to indicate the time points at which censoring predominantly occurs

Conclusions

Drug survival is a comprehensive indicator of treatment effectiveness, safety, tolerability and patient and physician preference, which makes the method suitable for the evaluation of treatments for chronic diseases. Drug survival analyses can be applied when performance of drugs must be evaluated on itself, or when different drugs or populations must be compared. This guide enhances the methodological rigor and consistency of future drug survival studies.

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Abstract N°: 1837

The Steroid Shadow: A Tale of Two Worlds- India's Epidemic of "Steroid Philia" vs. The Global "Phobia"

Farhat Khan*[1]

[1] Bansal hospital, Bhopal, India

Introduction

While Western dermatological discourse is currently dominated by the challenges of "Steroid Phobia" and patient non-compliance, the Indian subcontinent is grappling with its polar opposite: Steroid Philia. In a landscape where super-potent topical corticosteroids (TCs) are marketed as "fairness creams" and sold over-the-counter (OTC) as panaceas, a unique clinical catastrophe has emerged. This presentation analyses the Indian Reality of unregulated steroid use and the lessons it offers for the global community regarding skin barrier collapse and microbial evolution

Materials and Methods

We conducted a multi-dimensional clinical audit over a one-year period, shifting focus from mere patient counts to phenotypic analysis. We categorized 30 distinct presentations of Steroid-Damaged Skin into three primary clinical clusters:

1. The Aesthetic Fallout: Cases of Topical Steroid Dependent Face (TSDF) mimicking recalcitrant rosacea.
2. The Microbiome Mutation: Cases of Tinea Incognito where chronic steroid use led to multi-drug resistant dermatophytosis.
3. The Withdrawal Syndrome: An analysis of the rebound kinetics—the physical and psychological hurdles encountered during steroid weaning.

Results

Our audit reveals a disturbing divergence from global norms:

- The Fairness Trap: Over 60% of cases involved the use of Clobetasol Propionate not as a medicine, but as a daily cosmetic for skin lightening. This resulted in irreversible dermal atrophy and telangiectatic masks.
- Atypical Pathogens: Chronic immunosuppression from TCs created a biological shield for fungi, resulting in extensive, bizarrely shaped lesions that remained undiagnosed for months, leading to high community transmission.
- The Psychological Hook: Unlike the Western fear of steroids, our subjects demonstrated a drug-seeking behaviour for TCs, where the immediate relief of inflammation masked the long-term destruction of the stratum corneum.
- Regulatory Failure: We highlight the role of Triple Combination creams (Steroid-Antifungal-Antibiotic cocktails) in creating a superbug environment that challenges the existing WHO guidelines for fungal treatment.

Conclusions

The crisis in India serves as a "Global Warning." It shows that losing respect for a powerful drug is just as dangerous as being afraid of it. We propose a "Global Literacy Framework": a strategy for stricter medicine sales and a step-by-step "Skin Rehabilitation" protocol. This protocol helps clinicians safely wean patients off steroids, repairing the skin barrier while managing the patient’s fear of the rebound. We must bridge the gap between India’s reality and the world’s perspective to ensure our best treatments don't become our patients' biggest problems.

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Abstract N°: 2026

Contact dermatitis in men and women: distinct exposure patterns and clinical phenotypes

Ouissal Hormi[1], Nassiba Zerrouki[1], Nada Zizi*[1]

[1] Department of Dermatology, Venereology and Allergology, Mohammed VI University Hospital Center, Oujda, oujda, Morocco

Introduction
Contact dermatitis is a common inflammatory skin disease with a significant impact on quality of life and daily functioning. It results from exposure to occupational or domestic allergens and irritants. Although its clinical features are well established, sex-related differences in exposure patterns, lesion distribution, and causative allergens remain insufficiently characterized in real-world dermatology practice. Understanding how sex influences exposure behavior and clinical expression may improve prevention strategies, reduce diagnostic delay, and optimize patient education.
This study aims to analyze sex-related differences in epidemiological characteristics, clinical presentation, and etiological factors in patients with contact dermatitis.

Materials and Methods
We conducted a retrospective descriptive and analytical study over a 7-year period, including 100 patients diagnosed with contact dermatitis. Data collected from medical records included demographic characteristics, clinical features, exposure context, and suspected allergens. Patients were stratified by sex. Comparative statistical analysis was performed, with a significance threshold set at $p < 0.05$.

Results
The study included 100 patients, with a balanced sex distribution. The mean age was similar between women (35 years) and men (38 years), with no significant difference.
A clear sex-related divergence emerged in exposure patterns. Men were mainly exposed to occupational allergens (60%). These included metals, chemical agents, and solvents. Women were predominantly exposed to domestic allergens (70%). These were mainly cosmetics, skincare products, and household cleaning agents.
Clinical expression also showed significant sex-related differences. Hand involvement was significantly more frequent in men ($p < 0.05$). This reflected occupational exposure and repeated irritant contact. In contrast, facial involvement was significantly more frequent in women ($p < 0.05$). This was strongly linked to cosmetic use. Trunk and upper limb involvement showed no significant difference between groups.
A strong exposure–etiology correlation was confirmed. Occupational allergens were significantly more frequent in men (50% vs 25%, $p = 0.003$). Domestic and cosmetic allergens predominated in women (55% vs 20%, $p = 0.001$). This pattern reinforced a direct link between environment and clinical phenotype.
Diagnostic delay remained long in both groups, at approximately 8 months, with no significant sex difference.
After allergen identification and avoidance, clinical improvement was observed in most patients. Response rates were comparable between women (85%) and men (80%) ($p = 0.58$). Allergen avoidance proved effective regardless of sex.
Overall, the findings show a consistent sex-driven pattern. Exposure, clinical distribution, and etiological profile are closely aligned.

Conclusions

Contact dermatitis demonstrates marked sex-related heterogeneity in exposure sources and clinical expression. Men are predominantly affected by occupational allergens, while women are more exposed to domestic and cosmetic-related allergens. These findings highlight the importance of sex-specific exposure profiling in routine clinical assessment. A tailored preventive approach based on exposure patterns may improve early diagnosis, reduce recurrence, and enhance patient education.

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Abstract N°: 2033

Acute urticaria: epidemiological patterns, etiological spectrum and therapeutic outcomes in a tertiary care setting

Ouissal Hormi*[1], Nassiba Zerrouki[1], Nada Zizi[1]

[1] Department of Dermatology, Venereology and Allergology, Mohammed VI University Hospital Center, Oujda, oujda, Morocco

Introduction
Acute urticaria is a common inflammatory skin disorder characterized by the sudden onset of pruritic erythematous wheals, sometimes associated with angioedema. It results from mast cell activation triggered by a wide range of factors, including infections, medications, and food allergens. Although generally self-limited, acute urticaria represents a frequent cause of emergency consultations, and identifying its etiological profile remains essential for guiding appropriate management and avoiding unnecessary investigations.
This study aims to analyze the epidemiological, clinical, etiological, and therapeutic characteristics of acute urticaria in a tertiary care setting.

Materials and Methods
A retrospective descriptive study was conducted over a 6-year period, including patients diagnosed with acute urticaria (duration <6 weeks). Data collected from medical records included demographic characteristics, clinical features (distribution of lesions, presence of angioedema, systemic involvement), suspected etiologies based on clinical history and investigations, treatment modalities, and outcomes.

Results
A total of 146 patients were included, with a mean age of 28.7 ± 12.3 years and a slight female predominance (56%). All patients presented with pruritic erythematous wheals, most often generalized. Angioedema was observed in 19% of cases. It mainly involved the eyelids and lips. Systemic symptoms were uncommon, reported in 6% of patients.
Infections were the leading identified trigger (38%). Viral infections were the most frequently suspected. Drug-induced urticaria accounted for 25% of cases, mainly related to antibiotics and nonsteroidal anti-inflammatory drugs. Food-related triggers represented 18%, most commonly milk, eggs, and nuts. Despite clinical evaluation and history taking, 19% of cases remained idiopathic.
All patients were treated with second-generation antihistamines as first-line therapy. Clinical improvement was observed in 87% of patients. A partial or poor response was less frequent. Systemic corticosteroids were required in 12% of cases, mainly in severe forms or in patients with extensive angioedema.
The median duration of symptoms was 8 days, confirming the transient and self-limited course of acute urticaria. Overall, most cases evolved favorably under symptomatic treatment, regardless of the identified trigger.

Conclusions
Acute urticaria is a frequent and predominantly benign condition with a favorable outcome. Infections, particularly

viral, represent the leading etiological factor, followed by medications and food allergens. Despite thorough assessment, idiopathic cases remain common. These findings highlight the importance of a targeted, etiology-oriented approach and support the central role of second-generation antihistamines as first-line therapy, while limiting systemic corticosteroids to severe presentations.

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Abstract N°: 2081

Epidemiological Characteristics of Hidradenitis Suppurativa in Japan: Distinct Clinical Features from Western Populations Based on a Single-Year Survey

Emi Nishida*[1], Akimichi Morita[1], JAPANESE SOCIETY FOR PSORIASIS RESEARCH[2]

[1] Nagoya City West Medical Center, Nagoya, Japan
[2] JAPANESE SOCIETY FOR PSORIASIS RESEARCH, Nagoya, Japan

Introduction

Hidradenitis Suppurativa (HS) is a chronic, recurrent, inflammatory skin disease characterized by painful nodules, abscesses, sinus tract formation, and scarring in intertriginous areas. Although numerous epidemiological studies have been reported from Europe and North America, accumulating evidence suggests that the clinical characteristics of HS in Japan and East Asia differ substantially from those observed in Western populations. In particular, male predominance, lower familial aggregation, and distinct anatomical distribution are notable features. Clarifying these unique characteristics is essential for improving diagnosis, treatment strategies, and healthcare systems adapted to Japanese patients.

Materials and Methods

To describe the epidemiological, clinical, and therapeutic characteristics of Japanese patients with HS using annual epidemiological survey and to identify features that distinguish Japanese. A multicenter nationwide cross-sectional survey was conducted across dermatology departments and core referral hospitals in Japan. Patients diagnosed with HS during the study period were enrolled consecutively. Demographic data, clinical manifestations, disease severity, comorbidities, lifestyle factors, and treatment patterns were collected using standardized case report forms. Patient background included age, sex, age at disease onset, age at first hospital visit, disease duration, smoking history, BMI, and family history of HS. Clinical characteristics included involved anatomical sites, sex-based differences in lesion distribution, and duration from symptom onset to diagnosis. Disease severity was evaluated using Hurley staging (I–III), PGA and IHS4. Comorbidities including diabetes mellitus, hypertension, dyslipidemia, and obesity were assessed. Treatment patterns including topical and systemic antibiotics, incision and drainage, wide surgical excision, and biologic therapy such as Adalimumab and bimekizumab were analyzed.

Results

356 Japanese patients with HS demonstrated epidemiological features clearly distinct from Western populations. A marked male predominance was observed, with a male-to-female ratio of approximately 2.1:1, contrasting with the female predominance commonly reported in Europe and North America. Similar findings have been consistently reported in East Asian cohorts. The average age at the initial visit was 39.0 years; male patients were older at 41.4 years than female patients, who were 35.2 years old. The median time from symptom onset to the first medical consultation was approximately five years, suggesting a significant delay in diagnosis. Family history of HS was remarkably uncommon, observed in only 7.3% of patients, which is considerably lower than the 30–40% reported in Western studies. Regarding lesion distribution, the buttocks (52.2%) were the most frequently involved site, followed by the axillae (43.8%) and groin (34.0%). Sex-specific differences were evident: male patients more frequently showed gluteal involvement (61.6%), whereas female patients more commonly had axillary lesions

(55.7□). This distribution pattern differs from the axillary and inguinal predominance generally described in Western populations. In terms of disease severity, a relatively high proportion of patients presented with moderate-to-severe disease, particularly Hurley stage II and III. Treatment included antibiotics (68.5%), surgical resection (33.6%), and biologic agents (36.8%).

Conclusions

Japanese patients with HS exhibit several distinct epidemiological and clinical characteristics, including male predominance, low familial occurrence, predominant gluteal involvement, and a high proportion of advanced disease at diagnosis. These findings differ substantially from Western reports and suggest the presence of ethnic, genetic, and healthcare system-related differences. Recognition of these unique features is important for improving early diagnosis, optimizing treatment strategies, and establishing appropriate referral pathways in Japan.

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A nationwide web-based survey of metal allergy in Japan

Kento Nagiri*[1, 2], Satoshi Morioke[1, 2], Yasunori Ito[2], Yumi Koike[2], Mai Tokunaga[2], Taisuke Kato[2], Koichi Yoshida[2], Masakazu Takahashi[2], Kyohei Takahashi[2], Yuri Matsubara[2], Tatsuki Fukuie[2], Hirokazu Kimura[2], Kazutaka Nogami[2], Yu Kuwabara[2], Keisuke Oyatani[2], Moe Shimokawa[2], Naoki Kajita[2], Kenji Toyokuni[2], Yoshikazu Nakamura[2], Yuichi Adachi[2], Akio Tanaka[1, 2]

[1] Department of Dermatology, Graduate School of Biomedical and Health Sciences, Hiroshima University, Hiroshima, Japan
[2] Immunology and Allergy Policy Research Project, Health and Labour Sciences Research Grant, Ministry of Health, Labour and Welfare, Tokyo, Japan

Introduction
Metal allergy is a common cause of allergic contact dermatitis and may substantially impair patients' quality of life by restricting the use of accessories, dental materials, and medical devices. Although nickel allergy has been extensively investigated in Western countries, large-scale epidemiological data regarding metal allergy and its associated allergic comorbidities in Japan remain limited. In particular, the relationship between metal allergy and other allergic diseases has not been sufficiently clarified in real-world populations. To address this clinical and epidemiological gap, we conducted a nationwide web-based survey to investigate the prevalence, demographic characteristics, causative metals, and allergic comorbidities of metal allergy in Japan.

Materials and Methods
In 2022, a nationwide web-based epidemiological survey was conducted among staff and their household members at 76 designated allergy centers in Japan. Data regarding age, sex, self-reported physician-diagnosed allergic diseases, and medical history were collected using household-level proxy reporting. Associations between metal allergy and other allergic diseases were analyzed.

Results
Among the 24,444 individuals, 541 (2.2%) had metal allergy. The prevalence was markedly higher in women than in men (3.47% vs 0.59%). Female patients showed a peak prevalence in their late 40s, whereas male patients were broadly distributed between their 30s and 50s. Among patients with metal allergy, 22.0% had undergone patch testing, and nickel was the most frequently identified allergen (46.2%), followed by gold, chromium, and cobalt. Jewelry-related exposure, including necklaces, earrings, rings, and piercings, was the most common trigger. The mean age at initial exposure to the causative metal was 20.9 years, whereas the mean age at diagnosis was 25.4 years. Systemic manifestations were observed in 5.4% of patients. Patients with metal allergy tended to have higher rates of comorbid allergic diseases.

Conclusions
This nationwide survey clarified the epidemiological characteristics of metal allergy in Japan and demonstrated marked sex differences, predominance of nickel sensitization, and frequent coexistence with other allergic

diseases. These findings suggest that repeated metal exposure in daily life may contribute to sensitization and that patients with metal allergy may represent a population with broader allergic susceptibility. Our study provides clinically relevant epidemiological data that may contribute to improved prevention strategies, patient education, and risk assessment for metal exposure in dermatological and medical practice.

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Abstract N°: 2260

Trends in melanoma incidence, stage at diagnosis, and survival by socioeconomic deprivation in Ireland: a 20-year review.

Yixuan Goh*[1], Laura Finneran[2], Yasmine Safta[1], Olwyn Conlon[1], Maeve Herlihy[1], Aoife Granahan[1], Síona Ní Raghallaigh[1]

[1] Beaumont Hospital, Dublin, Ireland

[2] National Cancer Registry Ireland, Cork, Ireland

Introduction

In Ireland, socioeconomic status affects melanoma outcomes with the most deprived group having lower incidence, but poorer outcomes and lower survival. This study examines trends in incidence, stage at diagnosis and net survival across deprivation quintiles from 2004- 2023.

Materials and Methods

Data was obtained from the National Cancer Registry Ireland. Age-standardised incidence rates per 100,000 were estimated by deprivation quintile, calculated using the Pobal HP deprivation index at the electoral division level incorporating national census data (2006-2022).. Data was grouped into four five-year time periods (2004-2008, 2009-2013, 2014-2018, 2019-2023).

Results

Melanoma incidence rose for all quintiles over time. It was consistently higher in less deprived populations. This increased from 28.6 to 41.0 per 100,000 in the least deprived quintile compared with a smaller increase from 24.7 to 27.7 per 100,000 in the most deprived, from the earliest to most recent period.

Stage at diagnosis showed consistent socioeconomic variation. The least deprived quintile had a higher proportion of Stage I diagnoses (50.4–63.5%) compared with the most deprived (48.3–60.4%)

5-year net survival improved across all groups over time, increasing from 84.0% to 95.2% in the least deprived and from 79.7% to 84.0% in the most deprived. The least deprived group consistently had lower survival rates. However, the difference in survival between the least and most deprived widened over time from approximately 4% to over 11%.

Conclusions

Despite overall improvement in melanoma outcomes in Ireland, socioeconomic inequalities persist along the cancer pathway. Higher incidence and earlier-stage diagnosis in less deprived population suggests greater detection. Lower incidence and later-stage presentation in deprived groups may reflect delayed diagnosis. Strategies to promote earlier detection in deprived populations are essential to reduce inequality and improve outcomes.

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Impact of the Full-Scale Russian Invasion on the Regional Epidemiology of HIV in Ukraine: A Retrospective Analysis (2020–2023)

Iryna Namli*[1], Angelina Dunayeva[2]

[1] SE "Institute of Dermatology and Venereology of National Academy of Medical Sciences of Ukraine", Kharkiv, Ukraine

[2] Family Health Clinic, Kyiv, Ukraine

Introduction

Human immunodeficiency virus (HIV) is considered a global public health emergency. The war in Ukraine has led to the largest migration in Europe since World War II and massive internal displacement of the population. According to the National Social Service of Ukraine, as of early 2023, the number of internally displaced persons (IDPs) in Ukraine stood at 4.9 million. The population from eastern Ukraine primarily relocated to the western regions.

This study aims to evaluate the regional changes in epidemiological trends across Ukraine's regions from 2020 to 2023 and to identify emerging patterns.

Materials and Methods

A retrospective, longitudinal epidemiological analysis was conducted for the period 2020–2023, comparing trends across the various regions of Ukraine. Primary epidemiological data were obtained from the Center of Medical Statistics of the Ministry of Health of Ukraine. Data from the occupied Autonomous Republic of Crimea and the Luhansk region were excluded from the analysis due to data unavailability and unreliability resulting from the ongoing occupation and hostilities.

Results

According to the records of people living with HIV (PLHIV), the prevalence of HIV infection in Ukraine in 2023 was 384.0 per 100 000 population, with a total of 157,435 people living with HIV. The total number of newly registered PLHIV in Ukraine decreased by 25.53 %, falling from 15,535 in 2020 to 11,658 in 2023.

A total of 13 regions, primarily in western and central Ukraine, showed an upward trend in new registrations: Ivano-Frankivsk (+98.48%; from 65 to 131), Chernivtsi (+76.92%; 52 to 92), Sumy (+43.3%; 127 to 182), Rivne (+41.53%; 130 to 184), Khmelnytskyi (+29.67%; 155 to 191), Zakarpattia (+29.41%; 85 to 110), Lviv (+28.46%; 260 to 334), Kirovohrad (+28.25%; 407 to 522), Zhytomyr (+25.81%; 275 to 346), Volyn (+19.42%; 139 to 168), Poltava (+14.16%; 240 to 274), Ternopil (+11.53%; 78 to 87), and Vinnytsia (+11.52%; 217 to 242).

Conversely, marked declines were observed in 11 regions, specifically in pre-frontline and occupied areas: Kherson (-83.68%; from 478 to 78), Donetsk (-74.18%; 1,220 to 315), Odesa (-48.74%; 3,574 to 1,832), Zaporizhzhia (-30.32%; 455 to 317), Dnipropetrovsk (-24.12%; 3,611 to 2,740), Mykolaiv (-19.61%; 571 to 459), Kyiv city (-14.53%; 1,252 to 1,070), Cherkasy (-11.29%; 310 to 275), Kharkiv (-10.35%; 650 to 589), Chernihiv (-7.78%; 398 to 367), and Kyiv region (-4.32%; 786 to 752).

Conclusions

The decrease in the number of new PLHIV in pre-frontline regions may reflect mass population loss due to hostilities, occupation, and displacement to safer western and central regions, where an increase in epidemiological indicators is observed, as well as due to disrupted surveillance and reporting.

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Dermatological Aspects Related to Cycling Practice: A Study on Cutaneous Manifestations and Preventive Practices Among Cyclists

Natália Franco*[1], FELIPE AGUINAGA[1]

[1] Instituto de Dermatologia Professor Rubem David Azulay, Santa Casa da Misericórdia do Rio de Janeiro, Rio de Janeiro, Brazil, Rio de Janeiro, Brazil

Introduction

Cycling exposes the skin to specific mechanical and environmental factors, such as repetitive friction, localized pressure, moisture, and ultraviolet radiation, favoring the development of dermatological issues. However, studies that systematically characterize the dermatological profile of cyclists remain scarce.

Materials and Methods

This was an observational, cross-sectional study including 148 cyclists recruited by convenience sampling. Data were collected through structured interviews conducted either in person or by video call. Sociodemographic characteristics, cycling practice patterns, skin protection habits, and the occurrence of dermatological issues related to the sport were investigated.

Results

A total of 148 cyclists were included. Dermatological manifestations related to cycling were reported by 91.9% of participants. Saddle-related lesions (saddle sores) were the most frequent, particularly chafing and friction-related lesions, followed by sun-related conditions, especially sunburn. A higher overall frequency of dermatological issues was observed among women. Photoprotection habits were inconsistent, and approximately half of the participants reported never having received dermatological guidance regarding skin care in the context of cycling. Some participants also reported functional impact, including interruption of cycling due to skin problems.

Conclusions

Dermatological manifestations associated with cycling showed a high frequency in the studied sample, with predominance of saddle-related lesions and sun-related conditions. These findings highlight the relevance of targeted preventive strategies, including photoprotection, hygiene measures, appropriate technical clothing, and dermatological guidance, emphasizing the importance of dermatologists in the field of sports dermatology.

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Abstract N°: 2712

Epidemiology, drug utilization and comorbidity in Behçet's disease (M. Adamantiades-Behçet): A nationwide claims data analysis

Ricarda Graf[1], Theresa Klinger[1], Matthias Augustin*[1], Brigitte Stephan[1], Kristina Hagenström[1]

[1] Institute for Health Services Research in Dermatology and Nursing; University Medical Center, Hamburg, Germany

Introduction
The epidemiology, drug utilization, and disease burden of Adamantiades-Behçet's disease (BD) in Germany remain underreported. This study aims to estimate population-based prevalence and incidence of BD in Germany, quantify associated comorbidity, and evaluate medication in routine care.

Materials and Methods
We analyzed statutory health insurance (SHI) data from 2018 to 2022 to estimate the prevalence and incidence of BD (ICD-10 GM M35.2) based on the case definition of ≥1 BD ambulant or hospital inpatient diagnosis per year. Two further case definitions (CD) were tested for sensitivity, including 2) ≥2 BD diagnoses in two different quarters of a year and 3) like 1) plus at least one condition-related drug prescription). Relative risks (RR) for comorbidities of BD were estimated in comparison to a matched control group without BD diagnosis. Prescription volumes of medications relevant for BD treatment were assessed by number of insurees and by DDD.

Results
In 2022, the prevalence of BD was estimated at 10.60 per 100,000 persons and for case definition (CD) 2 and 3, prevalence estimates were 7.50 and 6.93 per 100,000, respectively. The male-to-female ratio was 0.79 (CD 2 0.90, CD3 0.76). Incidence per 100,000 persons in 2022 was 2.36 (CD2: 0.72, CD3: 1.57). Among prevalent cases with BD in 2022, 60.43% received at least one prescription for BD-related medications. Comorbidities most strongly associated with BD included thyroid disorders (RR = 1.22, 95% CI: 1.10-1.36), depressive episode / major depressive disorder (RR = 1.19, 95% CI: 1.08-1.32), and gastritis/duodenitis (RR = 1.18, 95% CI: 1.09-1.27). Most frequently prescribed drugs for BD in 2022 were immunosuppressants (61.25 million DDD), systemic glucocorticosteroids (50.04 million DDD), and anticoagulants (27.76 million DDD). Most notable changes in prescription volumes were found in the systemic immunosuppressant apremilast (increasing prescription volume: 0.00 vs. 10.12 million DDD in 2018 and 2022, respectively) and the systemic glucocorticoids (decreasing prescription volume: 90.56 vs. 50.04 million DDD in 2019 and 2022, respectively).

Conclusions
Our findings suggest a higher population-based prevalence of BD than previously reported and confirm the high burden of depression among persons with BD. Case definitions other than definition 1 may underestimate BD prevalence, due to disease rarity, potential misdiagnoses and long intervals between specialist visits.
Future studies utilizing SHI data should be linked with primary data to include clinical characteristics, patient burden and drug adherence .

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Prevalence and Impact of Skin Diseases on Réunion Island: First Population-Based Epidemiological Study

Antoine Aigu*[1], Marie MERLANT[1], Anne Kolbe[2], Charles Taieb[3], Sebastien Leruste[4], Caroline Lefloch[5], Anne-Laure Demessant-Flavigny[5], Abdelilah Bouzelfen[6], Delphine Kerob[5], Richard Marie-Aleth[7], Antoine Bertolotti[1]

[1] CHU Réunion, Service des Maladies Infectieuses - Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[2] Cabinet de Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[3] European Market Maintenance Assessment, FONTENAY SOUS BOIS, France

[4] Département de médecine générale, Université de la Réunion, France, La Réunion, France

[5] La Roche-Posay, Levallois Perret, France

[6] Galderma France, La Defense, France

[7] Dermatology Department, "Centre de recherche en oncologie biologique et oncophamacologie", Timone Hospital, Assistance Publique Hôpitaux de Marseille, Aix-Marseille Univ, UMR 911, INSERM CRO2, Marseille, France, Marseille, France

Introduction

The national Objectifs Peau study (Richard et al., JEADV 2018, N=20,012) did not include the French overseas departments [DOM]. Réunion has a unique ethnic diversity in France (6 ancestral communities, phototypes I to VI), a tropical climate and inequalities in access to healthcare specific to the DOM. This study aimed to estimate, for the first time, the prevalence of skin diseases in the adult population of Réunion and to assess their impact on quality of life.

Materials and Methods

A cross-sectional population survey was conducted in December 2025–January 2026 among N=1,302 adults (aged ≥18 years) recruited via a telephone panel representative of the population of Réunion. The 12 skin conditions [identified in the mainland project] were assessed using a self-administered questionnaire. The impact on quality of life was measured using DLQI, PUSH-D, SOL and DMLQ scores among affected patients (N=328 respondents, 65.2%). The multivariate analyses were based on binary logistic regression (dependent variable: presence of at least one skin condition). Statistical tests: Wilson CI, Chi-square, Mann-Whitney, Kruskal-Wallis, Spearman.

Results

The overall prevalence of the 17 skin conditions among adults on Réunion Island is 38.6% [95% CI: 36.0–41.3%] (N=503/1,302). The observed prevalences were 7.5% (95% CI: 6.2–9.1) for pigmentary disorders, 6.8% (95% CI: 5.6–8.3) for atopic dermatitis, 6.8% (95% CI: 5.5–8.3) for hair loss, 6.0% (95% CI: 4.8–7.4) for acne, 4.0% (95% CI: 3.1–5.2) for fungal infections, 3.8% (95% CI: 2.9–5.0) for psoriasis, 2.7% for pathological scarring, 2.3% (95% CI: 1.6–3.3) for contact eczema, 1.3% (95% CI: 0.8–2.1) for vitiligo and 0.5% (95% CI: 0.2–1.0) for Verneuil's disease. Vitiligo (1.3% vs 0.46% in mainland France, ×2.8) and Verneuil's disease (0.5% vs 0.15%, ×3.3) are significantly overrepresented. In multivariate analysis (Pseudo-R^2=0.098), perceived skin allergy (OR=2.56 [1.97–3.32], p<0.0001) and sensitive skin (OR=2.05 [1.54–2.72], p<0.0001) are the most powerful predictors of the presence of a dermatosis, followed by current smoking (OR=1.60, p=0.004), female gender (OR=1.48, p=0.002) and BMI

(OR=1.03, p=0.011). The median DLQI is 9.0 (mean=9.1±7.6); 65.9% of patients have a DLQI ≥ 6 (moderate to extreme impact). The Kruskal-Wallis test (p=0.995) reveals no hierarchy of suffering between diseases.

Conclusions

Reunion Island has a prevalence of skin diseases of 38.6%, with vitiligo and Verneuil's disease being overrepresented compared to data from mainland France; this is likely explained by greater visibility facilitating easier diagnosis in certain phototypes for vitiligo and the presence of metabolic disorders that are more common on Reunion Island, which may further explain the higher prevalence of Verneuil's disease. The impact on quality of life is severe and comparable to that reported in international studies conducted in the general population

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Chikungunya, Dengue and Skin Health on Réunion Island: Cumulative Prevalence in the Adult Population and Dermatological Impact

Ahmed Ben Mohamed*[1], Marie MERLANT[1], Antoine Aigu[1], Anne Kolbe[2], Sebastien Leruste[3], Caroline Lefloch[4], Delphine Kerob[4], Anne-Laure Demessant-Flavigny[4], Abdelilah Bouzelfen[5], Charles Taieb[6], Richard Marie-Aleth[7], Antoine Bertolotti[1]

[1] CHU Réunion, Service des Maladies Infectieuses - Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[2] Cabinet de Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[3] Département de médecine générale, Université de la Réunion, France, La Réunion, France

[4] La Roche-Posay, Levallois Perret, France

[5] Galderma France, La Defense, France

[6] European Market Maintenance Assessment, FONTENAY SOUS BOIS, France

[7] Dermatology Department, "Centre de recherche en oncologie biologique et oncophamacologie", Timone Hospital, Assistance Publique Hôpitaux de Marseille, Aix-Marseille Univ, UMR 911, INSERM CRO2, Marseille, France, Marseille, France

Introduction

Reunion Island is an endemic area for two arboviral diseases transmitted by Aedes albopictus: dengue and chikungunya. The 2005–2007 chikungunya epidemic affected approximately 266,000 people (34% of the population at the time). Skin manifestations have been described in chikungunya infections (rashes, pruritus) and post-infectious dermatological sequelae have been reported. The current prevalence of these infections and their link to skin health have not been assessed in the general population of Réunion.

Materials and Methods

Cross-sectional population survey (December 2025 – January 2026), N=1,302 adults, representative telephone panel. Self-reported history of dengue and chikungunya was collected, including timing in relation to the 2005–2007 epidemic (prior/subsequent), laboratory confirmation (blood test yes/no) and transmissibility (number of contacts affected). The impact on skin prevalence and quality-of-life scores (DLQI, PUSH-D, SOL, DMLQ) was assessed using the Mann-Whitney test. Tests: Chi-square, 95% Wilson CI.

Results

The reported prevalence of chikungunya is 58.6% [95% CI: 55.9–61.2] (N=763) and that of dengue 31.9% [29.4–34.5] (N=415); co-infection affects 24.4% (N=318) of the population, representing nearly three-quarters of dengue cases, reflecting the simultaneous circulation of both arboviruses in Réunion. Among chikungunya cases, 57.4% occurred after 2007 (63.9% for dengue), confirming active viral circulation well beyond the initial epidemic. Among the 860 individuals who reported at least one arbovirus infection, only 45.0% reported having undergone a confirmatory biological test. 53.5% reported having infected at least one person in their social circle. A history of chikungunya is associated with an increased prevalence of reported skin conditions: 41.4% versus 34.8% without chikungunya (p=0.042, +6.6 percentage points). This excess of skin morbidity is widespread and not concentrated

on a specific condition: the most marked trends concern atopic dermatitis (+2.1 percentage points, p=0.179), hair loss (+2.6 percentage points, p=0.088) and vitiligo (+1.3 percentage points, p=0.084), although none individually reached the threshold for statistical significance. These data, collected via self-report, do not allow a causal link to be established but suggest a generally more vulnerable skin condition among individuals who have contracted chikungunya. No significant differences were detected between the groups for the DLQI, PUSH-D, SOL and DMLQ scores (all p>0.05). Comorian origin was associated with the lowest rate of chikungunya (34.0%, χ^2=34.09, p<0.001), linked to a more recent arrival on the island.

DISCUSSION / CONCLUSION

Conclusions

More than one in two adults in Réunion report a history of chikungunya, with the majority of cases occurring after 2007: this arbovirus infection remains an active public health issue, justifying the continuation of ongoing epidemiological surveillance. The association between a history of chikungunya and an increased prevalence of skin diseases (+6.6 percentage points, p=0.042), although not specific to any identified condition, raises a pathophysiological hypothesis regarding post-infectious dermatological mechanisms that warrants dedicated prospective investigation. The limitations inherent in the cross-sectional case-report design — lack of systematic biological confirmation, recall bias — call for these associations to be interpreted with caution.

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Dermatology Care Pathways on Réunion Island: Lack of Access to Specialist Care

Anne Kolbe[1], Marie MERLANT[2], Antoine Aigu[2], Sebastien Leruste[3], Anne-Laure Demessant-Flavigny[4], Delphine Kerob[4], Caroline Lefloch[4], Abdelilah Bouzelfen[5], Charles Taieb[6], Richard Marie-Aleth[7], Antoine Bertolotti*[2]

[1] Cabinet de Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[2] CHU Réunion, Service des Maladies Infectieuses - Dermatologie, Saint Pierre, La Réunion, France, La Réunion, France

[3] Département de médecine générale, Université de la Réunion, France, La Réunion, France

[4] La Roche-Posay, Levallois Perret, France

[5] Galderma France, La Defense, France

[6] European Market Maintenance Assessment, FONTENAY SOUS BOIS, France

[7] Dermatology Department, "Centre de recherche en oncologie biologique et oncophamacologie", Timone Hospital, Assistance Publique Hôpitaux de Marseille, Aix-Marseille Univ, UMR 911, INSERM CRO2, Marseille, France, Marseille, France

Introduction

Reunion Island faces a structural shortage of dermatologists — among the lowest rates in France relative to population size — exacerbated by geographical inequalities (mountainous areas, under-represented eastern region: 14.7% of the sample) and socio-demographic, cultural and financial barriers (out-of-pocket costs). These constraints, specific to the French overseas departments, are likely to result in a lack of access to specialist dermatological care, which is detrimental to the skin health of the population of Réunion.

Materials and Methods

Cross-sectional population survey (December 2025 – January 2026), N=1,302 adults, representative telephone panel. The analysis focuses on the 503 individuals reporting at least one skin condition. The type of healthcare professional consulted (multiple choice), the treatments used and non-take-up status (binary) were recorded. The GP/dermatologist ratio was calculated based on reported rates of use. Proportions with 95% Wilson CI.

Results

Among the 503 patients, 27.0% [95% CI: 23.3–31.1] consulted a general practitioner (first point of contact), 19.7% [16.4–23.4] a pharmacist (self-medication), and only 16.1% [13.2–19.6] a dermatologist. The GP-to-dermatologist ratio is 1.68. Six point six per cent of patients used the A&E department for a chronic dermatological condition (inappropriate use). Twenty-seven point eight per cent of patients (N=71/503) did not consult any healthcare professional — extrapolation: approximately 93,000 people without dermatological care in Réunion. Furthermore, 15.7% used treatments not covered by the National Health Service, and 24.3% used herbal teas and alternative therapies.

Conclusions

More than one in four patients suffering from a skin condition in Réunion has not consulted any healthcare professional. This figure, combined with the low accessibility of dermatologists (16.1%), constitutes a public health emergency specific to the French overseas departments. The roll-out of teledermatology (store-and-forward model), enhanced dermatological training for GPs, and advanced consultations in remote areas are priority measures.

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Abstract N°: 2826

Beyond systemic barriers: self-medication and delayed care-seeking among a Colombian population

Natalia Briceño-Patiño[1], Laura D. Rojas-Torres[2], Jesus Daniel Fierro Lozada[2], Paula Daniela Ramirez-Rojas[1], Lilia M. Ballesteros-Egurrola[2], María Fernanda Morales-Gonzalez[2], David Castillo-Molina*[2]

[1] Universidad del Rosario, Bogotá, Colombia

[2] Fundación para la Investigación en Dermatología, Bogotá, Colombia

Introduction

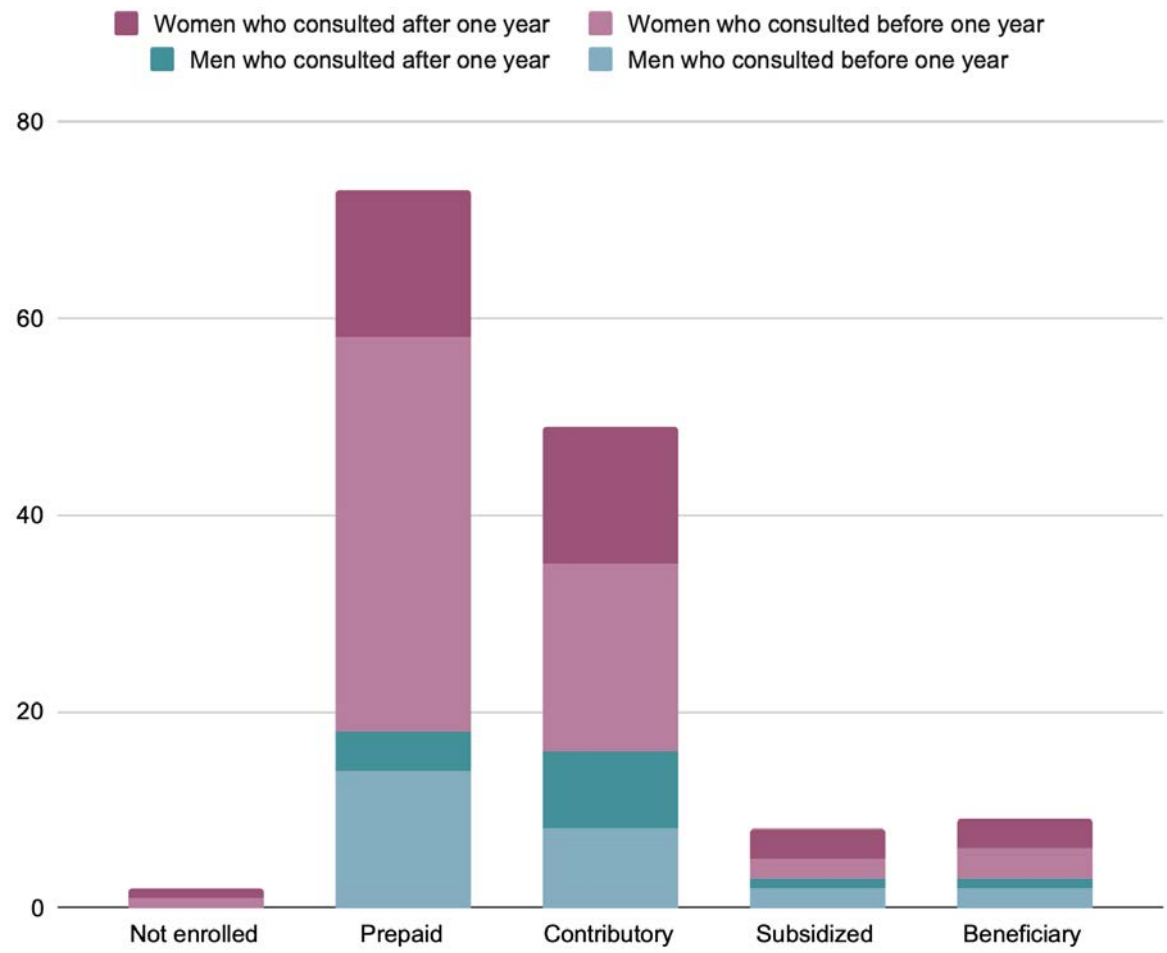
Timely access to dermatological care is essential to prevent disease progression and complications. In Colombia, despite the high health coverage, barriers to specialist consultation contribute to delays in diagnosis and treatment; on average, there are 2.28 dermatologists per 100000 inhabitants. However, data regarding patient-reported delays and care-seeking behaviors prior to dermatological consultation remain limited. We aimed to describe the patient behaviors and delaying factors in seeking dermatological care.

Materials and Methods

A descriptive study was conducted in Colombia by applying a digital questionnaire between March and April 2026, on a voluntary basis, with no personally identifiable information. The survey included sociodemographic variables, dermatological diseases, self-medication, professionals who made the diagnosis, time from symptom onset to consultation and getting a diagnosis. A univariate and bivariate analysis was performed. Categorical variables were expressed as absolute and relative frequencies, and continued variables as medians. The data was analyzed in Microsoft Excel.

Results

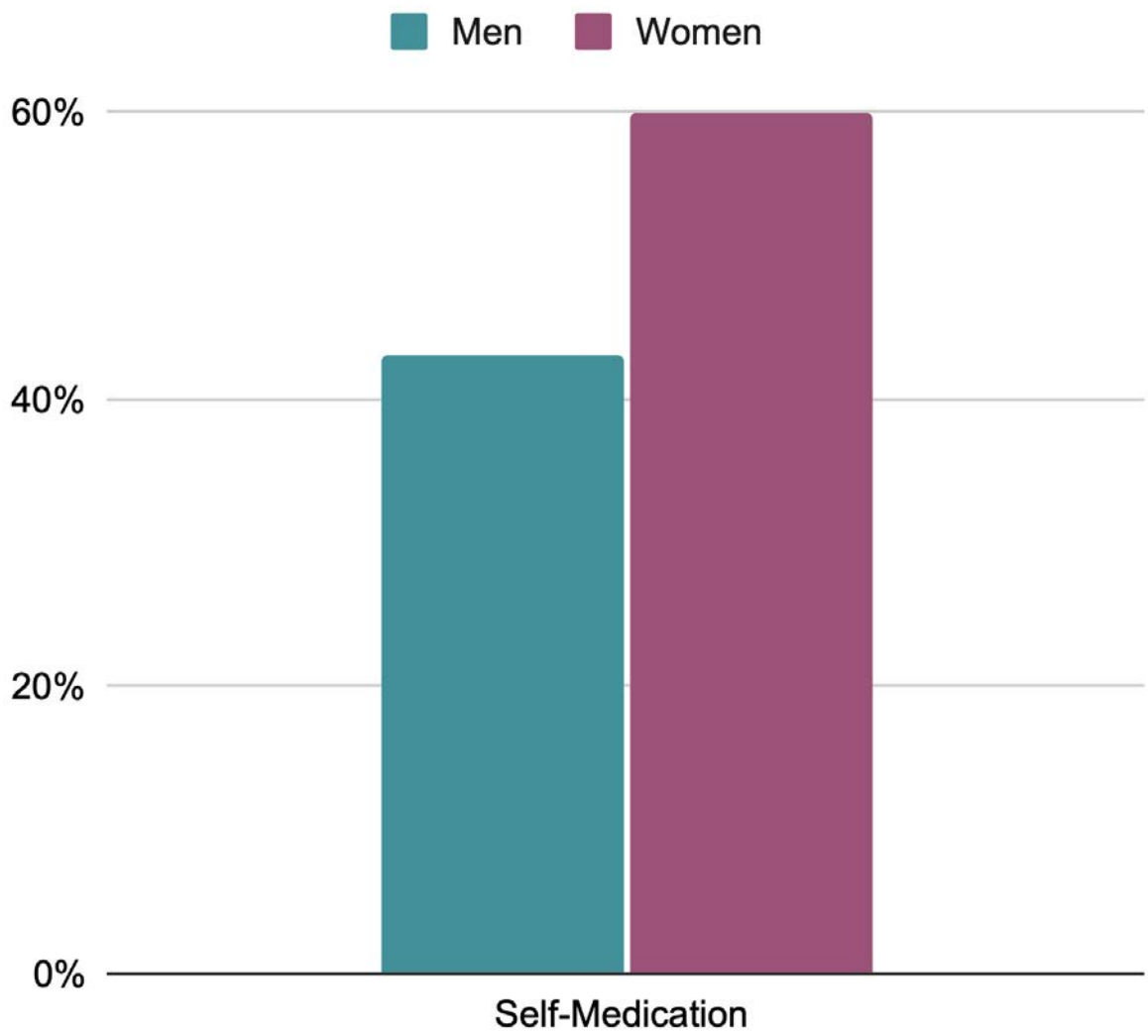
Of 147 participants, 72.8% were women. The median age was 30 years and the predominant age range was 20–29 years. Regarding health insurance, 49.7% (n=73) reported having prepaid medical insurance, and 33.3% were enrolled in a contributory health system. The most frequent diagnosis was acne (46.3%), followed by atopic dermatitis (15.0%) and rosacea (10.2%). Diagnoses were primarily established by dermatologists (78.9%) while 11.6% were diagnosed by general practitioners and 9.5% had no formal diagnosis. From symptom onset, 62.0% initially visited primary care physicians; of these, 18.7% waited between 3-6 months before seeking medical attention. In addition, 75.3% (n=55) of individuals with prepaid insurance delayed seeking medical attention. Dermatology consultation occurred within 1-6 months (31.3%) from the onset of symptoms, and 17.0% delayed more than 3 years. The most frequently patient-reported barriers to consultation were lack of time (32.0%), limited knowledge about the condition (25.2%), and financial constraints (19.0%). Additionally, 52.4% took self-medication, mainly using over-the-counter creams (73.0%) and home remedies (21.6%). Furthermore, 29.3% (n=43) visited a pharmacy before seeing a doctor; of these, 90.7% (n=39) received a recommendation from the pharmacy seller, 64.1% (n=25) did not improve, 30.8% (n=12) improved, and 5.1% (n=2) worsened.



Time elapsed from the onset of symptoms to the consultation with a dermatologist, broken down by patient gender and their health insurance coverage

Conclusions

Our study shows that there are multiple factors related to patient behavior that prolong the time elapsed between the onset of symptoms and the medical consultation. Although financial difficulties were within the most frequently cited reasons, it is important to note that even among patients with private health insurance, who have direct access to dermatologists, the time to consultation was quite long. This highlights not only existing systemic barriers to specialist attention, but also suggests that cultural influences, such as reliance on home remedies, traditional practices, lack of education, or distrust in conventional medicine, may contribute to these delays. We consider educational initiatives that can be seamlessly integrated into daily practice and at the community level, reinforcing patient education to encourage earlier and more appropriate medical care.



Percentage of people who self-medicated before consulting a dermatologist, reported by gender

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30 SEP - 3 OCT 2026

Abstract N°: 2851

Taking a closer look at the epidemiology of chronic prurigo

Maurice Waitek*[1], Elke Weisshaar[1]

[1] Division of Occupational Dermatology, Department of Dermatology, University Hospital Heidelberg, Ruprecht-Karls University Heidelberg, Heidelberg, Germany

Introduction
Chronic prurigo (CPG) is a burdensome disease characterised by severely itching nodules, plaques or papules with chronic secondary scratch lesions. Patients frequently suffer from impaired quality of life. Due to multiple new therapies, interest in the epidemiological aspects of the disease has increased. Since a clear disease definition has only been existing since 2018, reliable data on CPG is rare.

Materials and Methods
We conducted a non-systematic literature search using the PubMed database. Search terms were *(Chronic Prurigo OR Prurigo Nodularis) AND (Epidemiology OR Prevalence).* Studies on the prevalence and incidence of CPG, as well as studies reporting epidemiologically relevant aspects such as comorbidities, were identified.

Results
Eighteen studies were identified. Prevalence rates in different cohorts and registers ranged from 2 to 553 patients per 100,000 people. Epidemiological studies reported strong variations in prevalence and incidence based on the investigated data and the respective countries. Most often, secondary data sources were used, with data older than 2018. Global prevalence estimates ranged from 0.039-0.083%. In Europe a pooled point prevalence of 0.011% was established. CPG prevalence and incidence were found to increase with growing age and females appear to be affected more often. Asian studies however frequently reported more male patients, suggesting ethnic differences. Similarly, African-Americans seem more frequently affected than Caucasian patients. CPG coincides with multiple comorbidities and cofactors, oftentimes being of atopic or psychosocial origin. The most common documented comorbidities in the identified studies were hypertension, depression, type 2 diabetes mellitus and atopic dermatitis.

Conclusions
Although these studies provide important information and outcomes, they lack an all-encompassing approach to the disease. Most epidemiological studies on CPG do not adequately differentiate between point-, 1-year and lifetime prevalence and combine diagnoses from before and after 2018, with differing disease definition. CPG is still difficult to diagnose and treat, suggesting a larger burden than estimated. This is aggravated by a lack of patient- and physician-reported outcome measures. It is also not clear how the observed sex differences can be explained. To address these issues and aim for a clear and comparable assessment of CPG, population-based studies investigating CPG are necessary. CPG patients from Africa, South America or Oceania have not been investigated yet, except for a recent study from Argentina (CPG point prevalence: 0.11%). An increasing number of these studies were conducted due to drug development for CPG. Most of the identified studies were funded (at

least in part) or even authored by pharmaceutical companies, developing new systemic therapies like e. g. biologics. In addition to the lack of epidemiological studies, Africa, South America and Oceania also lack treatment with biologics or JAK-inhibitors. The approach to CPG treatment should be based on disease severity and burden. Dermatologists need to be aware of the probability of encountering a CPG patient, which is the reason, why epidemiological studies are important. Further, there is a need for independent epidemiological studies on CPG.

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Abstract N°: 2907

Scaling Teledermatology With a Nurse-Led Tele-Expertise Approach

Charbel Skayem*[1], Romain Samaran[1], Tu-Anh Duong[1]

[1] Hopitaux de Paris, Paris, France

Introduction

While early teledermatology (TD) models were primarily designed around physician-to-physician interactions[1], contemporary care pathways increasingly integrate nurse-led roles in dermatology.[2] Within TD workflows, nurses frequently act as key clinical intermediaries; however, the impact of nurse-initiated teleexpertise on service organization and appointment adherence remains insufficiently documented. The aim of this study was to assess the impact of a nurse-led store-and-forward teledermatology (SFTD) on consultation activity and no-shows.

Case Presentation

Our hospital-based SFTD network in the Paris metropolitan area receives consultation requests from teledermatology-trained nurses working in public health clinics. Clinics participating in this nurse-led teledermatology program also host monthly in-person dermatology consultations provided by hospital dermatologists. Patients first attend an initial consultation with a registered nurse, who collects standardized clinical information and clinical images. These data are reviewed by a teledermatologist within 48 hours. Cases are then managed remotely or referred for in-person consultation when indicated. A retrospective study was conducted between September 2022 and August 2023, collecting data on SFTD activity, in-person consultations, and no-shows. Results are in the figure 1.

Conclusion

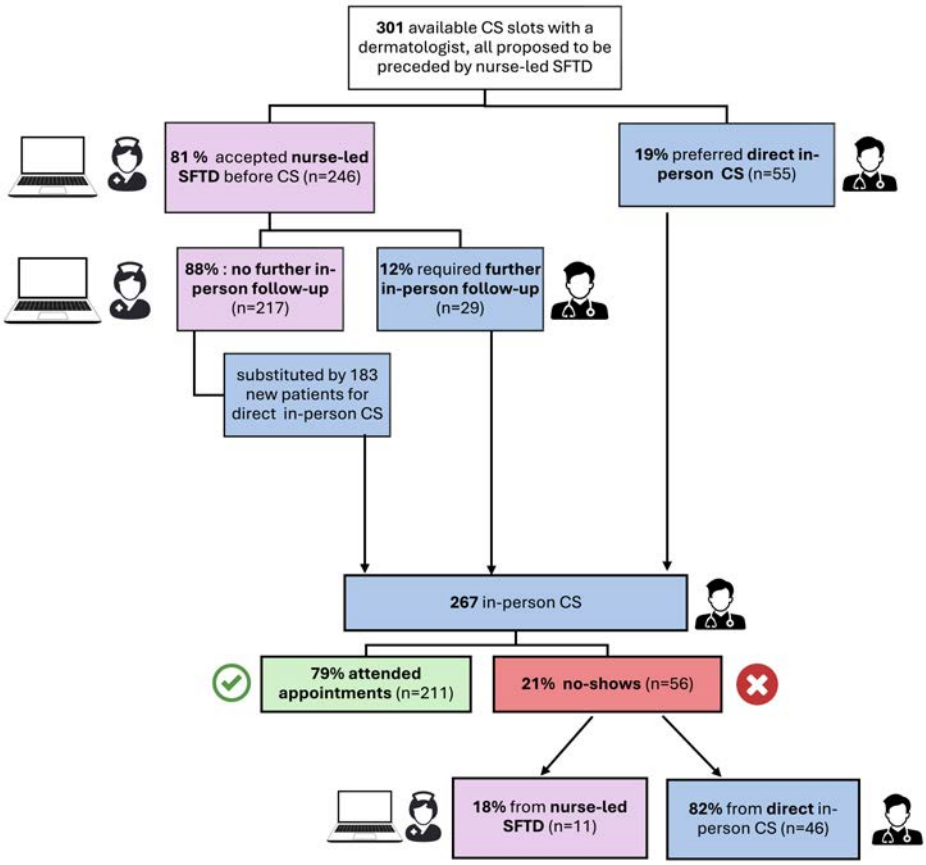
This study demonstrates that a nurse-led SFTD model can function as an effective first-line dermatological care pathway, resolving most cases without subsequent in-person consultations. These findings are consistent with prior evidence supporting expanded nursing roles in dermatology, showing that nurse-led models can safely manage patient education, triage, chronic disease follow-up, when embedded within structured pathways and specialist oversight.[3]

Moreover, our results demonstrate that nurse-initiated teleexpertise can meaningfully enhance care throughput, not merely substitute existing visits. In fact, by resolving a large proportion of cases upstream, our model increased effective in-person consultation capacity by ~87% without increasing dermatologist on-site time. Efficiency gains have been reported in TD economic and organizational evaluations, which highlight reductions in unnecessary face-to-face visits and improved resource allocation.[4] Our findings extend this evidence by demonstrating that nurse-initiated teleexpertise can amplify these benefits by redistribution of specialist resources toward higher-value care without increasing on-site dermatologist time.

The nurse-led SFTD pathway also appeared to influence appointment adherence, consistent with previous TD studies reporting reduced no-show rates.[5] This effect likely reflects improved triage, clearer care pathways, and increased patient engagement prior to scheduling. Early nurse-led interactions may further reinforce adherence by providing timely clinical feedback and reassurance, strengthening the perceived relevance of subsequent in-person consultations.

Rather than framing nurse involvement solely as a response to physician workforce limitations, our findings support a care-redesign perspective in which nurses act as structured clinical gatekeepers within TD workflows. In this model, nurses performed standardized data collection and patient interaction, while diagnostic decision-making remained under dermatologist oversight, ensuring clinical safety while improving service efficiency.

Our study has limitations, including its retrospective design, single-network setting, and lack of diagnostic concordance assessment. Nevertheless, our findings provide real-world evidence that nurse-initiated SFTD can support care pathway redesign rather than simple visit substitution. The observed improvements in service organization and appointment adherence suggest that nurse-led SFTD is a scalable model for enhancing dermatology service efficiency and access to in-person care, warranting further prospective and multi-site evaluation.



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Abstract N°: 2921

Changing Patterns of Teledermatology Use Among General Practitioners: A Decade of Evolution in France

Charbel Skayem*[1], Tristan Garnier[1], Romain Samaran[1, 1], Tu-Anh Duong[1, 1]

[1] Hopitaux de Paris, Paris, France

Introduction

Since the integration of teledermatology (TD) into the French healthcare system in 2012, store-and-forward teledermatology (SFTD) between general practitioners (GPs) and dermatologists has progressively evolved from experimental pilot programs to a structured component of healthcare delivery.[3] Early French data from 2016–2017 described TD primarily as a tool to resolve diagnostic uncertainty and reduce waiting times for specialist care.[4] Nearly a decade later, we sought to reassess GP motivations for using a hospital-based teleexpertise (TLX) network in the Parisian region and to explore how patterns of use may have evolved.

Case Presentation

We conducted a cross-sectional survey comprising 23 questions distributed in April–May 2024 to all 473 general practitioners (GPs) who had submitted at least one dermatology teleexpertise (TLX) request via the TELDERM Saclay Hospital Teledermatology Network in OMNIDOC platform since its establishment in 2022. This hospital-based store-and-forward network allows GPs to submit requests 24 hours a day, 7 days a week, with a guaranteed specialist response within a maximum of 48 hours. 120 GPs were included (RR:70%). Mean age was 37.6 ± 9.1 years. The majority worked in multiprofessional settings (83%), including private practices (58%), multiprofessional health centers (14.2%), and public primary care centers (9%). 96% practiced in the Parisian region, with a median distance of 6.3 km from a hospital participating in the TLX network; one quarter were located within 3.5 km and one quarter beyond 12 km, with a maximal reported distance of 6,780 km. Results are detailed in Tables 1 (below) and 2 (at the end).

Table 1: Use of teleexpertise by the general physicians of TELDERM Saclay Network

Question	Response	n (%)
Since when have you been using a TLX platform?	≤ 1 year	44 (37)
	Between 1 and 2 years	59 (49)
	≥ 2 years	17 (14)
Number of teledermatology requests	≤ 1 / month	68 (56)
	Between 2 and 5 per month	51 (43)
	≥ 5 per month	1 (1)
Do you think you are part of the Telderm Saclay network's intervention area?	Yes	86 (72)
	No	10 (8)
	Don't know	24 (20)
Do you think an appointment is necessary when submitting a request?	Never	5 (4)
	Sometimes	92 (77)
	Often	21 (18)
	Always	2 (2)
Is it the dermatologist's role to schedule the patient?	Yes	85 (71)
	No	25 (21)
	Don't know	10 (8)
Does the consultation location pose a problem?	Never	42 (35)
	Sometimes	60 (50)
	Often	14 (12)
	Always	4 (3)
Does the specialist opinion allow you to obtain a faster appointment with another dermatologist?	Yes	55 (46)
	No	53 (44)
	Not applicable	12 (10)
Do you submit multiple requests for the same case?	Never	100 (83)
	Sometimes	17 (14)
	Often	3 (3)
Do you issue prescriptions exactly as transmitted?	Yes	79 (66)
	Sometimes	23 (19)
	No	11 (9)
	No prescription transmitted	6 (5)
	Not applicable	1 (1)
Do you think a prescription written by the dermatologist is necessary?	Yes	34 (28)
	No	71 (59)
	Don't know	6 (5)
	Sometimes	9 (8)

Conclusion

These findings illustrate both strong continuity and substantial transformation in TD use over time. As in earlier French studies, diagnostic support and acceleration of management remain core motivations[4], confirming TD's enduring role as a clinical decision-support tool.[5-7] However, our data also demonstrate extensive use of TLX in a region characterized by high hospital density and geographical proximity to specialist centers. This suggests that TLX is no longer used primarily to compensate for absence of access, but increasingly to optimize organization, coordination, and prioritization of care and embedding within existing infrastructures.

However, our study also highlights emerging challenges. The practice of submitting parallel requests across multiple platforms suggests fragmentation and competition between networks, underscoring the need for interoperable systems and coordinated territorial routing. Additionally, the expectation that TLX should frequently lead to face-to-face specialist review indicates that TLX is progressively functioning as a triage gateway rather than solely an advisory tool, which may be thought to enhance patient safety. However, there is a risk that without structured frameworks and unified orchestration, TLX may drift toward being merely a faster referral channel, potentially weakening its educational and capacity-building functions.

Taken together, these data suggest that teledermatology in France has entered a new phase of maturity: beyond feasibility and acceptance, the current challenge is governance. At a system level, its added value now lies in how effectively it is integrated into coherent, geographically grounded care pathways. At a clinical level, our data reveal a persistent lack of clearly defined roles in post-TLX care coordination, underscoring governance rather than adoption as the central challenge of mature teledermatology systems. Future efforts should focus on strengthening interprofessional partnerships, formalizing territorial networks, and embedding feedback and training mechanisms to fully leverage TLX as both an organizational and educational tool.

Table 2: Motivations and perspectives of using teleexpertise in dermatology

Question	Response	n (%)
For what reasons do you use TLX via Telderm Saclay?	Lack of local care network	71 (59)
	Patient unable to travel	20 (17)
	Urgent opinion	65 (54)
	Nevus monitoring	9 (8)
	Educational purpose	25 (21)
	Long appointment waiting time	8 (7)
	Referral/orientation	6 (5)
	Diagnostic uncertainty	5 (4)
	Ease of use	1 (1)
	Proximity	1 (1)
How did you discover Telderm Saclay?	Through the TLX platform	66 (55)
	Through a colleague Text	34 (28)
	Partnership with Telderm Saclay	7 (6)
	Knowing a member of the Telderm Saclay team	4 (3)
	During a training course	3 (3)
	After redirection following a request	3 (3)
	During residency	1 (1)
	Did not know Telderm Saclay	1 (1)
	Do not remember	1 (1)
Why did you choose the Telderm Saclay network?	Response time	76 (63)
	No dermatologist nearby	46 (38)
	Requests are not refused	41 (34)
	Link with a university hospital	37 (31)
	Proximity	3 (3)
	Suggested by TLX platform	3 (3)
	By chance	1 (1)

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Abstract N°: 3014

Seasonal Patterns in Online Search Interest for Skin Cancer Information and Primary Prevention Across Canada, the United States, and Australia

Adam Mouncef*[1], Sanaz Lordfard[2], Chiara Paolitto[1], Philippe Lefrancois[3, 4]

[1] Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada

[2] Department of Medicine, Temetry Faculty of Medicine, University of Toronto, Toronto, Canada

[3] Division of Dermatology, Department of Medicine, McGill University, Montreal, Canada

[4] Cancer Axis, Lady Davis Institute for Medical Research, Montreal, Canada

Introduction

Seasonally patterned information-seeking may influence when populations access skin cancer prevention and early-detection guidance, yet traditional surveillance primarily measures incidence and mortality rather than public engagement. Google search activity may provide a complementary population-level indicator of when interest in prevention and detection emerges or declines. To our knowledge, no prior study has examined the seasonal timing of online engagement with melanoma, skin cancer, and sunscreen information across hemispheres while also assessing post-pandemic shifts in prevention-related interest. We used Google Trends relative search volume to compare decade-long temporal and seasonal patterns across Canada, the United States, and Australia, and to evaluate whether search interest changed following the onset of COVID-19.

Materials and Methods

Monthly Google search interest data for the topics “melanoma”, “skin cancer,” and “sunscreen” were obtained from the Google Trends database for Canada, the United States, and Australia between January 2015 and July 2025. Relative search volume (RSV) values were examined and synthesized descriptively to assess temporal patterns and seasonal variation within and across countries. We visually characterized long-term trends and compared seasonal patterns across hemispheres. Pre- and post-COVID periods were defined as 2015-2019 and 2021-2025, respectively. Annual mean relative search volume was compared using Welch’s t-tests. Temporal trends in Canadian skin cancer and sunscreen searches were evaluated using simple linear regression.

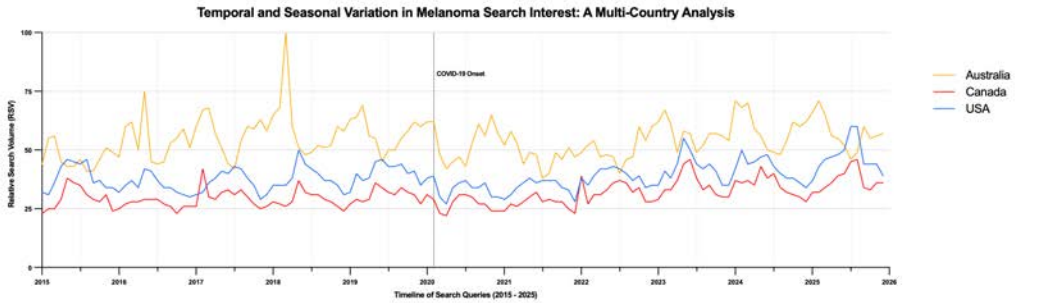
Results

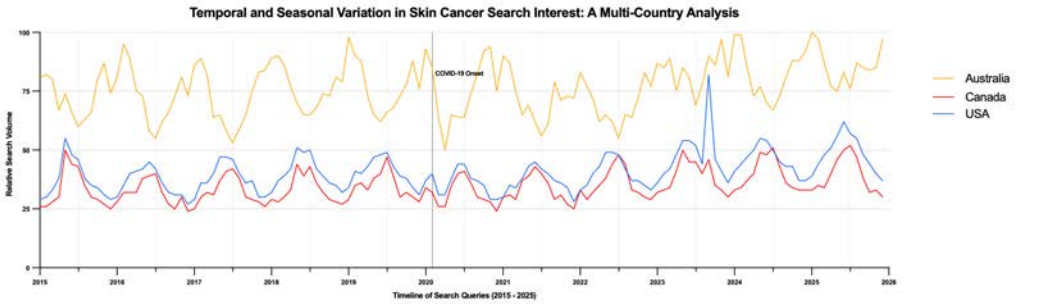
Across Canada, the United States, and Australia, melanoma and skin cancer relative search volume demonstrated reproducible seasonal periodicity, peaking in late spring and summer in North America and following an inverse seasonal pattern in Australia. In Canada, melanoma interest peaked in May and June, coinciding with Melanoma Awareness Month, while skin cancer interest peaked from May to July; both declined substantially in autumn and winter.

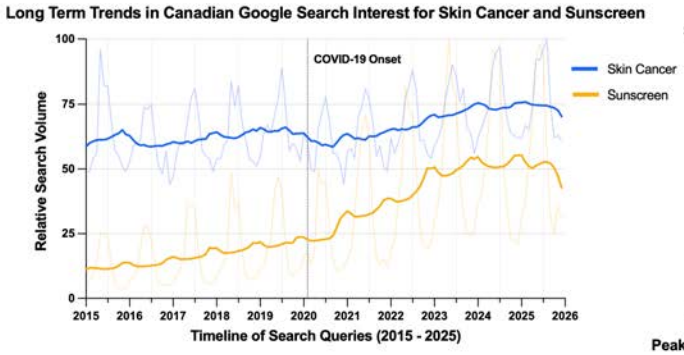
Moreover, sunscreen searches demonstrated the strongest seasonality and the most pronounced upward trend over time. Post-COVID, Canadian sunscreen search interest surged, increasing from 16.27 to 46.38 relative search volume units, a mean difference of 30.11 (95% CI 19.23-41.00; p=0.0006), substantially outpacing the increase in skin cancer search interest from 62.42 to 70.35, a mean difference of 7.93 (95% CI 1.31-14.56; p=0.0270).

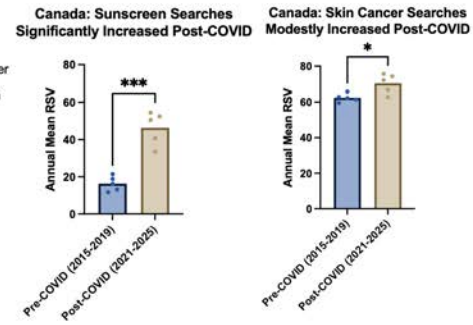
Australia maintained higher relative melanoma and skin cancer search interest than Canada and the United States

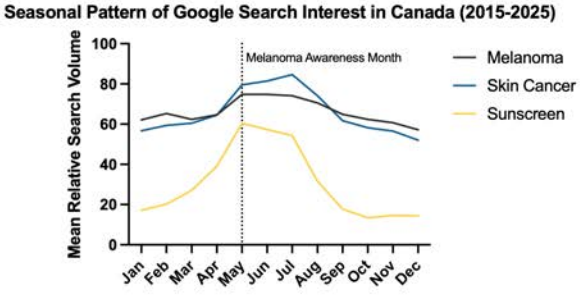
across much of the study period, suggesting more sustained population engagement with skin cancer-related information.

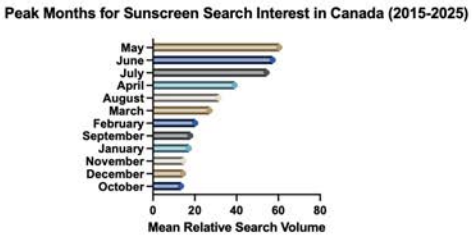


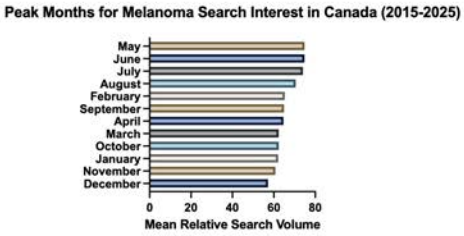












Conclusions

Skin cancer-related information seeking is strongly seasonal, with predictable declines during autumn and winter despite year-round ultraviolet exposure. The disproportionate post-COVID rise in sunscreen searches, compared with the more modest increase in skin cancer searches, suggests growing prevention-oriented engagement. Australia's more sustained relative search interest highlights the potential for skin cancer prevention to be normalized beyond summer months. These findings support the use of digital search surveillance to guide earlier, year-round, and equity-oriented prevention campaigns, particularly for outdoor workers, rural communities, and

newcomers facing language or access barriers.

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Abstract N°: 3034

Morphology Versus Epidemiology: Facial Sporotrichosis Mimicking Cutaneous Leishmaniasis in Rio de Janeiro

Thamires Cardoso*[1], Nurimar Fernandes[1]

[1] Universidade ferderal do Rio de Janeiro, Rio de Janeiro, Brazil

Introduction

Abstract

Sporotrichosis is a subcutaneous mycosis caused by dimorphic fungi of the *Sporothrix schenckii* complex, involving the skin, subcutaneous tissue, and lymphatic vessels. Although localized cutaneous forms are most common, disseminated disease may occur, particularly in immunocompromised patients.Rio de Janeiro has become the world's main hyperendemic focus of zoonotic sporotrichosis, driven by cat-to-human transmission. This scenario has significantly altered the epidemiological profile of urban infectious dermatoses and increased the diagnostic complexity of granulomatous skin diseases.Cutaneous leishmaniasis remains an important differential diagnosis in endemic areas, classically presenting as a chronic painless ulcer with raised infiltrated borders and a granulomatous base. However, sporotrichosis may show a similar clinical morphology, reducing the accuracy of diagnosis based on clinical findings alone.

Objective

To emphasize the importance of epidemiological history in differentiating facial sporotrichosis from cutaneous leishmaniasis in a hyperendemic setting, highlighting the impact of zoonotic exposure on clinical interpretation.

Case Presentation

Case Report

A 24-year-old female patient with systemic lupus erythematosus presented with a progressive facial ulcer over a three-month period. The lesion initially appeared as an erythematous malar papule, later evolving into an infiltrated ulcer with raised borders and a granulomatous base after local manipulation.Clinical examination strongly suggested cutaneous leishmaniasis. The patient denied exposure to rural or forested endemic areas. However, epidemiological investigation revealed frequent contact with a domestic cat with unrestricted outdoor access in Rio de Janeiro.An incisional biopsy was performed. Histopathological examination showed chronic suppurative granulomatous dermatitis. Bacterial and mycobacterial cultures were negative. Fungal culture isolated *Sporothrix* spp., confirming cutaneous sporotrichosis.Treatment with itraconazole (200 mg/day) was initiated, resulting in complete resolution after 30 days of therapy.

Conclusion

In Rio de Janeiro, a hyperendemic area for zoonotic sporotrichosis, facial ulcerative lesions associated with cat exposure should strongly raise suspicion of sporotrichosis, even when clinical morphology suggests cutaneous leishmaniasis.This case demonstrates that, in hyperendemic settings, epidemiological history may be decisive in diagnostic reasoning and may, in some cases, outweigh isolated clinical morphology.

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Abstract N°: 3158

Assessing Skin Cancer Knowledge, Attitudes, and Practices in an Underserved Population at a Student-Run Free Clinic

Sabrina Ali*[1], Taylor Marquez[1], James Slaven[2], Syril Que[3]

[1] Indiana University School of Medicine, Indianapolis, United States

[2] Indiana University School of Medicine, Department of Biostatistics and Health Data Sciences, Indianapolis, United States

[3] Indiana University Department of Dermatology, Indianapolis, United States

Introduction

Skin cancer is one of the most common malignancies worldwide with a rising incidence rate. Early detection and preventative practices are essential to reduce morbidity and mortality. Underserved populations in particular face additional challenges to dermatologic care, which may contribute to reduced skin cancer awareness and preventative practices. Limited research has explored the knowledge, attitudes, and practices regarding skin cancer among patients at a Student-run free clinic (SRFC). This study aimed to assess the knowledge, attitude, and practices regarding skin cancer at a SRFC.

Materials and Methods

An anonymous 31-question validated survey was distributed on paper to individuals ages 18+ attending a SRFC. The survey collected data on demographics, knowledge, attitudes, and practices regarding sun exposure and skin cancer. Descriptive statistics were used to analyse trends in overall dermatologic knowledge and sun exposure practices, and to determine if there were significant differences in outcome scores across demographic characteristics. Analyses were performed using Student's t-tests and with Analysis of Variance (ANOVA) tests. Tukey's post-hoc adjustment was used when looking at pairwise comparisons for significant ANOVA results.

Results

Among 56 participants, participants were more likely to be older (54.6% were 51+ years), male (53.6%), either Black (35.7%) or Hispanic (32.1%), and were generally more highly educated (52.7% with tertiary education). Sunscreen use was low, with 41.1% reporting sunscreen use, and only 17.9% reapplying sunscreen. Only 5% of participants reported that they have had their skin annually examined by a dermatologist. Fitzpatrick I-IV skin type group had significantly higher knowledge scores than the Fitzpatrick V-VI skin type group (5.4 vs. 4.3; p=.0175). Additionally, Black participants had significantly lower preventative practice scores than Hispanic participants (1.7 vs. 3.5; adjusted p =.0187).

Conclusions

Participants demonstrated variable knowledge and prevention practices, with gaps in sunscreen use and recognition of skin cancer warning signs. By identifying disparities in underserved populations, these findings highlight areas for targeted educational interventions and improving access to dermatologic care. Addressing such gaps in the knowledge, attitudes, and practices regarding skin cancer risk factors, screening, and prevention may serve to reduce skin cancer burden in vulnerable populations.

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Abstract N°: 3253

Reporting Quality and Transparency of Primary Cutaneous Melanoma Risk Prediction Models: A Systematic Review of TRIPOD Adherence

Nicholas Phillips*[1, 2], Francess Adlard[1], Ruth Omenyo[3], Sahani De Silva[1], Abinaya Arulalagan[1], Anjali Trivedi[4], Kiara Wild[1], Jessica Wild[1], A'mar Dababneh[5], Sunil Patel[6], George Freer[1], Christiana Kartsonaki[2]

[1] Oxford University Hospitals Trust, Oxford, United Kingdom
[2] Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom
[3] Cardiff University, School of Medicine, Cardiff, United Kingdom
[4] East Suffolk and North Essex NHS Foundation Trust, Colchester, United Kingdom
[5] Swansea Bay University Health Board, Swansea, United Kingdom
[6] University Hospitals Birmingham Foundation Trust, Birmingham, United Kingdom

Introduction
Whilst numerous publications exist for modelling the prediction of the primary incidence of melanoma, there has been limited implementation of such models for targeted screening in clinical practice for this purpose. This project systematically identifies all published models predicting primary cutaneous melanoma in adults, including genetic and non-genetic factors, assessing the quality of reporting and explainability as a potential barrier to clinical implementation.

Materials and Methods
Searches were conducted in MEDLINE (Ovid), Embase (Ovid), and Scopus to 3 March 2025 (PROSPERO CRD420250644966). Search design was supported by a medical librarian, and results were managed in Covidence as part of a wider systematic review.

Two reviewers independently reviewed the adherence of prediction model studies to official reporting guidelines for prediction models (TRIPOD). This was done using a standardised and published checklist, allowing for averages to be subsequently calculated.

Results
Of the 41 papers identified, the transparency and reporting measured against the TRIPOD 2015 statement was generally poor. Averaging 59% completeness per paper (100% representing full adherence to reporting guidelines), showed a limitted level of adherence of primary prediction model reporting against published reporting guidelines. Adjusting averages to include only those papers published after the TRIPOD statement, adherence scores increased only to 60%, suggesting poor utilisation of such guidelines in this research topic. One study was published after the introduction of TRIPOD+AI guidance, however, inlcuded validation of conventional statistical prediction models rather than an AI or machine-learning model. Studies using AI or machine-learning model approaches were published prior to introduction of the TRIPOD-AI guidelines, so were not compared to this standard to avoid bias.

Conclusions
Compared against TRIPOD guidance, the overall reporting of prediction models for melanoma is generally poor.

Further efforts in this research area are required to improve transparency of models and their quality to accurately guide further research and implementation. Such barriers existing could be a contributing factor to the poor adoption of such models for clinical practice.

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Abstract N°: 3272

Development of a Predictive Photoaging Risk Model to Improve Photoprotection Adherence in Young Adults

Jonathan Serafini[1], Catherine Baissac[2], Camille Boudet[3], Gautier Doat[3], Giovanni Pellacani*[4]

[1] DATA ORA, Bordeaux, France
[2] Patient Centricity Department, Pierre Fabre Dermo-Cosmetics & Personal Care, Toulouse, France
[3] Medical Department, Laboratoires Dermatologiques Eau Thermale AVENE, Lavaur, France
[4] Dermatology Department, La Sapienza University, Roma, Italy

Introduction

Melanoma is one of the most frequent cancers in young adults and accounts for a substantial proportion of cancers before the age of 30. Despite well-established prevention campaigns promoting photoprotection, adherence to recommendations remains insufficient. At the same time, concerns related to appearance and skin aging often have a greater impact than long-term cancer risk in young people, also responsive to experiential and personalized tools.

The objective is to develop a simple and engaging digital tool to estimate individual photoaging risk with AI support, with the aim of improving engagement in photoprotective behaviors.

Materials and Methods

A predictive model of photoaging was developed using a data-driven approach, based on an in-depth review of scientific literature.

The model integrates factors known to influence photoaging:

- Phototype
- Sun exposure
- Use of sun protection
- Age
- Sex
- Geographical latitude

Each factor was assigned a coefficient derived from published studies reporting quantitative associations with photoaging markers (wrinkle severity, DNA damage, erythemal response).

The model is based on a multiplicative structure allowing estimation of an overall tendency toward photoaging.

Model outputs were compared with various observational and experimental data from the literature to verify their consistency with established clinical knowledge.

Results

The model highlights the major role of sun exposure–related factors in photoaging risk.

High sun exposure appears as a key determinant, whereas regular use of sun protection is associated with a significant reduction in photoaging markers, reaching 40–50% according to the studies.

The model was integrated into a digital application enabling users to estimate their photoaging risk in a few clicks, based on a short questionnaire (7 questions) and shared by a patient organization during the 2025 melanoma campaign.

Conclusions

This work demonstrates the feasibility of translating heterogeneous dermatological data into a simple, interpretable, and engaging tool.
By leveraging appearance-related concerns, this approach could improve adherence to photoprotection recommendations in young populations.
Future directions include the development of large-scale prospective studies with standardized protocols, to refine model parameters and strengthen its clinical validation.

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Abstract N°: 3293

Incidence, Mortality and Survival Trends in Malignant Melanoma in the Nordic Countries: A Population-Based Analysis

Zeyad Albadri*[1], Reem Almousali[1], Monte Mohamad Badri[2], Cinaria Albadri[3]

[1] Bra Liv Öxnehaga Medical Center, Huskvarna, Sweden

[2] Ljungby General Hospital, Ljungby, Sweden

[3] Trinity College Dublin, Dublin, Ireland

Introduction

Cutaneous malignant melanoma is among the fastest rising malignancies in fair-skinned populations worldwide. Northern European populations are particularly susceptible because of host characteristics including lighter skin pigmentation and increased ultraviolet sensitivity. The Nordic countries provide an important setting for melanoma epidemiology because of their high-quality population-based cancer registries and comparable health care systems.

Previous Nordic studies have demonstrated substantial improvements in melanoma survival during the last five decades.Early gains were likely driven by improved awareness campaigns, earlier detection and advances in surgical management, whereas more recent improvements may reflect the introduction of targeted therapies and immune checkpoint inhibitors.

Modern melanoma therapy has transformed outcomes for advanced disease. The introduction of BRAF inhibitors and combined BRAF/MEK inhibition improved survival in BRAF-mutated metastatic melanoma, while immune checkpoint inhibitors targeting CTLA-4 and PD-1 further changed the therapeutic landscape.

The present study aimed to evaluate long-term trends in melanoma incidence, mortality, and survival across the Nordic countries over five decades, using updated NORDCAN data extending to 2023.

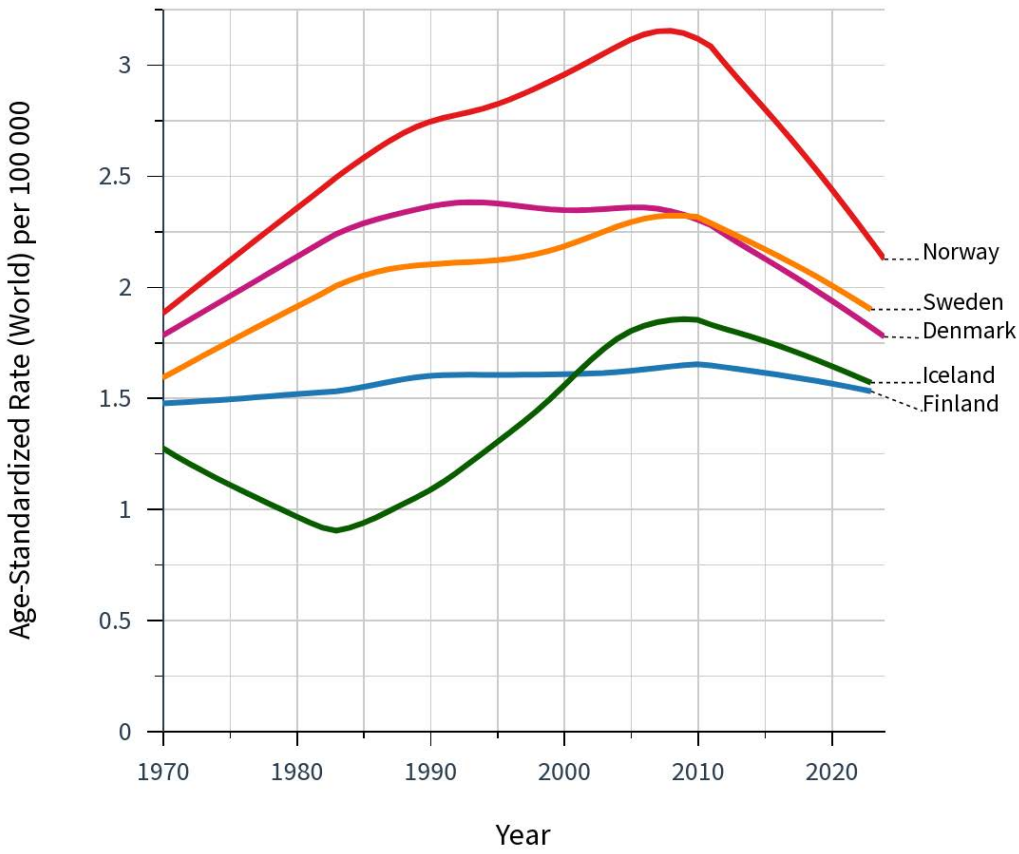
Materials and Methods

This population-based observational study used publicly available data from the NORDCAN database, covering Denmark, Finland, Iceland, Norway, and Sweden from approximately 1970 to 2023. NORDCAN provides comprehensive data on cancer incidence, mortality, prevalence, and survival across the Nordic countries. The analysis focused on malignant melanoma of the skin. Age-standardised incidence and mortality rates were reported per 100,000 person-years using the world standard population. Survival was evaluated as 5-year age-standardised relative survival and compared between the periods 1974–1978 and 2019–2023.

Results

Melanoma incidence increased in all Nordic countries. Among women, Denmark showed the highest recent incidence, reaching approximately 32 per 100,000, followed by Norway and Sweden. Among men, Norway, Denmark and Sweden had the highest recent incidence, all approaching 25–28 per 100,000. Finland remained lower, while Iceland showed a peak followed by decline. Mortality increased until approximately 2005–2010 and subsequently declined in most countries, most clearly in Norway. Five-year relative survival improved substantially. In men, survival increased from 60.4% to 96.2% in Denmark, 56.0% to 92.6% in Finland, 65.6% to 93.3% in Norway

and 67.9% to 93.9% in Sweden. In women, survival increased from 76.0% to 98.3% in Denmark, 70.8% to 95.4% in Finland, 82.1% to 96.7% in Norway and 81.4% to 96.4% in Sweden.



Age-standardised mortality rates (world standard population) for melanoma of the skin per 100,000 population in Denmark, Finland, Iceland, Norway, and Sweden from 1970 to 2023. Rates are presented for both sexes combined. Data were obtained from the NORDCAN database, and trends were smoothed using the LOESS regression algorithm.

Conclusions

The Nordic countries have experienced a substantial and sustained increase in the incidence of malignant melanoma over recent decades. Despite this rising disease burden, survival outcomes have improved markedly, with 5-year relative survival now exceeding 90% in several countries. At the same time, melanoma mortality rates have recently stabilised or declined in parts of the Nordic region. These favourable trends are likely multifactorial and may reflect increased public awareness, earlier detection of thinner melanomas, and advances in diagnostic practices and surgical management. In addition, the introduction of modern systemic treatments, particularly immune checkpoint inhibitors and targeted therapies for BRAF-mutated melanoma, has significantly improved outcomes for patients with advanced disease and likely contributed to the observed reductions in mortality.



Five-year age-standardised relative survival (%) for melanoma of the skin in Denmark, Finland, Norway, and Sweden, comparing the periods 1974–1978 and 2019–2023 for males and females separately. Values represent relative survival estimates obtained from the NORDCAN database. Survival data were not available for Iceland.

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Abstract N°: 3321

Demographic and clinical profile of patients with Granuloma Annulare

Chanilka Abegunawardana Pahalage*[1], Irina Smirnova[1]

[1] Saint Petersburg state university, Saint Petersburg, Russian Federation

Introduction
Granuloma annulare (GA) is a chronic inflammatory skin disease of uncertain etiology. While GA is known to affect all age groups, its epidemiological patterns often show distinct gender and age predispositions. This study aims to characterize the demographic profile of patients seeking specialized dermatological care for GA to better understand the target population for therapeutic interventions, including phototherapy.

Materials and Methods
A retrospective analysis of 82 patients diagnosed with GA was conducted at the St. Petersburg State Budgetary Healthcare Institution “City Clinical Skin and Venereal Diseases Dispensary”. Statistical analysis was performed using the Mann-Whitney U-test and Welch's t-test to assess gender differences in age distribution. A focused study group of 67 patients was further analyzed for clinical correlation.

Results
Among the 82 patients, a significant female predominance was observed, accounting for 81.7% (n=67) compared to 18.3% males (n=15). The mean age was 59.6 ± 16.0 years for women and 54.2 ± 18.5 years for men ($p > 0.05$). The majority of the cohort (47.6%, n=39) consisted of patients aged 65 years and older. In the focused study group (n=67), the female-to-male ratio remained high at 83.6% vs. 16.4%. Notably, the median age for women was higher (64.5 years) compared to men (46.0 years), indicating a shift towards younger age in the male population. However, no statistically significant gender differences in age were identified (Mann-Whitney U-test, $p = 0.359$; Welch's t-test, $p = 0.325$).

Conclusions
The demographic data confirm a strong female predilection in granuloma annulare, with the highest prevalence in the sixth and seventh decades of life. Although male patients tended to present at a younger age, the difference did not reach statistical significance. Understanding these demographic clusters is crucial for optimizing screening and management strategies, particularly for disseminated forms of the disease.

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Abstract N°: 3323

Significant Increase in Granuloma Annulare Hospitalization Rates During the COVID-19 Pandemic: A 10-Year Retrospective Analysis

Chanilka Abegunawardana Pahalage*[1], Irina Smirnova[1]

[1] Saint Petersburg state university, Saint Petersburg, Russian Federation

Introduction
The etiology of Granuloma Annulare (GA) remains multifactorial, with emerging evidence suggesting that viral infections and vaccinations may act as immunological triggers. The COVID-19 pandemic and mass vaccination campaigns provided a unique period to observe shifts in the epidemiological landscape of GA. This study aims to evaluate the dynamics of GA hospitalizations over a decade and assess the potential triggering role of SARS-CoV-2 infection and vaccination.

Materials and Methods
A retrospective longitudinal study was conducted at a major dermatological center (2016–2025). Data from 43,704 hospitalizations were analyzed. Patients were divided into two cohorts: the pre-pandemic period (2016–2019) and the pandemic/post-pandemic period (2020–2024). The Relative Risk (RR) of GA hospitalization was calculated. Within the pandemic cohort (n=66), the history of COVID-19 infection and vaccination was specifically analyzed.

Results
A total of 82 GA cases were identified over 10 years. Analysis revealed a non-linear trend with a dramatic surge starting in 2021.
• Pre-COVID Period (2016–2019): 12 GA cases out of 17,419 hospitalizations (Rate: 0.69 per 1,000).
• COVID-19 & Vaccination Period (2020–2024): 70 GA cases out of 26,285 hospitalizations (Rate: 2.66 per 1,000).
The Relative Risk (RR) was 3.86, indicating nearly a four-fold increase in the risk of GA hospitalization during the pandemic years compared to the baseline period.
The peak incidence was recorded in 2023 (0.35% of all hospitalizations), which is 2.5 times higher than in 2016. Among the pandemic-era patients (n=66), 18.2% (n=12) had a confirmed history of COVID-19, 27.3% (n=18) were vaccinated, and 12.1% (n=8) experienced both.

Conclusions
Our findings demonstrate a significant correlation between the COVID-19 period and an increased incidence of Granuloma Annulare. The RR of 3.86 suggests that SARS-CoV-2 proteins or vaccine-induced immune responses may trigger granulomatous inflammation in predisposed individuals. This surge necessitates heightened clinical suspicion and further investigation into the specific molecular pathways shared between COVID-19 immunology and GA pathogenesis.

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Abstract N°: 3327

Morphology Versus Epidemiology: Facial Sporotrichosis Mimicking Cutaneous Leishmaniasis in Rio de Janeiro

Thamires Cardoso*[1], Nurimar Fernandes[1]

[1] Universidade ferderal do Rio de Janeiro, Rio de Janeiro, Brazil

Introduction

Abstract

Sporotrichosis is a subcutaneous mycosis caused by dimorphic fungi of the *Sporothrix schenckii* complex, involving the skin, subcutaneous tissue, and lymphatic vessels. Although localized cutaneous forms are most common, disseminated disease may occur, particularly in immunocompromised patients.

Rio de Janeiro has become the world's main hyperendemic focus of zoonotic sporotrichosis, driven by cat-to-human transmission. This scenario has significantly altered the epidemiological profile of urban infectious dermatoses and increased the diagnostic complexity of granulomatous skin diseases.

Cutaneous leishmaniasis remains an important differential diagnosis in endemic areas, classically presenting as a chronic painless ulcer with raised infiltrated borders and a granulomatous base. However, sporotrichosis may show a similar clinical morphology, reducing the accuracy of diagnosis based on clinical findings alone.

Objective

To emphasize the importance of epidemiological history in differentiating facial sporotrichosis from cutaneous leishmaniasis in a hyperendemic setting, highlighting the impact of zoonotic exposure on clinical interpretation.

Case Presentation

Case Report

A 24-year-old female patient with systemic lupus erythematosus presented with a progressive facial ulcer over a three-month period. The lesion initially appeared as an erythematous malar papule, later evolving into an infiltrated ulcer with raised borders and a granulomatous base after local manipulation.

Clinical examination strongly suggested cutaneous leishmaniasis. The patient denied exposure to rural or forested endemic areas. However, epidemiological investigation revealed frequent contact with a domestic cat with unrestricted outdoor access in Rio de Janeiro.

An incisional biopsy was performed. Histopathological examination showed chronic suppurative granulomatous dermatitis. Bacterial and mycobacterial cultures were negative. Fungal culture isolated *Sporothrix* spp., confirming cutaneous sporotrichosis.

Treatment with itraconazole (200 mg/day) was initiated, resulting in complete resolution after 30 days of therapy.

Conclusion

Discussion

The expansion of zoonotic sporotrichosis in Rio de Janeiro has significantly modified the landscape of urban infectious dermatoses, increasing the frequency of cases with clinical overlap with other granulomatous diseases.

In this case, the lesion closely resembled cutaneous leishmaniasis, making a purely clinical differential diagnosis unreliable.

Epidemiological data—namely, contact with cats in a hyperendemic area—was crucial for correct diagnostic suspicion. In high-endemic settings, epidemiological exposure may have diagnostic value equal to or greater than clinical morphology.

Immunosuppression due to systemic lupus erythematosus may have contributed to disease expression and clinical presentation.

The rapid response to itraconazole reinforces the importance of early diagnosis, particularly in facial lesions with functional and aesthetic implications.

Conclusion

In Rio de Janeiro, a hyperendemic area for zoonotic sporotrichosis, facial ulcerative lesions associated with cat exposure should strongly raise suspicion of sporotrichosis, even when clinical morphology suggests cutaneous leishmaniasis.

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Abstract N°: 3375

Tattoo-related complications in travellers: A retrospective analysis from a specialized dermatology unit

Nicolas Kluger*[1, 2, 3]

[1] Bichat - Claude Bernard Hospital, Tattoo consultation, Dermatology, Paris, France
[2] Tampere University Hospital, Dermatology, Tampere, Finland
[3] Aava medical Centre, Dermatology, Kerava, Finland

Introduction
Tattoos are increasingly prevalent, with estimates suggesting that between 10% and 30% of adults bear at least one. The regulatory frameworks governing tattoo practice vary considerably across countries. Within Europe, a revised EU REACH regulation on tattoo inks has been in effect since 2022; however, cross-border travel and global tourism mean that EU residents frequently receive tattoos in countries where these standards do not apply.

Materials and Methods
This retrospective study examined data from patients referred to a specialized tattoo health consultation unit for complications — or suspected complications — arising from tattoos performed outside the European Union. Consultations were conducted between 2017 and 2026, either in person, by teleconsultation, or via teleexpertise. Eligible patients were EU residents who had traveled abroad specifically to receive their tattoo. Patients tattooed within the EU, as well as non-EU residents at the time of tattooing, were excluded from the analysis.

Results
A total of 19 patients were included out of 267 patients (7%): 12 seen in person, 1 by teleconsultation, and 6 via teledermatology. Tattoos had been performed across several regions: Asia (n=10; Thailand n=6, Japan n=2, Indonesia n=1, Vietnam n=1), the Americas (n=3; Canada n=1, Cuba n=1, Mexico n=1), the Pacific Islands (n=2; New Caledonia n=1, New Zealand n=1), Europe outside the EU (n=2; Serbia n=1, Belarus n=1), and Africa (n=1; Cape Verde). The cohort comprised 12 men and 7 women, with a median age of 32 years and a mean age of 34.5 years. Diagnoses included: infectious complications (n=6, of which 4 were suspected mycobacterial infections), ink allergies (n=5, exclusively involving red or pink pigments), non-infectious granulomas (n=2, including one case of sarcoidosis), and miscellaneous conditions (photobleaching, post-inflammatory oedema, and palpable lymph nodes). No definitive diagnosis could be established in 3 cases.

Conclusions
This case series illustrates that the growing trend of international travel has led an increasing number of individuals to seek tattoos abroad. Our findings should be interpreted with caution, given the limited sample size and an inherent selection bias toward patients presenting with complications.

Nevertheless, the data highlight a meaningful concern: regulatory frameworks governing tattoo practice are often absent or insufficiently enforced outside the EU, potentially exposing individuals to a broader range of risks. We observed a diverse spectrum of complications, some of which are not specific to the travel context, while others

appear more directly linked to tattooing performed abroad — most notably, infectious complications, which were disproportionately represented among patients tattooed in Thailand.

Beyond infection risk, EU residents seeking tattoos overseas should be aware that inks used outside the EU are not subject to REACH compliance standards. This exposes them to potentially harmful substances that would otherwise be restricted or prohibited under European regulation.

These findings underscore the importance of pre-travel counseling for individuals considering tattoos abroad, as well as the need for clinicians to maintain a high index of suspicion for atypical complications in this population.

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Abstract N°: 3404

The global impact of climate change on dermatological disease: International results from 136 countries participating in the SkinObservatory study

Tebyan Khalfalla[1], joseph yardman-frank[2], Simon Westby[3], P Shamaeizadeh[4], Sarah Anwar[5], Christine Li[6, 6], Anne Pacheco[7], Jennifer Kilmer[8], Eva R. Parker[9], Ramesh Bhat[10], Mahira El Sayed[11], Wendemagegn Yeshaneha[12], Cristina Galvan[13], Xing-Hua Gao[14], Srie Gondokaryono[15], Abdul-Ghani Kibbi[16], Adriene Lee[17], Fatimata Ly[18], Jorge Ocampo-Candiani[19], Richard Marie-Aleth[20], Ricardo Romiti[21], Junko Takeshita[22], Henry Lim[23], Bertrand Chuberre[24], Delphine Kerob[25], Lucinda Claire Fuller[26], Christopher E. M. Griffiths[27], Ncoza Dlova[28], Guenolee DE LAMBERT[29], Esther Freeman*[2]

[1] Massachusetts General Hospital, University of Rochester School of Medicine, Boston, United States
[2] Department of Dermatology, Massachusetts General Hospital, Boston, United States
[3] Massachusetts General Hospital, Boston, United States
[4] Massachusetts General Hospital, University of Kentucky College of Medicine, Boston, United States
[5] Tufts University School of Medicine, Boston, United States
[6] University of Massachusetts School of Medicine, Worcester, United States
[7] University of Toledo College of Life Sciences, Toledo, United States
[8] The International League of Dermatological Societies,, London, United Kingdom
[9] Department of Dermatology and the Center for Biomedical Ethics and Society, Vanderbilt University Medical Center, Nashville, United States
[10] Department of Dermatology, Venereology and Leprosy, Father Muller Medical College, Mangalore, India
[11] Ain Shams University, Cairo, Egypt
[12] Bahir Dar University, Collaborative Research and Training Center for Neglected Tropical Diseases, Bahir Dar, Ethiopia
[13] Hospital Universitario de Móstoles, Madrid, Spain
[14] The First Hospital of China Medical University, Shenyang, China
[15] Department of Dermatology and Venereology, Dr. Hasan Sadikin General Hospital, Universitas Padjadjaran, Bandung, Indonesia
[16] Department of Dermatology, American University of Beirut Medical Center, Beirut, Lebanon
[17] Department of Dermatology and Medicine, St Vincent's Hospital, Melbourne, Australia
[18] Department of Dermatology, STI EPS Institut D'Hygiène Sociale de Dakar, Dakar, Senegal
[19] Department of Dermatology, Hospital Universitario "Dr. José E. González", Universidad Autónoma de Nuevo León, Monterrey, Mexico
[20] Research Centre in Health Services and Quality of Life, Aix Marseille University Dermatology Department, University Hospital Timone, Assistance Publique Hôpitaux de Marseille, Marseille, France
[21] Department of Dermatology, University of São Paulo, São Paulo, Brazil
[22] Department of Dermatology, Perelman School of Medicine at the University of Pennsylvania, Department of Biostatistics, Epidemiology and Informatics, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, United States
[23] Department of Dermatology, Henry Ford Health, Detroit, Detroit, United States
[24] L'Oréal Dermatological Beauty, Paris, France

[25] La Roche-Posay Laboratoire Dermatologique, Levallois-Perret, France
[26] London Bridge Hospital, London, United Kingdom
[27] Centre for Dermatology Research, NIHR Manchester Biomedical Research Centre, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom
[28] Department of Dermatology, University of KwaZulu-Natal, Durban, South Africa
[29] L'Oréal Dermatological Beauty, Global Medical Team, Levallois-Perret, France

Introduction
Climate change is a growing threat to skin health. Rising temperatures altered precipitation patterns, extreme weather events, climate-related migration, and ecosystem disruption influence the incidence, distribution, and severity of dermatologic conditions including inflammatory conditions, infectious diseases, and malignancies. Despite only producing one-tenth of global emissions, low and lower middle-income countries are disproportionately impacted by the effects of climate change. Although awareness of climate-related skin disease is increasing, the global scope and clinical implications remain poorly characterized. This study aims to examine the impact of climate change on skin diseases worldwide.

Materials and Methods
One hundred ninety-four World Health Organization (WHO) member countries were invited to participate in the International League of Dermatological Societies SkinObservatory study through national dermatological societies and/or WHO representatives. Members shared insights on climate impacts and the prevalence of climate change-related skin diseases in their countries. Responses were compared across World Bank Income (WBI) levels and WHO regions via Chi-squared or Fisher's exact tests.

Results
Data was collected from 136 countries distributed across the four WBI levels: low (13% of responding countries), lower-middle (29%), upper-middle (25%), and high (33%). -Many respondents (42.6%) reported changes in the prevalence and/or severity of skin disease due to climate change, with significant variation based on WBI level ($p=0.005$). Low (55.6%) and lower-middle-income (52.5%) countries more frequently reported climate impacts compared to upper-middle (43.8%) and high-income (28.3%) countries.

The prevalence of climate change-related skin disease also varied significantly based on geographic location ($p=0.002$). Climate-related skin disease was more frequently reported - in the Western Pacific (64.7%), Eastern Mediterranean (60.0%), and South-East Asian (60.0%) Regions, compared to only 16.1% of countries in the European Region. The African Region had the highest level of respondents who were unsure about the impact of climate change on skin disease (42.9%).

Among the 58 countries that reported climate-associated effects on skin health, increased incidence of heat rashes (81%) and inflammatory skin diseases (75.9%) were the most reported impacts. This was closely followed by changes in the epidemiology of infectious (62.1%) and vector-borne diseases (50%), followed by skin conditions related to displacement/migration (20.7%).

Conclusions
Climate change has an irrefutable impact on dermatologic disease patterns worldwide. Our data illustrates that this impact disproportionately affects low- and lower-middle-income countries. Additionally, we document significant regional disparities in both the recognition and reported burden of climate-related skin disease with heat-related and inflammatory dermatoses identified as the most commonly reported manifestations of climate change. These findings underscore the need for improved global surveillance, targeted education, and context-specific adaptation strategies to address the dermatologic consequences of climate change, particularly in resource-limited areas. The global scale of this problem should serve as a call to action for public health education

and policy reform.

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Abstract N°: 3492

Burden of pruritus in 204 countries and territories, 1990–2021: results from the Global Burden of Disease Study 2021

Rui Zhang*[1], yimei tan[1]

[1] Shanghai Skin Disease Hospital, Shanghai, China

Introduction

Pruritus is a common and burdensome symptom that substantially impairs quality of life and may be associated with a wide range of dermatological and systemic conditions. However, its global epidemiological burden has not been comprehensively characterised. This study aimed to assess the global, regional, and national burden of pruritus from 1990 to 2021 by age, sex, and socio-demographic index (SDI).

Materials and Methods

Data were obtained from the Global Burden of Disease (GBD) 2021 study for 204 countries and territories from 1990 to 2021 [1,2]. We extracted data on prevalence, deaths, and disability-adjusted life years (DALYs) attributable to pruritus. Counts and age-standardised rates per 100,000 population, with 95% uncertainty intervals (UIs), were analysed at the global, regional, and national levels. Age- and sex-specific patterns were examined, and the association between SDI and DALY rates was evaluated.

Results

In 2021, pruritus remained a substantial global health burden, accounting for an estimated 806.5 million prevalent cases worldwide (95% UI, 723.03–893.06 million) and 851.11 thousand disability-adjusted life years (DALYs) (95% UI, 413.01–1556.08 thousand). The global age-standardized point prevalence rate was 986.45 per million population (95% UI, 883.65–1090.80), while the age-standardized DALY rate was 10.42 per million population (95% UI, 5.05–19.04). Compared with 1990, these rates increased by 10.93% and 10.91%, respectively, indicating a persistent and growing burden of pruritus over the past three decades.

At the national level, the highest age-standardized point prevalence rates in 2021 were observed in Denmark (1366.5 per million), Sri Lanka (1292.9 per million), and Seychelles (1292.9 per million). In terms of temporal trends, the largest increases in age-standardized point prevalence from 1990 to 2021 were identified in Equatorial Guinea (19.5%), Myanmar (16.4%), and China (16.4%), highlighting marked geographic heterogeneity in the changing burden of pruritus. (Figure 1)

Age-specific analyses revealed a bimodal distribution in the global prevalence of pruritus. Prevalence increased with age and reached an initial peak at 30–34 years, followed by a decline, then rose again to a second peak between 55 and 69 years, before decreasing in the oldest age groups (≥95 years). In addition, females consistently exhibited higher prevalence rates than males across all age groups, suggesting a stable sex-related disparity in the burden of pruritus.

The association between the Socio-demographic Index (SDI) and age-standardized DALY rates was nonlinear. In most regions, higher SDI levels were associated with higher DALY rates. However, this pattern was not universal. In

regions such as Central Asia and Central Sub-Saharan Africa, the association was initially positive but became negative as SDI increased further, indicating regional variation in the relationship between sociodemographic development and pruritus burden.

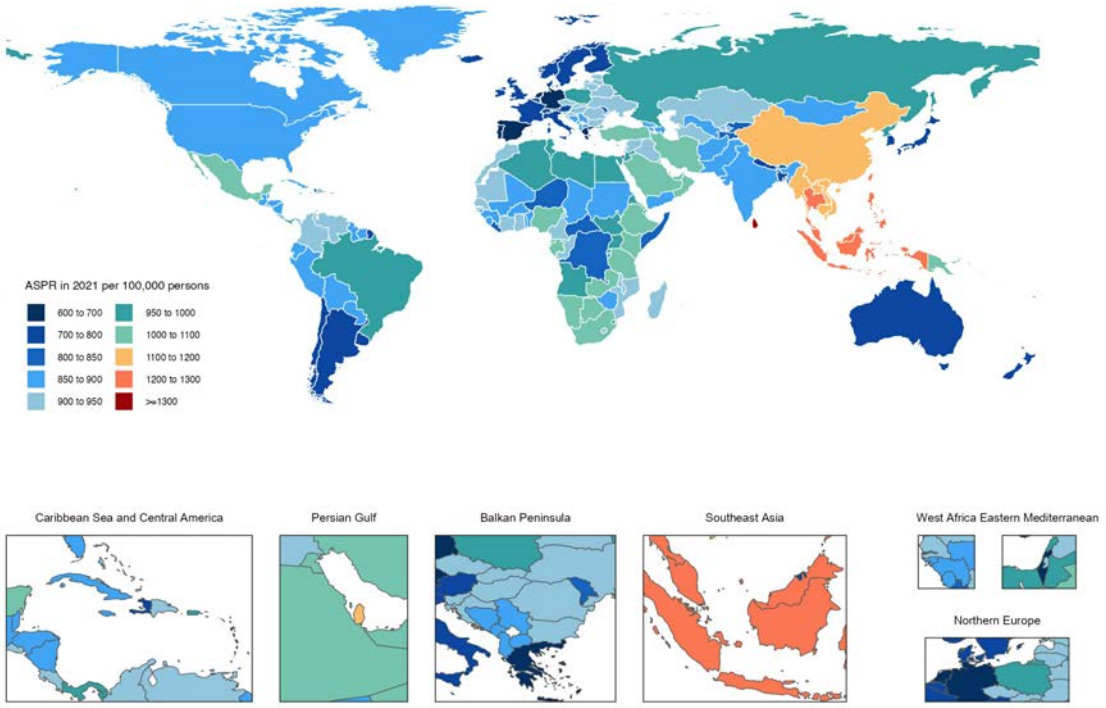

Figure 1. Global map of age-standardised point prevalence of chronic obstructive pulmonary disease (COPD) per 100,000 population in 2021, by country. Countries are shaded by prevalence category, ranging from 600–700 to ≥1300 cases per 100,000 persons. Insets show selected regions with small or densely clustered countries, including the Caribbean and Central America, Persian Gulf, Balkan Peninsula, Southeast Asia, West Africa/Eastern Mediterranean, and Northern Europe.

Conclusions

The global burden of pruritus has increased over the past 32 years, suggesting that more health resources are needed to address this population-aging-associated problem. A stratified intervention system based on the epidemiological features of the disease is recommended. Priority should be given to implementing comprehensive preventive measures, including environmental management, health education, and early screening, in disease hotspots.

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Abstract N°: 3527

The invisible cost: Economic valuation of unpaid care in epidermolysis bullosa across 7 European countries

Christine Bodemer*[1], Renata Linertová[2], Charles Taieb[3], Catherine Champeix[1], BUR-EB Study Group .[4]

[1] Pediatric Dermatology department and National expert centre for Genodermatoses (MAGEC-Necker), Necker Enfants Malades Hospital, APHP, University Paris Cité, Paris France, Paris, France

[2] Canary Islands Health Research Institute Foundation (FIISC),, Las Palmas de Gran Canaria,, Spain

[3] European Market Maintenance Assessment, FONTENAY SOUS BOIS, France

[4] BUR-EB Study Group, Paris, France

Introduction

Epidermolysis bullosa (EB) is a rare genetic skin disorder requiring intensive daily wound care. This care is almost entirely provided by family caregivers — predominantly mothers — without remuneration, professional recognition, or adequate public compensation. The economic valuation of this invisible care constitutes a major gap in the literature.

Objectives. To quantify the weekly hours of unpaid care provided by primary EB family caregivers across 7 European countries, to value this time using the replacement cost method (registered nurse and home care aide tariffs), and to express the resulting burden in national minimum wage (NMW) equivalents to enable standardised cross-country comparison.

Materials and Methods

Cross-sectional multinational study (BUR-EB, ANR-21-RAR4-0001-04). Analyses were restricted to primary caregivers who provided specific informed consent for the caregiver section and returned complete care-time data across 12 activities (Q39 children; Q45 adults): **59 primary caregivers of children** and **51 primary caregivers of adults**, across 6–7 European countries. Hungary was excluded due to insufficient caregiver sample size (N<3). Observations with implausible care-time values (>200 h/week for children; >500 h/week for adults), consistent with data-entry errors, were excluded (n=7; 5.5% of the raw caregiver sample). Given the right-skewed distribution of care-time data (children: mean 45.4 vs. median 34.9 h/week, +30%; adults: mean 33.2 vs. median 24.0 h/week, +38%), the *median was used as the primary measure of central tendency*, in line with standard health economics methodology for informal care valuation (van den Berg et al., 2004; Drummond et al., 4th ed.). Economic valuation applied national registered nurse and home care aide hourly rates. Normalisation by NMW enabled standardised cross-country comparison independently of economic context.

Results

For caregivers of children (N=59), median weekly care time was **34.9 hours/week** — approximately one full-time equivalent (1,816 h/year). Valued at registered nurse rates, this represents **1.9 to 3.1 annual NMW** depending on country (France: €50,839/year = 2.4 NMW = 28.2 months of minimum wage). For caregivers of adults (N=51), median weekly care time was **24.0 hours/week** (1,248 h/year), valued at **1.3 to 2.1 annual NMW** (France: €34,944/year). Despite major economic differences between countries (NMW ranging from €620/month in Bulgaria to €2,221/month in Germany), NMW-normalised ratios showed remarkable convergence across all 7 countries studied, revealing a structurally universal burden independent of national economic context.

Conclusions

EB caregivers of children provide approximately one full-time equivalent of unpaid specialised nursing care per week. This care burden — representing 1.3 to 3.1 annual NMW across Europe — is entirely borne by families without adequate public compensation. The NMW normalisation method provides a universally applicable, country-agnostic tool for policy advocacy, directly comparable across countries regardless of their economic level.

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Abstract N°: 3548

Dermatological Needs Assessment and Capacity-Building Field Trip in Refugee Settings: Findings from Kakuma and Kalobeyei, Turkana County, Kenya

Cyndy Muliro[1], Juan Ortiz Álvarez*[2, 3], Amna Elyas[3, 4, 5], Hashim Kaderbhai[6], Cristina Galvan[3, 7], Wendemagegn Enbiale[3, 8], Caroline Mwatha[9], Esther Kinyeru[10], José-Antonio Ruiz-Postigo[11], Pauline Gacheri [12], Karen Wainaina[13], Damaris Kamau[14], Jesse Wambugu[14], Valeska Padovese[3, 15]

[1] Department of Dermatology, Mama Lucy Kibaki Hospital, Nairobi, Kenya
[2] Complejo Hospitalario Universitario de Santiago, Santiago de Compostela, Spain
[3] Migrant Health Working Group, International Foundation for Dermatology, International League of Dermatological Societies, London, United Kingdom
[4] Department of Clinical Sciences Malmö, Lund University, Lund, Sweden
[5] Department of Dermatology and Venereology, Skåne University Hospital, Region Skåne, Sweden
[6] Aga Khan University Hospital, Nairobi, Kenya
[7] Hospital Universitario Mostoles, Madrid, Spain
[8] Department of Dermatovenereology, College of Medicine and Health Sciences, Bahir Dar University, Arba Minch, Ethiopia
[9] Ministry of Health, Nairobi, Kenya
[10] World Health Organization - Kenya, Nairobi, Kenya
[11] World Health Organization, Geneva, Switzerland
[12] Meru Teaching and Referral Hospital, Meru, Kenya
[13] Kenyatta National Hospital, Nairobi, Kenya
[14] United Nations High Commissioner for Refugees, Kakuma, Kenya
[15] Genitourinary clinic, Mater Dei Hospital, Msida, Malta

Introduction

Skin diseases are among the most common health conditions in humanitarian settings, yet dermatological care remains largely underprioritized in refugee health systems. Turkana County in northwestern Kenya hosts over 313,000 refugees and asylum seekers, mainly from South Sudan, Somalia, the Democratic Republic of Congo, Ethiopia, and Burundi, residing in the Kakuma Refugee Camp and Kalobeyei Integrated Settlement. Limited dermatology expertise, constrained formularies, overcrowding, poverty, and poor sanitation contribute substantially to the burden of skin disease. In March 2026, the Migrant Health Working Group of the International Foundation for Dermatology–International League of Dermatological Societies (IFD–ILDS), in collaboration with UNHCR and WHO, conducted the first dermatology field trip and needs assessment in the camps.

Materials and Methods

To characterize the dermatological disease burden in Kakuma and Kalobeyei refugee settings, provide specialist clinical care, strengthen local healthcare worker capacity, and establish groundwork for a teledermatology referral pathway.

A five-day multidisciplinary dermatology outreach was conducted across five health facilities in Kakuma and Kalobeyei between March 23–27, 2026. Ten dermatologists from six countries collaborated with local healthcare

providers to deliver outpatient dermatology consultations, procedural care, on-the-job clinical mentorship, and structured educational sessions on skin diseases and sexually transmitted infections. Demographic and clinical data were collected using standardized tools, and diagnoses were categorized according to ICD-10 (2024 version).

Results

A total of 2,219 patients were evaluated, with a mean age of 23 years; 58.0% were female and nearly half were below 18 years of age. Most patients were refugees from South Sudan (53.2%), while 44.0% had lived in Kenya for more than seven years and 27.6% were born in Kenya. Chronic disease burden was substantial, with 69.7% presenting with skin conditions persisting for over six months, and 63.3% reporting no previous treatment.

A clinical diagnosis was achieved in 98.2% of consultations. The most common conditions were dermatophytosis (22.1%), atopic dermatitis (17.1%), tinea versicolor (8.2%), scabies (4.9%), acne (4.7%), and impetigo (4.4%). Several neglected tropical diseases and rare dermatoses were identified, including leprosy, onchocerciasis, mycetoma, yaws, pellagra, neurofibromatosis, lupus erythematosus, congenital ichthyosis, and albinism. Treatment was provided to 78.0% of patients, while 45.3% required follow-up care. Teledermatology referral was recommended in 7.3% of cases.

The outreach additionally highlighted major gaps in dermatological medication availability, especially antifungal therapies and topical corticosteroids, all of which were rapidly depleted during the intervention.

Conclusions

This outreach demonstrated an extensive unmet burden of dermatological disease in refugee and host communities in Turkana County, with infectious and chronic inflammatory skin disorders predominating. The findings underscore the importance of integrating dermatology into humanitarian healthcare systems through workforce training, improved access to essential dermatologic medicines, community-centered outreach, and sustainable teledermatology support pathways. The field trip further illustrates the critical role of collaborative dermatology initiatives in addressing inequities in skin health among displaced populations.

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Abstract N°: 3751

Lack of Determinants of Follow-Up Adherence After Teledermatology Skin Cancer Assessment in Elderly Patients

Charbel Skayem*[1], Patricia Monnet[1], Tu-Anh Duong[1]

[1] Hopitaux de Paris, Paris, France

Introduction

Store-and-forward teledermatology (SFTD) has emerged as a significant advancement in healthcare, particularly in managing dermatological conditions among elderly patients.[1] It offers a convenient and efficient way to diagnose and manage skin conditions, including skin cancer.[2-4] Despite its benefits[5], one of the challenges associated with TD is patient adherence to follow-up appointments, which can impact treatment outcomes. This study aims to investigate the factors that might predict no-show rates among elderly patients diagnosed with skin cancer through TD.

Materials and Methods

We collected all SFTD requests sent by geriatric departments between September 1, 2016 and October 31, 2018, where a suspicion of skin cancer was made by the teledermatologist. The characteristics of patients and their tumors were also collected. Their care pathways were retrospectively traced. We compared patients who have attended their appointments post-TD to those who did not show up to their appointments.

Results

A total of 62 TD requests were submitted from geriatric departments with suspected cases of skin cancer. In view of the suspicion of skin cancer, patients were scheduled to present to the hospital for biopsy or excision. However, 15/62 (24.1%) did not show up to their appointments. Comparisons of characteristics of patients and their tumors in the two groups are presented in Table 1.

Table 1: Characteristics of patients and their tumors when a skin cancer diagnosis was made in store-and-forward teledermatology

62 Skin cancer suspicions through teledermatology	Attended appointments	No-shows	p value
	N = 47 (%)	N = 15 (%)	
Women, n (%)	35 (74.5)	10 (66.7)	0.74
Median age (SD), years	90 [87;93]	92 [85.5;93.5]	0.60
Lifestyle, n (%)			
Totally dependent	17 (39.5) NA=4	6 (50) NA =3	0.53
Do not walk	13 (32.5) NA =7	3 (27.3) NA =4	1
Do not talk	3 (10) NA =17	1 (14.3) NA =8	1
Palliative or non-resuscitation status	5 (33.3) NA =32	2 (50) NA =11	0.60
Patient's medical background, n (%)			
Cardiovascular history (other than hypertension)	24 (51.1)	8 (53.3)	1
Antithrombotic treatment (antiplatelet agent or anticoagulant)	21 (44.7)	9 (60)	0.38
Cognitive impairment	32 (68.1)	9 (60)	0.75
Previous skin cancer	15 (35.7) NA =5	3 (25) NA =3	0.73
History of other malignancy	7 (15.9) NA =3	3 (25) NA =3	0.43
For hospitalized patients, reason for hospitalization, n (%)			
Acute disease	14 (31.1) NA =2	5 (50) NA =5	0.29
Chronic disease	31 (68.9) NA =2	5 (50) NA =5	
Deaths, n (%)	10 (21.3)	3 (20)	1
Tumor characteristics, n (%)			
Head location	23 (48.9)	5 (33.3)	0.38
Tumor size ≥ 1 cm	32 (76.2) NA =5	7 (87.5) NA =7	0.67
Painful	9 (40.9) NA =25	3 (30) NA =5	0.70
Bleeding	10 (40) NA =22	3 (42.9) NA =8	1
NA: not available.			

Conclusions

Approximately a quarter of patients scheduled for a biopsy or excision did not attend their appointments. Many studies have focused on the accuracy of SFTD in diagnosing skin conditions in the elderly. However, the impact of integrating an innovation into a conventional process should be assessed not only by diagnostic outcomes compared to standard care but also by key performance indicators such as time, cost, and resource efficiency.[6]

While TD is often touted as a solution to mitigate no-show rates in healthcare settings[1], the results from this study among elderly patients suspected of skin cancer suggest significant limitations. This raises concerns about the effectiveness[7-10] of TD in ensuring consistent management and follow-up in this vulnerable patient population. Therefore, while TD presents advantages, such as enhanced accessibility, its limitations, including potential challenges in patient engagement and adherence, must be carefully considered in healthcare planning and implementation strategies. Efforts to optimize TD integration should focus on addressing these drawbacks to ensure its effectiveness in improving care outcomes for elderly patients with suspected skin cancer.

The results indicate that none of the examined factors—demographic, functional, medical history, hospitalization status, or tumor characteristics—emerged as significant predictors of no-show rates in elderly patients with suspected skin cancer undergoing TD evaluation. This lack of predictive power suggests that traditional markers used to anticipate appointment attendance may not apply effectively to this specific patient population.

In conclusion, our findings highlight limitations of TD management for skin cancer in elderly and indicate the absence of predictive factors that can reliably forecast which patients are likely to miss their follow-up appointments. This suggests that the reasons behind no-show rates are multifaceted and may involve a combination of personal, logistical, and systemic factors. Further studies with larger sample sizes and perhaps qualitative approaches could provide deeper insights into the complex dynamics affecting healthcare access and

engagement among elderly patients undergoing TD evaluation for skin cancer. Understanding these factors could help improve follow-up adherence and ultimately enhance patient care.

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Abstract N°: 3811

Risk prediction models for primary cutaneous malignant melanoma incidence: a systematic review

Nicholas Phillips*[1, 2], Francess Adlard[1], Ruth Omenyo[3], Sunil Patel[4], Sahani De Silva[1], Abinaya Arulalagan[1], Kiara Wild[1], Jessica Wild[1], Anjali Trivedi[5], A'mar Dababneh[6], George Freer[1], Christiana Kartsonaki[2]

[1] Oxford University Hospitals Trust, Oxford, United Kingdom
[2] Nuffield Department of Population Health, University of Oxford, Oxford, United Kingdom
[3] Cardiff University, School of Medicine, Cardiff, United Kingdom
[4] University Hospitals Birmingham Foundation Trust, Birmingham, United Kingdom
[5] East Suffolk and North Essex NHS Foundation Trust, Colchester, United Kingdom
[6] Swansea Bay University Health Board, Swansea, United Kingdom

Introduction
Melanoma is one of the fastest-rising cancers in the UK, accounting for over 80% of skin cancer deaths. Early-stage melanoma is highly curable, while advanced disease carries poor survival, driving interest in risk prediction models for targeted screening. Previous systematic reviews have been conducted to identify risk prediction models for the primary incidence of cutaneous melanoma. However, these previous reviews are limited to by the development of increasingly complex models, alongside the emergence of PROBAST+AI, enabling more rigorous evaluation of validity and applicability. Therefore, this review aims to identify, appraise, and synthesise all published models predicting the primary incidence of cutaneous melanoma in adults, including genetic and traditional factors, to assess their quality, performance, and generalisability to specific populations.

Materials and Methods
Searches were conducted in MEDLINE (Ovid), Embase (Ovid), and Scopus from database inception to 3 March 2025, with no language restrictions applied. The design and testing of the search terms were supported by a local librarian, and the protocol was prospectively registered with PROSPERO (CRD420250644966).

Studies were included that developed and/or validated multivariable prediction models for primary cutaneous melanoma risk in adults, requiring specification of a final model or risk score. Exclusion criteria included studies limited to association analyses; biomarker evaluation without model construction; diagnostic or prognostic models; and non-empirical reports. Models were excluded if they were developed using patients <18 years old (inseparable from adult data) and/or populations with previous diagnosis of melanoma.

All retrieved citations were imported into and managed using Covidence systematic review software. Two reviewers independently screened titles and abstracts, followed by full-text review of potentially eligible studies. Data were extracted independently by two reviewers using a standardised extraction form developed from the Checklist for Critical Appraisal and Data Extraction for Systematic Reviews of Prediction Modelling Studies. Risk of bias was independently assessed by two reviewers using Prediction model Risk Of Bias ASsessment Tool – Artificial Intelligence extension (PROBAST-AI) guidance, evaluating applicability to the UK general population for consistency. Disagreemnts were resolved by consensus or through discussion with a third reviewer.

Results
Two independent reviewers screened 7203 titles and abstracts, followed by 362 full text articles until a total of 41 papers were identified that describe development and/or validation of eligible risk prediction models. Of these, 22 papers developed new models, 6 papers were validations only, and 13 papers were development and validation.

Meta-analysis was originally considered where multiple independent external validation studies evaluate the same prediction model in clinically and methodologically comparable settings. A minimum of three studies was set as a requirement to estimate between-study variance, but no published models met these criteria. Data synthesis is still ongoing at the time of abstract submission but will be completed prior to submission of materials and conference presentation. Where models were validated across multiple datasets, extracted performance metrics for discrimination and calibration were tabulated.

Conclusions

Final analyses will present all available primary melanoma incidence prediction models, summarising calibration and discrimination where reported. We will compare derivation and validation datasets to assess population applicability and dataset reuse. This review aims to provide an novel synthesis of models closest to clinical implementation and to inform discussion on current or potential use in dermatology practice internationally during presentation at the conference.

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Abstract N°: 4090

Leprosy in Brazil From 2015 to 2025 — A Nationwide Assessment of Transmission, Disability, and Clinical Presentation

Jhony Everson Gonçalves*[1], Pedro Theil Melcop de Castro[1], Natália de Souza Silva[1], Nádia Jussara de Medeiros[1]

[1] Faculty of Medicine, University of São Paulo (FMUSP), São Paulo, Brazil, São Paulo, Brazil

Introduction
Leprosy remains an important public health challenge in Brazil, particularly in socially vulnerable and historically endemic regions. Despite advances in diagnosis and multidrug therapy, the disease continues to cause significant morbidity, disability, stigma, and socioeconomic burden. Evaluating national epidemiological trends is essential to identify vulnerable populations and support public health strategies aimed at early diagnosis and transmission control.

Materials and Methods
This ecological and retrospective study analyzed nationwide leprosy notification data recorded in the Brazilian Notifiable Diseases Information System (SINAN) between 2015 and 2025. Data were obtained from the Brazilian Ministry of Health through DATASUS. Variables included year of diagnosis, sex, age group, race/color, educational level, geographic distribution, clinical form, number of skin lesions, bacilloscopy results, disability grading, reactional episodes, mode of detection, mode of entry, therapeutic classification, and treatment doses. Descriptive epidemiological analysis was performed using absolute and relative frequencies.

Results
Approximately 338,000 leprosy cases were reported in Brazil between 2015 and 2025. Annual notifications remained relatively stable between 2015 and 2019, exceeding 32,000 cases per year, with a peak in 2018. A marked reduction occurred in 2020, followed by progressive recovery in subsequent years.

Most cases occurred in males, representing nearly 57% of notifications. Adults aged 40–59 years accounted for the largest proportion of cases, although a substantial burden was also observed among elderly individuals. Persistent cases in children under 15 years old indicated ongoing active transmission.

Individuals self-identified as mixed-race (“pardo”) represented the majority of reported cases, followed by White and Black populations. Lower educational levels predominated, especially incomplete elementary education, reinforcing the association between leprosy and socioeconomic vulnerability.

Geographically, the Northeast region concentrated the highest number of cases, followed by the Central-West and North regions. Mato Grosso, Maranhão, Pará, Pernambuco, Bahia, Goiás, and Tocantins were among the states with the highest disease burden.

Clinically, the dimorphic form was the most prevalent, followed by virchowian cases. Multibacillary disease predominated, reflected by the high frequency of patients treated with PQT/MB 12-dose regimens. Many patients presented with more than five skin lesions, suggesting advanced disease and delayed diagnosis.

Bacilloscopy data demonstrated substantial numbers of positive results, although a large proportion of examinations were not performed or incompletely reported. Disability grading at diagnosis revealed a considerable proportion of patients already presenting grade I or II disabilities, indicating delayed detection and increased risk of permanent sequelae.

Most cases were identified through referral services or spontaneous demand, whereas contact examination accounted for a smaller proportion of diagnoses. New cases represented the majority of notifications. Regarding reactional episodes, most patients had no reactions, although type 1 reactions were relatively frequent.

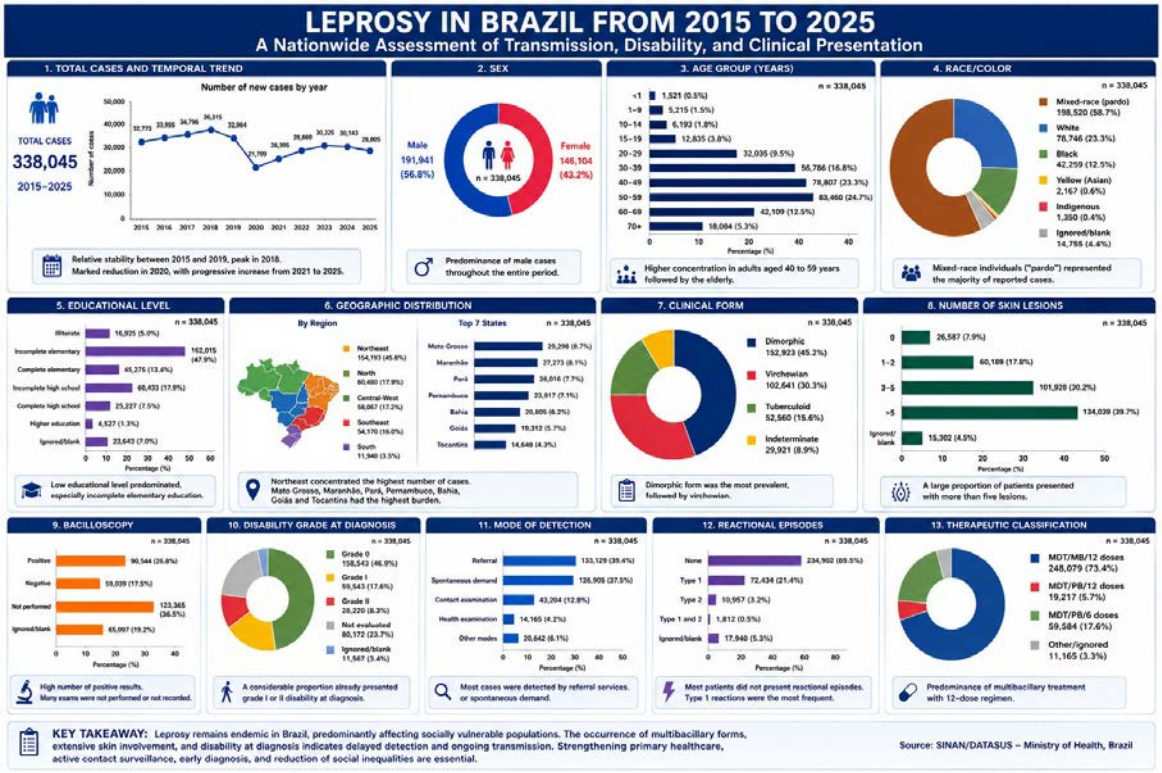

Figure 1. Epidemiological Overview of Leprosy in Brazil Between 2015 and 2025 including Temporal Trends, Clinical Presentation, Disability Burden, Geographic Distribution, and Therapeutic Patterns.

Conclusions

Leprosy remains endemic in Brazil and continues to disproportionately affect socially vulnerable populations. The predominance of multibacillary forms, extensive skin involvement, and disability at diagnosis suggest persistent challenges related to delayed detection and ongoing transmission. Strengthening primary healthcare, expanding active contact surveillance, improving early diagnosis, and reducing regional and socioeconomic disparities are essential to improve disease control and reduce disability associated with leprosy.

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Abstract N°: 4151

The growing tumor load of skin cancer in Germany: Claims data reveal a far higher tumor burden than cancer registries

Matthias Augustin*[1], Katharina Müller[1], Leïla von Felbert[1], Theresa Klinger[1], Kristina Hagenström[1]

[1] Institute for Health Services Research in Dermatology and Nursing (IVDP), German Center for Health Services Research in Dermatology (CVderm), Hamburg, Germany

Introduction
Skin cancer is a major public health challenge in Germany due to its high prevalence and increasing treatment costs. Cancer registries reported approximately 340,000 incident skin cancer cases in 2022 and 370,000 in 2025, including about 40,200/50,000 malignant melanomas (MM) and 264,000/320,000 non-melanoma skin cancers (NMSC). However, registry data likely underestimate the true tumor burden, as most registries only record first tumors and incompletely capture basal cell carcinoma (BCC) and squamous cell carcinoma (SCC). This study aimed to quantify the effective treatment-related tumor burden of skin cancer in Germany using statutory health insurance (SHI) claims data and to compare these estimates with registry-based incidence figures.

Materials and Methods
We conducted a longitudinal analysis of SHI claims data from 2010 to 2022. Skin cancer cases were identified using ICD-10 codes C43, D03, C44 and D04. Two case definitions were applied: case definition 1 (CD1) was based on diagnoses only, whereas case definition 2 (CD2) combined diagnoses with specific treatments, including surgery or pharmacological therapy. For incidence estimation, a two-year washout period was applied. Analyses were stratified by age and sex.

Results
In 2022, 183,639 individuals with MM (C43/D03) and 1,779,738 individuals with SCC/BCC (C44/D04) were under treatment, corresponding to 1,868,159 individuals with skin cancer overall, including patients with both tumor groups. Based on CD1, prevalence increased between 2010 and 2022 by 28.6% for melanoma (C43) and 52.7% for epithelial skin cancer (C44). Diagnosis-only estimates were substantially higher than treatment-related estimates, by approximately 139% for MM and 79% for NMSC. According to CD2, 98,657 individuals had incident MM and 953,177 incident NMSC, resulting in 1,019,785 newly diagnosed and treated individuals in 2022. This exceeded cancer registry incidence by 197% for MM and 314% for NMSC.

MM was more frequent among women aged 30–70 years, whereas men predominated from age 70 onwards. For NMSC, the sex distribution was largely balanced, with male predominance in older age groups. Both tumor groups increased markedly with age, particularly from age 40 onwards.

Conclusions
The number of incident skin tumors reported by cancer registries is far exceeded by the number of treated tumors identified in SHI claims data. In 2022, registry data reported about 340,000 incident skin cancer cases, whereas claims data identified 1,019,785 persons with at least one newly diagnosed and treated tumor. These findings

indicate that the treatment- and budget-relevant burden of skin cancer in Germany is substantially higher than suggested by registry data. This discrepancy is mainly explained by secondary and consecutive tumors, which are not captured by most registries, as well as incomplete notification of primary tumors, particularly BCC.
The increase in diagnosis-based prevalence and incidence between 2010 and 2022 underscores the growing health care burden of skin cancer and the need for stronger primary and secondary prevention. At the same time, diagnosis-only claims analyses may overestimate disease frequency because previous diagnoses can be carried forward even without active disease. The combined diagnosis- and treatment-based approach used here therefore provides a more conservative and valid estimate and should be considered standard in future claims-based skin cancer analyses.

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Abstract N°: 4159

Prevalence and incidence of seborrheic dermatitis in the United Kingdom: a cross-sectional study using a population-based cohort

Alondra Soto Gonzalez[1, 2], Qufei Wu[1], Zelma Chiesa Fuxench*[1]

[1] University of Pennsylvania School of Medicine, Department of Dermatology, Universidad Central del Caribe School of Medicine, Bayamon, PR, Philadelphia, United States

[2] Universidad Central del Caribe School of Medicine, Bayamon, Puerto Rico

Introduction

Seborrheic dermatitis (SebD) is a common, chronic inflammatory skin disease associated with persistent symptoms and reduced quality of life. Nonetheless, population-level prevalence estimates vary widely. A recent meta-analysis of 121 studies (N=1,260,163) reported a pooled prevalence of 4.38% (5.64% in adults, 3.7% in children), while individual cross-sectional studies have reported point prevalences ranging from 3.2% to 14.3%. Existing studies are limited by heterogeneous diagnostic criteria, methodology, and a lack of age-stratified reporting across pediatric and adult populations. We aimed to examine the overall period prevalence and characterize annual incidence trends of SebD in the United Kingdom (UK) using a large, population-based cohort.

Materials and Methods

We conducted a repeated, cross-sectional study of the prevalence and incidence of SebD using a primary care, electronic health records database thought to be broadly representative of the UK population. SebD cases were identified using Read codes, a series of . Infants (<1 year) at first SebD recorded diagnoses were excluded to minimize misclassification. SebD period prevalence was estimated as the proportion of eligible patients with at least one SebD diagnosis between 1996–2021. Each patient contributed once and was assigned to one World Health Organization (WHO) age group (children 1–9 years, adolescents 10–17 years, or adults ≥18 years) based on age at first SebD diagnosis (cases) or end of follow-up for non-cases (death, transfer-out, or study end date). Crude prevalence (95% confidence intervals [CI]) was reported overall and by age group, sex, and UK country (Table 1). Annual incidence (95% CI) was calculated per 100,000 at-risk patients for each calendar year (Figure 1). All analysis were conducted using SAS.

Results

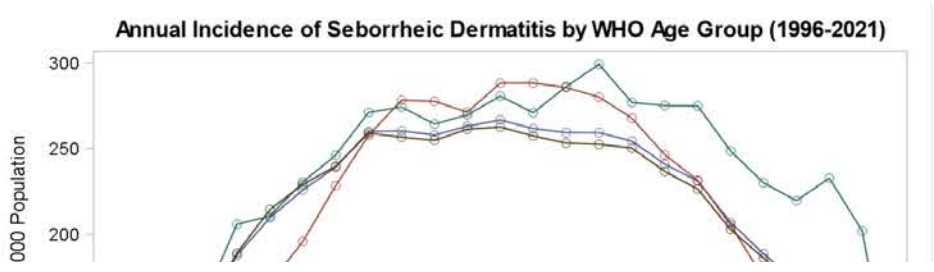
Of 15,572,278 eligible patients, 416,409 had at least on SebD Read code, for a crude prevalence of 2.67% (95%CI: 2.67–2.68%). Prevalence was highest in adolescents (3.98% [3.94–4.01%]), followed by children (2.74% [2.72–2.77%]) and adults (2.55% [2.54–2.56%]). The prevalence was slightly higher among females compared to males (2.75% vs. 2.59%). and varied by region (range: 1.83%–2.94%). Overall, the annual incidence rose from 131/100,000 in 1996 to a peak of 267/100,000 in 2008, then declined steadily to 170/100,000 by 2019. A particularly marked drop was observed from 2019 to 2020 (170 to 79/100,000), possibly coinciding with the COVID-19 pandemic.

Table 1. Comparison of seborrheic dermatitis prevalence estimates (published cross-sectional studies and systematic review vs the present analysis)

Design and sample size	Diagnostic criteria	Country	Demographics	Prevalence
Systematic review and meta-analysis 121 studies N= 1,260,163	Clinician-diagnosed	India, Turkey, USA, Brazil, Pakistan, Nigeria, South Africa, Egypt, Iran	Neonates, children, and adults (age and sex distribution not specified)	4.38% overall 5.64% adult 3.70% pediatric
Cross-sectional N= 5,498	Greasy scaling, erythema, characteristic distribution in sebaceous-rich areas	Netherlands	Age ≥45 y (median 67.9) 2,356 M / 3,134 F	14.3% overall 8.5% male; 5.8% female White 15.2%; light brown/black 6.4%
Cross-sectional N = 161,269	Location and clinical appearance; dermatologist-diagnosed	Germany	16-70y 89,504 M / 71,765 F	3.2% overall 4.6% male; 1.4% female 4.4% (265 y); 3.6% (35-64 y); 2.0% (≤35 y)
Cross-sectional N = 50,237	Dermatologist-diagnosed	Greece	1 month to 96 y 20,909 M / 29,328 F	6.4% males 21-65 y; 3.9% females 21-65 y Peak 7.7% males 26-30 y Peak 4.5% females 51-55 y
Cross-sectional N = 2,201	Erythema and scaling on any scalp area; dermatologist-diagnosed	Brazil	18-year-old males	11% overall White 12.0%; brown/black 9.7% Positive association with body fat
Repeated, cross-sectional, 1996-2021 N = 15,572,278	SebD diagnostic codes as recorded by the general practitioner (Read codes)	United Kingdom	Age 21y 7,524, 405 M / 8,047,873 F	2.67% overall (95% CI 2.67-2.68) 2.59% male; 2.75% female 2.74% children 1-9 y; 3.98% adolescents 10-17: 2.55% adults ≥18

CI, confidence interval; GP, general practitioner.

Figure 1. Annual incidence of seborrheic dermatitis per 100,000 at-risk active patients in a UK primary care population, 1996–2021



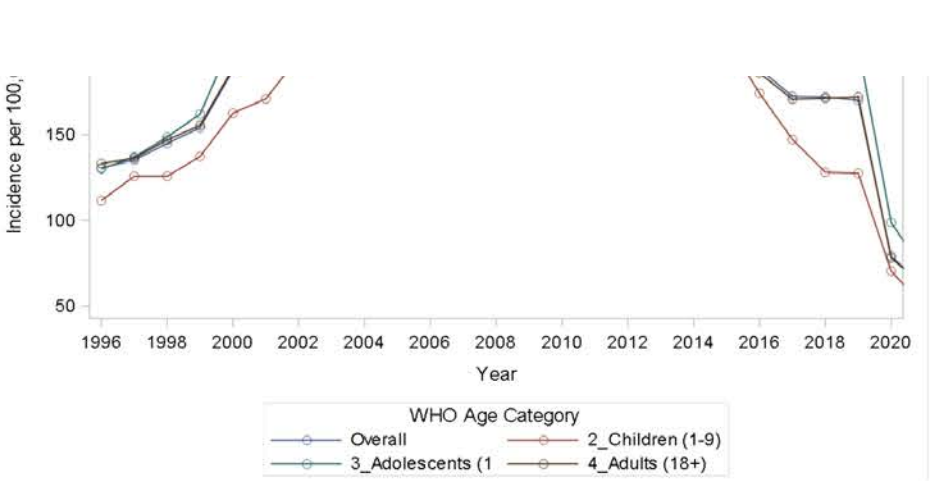


Table 1. Comparison of seborrheic dermatitis prevalence estimates across published cross-sectional studies and a recent systematic review vs the present analysis. Figure 1. Annual incidence of seborrheic dermatitis per 100,000 at-risk active patients in a UK primary care population, 1996–2021, overall and by WHO age group. Period prevalence across the 1996–2021 study window was 2.67% (95% CI 2.67–2.68%; 416,409 cases among 15,572,278 eligible patients). Cases identified by pre-specified diagnostic Read codes. Infants <1 year excluded to avoid misclassification with cradle cap. WHO age groups: children 1–9 years, adolescents 10–17 years, adults ≥18 years. Abbreviations: CI, confidence interval; GP, general practitioner; SebD, seborrheic dermatitis; WHO, World Health Organization.

Conclusions

Contrary to a recent meta-analysis, the prevalence of SebD in the UK appears to be lower than in other populations (4.38% vs. 2.7%). SebD prevalence was highest among adolescents but fairly similar between children and adults. Limitations of the present study include misclassification of SebD as well as lack of disease ascertainment, which could lead to an underestimation of the true prevalence of SebD. Future studies examining trends in prevalence and incidence of SebD across populations are warranted in order to better understand the full burden of SebD.

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Epidemiology and health care of acne in Germany – claims data analysis from 11.3 million insured persons

Matthias Augustin*[1], Theresa Klinger[1], Brigitte Stephan[1], Kristina Hagenström[1]

[1] Institute for Health Services Research in Dermatology and Nursing (IVDP), German Center for Health Services Research in Dermatology (CVderm), Hamburg, Germany

Introduction
Acne vulgaris is one of the most common chronic inflammatory skin diseases worldwide, involving mostly adolescents and young adults but also older persons. In spite of the high prevalence, robust population-based epidemiological data from Germany are scarce. This study aimed to provide an updated nationwide analysis of acne epidemiology, disease burden and health care utilization using German statutory health insurance claims data.

Materials and Methods
A retrospective longitudinal claims data analysis was performed using data from the Techniker Krankenkasse (TK), covering approximately 11.3 million insured persons annually between 2019 and 2023. Acne vulgaris and variants were identified using ICD-10-GM code L70. Data were standardized for age, sex and regional distribution and extrapolated to the German statutory health insurance (SHI) population (~74.3 million insured persons in 2023).

Results
In 2023, 2.2% of insured persons received at least one acne diagnosis, corresponding to approximately 1.85 million treated persons nationwide. Between 2019 and 2023, prevalence slightly decreased by 0.39%. Treatment prevalence was markedly higher in acne juvenilis (<25 years) (4.0%) than in acne tarda (≥25 years) (1.6%). However, due to the larger population older than 25 years, its total number of patients with acne in Germany was higher (1.03 million vs. 822,000). Prevalence peaked in adolescents aged 15–19 years and reached its maximum at age 18 years (11.5%; 95% CI 11.4–11.6). Females were more frequently affected than males in both acne juvenilis (5.1% vs. 3.0%) and acne tarda (2.1% vs. 1.0%). Approximately 13% of patients met the proxy criteria for moderate-to-severe disease, mainly based on systemic treatment use. Moderate-to-severe acne was more common in males than females (15.5% vs. 11.8%) and in acne juvenilis compared with acne tarda (14.8% vs. 12.4%).

Patients with acne showed significantly increased rates of dermatologic and systemic comorbidities, including folliculitis, rosacea, seborrheic dermatitis, ovarian dysfunction, depression, anxiety disorders and ADHD. Psychotherapeutic treatment was substantially more frequent in acne patients than in matched controls (+34% in acne juvenilis; +55% in acne tarda). In 2023, 27.2% of patients with acne juvenilis and 31.3% with acne tarda received psychotherapeutic care. Dermatologists represented the most frequently consulted specialty (56.2% acne juvenilis; 48.1% acne tarda), followed by general practitioners (22.2% and 40.2%, respectively).

Conclusions
This nationwide claims data analysis confirms acne vulgaris as a highly prevalent chronic disease with considerable

psychosocial burden and substantial adult involvement in Germany. Significant sex-, age- and region-specific differences as well as high rates of psychiatric comorbidity underline the need for comprehensive diagnosis, multidisciplinary management and improved implementation of guideline-based care.

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Abstract N°: 4172

Who cares - and how? Health care providers and drug supply for acne vulgaris in Germany: Nationwide claims data analysis

Matthias Augustin*[1], Theresa Klinger[1], Brigitte Stephan[1], Kristina Hagenström[1]

[1] Institute for Health Services Research in Dermatology and Nursing (IVDP), German Center for Health Services Research in Dermatology (CVderm), Hamburg, Germany

Introduction
Despite evidence-based guidelines for acne vulgaris (AV), real-world treatment and prescribing patterns in Germany remain insufficiently characterized. This study analyzed health care providers and acne-related prescriptions by specialty using nationwide statutory health insurance (SHI) claims data, with particular attention to the role of dermatologists in specialist care.

Materials and Methods
Routine claims data from Techniker Krankenkasse, the largest German SHI fund, were analyzed for 2019–2023 and extrapolated to the German SHI population. Patients with AV and subdiagnoses were identified using ICD-10-GM code L70. Acne juvenilis was defined as age <25 years and acne tarda as age ≥25 years. Analyses included physician specialties involved in care, topical and systemic prescriptions, drug utilization expressed as defined daily doses (DDD), treatment patterns over time and regional variation.

Results
In 2023, 63.1% of patients with acne juvenilis and 35.0% with acne tarda received at least one acne-related topical or systemic prescription. Overall, 52 million DDD were prescribed for acne juvenilis and 20 million DDD for acne tarda. Mean prescription frequency was 2.6 prescriptions per patient in acne juvenilis and 2.0 in acne tarda. Females had higher treatment rates and medication use than males, including 138.4 versus 83.4 DDD per patient in acne juvenilis.

Dermatologists were the main providers of acne care, treating 70.6% of medicated acne juvenilis patients and 79.3% of acne tarda patients. Gynecologists contributed substantially among female patients, particularly in acne juvenilis (31.8%), while general practitioners accounted for 13.6% of acne juvenilis and 20.8% of acne tarda prescriptions. Among newly treated patients, dermatologists initiated most treatments in the first treatment quarter (67.5%), whereas the gynecologist share increased during follow-up to 47.0% after eight quarters, reflecting regular contraceptive-related follow-up.

Topical retinoids were the most frequently prescribed topical agents (45.5% acne juvenilis; 37.2% acne tarda), followed by topical antiinfectives (30.1% in both groups). Systemic therapies included contraceptives (30.6% of female acne juvenilis patients), oral antibiotics (12.5% acne juvenilis; 21.6% acne tarda) and isotretinoin (9.6% and 9.1%, respectively). Doxycycline was the leading systemic antibiotic (7.3% acne juvenilis; 15.4% acne tarda). Between 2019 and 2023, retinoid prescribing increased markedly (+21.9% acne juvenilis; +33.7% acne tarda), while contraceptive prescribing decreased substantially (−38.1% and −43.5%, respectively).

Regional disparities were pronounced: systemic antibiotic use in acne juvenilis ranged up to 8.7% in Saxony-

Anhalt, whereas isotretinoin prescribing was highest in Hamburg (8.2%) and Berlin (7.0%). Isotretinoin, the only acne-specific systemic therapy for moderate to severe AV, was prescribed almost exclusively by dermatologists (88.3% acne juvenilis; 84.7% acne tarda). In contrast, general practitioners prescribed a substantial share of systemic antibiotics, including doxycycline (16.1% acne juvenilis; 31.2% acne tarda).

Conclusions

Acne care in Germany is characterized by heterogeneous provider involvement and considerable regional variation. Dermatologists provide most specialist acne care and account for nearly all isotretinoin prescriptions, underscoring their central role in the management of moderate to severe AV. The increase in retinoid and isotretinoin prescribing between 2019 and 2023 suggests improvements in guideline-related care. However, the continued use of systemic antibiotics outside specialist care indicates persistent gaps in evidence-based acne management and interdisciplinary coordination.

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Abstract N°: 4219

Once Applied, Rarely Reapplied: Sunscreen Habits Across Skin Types

Nabiah Malik*[1], Iqra Ali[2], Marisa Taylor[3]

[1] Imperial College Healthcare NHS Trust, London, United Kingdom
[2] The University of Edinburgh Medical School, Edinburgh, United Kingdom
[3] Epsom & St. Helier University Hospitals NHS Trust, London, United Kingdom

Introduction
Regular sunscreen use is essential for preventing skin cancer, hyperpigmentation and photoaging. However, real-world practices regarding sunscreen application, reapplication
and body site coverage remain inconsistent. Understanding user behaviour and perceived barriers is crucial to inform targeted education and guide product development. This study assessed sunscreen use frequency, reapplication habits, application sites, and perceived barriers to photoprotection among UK adults across different Fitzpatrick skin types.

Materials and Methods
A cross-sectional survey was conducted among thirty adult participants using an online questionnaire. Data collected included frequency of sunscreen use, reapplication practices,
body sites of application, perceived negative effects and demographics. Descriptive statistics were used to summarise responses.

Results
Eighteen respondents (60.0%) reported using sunscreen always or almost always, while 40.0% used it sometimes or depending on sun exposure. No participant reported never
using sunscreen. Most respondents were aged 30-59 years. Only 36.7% reported reapplying sunscreen during the day. While all participants applied sunscreen to the head,
face, or neck, application decreased markedly to the arms or hands (63.3%), legs or feet (33.3%), and body (26.7%).

Participants represented all Fitzpatrick skin types (I-VI), with notable pattern differences across groups. Those with darker skin types (Fitzpatrick IV-VI) were more likely to use
sunscreen regularly (66.7% vs 50.0%) but had lower reapplication rates (16.7% vs 66.7%) and less coverage beyond the face and neck - to arms or hands (44.4% vs 91.7%), legs or
feet (11.1% vs 66.7%), and body (11.1% vs 50.0%). Cosmetic concerns such as white cast or poor colour match were reported more often among darker skin types (55.6% vs 41.7%) and may contribute to reduced reapplication and limited coverage.

Conclusions
High awareness of sunscreen use does not consistently translate to optimal protective behaviour. Addressing cosmetic barriers and improving education around reapplication and
full-body coverage could enhance adherence and overall photoprotection effectiveness.

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Abstract N°: 4235

Socioeconomic Deprivation and Hidradenitis Suppurativa Prevalence: Novel Population-Level Data from Ireland

Emma Carroll*[1], Rachel Drayne[1], Emily Pender[1], Maria-Alexandra Visan[1, 2, 3], Olympia Dadoudi[4], Matthew Power[4], Carl Orr[1], Rosalind Hughes[1, 4], Brian O'Donoghue[1, 4], Brian Kirby[1, 4]

[1] St. Vincent's University Hospital, Dublin, Ireland
[2] Carol Davila Emergency University Central Military Hospital, Bucharest, Romania
[3] Carol Davila University of Medicine and Pharmacy, Bucharest, Romania
[4] University College Dublin, Dublin, Ireland

Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with significant morbidity. Recent evidence has demonstrated an association between HS and socioeconomic deprivation, educational disadvantage and unemployment, highlighting the substantial social burden of disease[1,2]. However, population-level data in Ireland remain limited.

The objectives of this study were to assess the prevalence of HS across socioeconomic strata within an Irish population and examine the association between deprivation and disease burden.

Materials and Methods
A cross-sectional study of patients with HS attending an Irish hospital was conducted. The at-risk population was derived from 2022 Census data within the hospital's catchment area at electoral division level. Deprivation was assigned using the Pobal HP Deprivation Index and grouped into four categories (affluent, marginally above average, marginally below average and disadvantaged, in line with the 2022 Census). Patients and population denominators were stratified by sex and age (<30/≥30). Prevalence rates per 100,000 were calculated and relative comparisons were made using Poisson regression, with the affluent group as the reference.

Results
A total of 508 HS patients were included. HS prevalence increased with worsening socioeconomic deprivation across most strata. In females aged <30 years, prevalence increased from 51.1 per 100,000 (10 cases; population 19,556) in the affluent group to 278.1 per 100,000 (28 cases; population 10,066) in the marginally below average group, with similar patterns observed across other sex and age groups.

In adjusted analysis, increasing deprivation was significantly associated with higher HS prevalence. Compared with the affluent group, HS was approximately 1.8 times more common in marginally above average areas (IRR 1.77, 95% CI 1.36–2.30; p<0.001), 2.9 times more common in marginally below average areas (IRR 2.93, 95% CI 2.22–3.87; p<0.001), and over 50 times more common in disadvantaged areas (IRR 55.25, 95% CI 41.51–73.53; p<0.001).

Conclusions

HS prevalence increases with worsening socioeconomic deprivation within this Irish population, demonstrating a clear social gradient in disease burden. These findings highlight important health inequalities and the need for targeted service provision. Our study provides novel population-level evidence of the association between socioeconomic deprivation and HS prevalence in Ireland.

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Abstract N°: 4241

Nationwide Trends in Varicella and Herpes Zoster Hospitalizations in Brazil from 2015 to 2025

Jhony Everson Gonçalves*[1], Nádia Jussara de Medeiros[1], Natália de Souza Silva[1], Pedro Theil Melcop de Castro[1]

[1] Faculty of Medicine, University of São Paulo (FMUSP), São Paulo, Brazil, São Paulo, Brazil

Introduction
Varicella and herpes zoster remain important causes of dermatological morbidity and healthcare utilization worldwide. While varicella is more commonly associated with childhood infection, herpes zoster predominantly affects older adults and immunocompromised individuals due to reactivation of latent varicella-zoster virus. Population aging and increased survival of immunosuppressed patients have reinforced the relevance of these conditions for healthcare systems. Despite advances in vaccination and antiviral therapies, hospitalizations and deaths related to varicella-zoster virus infection continue to represent an important public health concern in Brazil.

Materials and Methods
An ecological cross-sectional study was conducted using secondary public data obtained from the Brazilian Hospital Information System (SIH/SUS), available through DATASUS. Hospitalizations associated with the ICD-10 category "Varicella and herpes zoster" were analyzed between 2015 and 2025 according to year of admission, geographic region, sex, age group, race/ethnicity, mortality, and hospitalization costs. Descriptive statistical analysis was performed using nationwide aggregated data.

Results
A total of 53,434 hospitalizations related to varicella and herpes zoster were identified in Brazil during the study period, accounting for 3,522 deaths and total hospital expenditures exceeding R$52.4 million. The Southeast region presented the highest number of hospitalizations, with 24,443 admissions (45.7% of all cases), followed by the Northeast region with 11,386 hospitalizations (21.3%). The North region accounted for the lowest number of admissions.

Hospitalizations demonstrated a marked predominance among older adults. Individuals aged 60–69 years accounted for 7,135 admissions, followed by those aged 70–79 years (7,061) and individuals aged 80 years or older (6,940). Although the ICD-10 category includes both varicella and herpes zoster, the predominance of admissions among elderly individuals strongly suggests a major contribution of herpes zoster to the observed burden.

Regarding sex distribution, hospitalizations were relatively balanced, with 26,731 admissions among males and 26,703 among females. Race/ethnicity analysis demonstrated higher hospitalization frequencies among White (19,435) and Brown/Pardo individuals (22,549).

Temporal analysis revealed a substantial reduction in hospitalizations during the COVID-19 pandemic period, particularly in 2020 and 2021, followed by progressive recovery from 2022 onward. Mortality remained consistently significant throughout the study period, with annual deaths ranging from 257 to 410 cases. Since SIH/SUS includes only hospitalized patients and the ICD-10 category groups both varicella and herpes zoster, the observed mortality likely reflects the burden of more severe presentations, particularly among older adults and immunocompromised individuals.

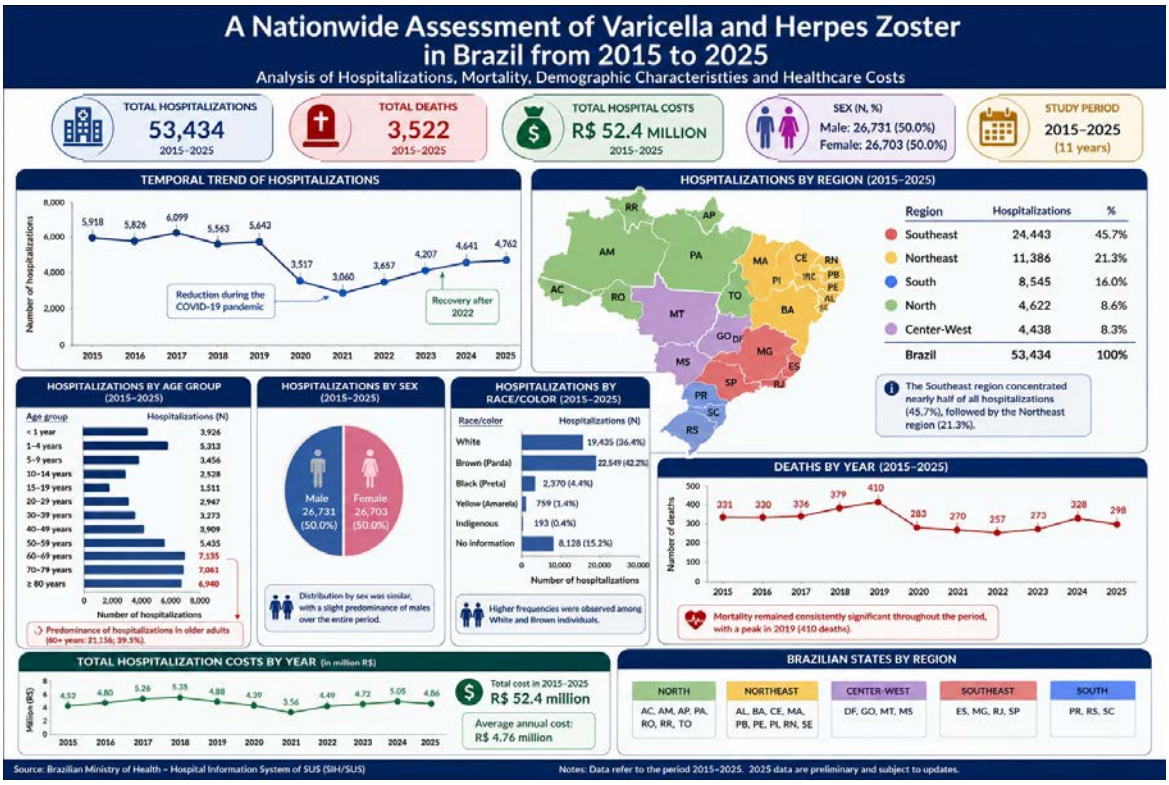

Figure 1. Nationwide Epidemiological Overview of Varicella and Herpes Zoster Hospitalizations in Brazil from 2015 to 2025

Conclusions

Hospitalizations related to varicella and herpes zoster represent an important healthcare challenge in Brazil, particularly among older adults and in the Southeast region. The predominance among elderly populations highlights the growing relevance of herpes zoster in aging societies and reinforces the importance of vaccination strategies, early diagnosis, and preventive public health measures. The persistent mortality and considerable economic impact observed in this nationwide analysis emphasize the need for continuous epidemiological surveillance and targeted healthcare policies aimed at vulnerable populations.

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Abstract N°: 4296

Underrepresentation of Fitzpatrick skin types IV–VI in randomized controlled trials of dermatologic therapies: a systematic review and meta-analysis of participant diversity and reporting practices

Afra Wasama Islam*[1], Shabbeer Imtiaz Ahamed[1], Maryam Nasir[2], Nancy Emmanuel[3]

[1] Tbilisi State Medical University, Tbilisi, Georgia

[2] Ivane Javakhishvili Tbilisi State University, Tbilisi, Georgia

[3] Faculdade De Medicina Da Universidade De São Paulo, São Paulo, Brazil

Introduction

Equitable representation in dermatologic research is essential to ensure the safety, efficacy, and generalizability of therapeutic interventions across diverse populations. Despite the global burden of skin diseases disproportionately affecting individuals with darker skin tones, concerns persist regarding the underrepresentation of Fitzpatrick skin types (FST) IV–VI in randomized controlled trials (RCTs). This gap may contribute to diagnostic inaccuracies, suboptimal treatment responses, and widened healthcare disparities. However, the extent of this underrepresentation and inconsistencies in reporting practices remain insufficiently quantified. Therefore, this study aims to systematically evaluate the representation of FST IV–VI in RCTs of dermatologic therapies and to assess the quality and consistency of participant diversity reporting, thereby identifying critical gaps and informing more inclusive future trial design.

Materials and Methods

A PRISMA 2020-compliant systematic review and meta-analysis was conducted. PubMed (n=60), Scopus (n=106), and Cochrane Library (n=12) were searched from inception to March 2026; no records were identified from Embase. A total of 178 records were retrieved, of which 9 duplicates were removed and 20 studies were excluded following title and abstract screening. Full-text assessment resulted in 29 RCTs meeting inclusion criteria. Eligible studies evaluated dermatologic therapies in human participants, while non-randomized studies and those lacking extractable demographic or skin type data were excluded. Two independent reviewers performed study selection, data extraction, and risk of bias assessment using the Cochrane Risk of Bias 2 (RoB 2) tool. The primary outcome was the proportion of participants with FST IV–VI, and secondary outcomes included reporting practices of skin type, race, and ethnicity. A random-effects meta-analysis was conducted to estimate pooled representation, with subgroup and sensitivity analyses performed to explore heterogeneity.

Results

Twenty-nine studies comprising 45,789 patients were included. Representation of FST IV–VI participants remained consistently low across studies, with marked variability in reporting practices. Quantitative synthesis demonstrated that fewer than one-quarter of participants belonged to FST IV–VI in studies that reported skin type, with wide confidence intervals reflecting substantial heterogeneity. Notably, a significant proportion of trials failed to report Fitzpatrick skin type, instead relying on race or ethnicity as a proxy, often without standardized or reproducible definitions. Subgroup analyses revealed significantly lower inclusion of FST IV–VI participants in trials conducted in North America and Europe compared to those in Asia and other regions, as well as in studies evaluating biologics and aesthetic dermatology interventions. High between-study heterogeneity (I^2 >75%) suggests variability driven by differences in study design, geographic recruitment, and reporting standards. Sensitivity analyses confirmed

the robustness of findings. Overall risk of bias was low to moderate; however, selective reporting bias was evident due to incomplete and inconsistent demographic disclosure.

Conclusions

This study demonstrates a significant and persistent underrepresentation of FST IV–VI in dermatologic RCTs, alongside inconsistent and inadequate reporting practices. The findings are novel, informative, and clinically important, highlighting a major limitation in the external validity of current evidence. The methodology is robust, the results are clearly structured and relevant, and the conclusions are directly supported by the data. Standardized reporting frameworks and more inclusive trial designs are urgently required to advance equitable dermatologic care.

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Abstract N°: 4313

Preliminary outcomes and imaging-derived phenotypes from a prospective 3D total-body photography melanoma cohort

Dilki Jayasinghe*[1, 2], Simone Goldinger[2], Zongyuan Ge[3], Anne Cust[4, 5], Pablo Fernandez-Peñas[6], Hans Peter Soyer[2, 7], Victoria Mar[8, 9], Monika Janda[1]

[1] Frazer Institute, The University of Queensland, Brisbane, Australia
[2] Frazer Institute, Dermatology Research Centre, The University of Queensland, Brisbane, Australia
[3] Department of Data Science & AI, Monash University, Melbourne, Australia
[4] Melanoma Institute Australia, The University of Sydney, Sydney, Australia
[5] The Daffodil Centre, The University of Sydney, and Cancer Council NSW, Sydney, Australia
[6] Department of Dermatology, Westmead Hospital and Sydney Medical School, The University of Sydney, Sydney, Australia
[7] Dermatology Department, Princess Alexandra Hospital, Brisbane, Australia
[8] Victorian Melanoma Service, Alfred Health, Melbourne, Australia
[9] School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

Introduction
Three-dimensional (3D) total-body photography enables comprehensive, standardised capture of skin and has the potential to transform melanoma risk stratification. We report the establishment and early analytical framework of the first 2585 participants from a multi-centre, prospective, risk-stratified study, focusing on imaging-derived phenotypes and data integration.

Materials and Methods
First 2585 participants completing 2-year follow-up by 31 March 2025 across 7 sites from a large multi-centre study were eligible (planned total participants: 10000 across 15 sites). Participants were recruited into low/average, high, or very high-risk groups with follow-up intervals of 24, 12, and 6 months respectively.

Baseline assessment included 3D total-body photography, dermoscopy, and clinician-led skin examination. During skin examination, eye colour, freckling, skin colour, and other phenotypic characteristics were collected, alongside lesion history including change and prior treatment. Structured questionnaires collected sociodemographic, phenotypic, sun exposure and protection behaviours, skin cancer history, perceived risk, and quality of life.

Suspicious lesions identified by melanographers were reviewed via teledermatology by study dermatologists and referred to treating clinicians with image-supported reports; outcomes and pathology were tracked.

Results
The cohort comprised 2585 participants with a median follow-up of 2.1 years and >10400 study visits. Participants were predominantly very-high-risk (57%), female (52%), aged 40–60 years (50%), and of fair skin phenotype (63%).

Acceptability of imaging was high, with 94% reporting comfort and 90% reporting trust in 3D total-body

photography. There were >3200 clinical referrals through the study. Total excisions recorded were 3907, with 1157 participants undergoing at least one excision. A total of 371 melanomas were diagnosed (287 in situ, 79 invasive). Diagnostic efficiency metrics showed a number needed to excise of 10.5 and a benign-to-malignant ratio of 1.8, derived from non-audited histopathology data and may be subject to revision.

We derived automated naevus counts from 3D images using a previously validated convolutional neural network (CNN). We developed a multi-task CNN trained on >10,000 labelled image tiles to classify photodamage with high accuracy. Freckling density was algorithmically classified across four key anatomical sites (face, dorsal arms, upper trunk, upper back).

The imaging system provided characteristics (size, colour) and spatial coordinates of lesions. Automated skin colour measures derived from 3D imaging closely aligned with manual colorimetry. Spatial coordinates of naevi were used to characterise distribution patterns (clustered, random, dispersed), demonstrating increased clustering and satellite naevi in high-risk individuals. Structural equation modelling is being applied to integrate these imaging-derived metrics with classical risk factors to examine distinct melanoma pathways.

Conclusions

The ACEMID cohort establishes a scalable platform integrating 3D total-body imaging into melanoma surveillance. Quantitative imaging phenotypes substantially extend traditional risk assessment. This framework enables systematic modelling of melanoma pathways through integration of personal characteristics, clinical, and imaging-derived data, supporting precision surveillance and risk stratification strategies.

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Abstract N°: 4372

A Systematic Review of Unpublished Negative Dermatology Trials Identified Through Clinical Trial Registry Mining, Quantification of the True Evidence Gap, and a Proposed Publication Accountability Framework

Zeel Lightwala*[1], Krish Lightwala[1]

[1] Belarusian state medical university, Minsk, Belarus

Introduction
Publication bias toward positive results distorts the dermatology evidence base. Negative and neutral trials that remain unpublished constitute a therapeutic closet, concealing safety signals, efficacy failures, and redundant investigations. The problem has been quantified in psychiatry, cardiology, and oncology with nonpublication rates between 25 and 50 percent, yet dermatology lacks any systematic assessment despite rapid expansion in therapeutic trials. Clinicians making treatment decisions, guideline authors conducting systematic reviews, and patients consenting to trial participation all operate on an incomplete evidence base. This review mines clinical trial registries to measure unpublished trial proportions, characterize lost evidence by therapeutic area and funding source, and calculate a Dark Evidence Ratio. A secondary objective was to develop a Publication Accountability Framework targeting identified barriers.

Materials and Methods
We searched ClinicalTrials.gov and the EU Clinical Trials Register in March 2026 for interventional dermatology trials completed between January 2015 and December 2024. Each trial was cross referenced against PubMed, Embase, and Google Scholar using the NCT identifier and intervention name. Publication was defined as a peer reviewed article reporting primary outcomes. Registry only postings were classified as unpublished. The Dark Evidence Ratio was defined as the proportion of completed trials with no publication after 24 months. Analyses were stratified by funding source, trial phase, therapeutic area, enrollment size, and result direction.

Results
A total of 2,143 completed dermatology trials were identified across both registries. After deduplication, 1,847 unique trials met inclusion criteria. Of these, 612 trials representing 33.1 percent had no identifiable peer reviewed publication after more than 24 months from completion. An additional 187 trials representing 10.1 percent had results posted only on the registry without corresponding journal publication, yielding a combined nonpublication rate of 43.2 percent. The Dark Evidence Ratio for dermatology is 0.33, rising to 0.43 when registry only postings are excluded. Industry funded trials demonstrated a lower nonpublication rate at 24.7 percent compared with 47.3 percent for investigator initiated studies. Phase 2 trials were disproportionately unpublished at 41.2 percent versus 28.6 percent for Phase 3 and 31.4 percent for Phase 4 trials. Therapeutic areas with the highest nonpublication rates included aesthetic dermatology at 51.8 percent, rare skin diseases at 44.3 percent, acne and rosacea at 38.6 percent, and atopic dermatitis at 31.2 percent. Psoriasis trials showed the lowest nonpublication rate at 19.4 percent. Trials with enrollment below 50 participants had a nonpublication rate of 52.7 percent compared with 24.1 percent for trials enrolling over 200 participants. Among trials where result direction could be determined, those classified as negative or inconclusive had a nonpublication rate of 62.4 percent compared with 16.7 percent for trials with positive results, representing an odds ratio of 8.2 for nonpublication given negative findings. Of the 612 unpublished trials, 38 percent involved interventions subsequently tested in additional published trials, indicating potential redundant investigation.

Conclusions

One in three dermatology trials disappears into the therapeutic closet, with negative results disproportionately suppressed. This distorts systematic reviews, enables redundant testing, and violates the ethical contract with over 87,000 participants. We propose a four component Publication Accountability Framework. First, mandatory publication within 24 months as a condition of ethics approval renewal. Second, a journal led amnesty for negative trial reports. Third, publication as a funding condition. Fourth, an annual Dark Evidence Ratio report from dermatology societies. The therapeutic closet must be systematically dismantled.

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Abstract N°: 4386

A Modified Delphi Consensus Study to Develop Consensus Guidelines for Naevus Counting and Reporting for Melanoma Research

Dilki Jayasinghe*[1, 2], Victoria Mar[3, 4], Hans Peter Soyer[2, 5], Monika Janda[1], Asa Ingvar[6, 7]

[1] Frazer Institute, The University of Queensland, Brisbane, Australia
[2] Frazer Institute, Dermatology Research Centre, The University of Queensland, Brisbane, Australia
[3] Victorian Melanoma Service, Alfred Health, Melbourne, Australia
[4] School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia
[5] Dermatology Department, Princess Alexandra Hospital, Brisbane, Australia
[6] Dermatology and Venereology, Department of Clinical Sciences, Lund, Sweden
[7] Department of Dermatology, Skåne University Hospital, Sweden, Lund, Sweden

Introduction
High melanocytic naevus counts are a strong phenotypic risk factor for melanoma and a key component of risk prediction models. However, naevus counting practices remain heterogeneous, with substantial inter- and intra-observer variability limiting reproducibility and comparability across studies. Advances in digital imaging and artificial intelligence (AI) provide new opportunities to standardise naevus assessment.

Materials and Methods
We conducted a modified Delphi study to develop consensus-based recommendations for naevus identification, counting, and reporting in research settings. International experts in dermatology, melanoma research, epidemiology, and digital imaging were invited. Initial statements were informed by the 1990 International Agency for Research on Cancer (IARC) protocol, a systematic review and a narrative review. Two rounds of structured voting were undertaken, with an interim virtual meeting to discuss areas of disagreement. Consensus was predefined as $\geq$75% agreement. Quantitative responses were summarised descriptively, and qualitative feedback underwent thematic analysis to refine statements.

Results
Of 33 invited experts, 26 (79%) participated in Round 1, 18 attended the interim meeting, and 24 (73%) completed Round 2. Participants were predominantly dermatologists (69%) with a mean of 21 years' experience; 46% reported expertise in AI or digital imaging. Consensus outcomes were organized into five domains: metadata, naevus identification, counting and reporting, observer training, digital imaging and AI integration. Agreement was achieved on core elements including standardized total body naevus counting, essential metadata collection, minimum observer training requirements, and reporting of inter- and intra-observer variability. Key areas without consensus included naevus size thresholds, inclusion of specific colour variants, standardized imaging protocols, and acceptable thresholds for AI performance.

Conclusions
This study provides contemporary, consensus-based guidance for naevus identification and counting, comprising

30 agreed recommendations alongside 85 unresolved items. While substantial progress has been made since the IARC protocol, important methodological uncertainties persist. These findings highlight the need to balance standardization with feasibility and to iteratively evaluate emerging imaging and AI tools. Ongoing validation and refinement will be essential to improve the reliability, comparability, and clinical relevance of naevus-based melanoma research.

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Abstract N°: 4548

Systemic immunomodulatory therapies in epidermal necrolysis: a systematic review and meta-analysis

Ahmad shafi Antar*[1]

[1] Liaquat university of medical and health sciences jamshoro Sindh, Pakistan, jamshoro, Pakistan

Introduction

Introduction

Epidermal necrolysis, encompassing Stevens Johnson syndrome and toxic epidermal necrolysis, is a rare but life threatening dermatologic emergency. Despite widespread use of systemic immunomodulatory therapies, their comparative effectiveness remains uncertain.

Materials and Methods

Materials and Methods

A systematic review and meta-analysis of randomized and controlled observational studies was conducted. Major databases were searched from 1993 to 2024. Studies including patients with epidermal necrolysis receiving systemic immunomodulatory therapies were eligible. The primary outcome was mortality, while secondary outcomes included time to re epithelialization, length of hospital stay, and complications. Pooled risk ratios (RRs) with 95% confidence intervals (CIs) were calculated using random-effects models.

Results

Results

A total of 43 studies comprising multiple treatment comparisons were included. Overall, no systemic immunomodulatory therapy demonstrated consistent superiority over supportive care in reducing mortality. Etanercept showed a potential mortality benefit compared with supportive care (RR 0.32), although based on limited evidence. Cyclosporine demonstrated lower mortality compared with intravenous immunoglobulin (RR 0.18). Combination therapy with corticosteroids and intravenous immunoglobulin reduced complications compared with corticosteroids alone. However, results were limited by heterogeneity and small sample sizes across studies.

Conclusions

Conclusion

Current evidence does not support the clear superiority of systemic immunomodulatory therapies over supportive care in epidermal necrolysis. Supportive care remains the cornerstone of management, while selected targeted therapies may offer potential benefit. High quality, multicenter studies are required to establish definitive treatment strategies.