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Abstract N°: 40

Efficacy and tolerability of a new repairing moisturizing dermocosmetic cream, containing Glycerine and Glycyrrhetinic acid in adult and adolescent subjects with facial acne treated by oral or topical acne treatment

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Introduction

Topical and oral acne treatments often induce dry skin and irritation which may lead to treatment disruption. In order to prevent and to alleviate these side effects, dermatologists recommend moisturising and repairing creams. A new dermocosmetic cream containing Glycerine and Glycyrrhetinic acid has been developed in this indication and several in vitro and in vivo studies have demonstrated its benefit on hydration, nutrition and enhancement of barrier function. The aim of this clinical study was to assess the efficacy and tolerability of the product, in adult and adolescent subjects, treated by oral or topical acne treatment.

Materials and Methods

44 female and male subjects, aged from 12 to 30 years (68% adults, 32% adolescents), with facial acne vulgaris treated by oral isotretinoin (39% of subjects) or by a topical treatment (benzoyl peroxide (BPO) 5% or 10%, adapalene, tretinoin; 61% of subjects) and presenting physical signs (erythema, dryness, desquamation) and functional signs (itching, tightness), of mild intensity at least, were enrolled in a 4 week clinical study. The tested product was applied twice daily to the face, in association with the ongoing medical treatment. Assessments included efficacy of the product through scoring of physical and functional signs, on 0–4 scales (5 points), discomfort on an 11-point Numerical Rating Scale (NRS; 0–10) and a repairing efficacy evaluation by the Investigator and by the subjects as well of tolerability and cosmetic acceptability of the product.

Results

Efficacy results showed significant decrease by 96% of itching and tightness immediately after the 1st use and, at D29, significant decrease of physical signs: erythema: -55%, dryness: -89%, desquamation: -95% ($p \leq 0.001$) and functional signs: itching: -99%, tightness: -98%, discomfort sensations: -90% ($p \leq 0.001$). The repairing efficacy was assessed good or very good in 93 % of the subjects by the investigator and in 90 % by the subjects themselves. The tolerance was assessed as very good by the Investigator. Moreover, subjects were also satisfied with cosmetic qualities and efficacy of the product. After 4 weeks of use, they assessed a positive effect of the study product, in alleviating side effects of the acne treatment allowing a better treatment adherence.

Conclusions

Efficacy and tolerability results, as well as the good cosmetic acceptability, of this new repairing moisturizing dermocosmetic cream containing Glycerine and Glycyrrhetinic acid have demonstrated its interest as a supportive care in adult and adolescent patients, with facial acne, treated by oral or topical acne treatment.

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Abstract N°: 43

Effects of Intermittent Fasting on Acne Lesion Counts and Disease Severity in Patients with Mild Acne Vulgaris

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Introduction
Acne vulgaris is a chronic inflammatory skin disorder influenced by hormonal, metabolic, and inflammatory pathways. Emerging evidence suggests that dietary modification, particularly intermittent fasting (IF), may modulate these mechanisms; however, clinical data on the effects of IF on acne remain limited. This study aimed to evaluate the effects of an IF dietary pattern on acne lesion counts, disease severity, and skin biophysical parameters in patients with mild acne vulgaris.

Materials and Methods
This non-randomized, assessor-blinded, matched clinical trial enrolled adults aged 18–50 years with mild acne vulgaris. Participants were assigned to either an IF group following a 16:8 time-restricted feeding (TRF) regimen or a non–time-restricted feeding (NTRF) group for 8 weeks based on willingness and ability to comply with the dietary intervention. Groups were matched by age, sex, and body mass index (BMI). A total of 40 participants were enrolled and completed the 8-week study (20 per group). The primary outcome was the change in total acne lesion counts, including individual lesion subtypes. Secondary outcomes included changes in acne severity assessed by the Investigator's Global Assessment (IGA) scale and skin biophysical parameters, including facial sebum level, skin hydration, transepidermal water loss (TEWL), and skin surface pH. Data were analyzed using mixed-effects Poisson regression models for count outcomes and mixed-effects linear regression models, as appropriate, with marginal homogeneity testing for ordinal outcomes.

Results
Forty participants (20 in the IF group and 20 in the NTRF group) completed the 8-week study. The IF group showed significantly greater reductions in total acne lesions, particularly closed comedones and papules, and more frequent improvement in IGA scores compared with the NTRF group. Facial sebum levels decreased significantly only in the IF group. Skin hydration was higher in the IF group, while a modest increase in TEWL was observed in the NTRF group. Daily energy intake and body weight showed a modest downward trend in both groups, with a more pronounced reduction in the IF group. Findings remained consistent after adjustment for changes in body weight and energy intake.

Conclusions
An IF dietary pattern was associated with significant improvements in acne lesion counts, acne severity, and facial sebum levels in patients with mild acne vulgaris compared with a NTRF approach. IF may represent a feasible adjunctive lifestyle-based strategy for acne management. Further studies with larger sample sizes and longer

follow-up are warranted.

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Abstract N°: 70

Lutikizumab Targets Neutrophilic Inflammation and Fibroblast Activation to Drive Response in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease, with multifactorial pathogenesis driven by neutrophil infiltration, interleukin (IL)-1 and IL-17 signalling, and specialised HS fibroblast states (CXCL13$^+$ and SFRP4$^+$) promoting tunnel formation. Lutikizumab (luti), a dual-variable domain immunoglobulin IL-1α/β antagonist, showed promising safety and efficacy in patients with moderate-to-severe HS. This study investigated the role of IL-1 in HS pathophysiology and characterised molecular mechanisms associated with clinical response to luti.

Materials and Methods

Samples were collected from two trials enrolling adults with moderate-to-severe HS: a 16-week, open-label biomarker (OLB) study (biologic-naïve and anti-tumour necrosis factor [TNF] inadequate responders [IR]) and a Phase 2, randomised, double-blind, placebo-controlled trial (NCT05139602; anti-TNF-IR). Patients in the Phase 2 trial received subcutaneous (SC) luti 300 mg every week (EW), 300 mg every other week (EOW), 100 mg EOW, or SC placebo EW. Spatial transcriptomic analysis was performed on non-lesional (Week 0) and lesional (Week 0 and 4) skin biopsies from patients in the OLB study using high-plex ribonucleic acid profiling. Peripheral samples from the Phase 2 trial were collected at Week 0, 2, 4, 8, 12, and 16, and analysed for serum proteomics and cell frequencies. Statistical differences were evaluated using a paired t-test, and biomarker median change from baseline (CFB) was analysed using a linear mixed model for repeated measures.

Results

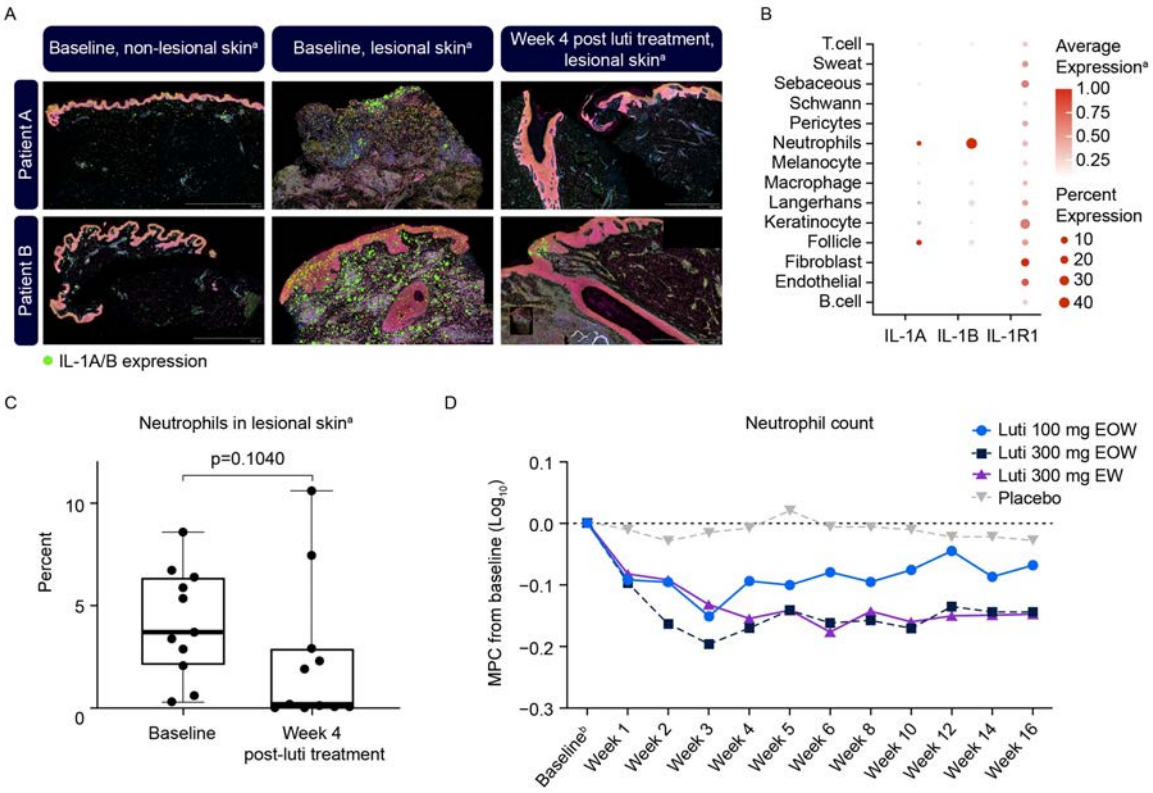
Samples were analysed from 14 patients in the OLB study (skin biopsy) and 64 patients in the Phase 2 trial (peripheral blood). At baseline, spatial transcriptomics showed increased lesional expression of IL-1A/B (**Figure A**) and significantly higher median percentage of neutrophils compared with non-lesional skin (3.7% vs 0.01%; p=0.004). IL-1A/B and IL-1 receptor-1 transcripts were predominantly expressed in neutrophils and fibroblasts, respectively (**Figure B**). At baseline, disease-specific CXCL13$^+$ fibroblasts were found exclusively in lesional skin. T cells were the primary source of IL-17A and IL-17F expression, with IL-17A–expressing T cells enriched in lesional compared with non-lesional skin (IL-17F was expressed at similar levels in both; data not shown). At Week 4, luti reduced IL-1A/B expression in HS lesions (**Figure A**), IL-17F expression in T cells (p≤0.01), and chemokine expression in fibroblasts (p≤0.01). Luti also decreased the percentage of infiltrating neutrophils in HS lesions at Week 4 compared with baseline (**Figure C**). Peripheral blood analysis showed luti led to greater mean percent

CFB in IL-1α (luti 300 mg EW: −17%; 300 mg EOW: −42%; 100 mg EOW: −6%; placebo: −14%), IL-1β (luti 300 mg EW: −54%; 300 mg EOW: −63%; 100 mg EOW: −72%; placebo: −19%), and neutrophil counts (**Figure D**) over 16 weeks compared with placebo. This coincided with greater mean percent CFB in IL-6 and C-reactive protein. Patients with ≥50% reduction from baseline in total abscess and inflammatory nodule count, with no increase in abscess or draining tunnel count relative to baseline (HS Clinical Response [HiSCR50] responders) at Week 16 also showed greater reductions in neutrophil counts compared with patients who did not achieve HiSCR50 (data not shown).

Conclusion

In patients with moderate-to-severe HS, lesions were characterised by elevated neutrophil counts, pathogenic fibroblast subsets, and IL-1α/β expression compared with non-lesional skin. Luti inhibited neutrophil-derived IL-1α/β expression and reduced fibroblast-derived chemokines and IL-17A/F in T cells. Luti disrupted neutrophil infiltration into the skin and reduced circulating neutrophils in patients who achieved HiSCR50 at Week 16. Therefore, luti may supress neutrophil and pathogenic fibroblast activity and mitigate aberrant extracellular matrix remodelling, thereby reducing fibrosis and tunnel formation.

Figure. IL-1A/B expression at baseline and Week 4 after treatment with luti (A), IL-1A/B expression by cell type at baseline (B), impact of treatment with luti on infiltrating neutrophils in the skin (C), and peripheral blood neutrophil counts over time in the Phase 2 trial in patients with moderate-to-severe HS (D).



[a]Tissues were sampled at baseline (lesional and non-lesional) and at Week 4 post-luti treatment (lesional). High-plex RNA profiling was executed using the 10x Genomics (Pleasanton, CA, USA) Xenium in situ platform with a 5100-gene panel. Following image acquisition, cell segmentation and transcript assignment were performed to generate cell-by-gene expression matrices. Downstream analysis included quality control filtering, cell-type clustering, and spatial differential expression to evaluate transcriptomic shifts across tissue microenvironments posttreatment.

[b]Baseline in the Phase 2 trial is at Week 0 prior to treatment with loading dose based on treatment group (luti [300 mg EW, 300 mg EOW, or 100 mg EOW] or placebo).

EW, every week; EOW, every other week; HS, hidradenitis suppurativa; IL, interleukin; luti, lutikizumab; MPC, mean percent change; RNA, ribonucleic acid.

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Abstract N°: 76

Flexible dosing of secukinumab in patients with moderate to severe hidradenitis suppurativa: Interim real-world patterns from the ANIMA study in Germany

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Introduction

Secukinumab has demonstrated efficacy in improving signs and symptoms of active moderate to severe hidradenitis suppurativa (HS) in controlled clinical trial settings. However, real-world evidence is necessary to assess the treatment patterns of secukinumab in HS under routine daily practice, particularly focusing on its flexible dosing regimen. The primary objective of the ongoing *ANIMA* study is to evaluate the real-world treatment patterns of secukinumab, including up-titration and down-titration practices.

Materials and Methods

ANIMA is a long-term, observational, prospective, multicenter, open-label, single-cohort study involving adult patients with moderate to severe HS treated as per local label with secukinumab in Germany. Patients documented across 81 study sites are followed up for 24 months. Data collection includes, among other variables, demographics, clinical characteristics, and treatment patterns. This interim analysis focuses on available data from patients who had their 12-month visit on or before 31-March-2026. Descriptive analyses will be performed based on data available at the time of data-cut (27-May-2026).

Results

Overall, 437 patients were documented in the *ANIMA* study until end of recruitment on 31-March-2025. The interim analysis population consisted of approximately 260 patients. At baseline, around 20% of these patients had previously been exposed to another biologic and more than half had undergone prior HS-related surgery. Additional baseline characteristics of the study cohort, including demographics, disease severity, disease duration, and diagnostic delay, will be assessed. Within 1 year, about one third of patients in the interim analysis population received at least one up-titration to secukinumab every two weeks (q2w). In addition to patient distribution by up-

titration (q4w to q2w) and down-titration (q2w to q4w), reasons for dose changes and mean time to first up-titration will be presented.

Conclusions

The baseline demographics of the *ANIMA* interim analysis cohort reflect findings previously reported in real-world moderate to severe HS populations. The dosing patterns observed in this interim analysis provide valuable initial insights into the flexible use of secukinumab under routine clinical conditions. Future analyses from *ANIMA* will contribute to a more comprehensive understanding of real-world treatment patterns and will help to further contextualize dose adjustments over time.

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Abstract N°: 77

Effectiveness of secukinumab in patients with moderate to severe hidradenitis suppurativa in a real-world setting: Interim results from the ANIMA study in Germany

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Introduction

Hidradenitis suppurativa (HS) severely impacts patient quality of life and requires effective management to control signs and symptoms. Secukinumab has been shown to significantly improve symptoms of active moderate to severe HS in clinical trials. The objective of this analysis within the framework of the ongoing non-interventional *ANIMA* study is to evaluate the effectiveness of secukinumab in adult patients with moderate to severe HS in a German real-world setting.

Materials and Methods

ANIMA is a long-term, observational, prospective, multicenter, open-label, single-cohort study involving adult patients with active moderate to severe HS treated with secukinumab in Germany. A total of 81 study sites documented patients who are followed up for 24 months. Effectiveness is assessed using the International Hidradenitis Suppurativa Severity Score System (IHS4) and Patient's Global Assessment of Skin Pain - Numerical Rating Scale (NRS)-11 scores, among other measurements. This interim analysis focuses on available data from patients who had completed their 12-month visit by 31-March-2026. Descriptive analyses will be performed based on data available at the time of data-cut (27-May-2026).

Results

Up to end of recruitment on 31-March-2025, 437 patients in total were documented in the *ANIMA* study. About 260 patients were included in the interim analysis. At baseline, approx. 96% of these patients presented with moderate or severe active and inflammatory disease according to IHS4. Preliminary results provide initial evidence regarding the effectiveness of secukinumab in reducing the severity of HS and improving patient quality of life in routine clinical practice. Detailed results, including effects on IHS4, lesion count, and Pain NRS-11 will be

presented at the congress.

Conclusions

To date, *ANIMA* represents the largest prospective observational study with primary data collection assessing secukinumab treatment in HS. The interim findings from the *ANIMA* study provide initial real-world insights into the effectiveness of secukinumab for moderate to severe HS. Planned future analyses of *ANIMA* will allow a more comprehensive assessment of long-term outcomes in routine clinical care.

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Abstract N°: 99

Evaluation of the association between different doses of oral isotretinoin and erectile dysfunction in males with acne vulgaris: an observational study

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Introduction

A possible association between oral isotretinoin and erectile dysfunction (ED) had been questioned. Noteworthy, the incidence of this side effect was not well studied and even was not stated in the medicine's label.

Materials and Methods

The current longitudinal observational study was conducted from July 2024 to December 2024. Ninety males with moderate to severe acne vulgaris (AV) were divided into 3 groups in addition to 30 healthy males as controls. All participants were evaluated by the global acne grading system (GAGS) and the validated Arabic version of the international index of erectile function (Ar-IIEF-5) and the validated Arabic version of generalized anxiety disorder scale (GAD-7).

Results

Significant decreases in total testosterone and score of ArIIEF-5 were observed in cases receiving 40 mg oral isotretinoin compared to cases receiving 20 mg oral isotretinoin for 2 and 4 and 6 months, respectively. Meanwhile, significant increase in GAD-7 score was observed in cases receiving 40 mg oral isotretinoin compared to cases receiving 20 mg oral isotretinoin for 2 and 4 and 6 months, respectively. Further analysis showed significant positive correlations between GAGS and total testosterone and ArIIEF-5 ($r=0.612$, $p<0.001$; $r=0.622$, $p<0.001$; $r=0.535$, $p<0.001$, respectively). Meanwhile, GAGS showed significant negative correlation with GAD-7 ($r=-0.0604$, $p<0.001$). Remarkably, the number of cigarettes smoked revealed significant negative correlations with total testosterone and ArIIEF-5 ($r=-0.373$, $p=0.002$; $r=-0.261$, $p=0.034$; $r=-0.386$, $p=0.001$, respectively).

Conclusions

The current study recommends low doses of oral isotretinoin together with quit of smoking to avoid potential deterioration in sexual function in males with AV.

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Abstract N°: 120

Assessing the role of baseline creatine kinase measurement before initiating oral isotretinoin in acne vulgaris patients: insights from a retrospective cohort of 1,256 individuals

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Introduction
Isotretinoin is a highly effective treatment for severe acne vulgaris, but it may cause musculoskeletal side effects, including elevations in serum creatine kinase (CK) levels. Current guidelines do not mention routine CK monitoring unless musculoskeletal symptoms are present. This study aimed to evaluate temporal changes in CK levels during isotretinoin therapy to clarify their clinical relevance and inform safer, evidence-based monitoring strategies.

Materials and Methods
This retrospective observational cohort study included patients treated with oral isotretinoin for acne vulgaris between January 2022 and July 2024. Data were extracted from medical records and included demographics, cumulative isotretinoin dose, and laboratory values (CK, AST, ALT) assessed at baseline and at the 1st, 2nd, 4th, and 6th months of therapy.

Results
A total of 1,256 patients were analyzed (mean age 19.69 ± 3.9 years); 75.1% were female. The median baseline CK level was 73 U/L (range: 15–5505), and 6.5% (n=82) had CK levels ≥ 200 U/L before treatment. By month 6 (n=452), the mean cumulative isotretinoin dose was 4,928 ± 324.2 mg, and median CK was 70 U/L (range: 15–4,267). During follow-up, 26 patients showed both CK ≥ 200 U/L and ≥5-fold increases from baseline. However, follow-up CK levels did not significantly differ from baseline. CK changes were moderately correlated across time points and weakly to moderately correlated with ALT and AST changes.

Conclusions
Although isotretinoin did not cause a significant overall increase in CK levels, marked individual variability and occasional elevations were observed. Baseline CK assessment may facilitate interpretation of subsequent changes, particularly in patients with muscle-related symptoms. Moderate correlations between CK and AST suggest a possible muscular contribution to some transaminase elevations. Routine CK monitoring is unnecessary; however, individualized evaluation based on baseline values may improve patient safety. Prospective studies are needed to refine monitoring strategies.

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Abstract N°: 137

High metabolic and psychiatric comorbidity burden in hidradenitis suppurativa: a long-term tertiary care cohort (2009–2025)

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with considerable morbidity and an increased prevalence of systemic comorbidities. Patients managed at tertiary dermatology centers often present with advanced disease and multiple metabolic, inflammatory and psychiatric comorbidities. Real-world data describing these characteristics in long-term cohorts remain limited.

Materials and Methods

We conducted a retrospective cohort study including patients diagnosed with HS at a tertiary dermatology center between 2009 and 2025. Clinical data were extracted from electronic medical records and included demographics, smoking history, body mass index (BMI), lesion localization, disease severity and comorbidities. Disease severity was assessed using Hurley staging and the International Hidradenitis Suppurativa Severity Score System (IHS4).

Results

A total of 351 patients were included. The mean age was 40.8 years, and the majority were female. According to Hurley staging, 56% had stage I disease, 32% stage II, and 10% stage III, with a mean IHS4 score of 6.5, indicating moderate disease activity overall. Lifestyle-related risk factors were common; a large proportion of patients reported current or previous tobacco exposure, and 42% were obese (BMI ≥30).Comorbidities were frequently observed. Depression affected 29.3% of patients, followed by hypertension (16.2%)and diabetes mellitus (14.0%). Hyperlipidemia was present in 5.7%, and anxiety disorders in 5.1% of patients. Among inflammatory comorbidities, psoriasis was present in 2.8%, while inflammatory bowel disease occurred in 3.1% (Crohn’s disease 1.4%, ulcerative colitis 1.7%). Additionally, polycystic ovary syndrome was documented in 3.7% of patients. Lesions most commonly involved intertriginous areas including the groins, axillae and perianal regions.

Conclusions

This long-term tertiary care cohort demonstrates that patients with HS frequently present with a substantial burden of metabolic, inflammatory and psychiatric comorbidities. The high prevalence of obesity, smoking, depression and cardiometabolic disease highlights the systemic nature of HS and underscores the importance of early diagnosis and multidisciplinary management addressing both cutaneous disease and associated systemic conditions.

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Abstract N°: 138

Sex differences in hidradenitis suppurativa: clinical characteristics and risk factors in a long-term tertiary care cohort

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease with a reported female predominance. However, sex-related differences in disease severity, risk factors and clinical characteristics remain incompletely understood. Better understanding of these differences may help improve disease management and risk stratification.

Materials and Methods
We conducted a retrospective cohort study including patients diagnosed with HS at a tertiary dermatology center between 2009 and 2025. Clinical data were extracted from electronic medical records and included demographic characteristics, smoking status, body mass index (BMI), lesion localization, disease severity, and comorbidities. Disease severity was assessed using Hurley staging and the International Hidradenitis Suppurativa Severity Score System (IHS4).

Results
A total of 351 patients were included in the study, with a predominance of female patients. The mean age of the cohort was 40.8 years. Overall disease severity ranged from mild to severe, with 56% classified as Hurley stage I, 32% stage II, and 10% stage III, corresponding to a mean IHS4 score of 6.5.When stratified by sex, women demonstrated higher overall disease severity compared with men, with a greater proportion presenting with Hurley stage II disease and higher mean IHS4 scores. Women also had a higher prevalence of obesity, with BMI ≥30 observed more frequently among female patients than male patients.Differences in lesion distribution were also observed. Women more commonly presented with involvement of the groins and inframammary areas, whereas men more frequently exhibited axillary and perianal involvement. Multi-site disease was common in both sexes.Comorbidity patterns also differed. Psychiatric comorbidities, particularly depression and anxiety, were more frequently documented among women, whereas cardiometabolic conditions such as hypertension and diabetes mellitus were relatively more common among male patients. Smoking was prevalent in both groups.

Conclusions
This long-term tertiary care cohort demonstrates clear sex-related differences in HS, with greater disease severity observed among male patients and higher obesity and psychiatric comorbidity burden among female patients. These findings highlight the importance of considering sex-specific risk factors and disease patterns in the clinical management of HS.

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Abstract N°: 178

Changes in Body Weight and the Risk of Hidradenitis Suppurativa: A nationwide cohort study

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Introduction

Hidradenitis suppurativa (HS) is a chronic immune-mediated skin disorder characterized by painful nodules, abscesses, and sinus tract formation in intertriginous areas that substantially impairs quality of life. The proposed mechanisms include proinflammatory pathways driven by excessive adipose tissue, mechanical friction in skin folds, and a moist environment promoting microbial overgrowth. Accordingly, obesity has been reported to have detrimental effects on HS. However, most prior studies have classified individuals based on weight status at a single time point. No study has examined how dynamic weight changes over time influence HS development. Using a large-scale nationwide database from the Korean National Health Insurance Service, we examined the association of obesity and longitudinal weight changes with the risk of developing HS.

Materials and Methods

We enrolled a total of 5,933,878 participants who underwent two consecutive biennial health examinations (2006–2007 and 2008–2009). Body mass index (BMI) was collected from each health examination. Changes in BMI were calculated by subtracting BMI values obtained during the first health screening period from those obtained during the second health screening period. Weight status was categorized into underweight (<18.5 kg/m^2), normal weight (18.5–22.9 kg/m^2), overweight (23–24.9 kg/m^2), and obesity (≥25 kg/m^2) according to WHO Western Pacific Region guidelines. All participants were followed from 1 January 2010 until HS diagnosis, death, or 31 December 2023, whichever came first. We conducted Cox proportional hazard regression analysis to assess hazard ratios and 95% confidence intervals (CIs) for HS risk according to baseline weight status and weight change categories. Restricted cubic splines were applied to graphically estimate the dose-response relationship between BMI change and HS risk.

Results

Over a maximum follow-up period of 14 years, a total of 5,562 HS events occurred. Compared with those with normal weight, those with obesity had an increased HS risk (adjusted hazard ratio [aHR] 1.22; 95% CI 1.15–1.30; P for trend <0.001). When examining the effects of weight changes, individuals who were initially normal weight but gained weight to become obese had a higher risk of HS compared with those who maintained normal weight (aHR 1.51; 95% CI 1.10–2.06). In contrast, among those with obesity, those who lost weight to overweight showed a reduced risk of HS compared with those who remained obese (aHR 0.87; 95% CI 0.76–1.00). According to restricted cubic splines assessing BMI change as a continuous variable, a linear dose-response relationship was observed. BMI gain was associated with an increased risk of HS, while BMI loss was associated with a decreased risk of HS.

Conclusions

In our large-scale cohort study, obesity was significantly associated with an elevated risk of HS, and weight changes directly influenced HS development in a dose-dependent manner. Weight gain increased while weight loss decreased the risk of HS. These findings underscore the importance of optimal weight management strategies for HS prevention.

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Abstract N°: 189

Serum Fetuin-A Levels and Lipid Profile in Patients with Acne Vulgaris: A Prospective Case-Control Study

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Introduction

Acne vulgaris is a multifactorial and chronic inflammatory skin disease resulting from the involvement of the pilosebaceous unit. In recent years, it has been suggested that acne is not merely a local disorder but may also be associated with systemic inflammation and metabolic processes. Fetuin-A (alpha-2-HS-glycoprotein) is a multifunctional hepatokine synthesized in the liver and involved in metabolic and inflammatory processes. It is associated with insulin resistance and can modulate inflammatory responses through pathways such as NF-κB and mTOR, making it a potential biomarker in various metabolic diseases. These effects of fetuin-A overlap with the mechanisms involved in acne pathogenesis; however, studies investigating its relationship with acne are limited and have reported conflicting results. In this study, we aimed to compare serum fetuin-A levels and lipid profile parameters [total cholesterol, triglycerides, HDL-C, LDL-C] in patients with acne vulgaris and healthy controls, and to evaluate their relationship with acne severity as well as clinical and lifestyle variables.

Materials and Methods

This prospective case-control study included 88 patients with acne vulgaris and 88 age- and sex-matched healthy controls between April and September 2025. Patients with systemic diseases, metabolic disorders, pregnant women, and those who had received systemic acne treatment in the past four weeks were excluded. Demographic data and BMI were recorded. Acne severity was assessed using the Global Acne Grading System (GADS) and the Investigator Global Assessment (IGA). Lipid profiles in serum samples collected after fasting were measured using routine methods, and fetuin-A levels were determined via enzyme-linked immunosorbent assay (ELISA). Statistical analyses were performed using SPSS 25.0; appropriate parametric/non-parametric tests, multivariate linear regression, and ROC analysis were used. A p-value < 0.05 was considered statistically significant.

Results

The acne and control groups were similar in terms of age, sex, BMI, smoking status, and alcohol consumption ($p > 0.05$). Diastolic blood pressure was lower in the acne group ($p = 0.028$). The mean disease duration in the acne group was 4.50 ± 4.05 years, and most cases were of mild-to-moderate severity. Serum fetuin-A levels were significantly higher in the acne group ($p < 0.001$); however, no significant differences were observed between the groups regarding lipid parameters ($p > 0.05$). No association was found between fetuin-A levels and acne severity, age, BMI, or lipid parameters. A negative correlation was observed between age and GADS score ($r = -0.311$; $p = 0.003$). BMI showed a positive correlation with total cholesterol and LDL-C, and a negative correlation with HDL-C ($p < 0.05$). In regression analysis, BMI had an independent negative effect on fetuin-A, whereas LDL-C had an independent positive effect ($p < 0.05$). ROC analysis demonstrated that fetuin-A had a moderate discriminatory performance in distinguishing acne patients (AUC = 0.707; $p < 0.001$).

	Acne		Control			
Variables	**Mean±SD**	**Md-Iqr**	**Mean±SD**	**Md-Iqr**	**z**	**p**
Fetuin-A	390,72±20,67	395,62(27,48)	376,94±17,7	378,45(29,18)	-4,743	**<0,001**
Total Cholesterol	153±28	149(39)	158±30	158(41)	-1,028	0,304
LDL-C	85±22	84(31)	88±24	85(27)	-1,088	0,277
HDL-C	49±11	48(16)	50±12	47(18)	-0,095	0,925
Triglycerid	99±56	88(58)	98±57	80(64)	-0,36	0,719

z: Mann Whitney U test statistic; Mean±SD: Mean ± standard deviation; Md (IQR): Median (interquartile range);

Table 1. Comparison of serum fetuin-A levels and lipid parameters between acne vulgaris patients and controls

Conclusions

This study demonstrated that serum fetuin-A levels in patients with acne vulgaris were significantly higher than those in healthy controls. However, no association was found between fetuin-A and disease severity or conventional lipid parameters. These findings suggest that elevated fetuin-A levels may be associated with the presence of acne but do not indicate disease severity. The data suggest that this glycoprotein may serve as a potential biomarker reflecting inflammatory and metabolic processes in acne pathogenesis, rather than as a standalone diagnostic marker. To the best of our knowledge, this study is among the first prospective case-control studies in our population to evaluate serum fetuin-A levels together with lipid parameters, contributing to the literature. Further large-scale, multicenter studies are needed to clarify its clinical utility and role in acne pathogenesis.

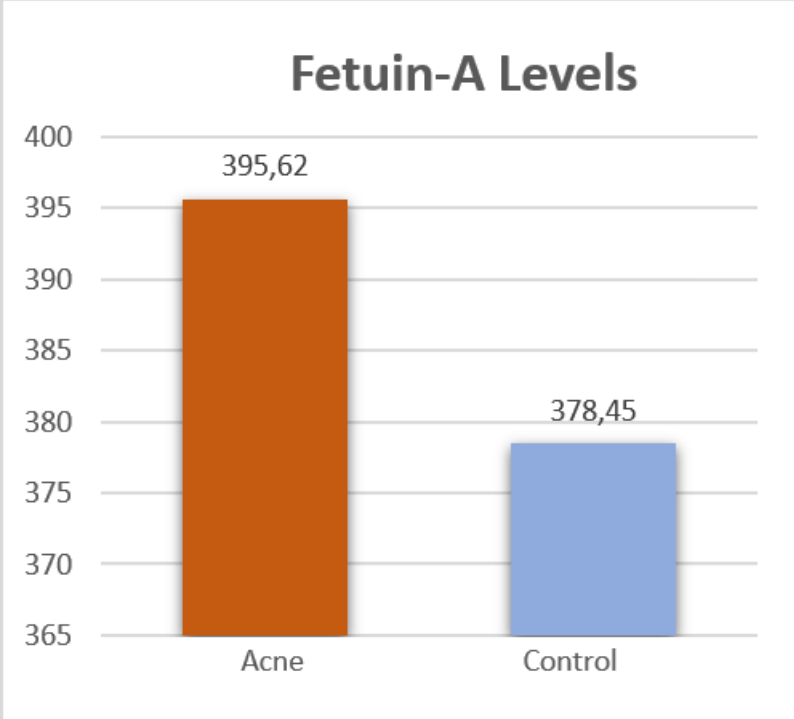

Figure 1. Median fetuin-A levels in the study groups

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Serum Elafin and IL-19 Levels in Hidradenitis Suppurativa Patients and Their Association with Disease Characteristics

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory disease affecting apocrine gland rich areas such as the axilla, inguinal, anogenital, and inframammary regions, characterized by deep nodules, abscesses, fistulas, sinus tracts, and scarring. Its etiology involves genetic predisposition, smoking, obesity, mechanical stress, hormonal factors, and bacterial colonization. Elafin is a protease inhibitor expressed by epithelial cells and keratinocytes, and by immune cells during inflammation. In addition to its antiprotease activity, it exhibits antiproliferative, antimicrobial, and immunomodulatory properties. It is thought to increase in diseases associated with neutrophilic inflammation and to limit protease-mediated tissue damage. Interleukin-19 (IL-19), a member of the IL-10 family, is produced by immune cells, epithelial cells, and keratinocytes. It has been reported to act synergistically with IL-17, promoting keratinocyte proliferation, and to function as a bridge between Th17 and Th2 immune responses.

This study was designed based on the hypothesis that elafin and IL-19 may be associated with inflammatory processes involved in HS pathogenesis. Accordingly, the aim was to compare serum elafin and IL-19 levels between HS patients and healthy controls and to evaluate their relationships with clinical features and disease severity.

Materials and Methods

Between February 2025 and February 2026, 80 HS patients meeting the inclusion criteria who presented to the dermatology outpatient clinic, along with 80 age- and sex-matched healthy controls, were enrolled. Patient age, areas of involvement, smoking and alcohol use, comorbidities, and treatment history were recorded, and body mass index (BMI) was calculated. Disease severity was assessed using the Hurley staging system and Sartorius score. Serum elafin, IL-19, erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP) levels were measured in all participants.

Results

The median serum elafin level was 9.9 ng/L (IQR: 9.1–14.8) in the HS group and 9.9 ng/L (IQR: 8.8–12.9) in the control group. The median serum IL-19 level was 10.8 ng/L (IQR: 9.6–15.8) in patients and 11.1 ng/L (IQR: 9.6–14.3) in controls. No significant differences were observed between the groups in terms of serum elafin and IL-19 levels ($p=0.44$ and $p=0.99$, respectively).

Serum elafin and IL-19 levels were significantly higher in patients with nuchal and scalp involvement compared to those without ($p=0.009$ and $p=0.017$, respectively).

In the subgroup analysis according to BMI, serum elafin and IL-19 levels were found to be significantly higher in patients with BMI <25 compared to BMI-matched controls ($p=0.016$ and $p=0.044$, respectively).

No significant associations were found between serum elafin or IL-19 levels and Hurley stage or Sartorius score. A strong positive correlation was observed between serum elafin and IL-19 levels ($p<0.001$).

Table 1. Comparison of serum elafin and IL-19 levels in patient and control groups according to body mass index

	Patient Group	Control Group	P
BMI<25 kg/m²			
Elafin ng/L (IQR)	12,7 (9,7-25,8)	9,9 (8,9-13,2)	**0,016**
IL-19 ng/L (IQR)	13,4 (10,1-22,4)	11,2 (9,4-15,1)	**0,044**
BMI≥25 kg/ m²			
Elafin ng/L (IQR)	9,6 (9,1-11,4)	9,8 (9,1-12,7)	0,67
IL-19 ng/L (IQR)	10,3 (9,5-13,3)	10,7 (9,9-12,8)	0,21

BMI: Body Mass Index, IQR: Interquartile Range, IL-19: Interleukin-19

Conclusions

In this study, while serum elafin and IL-19 levels did not differ significantly between the overall patient group and healthy controls, a significant increase was observed in HS patients with nuchal and scalp involvement and in the patient subgroup with BMI <25 compared to controls.

These findings suggest that elafin and IL-19 may play a more prominent role in specific clinical and phenotypic subgroups of HS.

The strong positive correlation between elafin and IL-19 may indicate that these molecules are co-regulated through shared inflammatory pathways in HS.

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EVALUATION OF FGF-21 AND GDF-15 LEVELS IN ROSACEA PATIENTS

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Introduction

Rosacea is a chronic inflammatory dermatosis affecting approximately 5% of adults worldwide, characterized by recurrent flushing, persistent erythema, telangiectasia, and papules/pustules on the face; dysregulation of innate/adaptive immune responses and neurovascular hyperreactivity play central roles in its pathogenesis. In this context, one of the two biomarkers evaluated in our study, FGF-21, is an endocrine-acting growth factor and a key regulator of energy metabolism; it rises rapidly under metabolic or inflammatory stress, can act as a "stress hormone," and has been shown to attenuate tissue injury by suppressing NF-κB signaling and reducing pro-inflammatory cytokines. Considering the insulin resistance and related metabolic risks reported in rosacea, the potential role of FGF-21 in this disease is of particular interest. GDF-15, a cytokine of the TGF-β superfamily, increases markedly in response to inflammatory stimuli or tissue damage and may restrain excessive inflammation through immune-inhibitory/anti-inflammatory effects. This study aims to compare serum GDF-15 and FGF-21 levels between patients with rosacea and healthy controls, and to delineate their relationships with disease severity, Demodex density, and metabolic parameters.

Materials and Methods

After applying inclusion/exclusion criteria, 122 individuals were analyzed: 62 rosacea patients and 60 healthy controls. Rosacea subtypes were recorded as erythematotelangiectatic (ETR) 62.9% (n=39), papulopustular (PPR) 30.6% (n=19), phymatous 4.8% (n=3), and ocular 1.6% (n=1). In the patient group only, Investigator Global Assessment (IGA), Rosacea Area and Severity Index (RAŞİ), and Demodex density (per cm^2) were scored. Serum GDF-15 and FGF-21 were measured with Elabscience (USA) ELISA kits using duplicate determinations and %CV verification; from the same samples, fasting blood glucose, insulin, and lipids were obtained and HOMA-IR was calculated. Statistical analyses employed Kolmogorov-Smirnov, Mann-Whitney U, and Spearman correlation tests with Bonferroni correction where appropriate; two-sided $p<0.05$ was considered significant.

Results

In demographic/biochemical comparisons between groups, weight, waist circumference, BMI, and LDL were higher in the patient group. Serum GDF-15 was significantly higher in rosacea than in controls ($p<0.001$); although FGF-21 was higher in patients, the difference was not significant ($p=0.497$). After excluding BMI>30, the between-group difference for GDF-15 persisted ($p<0.001$), while FGF-21 remained non-significant ($p=0.502$). Among participants with insulin resistance (n=38; 31.15%), neither GDF-15 nor FGF-21 differed between groups ($p=0.347$; $p=0.843$). By disease severity (mild-moderate n=31 vs severe n=31), GDF-15 was higher in the severe group ($p=0.038$), whereas FGF-21 did not differ ($p=0.394$). In patients, GDF-15 correlated positively with IGA ($r=0.292$; $p=0.021$) and RAŞİ ($r=0.257$; $p=0.044$) but not with Demodex/cm^2 ($p=0.817$). FGF-21 did not correlate with IGA, RAŞİ, or Demodex/cm^2 (all $p>0.05$). GDF-15 showed positive correlations with age ($r=0.672$-0.538; $p<0.001$) and LDL ($r\approx0.31$-0.41; $p\leq0.014$) and weak positive associations with weight, waist circumference, BMI, fasting blood glucose, and triglycerides; FGF-21 showed only a weak positive correlation with age.

Conclusions

Serum GDF-15 is elevated in rosacea and associates with clinical severity indices (IGA, RAŞİ), suggesting a role in rosacea pathophysiology and potential biomarker utility. In contrast, FGF-21 did not differ significantly between rosacea and control groups and did not associate with clinical severity. Overall, findings indicate that GDF-15 may represent a more sensitive indicator of systemic stress/inflammation along the immune-metabolic axis in rosacea. Further studies may better clarify the relationships of serum GDF-15 and FGF-21 with rosacea and their roles in treatment processes.

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Tunnel-associated keratinocytes in Hidradenitis suppurativa have a distinct pro-inflammatory program spatially associated with TNFα and OX40L positive cells

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease defined by the formation and expansion of epithelial tunnels in the dermis, leading to recurrent painful nodules, abscesses, and suppuration. It typically manifests in intertriginous areas, such as the axillary, groin, genitoanal, and inframammary regions. HS is a complex disorder involving multiple pathogenic processes including epithelial tendril formation, immune response dysregulation, and skin microenvironment remodeling.

While effective therapeutic options remain limited, recent research has elucidated key molecular mechanisms underlying HS, identifying pro-inflammatory mediators such as TNFα, CXCL1, and IL-1β as critical drivers of the innate immune response and pathways which drive adaptive immune responses, including Th17 and OX40/OX40L. A bispecific antibody that targets both arms of the immune response could be very effective; however, selection of appropriate targets requires an understanding of the identity and spatial organization of the cells responsible for inflammatory alterations within HS lesions.

Materials and Methods

In this study, we employed Xenium 5K spatial transcriptomics to profile five HS skin samples from patients with Hurley stage III disease.

Results

The spatial distribution of TNFα- and OX40L-expressing cells, revealed co-localization of both cell populations closer to tunnel-associated keratinocytes than to epidermal keratinocytes. Interestingly, TNFα and OX40L were expressed by distinct cells, with very few cells co-expressing both transcripts, suggesting that these proteins may have unique functions in HS. Consistent with previous reports, keratinocytes showed a distinct inflammatory signature, defined by the upregulation of genes involved in innate immune responses such as DEFB4A, CXCL1, and CTSC. Importantly, we found these inflammatory changes were specifically localized to tunnel-associated keratinocytes, whereas epidermal keratinocytes demonstrated enhanced expression of genes associated with epidermal homeostasis and normal differentiation, including CCL27, EGR3, and KRT2. Tunnel-associated keratinocytes additionally showed increased expression of genes associated with wound healing and inflammatory skin disease, including KRT17, SERPINB4, ANGPTL4, ITGB6, CTSL, KLK6, CD36, and ANXA3. Notably, many of these genes can be regulated by TNFα and genes, such as SERPINB4, have also been reported to be upregulated in other inflammatory skin disorders, most prominently in psoriasis.

Conclusion

Our data places known HS-associated pathomechanisms, TNFα and OX40L, in a spatial context for the first time. This not only highlights the central role of TNFα and OX40L in HS but also reveals a surprising spatial specificity where TNFα-induced inflammatory genes are exclusively observed in tunnel-associated keratinocytes. Collectively, these data suggest that mechanistically a bispecific antibody neutralizing both TNFα and OX40L, such as NAV-240

or NAV-242, could specifically attenuate inflammation at a key disease node providing HS patients with an effective treatment option.

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Abstract N°: 256

A systematic review assessing the use of topical benzoyl peroxide in dermatology

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Introduction
Benzoyl peroxide (BPO) is a widely available over-the-counter topical medication, approved in the 1960s for the treatment of acne vulgaris. Current NICE guidelines recommend BPO as a monotherapy or in combination with topical retinoids or antibiotics. However, concerns persist regarding optimal concentration and long-term safety, particularly following recent controversies surrounding benzene formation. This systematic review aims to assess the current evidence on the indications, efficacy, and safety profile of topical BPO across dermatological conditions.

Materials and Methods
A literature search following the PRISMA-P guidelines was performed using MEDLINE, Scopus and EMBASE databases from 1992 to 2025. Eligible studies included primary research involving patients with dermatological conditions treated with topical BPO, regardless of age, gender or disease severity. Extracted data included BPO concentration, study population, treatment duration, outcome measures, adverse effects (AEs) and efficacy. Primary outcomes were lesion count reduction, investigator global assessment scores, and any treatment-related AEs.

Results
Of 2347 identified records, 111 articles met the inclusion criteria. Multiple randomised controlled trials (RCTs) demonstrated that BPO monotherapy achieved 75% median lesion reduction versus placebo, with comparable efficacy across concentrations (2.5% vs 5%). Adapalene-BPO combination showed superior outcomes to monotherapy ($P<0.001$) among 2453 patients, though with increased irritation. Antibiotic-BPO combination demonstrated 71.3% IGA improvement by week 2 versus 19.3% vehicle control. In rosacea, BPO-clindamycin reduced papules and pustules up to 71%. Local application site reactions, including skin irritation, dryness and bleaching represented the most common AEs. Large population studies demonstrated no significant association between BPO use and detectable blood benzene levels or malignancy risk. Evidence for perioral dermatitis and folliculitis remains limited and methodologically heterogenous.

Conclusions
BPO remains an effective, well-tolerated topical agent with predominantly mild and self-limiting AEs. Further well-designed RCTs using validated, standardised outcome measures are required to better define its efficacy, tolerability and comparative effectiveness across other dermatological conditions.

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Abstract N°: 314

PASH syndrome with an atypical phenotype: early biologic intervention guided by a clinical-biological discrepancy

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Introduction

PASH syndrome is a rare autoinflammatory dermatosis with very few published cases, no validated treatment algorithm and no agreed approach to guide biologic intervention. When the phenotype is atypical, diagnosis becomes genuinely difficult. Pyoderma vegetans rather than classic ulcerative pyoderma gangrenosum, and acne stigmata without active lesions, may represent underrecognised components of the triad. We report a case where recognising both the atypical phenotype and a characteristic clinical-biological discrepancy led to early biologic intervention, with response monitored through validated severity scores.

Case Presentation

A 41-year-old overweight male smoker with a prior operated pilonidal cyst presented after three years of progressive bilateral axillary and inguinal inflammation with no period of remission, previously treated unsuccessfully with various antibiotic regimens and surgical drainage of purulent collections. Active nodular and cystic lesions, sinus tracts and fibrotic plaques with discharge were found in the left axilla. The right axilla was dominated by a vegetating erythematous violaceous plaque with a cribriform scar pattern, consistent with pyoderma vegetans. Both regions showed extensive tunneling and retractile scarring, with significant impact on shoulder mobility and daily function. No active acne lesions were present, but acne scarring and closed comedones, present on the face and torso, completed the triad. Disease severity at presentation: Hurley III, IHS4 16, DLQI 29, VAS 8/10.

Laboratory tests showed moderate systemic inflammation with relative neutrophilia; procalcitonin was normal and repeated cultures were sterile. Skin biopsy of an active axillary lesion showed a dense neutrophilic infiltrate with sterile microabscesses and dermal fibrosis, without epithelioid granuloma or vasculitis. We initiated clindamycin and rifampicin 300 mg twice daily for 12 weeks alongside topical ichthammol 10%, as well as counselling for smoking cessation and weight loss.

Given the insufficient response after 12 weeks of systemic antibiotherapy, together with sterile cultures and a neutrophilic histopathological pattern, we switched to biologic therapy with adalimumab at 160 mg week 0, 80 mg week 2, then 40 mg weekly. After three months of adalimumab, despite ongoing tobacco use, we observed marked clinical improvement with active lesions largely resolved, improved local mobility and quality of life: IHS4 6, DLQI 3, VAS 1, with good tolerability and no adverse reactions. At the six-month follow-up visit, clinical remission was maintained with further improvement in quality-of-life scores.

Conclusion

PASH syndrome may be missed when the phenotype does not match the expected presentation. In this case, acne scarring and closed comedones together with pyoderma vegetans and cribriform scarring supported the diagnosis despite the absence of active acne lesions and classic ulcerative pyoderma gangrenosum. Severe local tissue destruction coexisted with only moderate systemic inflammatory changes, and interpreting this discrepancy as a reason to wait would likely have meant missing the right therapeutic window. Tracking IHS4 and DLQI at each decision point guided and confirmed our therapeutic approach, supporting timely biologic intervention. In rare syndromes with limited evidence, structured clinical documentation becomes an essential part of therapeutic

decision-making.

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Comparative Outcomes of Deroofing and Wide Local Excision for Advanced Hidradenitis Suppurativa: A Retrospective Cohort Study

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disease associated with significant morbidity, impaired quality of life, and high health care utilization. Procedural interventions, including deroofing (DR) and wide local excision (WLE), play a central role in the management of moderate-to-severe disease (Hurley stage II-III). While both techniques are widely used and effective, direct comparative data evaluating wound healing and patient-reported outcomes (PROs) remain limited. To address this gap, we conducted a retrospective comparative study of patients undergoing DR and WLE for HS to compare time to wound healing and postoperative PROs. This study aims to provide evidence-based guidance for procedural selection in the management of moderate-to-severe HS.

Materials and Methods

We conducted a retrospective cohort study of HS patients undergoing DR or WLE at a tertiary care center between June 2023 to June 2025. The primary outcome was time to complete wound healing, defined as full re-epithelialization without the need for dressings. Secondary outcomes included postoperative pain, disease activity, drainage (numeric rating scale [NRS]), and recurrence. Multivariable linear regression with log-transformed healing time was used to estimate adjusted ratios of healing time (RHT) with 95% confidence intervals (CI), accounting for clustering by patient. Models were adjusted for age, sex, Hurley stage, lesion location, baseline symptom scores, and use of biologic and antimicrobial therapies. Sensitivity analyses included Cox proportional hazards modelling, and stratified analyses evaluated effect modification by biologic therapy.

Results

Sixty-eight patients (113 procedures; 57 DR and 46 WLE) were included. Baseline characteristics were similar between groups, although patients undergoing DR were more likely to be receiving biologic therapy and had higher baseline disease activity and drainage scores. There was no significant difference in time to wound healing between DR and WLE (RHT 0.80, 95% CI 0.57-1.12; p=0.20). Sensitivity analysis demonstrated a non-significant trend toward faster healing with WLE (HR 1.77, 95% CI 0.97-3.22). Among patients not receiving biologic therapy, WLE was associated with significantly faster healing compared with DR (RHT 0.55, 95% CI 0.35-0.87), whereas no difference was observed among biologic-exposed patients. Higher baseline pain independently predicted longer healing time (RHT 1.09 per NRS point, 95% CI 1.02-1.16), and axillary lesions healed more slowly than perineal

lesions (RHT 0.72, 95% CI 0.54-0.94; p = 0.018).

Both DR and WLE were associated with substantial improvements in postoperative pain, disease activity, and drainage, with no significant differences between procedures after adjustment. Recurrence rates were low and comparable, with >94% of treated sites remaining clear at 6 and 12 months. Biologic therapy was not associated with delayed healing or worse postoperative outcomes.

Conclusions

DR and WLE demonstrate comparable effectiveness for moderate-to-severe HS, with similar healing times, recurrence rates, and improvements in PROs. Biologic therapy does not adversely impact postoperative healing. However, WLE may offer faster healing in biologic-naïve patients, suggesting that procedural selection should be individualized based on disease phenotype, lesion location, baseline symptom burden, and systemic therapy status. These findings support a patient-centred, phenotype-driven approach to surgical decision-making in HS. Notably, baseline pain and lesion location emerged as important predictors of healing, underscoring the value of incorporating patient-reported and anatomic factors into preoperative counselling. Limitations include the retrospective design, single-center setting, and limited long-term follow-up. Prospective studies are warranted to further characterize these associations and confirm these findings.

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Abstract N°: 327

Aberrant tissue architecture reshapes the tissue-resident immune states in a lineage-specific manner in hidradenitis suppurativa

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Introduction

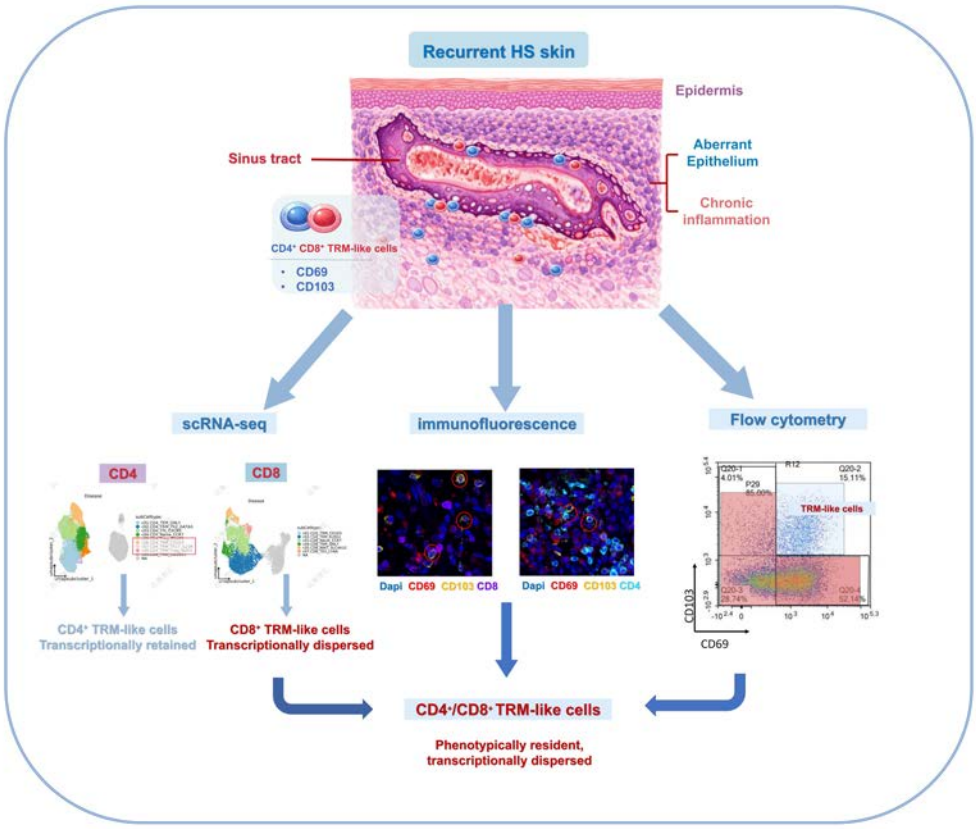
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disease characterized by deep-seated nodules, abscesses, and persistent sinus tracts. Although inflammatory pathways such as TNF and the IL-17/IL-23 axis are implicated in driving the disease, these conventional mechanisms fail to fully account for the defining features of HS, including its strict tissue localization, chronic persistence, and resistance to resolution. Unlike superficial skin diseases, HS inflammation is deeply embedded within extensive tissue remodeling, marked by mucosal-like sinus tract formation and adjacent lymphoid aggregates. Within this structurally distorted microenvironment, a critical question remains regarding whether tissue-resident memory T (TRM) cells—the primary candidates for long-term local immune surveillance and disease relapse—retain their steady-state identity or undergo functional and phenotypic remodeling. To address this, we integrated multiplex immunofluorescence, flow cytometry, and single-cell RNA sequencing to systematically delineate the spatial distribution and transcriptional reprogramming of resident-associated T cells within HS lesions, thereby clarifying how resident immune remodeling contributes to the persistence of chronic inflammation.

Materials and Methods

Skin tissues from 10 HS patients and 5 healthy controls were analyzed. Fresh tissues were enzymatically dissociated for flow cytometry and scRNA-seq on sorted $CD3^+$ T cells to profile transcriptional residency signatures. Concurrently, spatial distribution of resident-associated T cells within the remodeled tissue architecture was mapped and quantified using tyramide-based multiplex immunofluorescence

Results

Multiplex immunofluorescence revealed a stable population of $CD69^+CD103^+$ tissue-resident memory (TRM)-like T cells in HS lesions. These cells preferentially accumulated along the sinus tract epithelium in a structured, band-like pattern, independent of vascular or basement membrane remodeling, identifying the sinus tract as a specialized immunological niche. Functionally, flow cytometry demonstrated a CD4-predominant infiltrate where $CD4^+$ TRM-like cells exhibited strong IL-17A and IFN-γ production, whereas $CD8^+$ TRM-like cells were strictly IFN-γ-skewed. Single-cell transcriptomics highlighted a pronounced lineage-specific divergence: while $CD4^+$ cells preserved canonical steady-state TRM programs, $CD8^+$ T cells lost their homeostatic TRM identity, instead adopting a functionally reprogrammed state characterized by sustained cytotoxicity, chronic activation, and exhaustion.



In brief

Hidradenitis suppurativa (HS) is characterized by chronic, localized inflammation and recurrent sinus tract formation, yet the contribution of tissue-resident immune memory remains poorly defined.

Here, we integrate multiplex immunofluorescence, flow cytometry, and single-cell RNA sequencing to map resident T cell states in recurrent HS lesions. We identify CD4⁺ and CD8⁺ TRM-like cells that are spatially enriched around sinus tracts and phenotypically resident, but display divergent transcriptional programs. Notably, CD8⁺ TRM-like cells exhibit preserved tissue residency at the protein level despite transcriptional dispersion, revealing a decoupling of residency and effector programs in chronic inflammatory skin disease.

Highlights

- HS lesions harbor abundant CD4⁺ and CD8⁺ TRM-like cells with stable resident phenotypes
- TRM-like cells preferentially localize along sinus tract epithelium in recurrent HS skin
- CD4⁺ TRM-like cells retain transcriptional residency, whereas CD8⁺ TRM-like cells are transcriptionally dispersed
- Chronic HS inflammation uncouples phenotypic tissue residency from transcriptional TRM identity

Conclusions

This study defines a structurally imprinted and lineage-biased resident immune landscape in HS. The unique architectural distortion of sinus tracts and chronic inflammation converge to generate a non-steady-state tissue residency program. While $CD4^+$ TRM-like cells preserve canonical residency to drive the IL-17 axis, $CD8^+$ T cells uncouple residency markers from quiescence, pivoting toward sustained cytotoxicity. This localized, dual-pronged effector synergy provides a novel mechanistic framework for understanding the strict tissue confinement, disease persistence, and high recurrence rates characteristic of HS.

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Abstract N°: 335

Skin-Native Cutibacterium acnes Strains Selected for Functional and Ecological Compatibility in Acne-Prone Skin

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Introduction

Acne-prone skin is associated with microbiome imbalance and strain-level shifts within the Cutibacterium acnes (C. acnes) population, including, among others, an increased abundance of inflammation-associated A-strains, which exhibit distinct functional capacities. Conventional treatments often disrupt microbial communities rather than restoring them, emphasizing the need for microbiome-targeted strategies. A key requirement for effective modulation is selecting strains with a health-associated metabolic profile. Linoleic acid isomerase activity serves as an early discriminator between strains enriched on healthy versus acne-affected skin. In addition to this metabolic assessment, long-term formulation stability and the ecological compatibility required for successful engraftment were also considered critical attributes for selecting suitable strains.

Materials and Methods

Candidate strains were evaluated in three complementary assays or clinical studies.
(1) Functional screening: Low Linoleic acid (LA) isomerase activity was considered as indicator for a health-associated metabolic profile. The LA activity of isolated strains was measured by incubating strains with LA and quantifying LA and conjugated LA via LC–MS/MS. Conversion rates were compared to healthy- and acne-associated reference strains.
(2) Formulation stability: A lyophilized consortium of C. acnes strains C3 and K8 was stored in an anhydrous oil suspension at room temperature and activated by mixing with hydrogel. Viability was assessed by serial dilution plating and CFU determination after anaerobic incubation for 5 days over a period of 12 months.
(3) In vivo strain level modulation: Participants with acne-prone skin received the probiotic formulation, containing a consortium of C3 and K8 (investigational product n=61), or maintained their usual skincare routine (control n=46). Skin swabs were collected longitudinally. SLST amplicon sequencing was used to quantify strain-specific relative abundance and diversity metrics.

Results

Two candidates, C. acnes strains C3 and K8, fulfilled all selection criteria.
(1) Health-associated metabolism: The consortium of C3 and K8 exhibited LA isomerase activity comparable to healthy-associated reference strains, while acne-associated strains displayed significantly higher and more variable activity ($p=0.047$).
(2) Formulation robustness: The probiotic formulation, containing a consortium of C3 and K8, remained stable for 12 months, with viability decreasing only from 4.79×10^8 to 2.85×10^8 cfu/ml. Lyophilized bacteria remained fully activatable throughout storage.
(3) In vivo strain level modulation: The control group showed no meaningful changes in C. acnes strain-level abundance over 16 weeks. In contrast, application of the C3/K8 consortium resulted in a decrease in acne-

associated A-phylotypes and a marked increase in the applied strains at weeks 4 and 8 (padj<0.05; MaAsLin2 q<0.001). Alpha diversity increased at week 4 (p=0.016), and beta diversity profiles shifted significantly during treatment (padj<0.001). The two strains displayed strong co-engraftment, with significantly enhanced synergy under treatment (p=6.5e-05).

Conclusions

Effective modulation of acne-associated dysbiosis requires probiotic strains that are both functionally suitable and ecological compatibility with the skin ecosystem. Through a targeted selection framework integrating metabolic profiling, formulation viability, and engraftment capacity, we identified a consortium of C. acnes strains C3 and K8 that fulfills all criteria. In vivo, this consortium selectively shifted C. acnes strain-level composition toward a pattern associated with healthier skin.

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Abstract N°: 338

Probiotic Dermocosmetic Care for Acne-Prone Skin: Interim Results from a Global Real-World Study

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Introduction
Acne vulgaris is associated with alterations in the skin microbiome, including reduced Cutibacterium acnes strain diversity and an increased prevalence of acne-associated C. acnes strains. Emerging approaches aim to restore microbial balance rather than indiscriminately eliminate bacterial populations. A skin-native probiotic C. acnes complex (CA-31 and CA-81) is designed to restore microbiome balance in acne-prone skin by introducing viable health-associated strains. This interim analysis evaluates the clinical efficacy of a dermocosmetic probiotic routine containing CA-31 and CA-81 in a large real-world population with acne-prone skin.

Materials and Methods
This interim analysis is based on data from a global multicenter real-world evidence study conducted in 26 countries. Volunteers with acne-prone skin (IGA grades 2–4) used a dermocosmetic probiotic routine containing TopiC.A for 8 weeks. The presented analysis includes volunteers using the routine as stand-alone care (n = 705), assessed by 226 dermatologists (total volunteer dataset n = 905). Clinical efficacy was evaluated using Investigator Global Assessment (IGA) scores and counts of inflammatory and non-inflammatory lesions. Patient-reported outcomes revealed the perceived burden associated with acne-prone skin. A subgroup analysis showed outcomes in volunteers being stable on oral Isotretinoin treatment, using the probiotic routine as adjunctive care.

Results
After 8 weeks of treatment, 65% of volunteers showed an improvement of at least one IGA grade, and 46% achieved an IGA score of 0 or 1. Significant reductions were observed in inflammatory and non-inflammatory lesion countsMean inflammatory lesion counts decreased from 22 at baseline to 12 after 8 weeks. Non-inflammatory lesions counts decreased from 32 to 17, while total lesion counts were reduced from 52 to 29. All reductions were statistically significant. These findings demonstrate a perceivable overall improvement in acne-prone skin condition. Participants also reported a reduced burden associated with acne-prone skin. Volunteers undergoing oral isotretinoin therapy tolerated the probiotic routine without safety concerns.Overall skin tolerability was rated as good to very good by dermatologists

Conclusions
This interim analysis demonstrates clinically meaningful improvements in acne-prone skin following the use of a dermocosmetic probiotic routine containing the skin-native probiotic C. acnes strain complex with CA-31 and CA-81. Reductions were observed across inflammatory, non-inflammatory, and total lesion counts, accompanied by improvements in IGA scores. These findings suggest that microbiome-targeting dermocosmetic care may play a beneficial role in improving acne-prone skin under real-world conditions. In addition to clinical improvements, participants reported a reduction in acne-related burden. Compatibility with systemic therapies such as oral isotretinoin indicates that microbiome-targeted skincare may complement established acne management strategies.

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Abstract N°: 401

Isotretinoin in the Digital Era: Patient Knowledge, Misconceptions, and Social Media Influence

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Introduction

Acne is a chronic inflammatory disorder of the pilosebaceous unit and one of the most prevalent dermatologic conditions, affecting approximately 9.4% of the global population. Moderate-to-severe disease occurs in 10–20% of patients. Oral isotretinoin (13-cis-retinoic acid) is the most effective treatment, achieving long-term remission in up to 85% of cases, and is indicated for nodulocystic, treatment-resistant acne, and patients at risk of scarring.Despite its efficacy, isotretinoin is associated with adverse effects, including mucocutaneous dryness, metabolic and hepatic abnormalities, and teratogenicity. However, patient awareness remains insufficient, and misconceptions about its safety and use are common.Social media has emerged as a major source of health information, with the potential to both inform and misinform patients, contributing to exaggerated concerns and inappropriate perceptions.This study aims to evaluate patient knowledge and misconceptions regarding isotretinoin, focusing on the role of social media and associated clinical and sociodemographic factors.

Materials and Methods

Study Design: This cross-sectional study included patients aged ≥15 years with acne vulgaris who were candidates for isotretinoin therapy. A structured questionnaire was administered prior to treatment initiation to assess patients' knowledge, beliefs, and perceptions.
Ethics: Ethical approval was obtained from the Karadeniz Technical University Faculty of Medicine Ethics Committee (Decision No: 2024/238; 18 December 2024).
Data Collection: Sociodemographic characteristics (age, sex, smoking, and alcohol use), clinical features (acne severity, scarring, and previous treatments), and social media usage were recorded.
Assessment:Patients' knowledge, beliefs, and attitudes toward isotretinoin were evaluated according to sex, adult-onset acne, disease severity (mild vs. moderate-to-severe), and prior social media use.
Statistical Analysis: Statistical analyses were performed using IBM SPSS Statistics version 26.0. Categorical variables were compared using the chi-square test, and a p-value < 0.05 was considered statistically significant.

Results

A total of 348 patients were included (mean age: 21.5 ± 4.0 years), with a predominance of moderate-to-severe acne (91.7%) and frequent hyperpigmentation/scarring (47.7%). Overweight/obesity and alcohol use were more common in males ($p = 0.019$ and $p = 0.001$). Awareness of isotretinoin was high (85.6%), particularly among females ($p < 0.001$).Social media use was widespread (94.8%), with 71.6% seeking acne-related information, mainly via Google and Instagram. Skin dryness was the most recognized adverse effect (46.3%). Females showed greater awareness of liver enzyme elevation ($p = 0.009$) and initial acne flare ($p = 0.002$).Common misconceptions included the belief that isotretinoin is suitable for all acne types (more frequent in males, $p = 0.006$), may cause organ failure (21.0%), or permanently impair fertility (8.6%). Males more often believed dietary factors worsen side effects ($p < 0.001$) and that vaccination is harmful ($p = 0.016$).Patients with moderate-to-severe acne and younger individuals (<25 years) demonstrated greater awareness but were also more influenced by negative social media perceptions ($p = 0.008$ and $p = 0.013$). Social media exposure was associated with both increased awareness and misconceptions, including reduced concern about alcohol use ($p = 0.040$).

Conclusions

Although awareness of isotretinoin is generally high, significant misconceptions persist, particularly among younger and male patients. Social media has a dual role by increasing awareness while also facilitating the spread of misinformation. These findings highlight the need for physician-led education and reliable, evidence-based digital health communication.

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Abstract N°: 465

EFFICACY OF SECUKINUMAB VS ADALIMUMAB IN THE TREATMENT OF HIDRADENITIS SUPPURATIVA: A RANDOMIZED CONTROLLED TRIAL

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Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin condition, characterized by the occurrence of inflammatory deep and painful nodules, predominantly over body parts with a high density of apocrine sweat glands, such as the axillary, inguinal areas etc. The treatment of this condition is very challenging, with adalimumab approved as the only biologic for its management since 2015. Recently in 2023, secukinumab (IL-17 inhibitor) has also been approved for the treatment of HS. It is therefore crucial to identify various potential therapeutic options for management of refractory HS for better clinical outcome.The aim of the study is to compare the efficacy of secukinumab and adalimumab in the long-term management of Hidradenitis suppurativa (HS) not responding to conventional therapies focusing on clinical outcomes.

Materials and Methods
A randomized control trial pilot study was conducted in 30 Indian patients with HS, divided equally into two groups. Patients were allocated 1:1 to Group A & B by computer generated randomized numbers. There was no blinding involved in the study. Group A received adalimumab (160 mg subcutaneously every 4 weeks), while Group B received secukinumab (300 mg subcutaneously every 4 weeks) for 6 months. Clinical response was assessed using the Modified Sartorius Score (mSS) and Hurley staging during follow up at 4-weekly intervals up to 24 weeks. Data were analysed using appropriate statistical tests.

Results
Both groups had comparable baseline characteristics. secukinumab demonstrated significantly greater reduction in mSS by Week 24 (mean change: -6.46 vs. -0.26). All patients in the secukinumab group showed improvement, while 40%(6/15) of patients on adalimumab showed disease worsening. Subjective and objective assessments consistently favoured secukinumab. No significant safety concerns were noted in either group.

Conclusions
Secukinumab showed superior and sustained clinical efficacy over adalimumab in the treatment of moderate to severe HS. Its targeted inhibition of IL-17A, a key cytokine in HS pathogenesis, provides a promising therapeutic alternative, especially for patients with inadequate response to TNF-α inhibitors.

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Abstract N°: 467

Management strategies and outcomes after week-12 nonresponse to adalimumab monotherapy in hidradenitis suppurativa: a multicenter real-world cohort study from ADAPT-HS cohort

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Introduction

Adalimumab is one of the first-line biologics for moderate-to-severe hidradenitis suppurativa (HS); however, a substantial proportion, approximately 50%, of patients fail to achieve an adequate response by week 12. In cases of week-12 nonresponse or partial response, management strategies remain unclear and non-standardized. There is currently no evidence-based algorithm guiding management after week-12 nonresponse, particularly in the evolving therapeutic landscape with the emergence of newer biologic agents. Therefore, the primary objective of the ADAPT-HS (ADAlimumab Poor response Treatment strategies in Hidradenitis Suppurativa) cohort study was to evaluate the management strategies applied in patients with HS who did not respond to adalimumab monotherapy at week 12.

Materials and Methods

This study was conducted within the ADAPT-HS cohort, a multicenter, retrospective, real-world dataset including patients with HS treated with adalimumab across tertiary dermatology centers in Türkiye. This study included HS patients who did not achieve HiSCR50 at week 12 of adalimumab monotherapy. Demographic, clinical, and treatment-related data were collected. Management strategies after week-12 nonresponse were categorized as continuation of standard dosing, dose escalation, combination therapy with adjunctive treatments, or switching to another targeted therapy. Treatment outcomes at week 24 were evaluated using the HiSCR50 response. Multivariable logistic regression analyses were performed to identify independent predictors of response.

Results

A total of 475 patients were included. Figure 1 represents baseline characteristics of the cohort. We observed that management approaches were heterogeneous and non-standardized, and 42.7% of patients achieved HiSCR by week 24. Following week-12 nonresponse, most patients were managed with combination strategies (66.7%), while adalimumab monotherapy was continued in 22.9%, and dose escalation to 80 mg/week was performed in 12.4% of patients. Adjunctive topical (45.3%) and systemic treatments (52.8%) were frequently used, whereas procedural interventions (17.9%) and switching to another biologic or small molecule (9.3%) were less common. The response rates were higher for patients receiving combination therapy (59.6%) than for those receiving monotherapy (48.6%) or dose escalation (42.4%). Nonetheless, treatment strategies were not independently associated with responses in the multivariable analysis. In contrast, the presence of comorbidities (OR 0.54, p = 0.007), prior immunosuppressive treatment (OR 0.37, p = 0.008), and pustular lesions (OR 0.49, p = 0.003) were independently associated with a lower likelihood of achieving HiSCR50 at week 24. Higher baseline disease severity, as assessed by PGA, was also negatively associated with response (OR 0.68, p = 0.005).

Variable	All cohort n = 475	HiSCR at week 24 n=203	No HiSCR at week 24 n=272	P value
Baseline demographic and clinical characteristics				
Sex, n (%)				0.29
Female	123 (26.1)	58 (28.6)	66 (24.3)	
Male	351 (73.9)	145 (71.4)	206 (75.7)	
Age, mean (SD), years	37.8 (11.6)	37.20 (11.1)	38.29 (11.9)	0.31
BMI, mean (SD), kg/m²	28.3 (4.6)	28.01 (4.6)	28.51 (4.7)	0.264
Missing, n=47				
Smoking status, n (%)				0.88
Current smoker	300 (67.0)	123 (65.8)	177 (67.8)	
Ex-smoker	22 (4.9)	55 (29.4)	71 (27.2)	
Nonsmoker	126 (28.1)	9 (4.8)	13 (5.0)	
Missing, n= 27				
Smoking exposure, mean (SD); pack-year	18.5 (16.4)	19.30 (18.4)	17.90 (14.7)	0.66
Missing, n= 174				
(+) Comorbidities, n (%)	297 (62.5)	114 (56.2)	183 (67.3)	0.013
Comorbidities, n (%)				
• *Inflammatory/autoimmune*	90 (18.9)	36 (17.7)	54 (19.9)	0.56
• *Metabolic*	153 (32.2)	60 (29.6)	93 (34.2)	0.29
• *Hormonal*	94 (19.8)	33 (16.3)	61 (22.4)	0.09
• *Psychiatric/neurologic*	81 (17.1)	28 (13.8)	53 (19.5)	0.10
• *Follicular occlusion*	98 (20.6)	34 (16.7)	64 (23.5)	0.07
HS-related baseline disease characteristics				

Disease onset, mean (SD); year	26.5 (9.8)	26.22 (9.6)	26.75 (9.9)	0.59
Missing, n=7				
Disease duration, mean (SD); year	11.1 (7.6)	10.70 (7.3)	11.40 (7.8)	0.35
Missing, n=7				
(+) Family history of HS, n (%)	95 (20.0)	36 (17.7)	59 (21.7)	0.29
Inflammatory type HS, n (%)	443 (93.3)	191 (94.1)	252 (92.6)	0.56
Flares, median (IQR), n	4 (3)	4 (6)	3 (3)	0.10
Missing, n=65				
Hurley stage, n (%)				0.26
I	27 (5.7)	10 (5.0)	17 (6.3)	
II	171 (36.2)	81 (40.3)	90 (33.1)	
III	275 (58.1)	110 (54.7)	165 (60.7)	
Missing, n=2				
IHS4, median (IQR)	16 (15)	16 (13)	17 (16)	0.30
Missing, n=170				
IHS4 staging, n (%)				0.74
Mild (0-4)	9 (2.9)	4 (2.9)	5 (2.9)	
Moderate (5-10)	62 (19.8)	29 (20.9)	33 (19.0)	
Severe (>11)	242 (77.3)	106 (76.3)	136 (78.2)	
Missing, n=170				
Lesion count, median (IQR)				
Nodule	5 (5)	5 (4)	5 (4)	0.51
Abscess	2 (3)	2 (2)	2 (3)	0.73
Draining fistula	2 (2)	2 (2)	2 (2)	0.57
Missing, n=170				
PGA, n (%)				**<0.001**
1	3 (0.7)	2 (1.0)	1 (0.4)	
2	16 (3.5)	7 (3.5)	9 (3.4)	
3	179 (39.0)	**90 (45.5)**	**89 (34.1)**	
4	142 (30.9)	69 (34.8)	73 (28.0)	
5	119 (25.9)	**30 (15.2)**	**89 (34.1)**	
Missing, n=16				
Previous topical treatments, n (%)	355 (99.4)	160 (98.8)	195 (100.0)	0.21
Missing, n=118				
Previous systemic treatments, n (%)				
Antibiotics				
Systemic retinoids	381 (87.6)	164 (85.4)	217 (89.3)	0.22
Systemic corticosteroids	219 (50.3)	103 (53.6)	116 (47.7)	0.22
Biologics	36 (8.3)	8 (4.2)	28 (11.5)	**0.006**
At least one immunosuppressive drug	18 (4.1)	3 (1.6)	15 (6.2)	**0.016**
Missing, n=40	55 (12.6)	12 (6.3)	**43 (17.7)**	**<0.001**
Previous surgery, n (%)	91 (46.2)	44 (47.3)	47 (45.2)	0.766
Missing, n=278				
Involved areas, n (%)				
Axilla	373 (78.5)	164 (80.8)	209 (76.8)	0.30
Inguinal	307 (64.6)	**121 (59.6)**	**186 (68.4)**	**0.048**
Genital	158 (33.3)	72 (35.5)	86 (31.6)	0.38
Gluteal	172 (36.2)	67 (33.0)	105 (38.6)	0.21
Intergluteal	96 (20.2)	36 (17.7)	60 (22.1)	0.25
Perianal	68 (14.3)	24 (11.8)	44 (16.2)	0.18
Mammarian	63 (13.3)	26 (12.8)	37 (13.6)	0.80
Intermammarian	54 (11.3)	21 (10.4)	33 (12.1)	0.56
Back	62 (13.1)	28 (13.8)	34 (12.5)	0.68
Abdominal	41 (8.4)	16 (7.9)	25 (9.2)	0.62
Post-auricular	27 (5.7)	8 (3.9)	19 (7.0)	0.16
Pre-auricular	11 (2.3)	5 (2.5)	6 (2.2)	0.85
Facial	40 (8.4)	18 (8.9)	22 (8.1)	0.76
Neck	57 (12)	12 (5.9)	13 (4.8)	0.59
Scalp	8 (1.7)	4 (2.0)	4 (1.5)	0.68
Leg	5 (1.1)	1 (0.2)	0 (0.0)	0.52
Lesion types, n (%)				
Nodule				
Inflammatory	435 (91.6)	179 (88.2)	256 (94.1)	**0.02**
Non-inflammatory	210 (44.2)	92 (45.3)	118 (43.4)	0.67
Abscess	349 (73.5)	156 (76.8)	193 (71.0)	0.15
Fistula				
Draining	334 (70.3)	146 (71.9)	188 (69.1)	0.51
Non-draining	183 (38.3)	70 (34.5)	113 (41.5)	0.12
Double comede openings	154 (32.4)	62 (30.5)	92 (33.8)	0.46
Scar				

Atrophic	220 (46.3)	113 (55.7)	107 (39.3)	**<0.001**
Hypertrophic	268 (56.4)	102 (50.2)	166 (61.0)	**0.019**
Papule	264 (55.6)	110 (54.2)	154 (56.6)	0.60
Pustule	171 (36.0)	58 (28.6)	113 (41.5)	**0.004**

Figure 1. Baseline demographic and clinical factors and their association with week-24 HiSCR response. Abbreviations: HiSCR50; Hidradenitis Suppurativa Clinical Response; HS, hidradenitis suppurativa; IHS4, International Hidradenitis Suppurativa Severity Score System; PGA, Physician's Global Assessment; SD, standard deviation; IQR, interquartile range.

Conclusions

In this large real-world cohort, nearly half of HS patients who did not respond to adalimumab at week 12 achieved clinical response by week 24, particularly under combination treatment approaches (Figure 2). Previous research indicates that combination therapies and surgical interventions may enhance outcomes and that the clinical response to adalimumab monotherapy can improve over time, particularly by week 24. However, in our cohort, treatment modification strategies were not independently predictive of outcomes, indicating that patient-related factors and baseline disease characteristics may play a more critical role in determining treatment response. These findings support a personalized management approach and highlight the importance of patient stratification when deciding whether to continue, escalate, or modify therapy after early nonresponse.

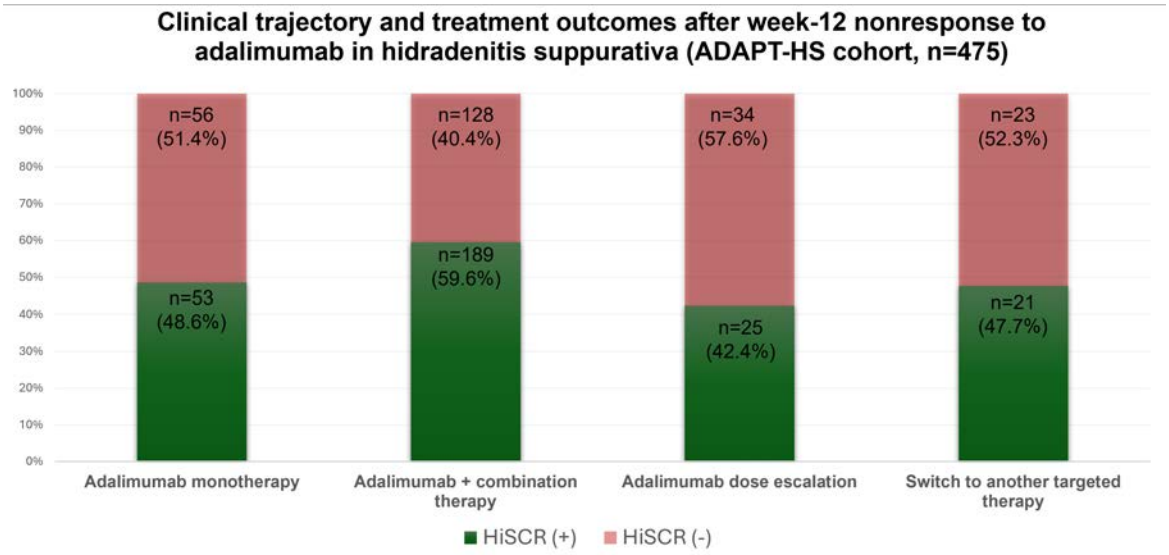

Figure 2. Treatment modification strategies after week-12 nonresponse and corresponding HiSCR50 response rates at week 24. Although combination therapy showed numerically higher response rates, no treatment strategy was independently associated with outcomes in multivariable analysis.

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Abstract N°: 471

Hidradenitis Suppurativa Tarda: A High-Burden Disease with Greater Severity in Persistent Cases

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Introduction

Although hidradenitis suppurativa (HS) is traditionally considered a disease of young adults, with decreasing activity in the elderly, epidemiological studies suggest a bimodal distribution in disease onset, with the first peak occurring at approximately 17 years of age and a second peak observed around the age of 40. Moreover, active disease is not uncommon among patients aged over 60 years, with a reported prevalence of approximately 0.8% in this population. The term “HS tarda” was first introduced by Van der Weijden et al. in 2023 and further subclassified into two phenotypes: persistent HS tarda, defined as disease onset before the age of 60 with continued activity beyond 60 years, and late-onset HS tarda, in which initial symptoms develop after the age of 60. Given that HS tarda represents a relatively newly defined clinical entity, data on disease characteristics and associated comorbidities in this population remain limited, highlighting an important gap in literature.

Materials and Methods

This multicenter, retrospective, observational study included patients aged ≥60 years HS, identified through

electronic medical records using the ICD-10 code L73.2 between January 2013 and June 2025 across 19 dermatology centers in Türkiye. The researchers analyzed demographic characteristics, lifestyle factors, HS-related clinical features (including Hurley stage, IHS4, and Physician Global Assessment), comorbidities, family history, and previous systemic treatments.

Results

A total of 280 patients with HS tarda were included, comprising 62 (22.1%) with late-onset HS tarda and 216 (77.1%) with persistent HS tarda (Table 1). The mean age was 68.3 ± 4.4 years, and 78.2% of patients were male. Patients with late-onset HS tarda were significantly older than those with persistent HS tarda (69.7 vs 67.9 years, $p < 0.001$). Current smoking and alcohol use were both more common in the persistent HS tarda group (55.4% vs 40.4% and 39.4% vs 18.6%, respectively). Comorbidities were highly prevalent in the overall cohort (87.2%), with metabolic comorbidities being the most frequent (78.9%). The distribution of comorbidity groups was largely comparable between phenotypes, except for follicular occlusion disorders, which were more frequent in late-onset HS tarda (8.2% vs 1.5%, $p = 0.018$).

Persistent HS tarda was associated with more severe disease, with a higher proportion of Hurley stage III disease (37.5% vs 19.4%), whereas late-onset HS tarda more frequently presented with Hurley stage I disease (46.8% vs 23.6%) ($p = 0.001$). Similarly, disease severity assessed by PGA differed significantly between groups ($p = 0.016$), while IHS4 scores were comparable.

Previous systemic antibiotic use was more frequent in persistent HS tarda (97.7% vs 83.9%, $p < 0.001$), whereas the use of biologics and other systemic treatments was similar between groups.

Characteristics	HS tarda, total n= 280	Late-onset HS tarda N=62	Persistent HS tarda N=216	P value
Age, mean (SD)	68.3 (4.4)	69.7 (4)	67.9 (4.2)	**<0.001[a]**
Sex, male, n (%)	219 (78.2%)	47 (75.8%)	170 (78.7%)	0.627[b]
BMI, mean (SD); mg/kg²	28.1 (4.4)	28.8 (3.7)	27.9 (4.5%)	0.293[c]
Missing, n	41	24	16	
Smoking status, n (%)				**0.003[b]**
Current smoker	140 (52.4%)	21 (40.4%)	118 (55.4%)	
Ex-smoker	86 (32.2%)	15 (28.8%)	70 (32.9%)	
Nonsmoker	41 (15.4%)	16 (30.8%)	25 (11.7%)	
Missing, n	13	10	3	
(+) Alcohol use, n (%)	90 (32.1%)	8 (18.6%)	82 (39.4%)	**0.010[b]**
Missing, n	28	19	8	
(+) Comorbidities, n (%)	232 (87.2%)	54 (88.5%)	176 (86.7%)	0.709[b]
Missing, n	14	1	12	
(+) Family history of HS, n (%)	47 (19.6%)	6 (14.6%)	41 (20.7%)	0.373[b]
Missing, n	40	21	18	
Inflammatory type HS, n (%)	264 (96.7%)	54 (93.1%)	209 (97.7%)	0.101[d]
Missing, n	7	4	2	
Involved areas, n (%)				
Axillary	143 (52.8%)	25 (43.1%)	118 (55.7%)	0.09[b]
Inguinal-genital	134 (49.4%)	26 (44.8%)	107 (50.5%)	0.446[b]
Gluteal	123 (46.8%)	24 (42.1%)	99 (48.3%)	0.408[b]
Mammarian	25 (9.5%)	5 (8.8%)	20 (9.8%)	0.823[b]
Other	31 (11.8%)	10 (17.5%)	21 (10.2%)	0.131[b]
Missing, n	9	4	4	

Missing, n	9	4	4	
Hurley stage, n (%)				**0.001[b]**
I	80 (28.6%)	29 (46.8%)	51 (23.6%)	
II	106 (37.9%)	21 (33.9%)	84 (38.9%)	
III	94 (33.6%)	12 (19.4%)	81 (37.5%)	
IHS4, mean (SD)	5.6 (5.5)	5.5 (4.5)	5.7 (5.9)	0.752[a]
Missing, n	178	35	141	
PGA, n (%)				**0.016[e]**
0	6 (2.9%)	3 (7%)	3 (1.8%)	
1	36 (17.2%)	16 (37.2%)	20 (12%)	
2	50 (23.9%)	6 (14%)	44 (26.5%)	
3	84 (40.2%)	10 (23.3%)	74 (44.6%)	
4	25 (12%)	5 (11.6%)	20 (12%)	
5	8 (3.8%)	3 (7%)	5 (3%)	
Missing	71	19	50	
Previous systemic treatments, n (%)				**<0.001[d]**
Systemic antibiotics	265 (94.6%)	52 (83.9%)	211 (97.7%)	0.759[b]
Adalimumab	77 (27.5%)	16 (25.8%)	60 (27.8%)	0.096[b]
Acitretin/isotretinoin	77 (27.5%)	12 (19.4%)	65 (30.1%)	0.054[d]
Other biologics	21 (7.5%)	1 (1.6%)	20 (9.3%)	-
Immunsuppressives (corticosteroid, methotrexate, dapson)	7 (2.5%)	0	7 (3%)	-

Table 1. Demographic, clinical characteristics, and prior treatment profiles of patients with HS tarda according to phenotype (late-onset vs persistent HS tarda). BMI: Body mass index; HS: Hidradenitis suppurativa; SD: Standard deviation a Independent Samples Mann-Whitney U Test, b Pearson Chi-square, c Independent Samples T Test, d Fisher Exact Test, e Linear-by-linear association. Statistically significant p-values are shown in bold.

Conclusions

In this multicenter cohort of HS tarda, patients were predominantly male, with high rates of smoking and metabolic comorbidities and a substantial burden of moderate-to-severe disease. Compared with prior studies, our findings confirm that HS in older adults deviates from the classic female predominance seen in younger populations, with increased male predominance and higher exposure to lifestyle-related risk factors such as smoking. The high prevalence of smoking and metabolic comorbidities aligns with previous reports highlighting their role in HS pathogenesis and severity. Persistent HS tarda showed greater disease severity than late-onset cases. Consistent with prior data, longer disease duration is linked to greater inflammatory burden and damage, while late-onset HS is milder with less familial aggregation, supporting phenotypic distinction. In conclusion, HS tarda is a distinct clinical entity characterized by male predominance, high comorbidity burden, and greater disease severity—particularly in persistent cases—underscoring the need for comprehensive management and targeted comorbidity and malignancy surveillance.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 475

Who relapses after isotretinoin? Predictive factors from a real-life cohort study

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Introduction
Acne is a chronic inflammatory dermatosis associated with a significant psychosocial burden, and oral isotretinoin remains the gold-standard treatment for moderate-to-severe forms; however, variability in treatment response, the occurrence of early inflammatory flares, and the risk of relapse after discontinuation underscore the need to better identify predictive factors, and this study therefore aims to determine the clinical and behavioral predictors of therapeutic response, early severe inflammatory flares, and post-treatment relapse in a real-life cohort.

Materials and Methods
A retrospective descriptive and analytical study was conducted in a tertiary dermatology setting, including patients treated with oral isotretinoin for acne between January 2020 and February 2026. Patients were classified according to treatment response at 6 months. Good response was defined as marked clinical improvement, while insufficient response corresponded to persistence of inflammatory lesions. Relapse was defined as recurrence of ≥50% of lesions within one year after treatment discontinuation. Logistic regression analyses were performed.

Results
Among 382 patients with acne, 146 (38.2%) were treated with isotretinoin. Of these, 95 (65.1%) achieved a good clinical response, while 51 (34.9%) showed insufficient response.Patients with a favorable response were significantly younger than non-responders (mean age: 24.2 ± 5.8 vs 29.9 ± 6.4 years; OR=1.075, 95% CI: 1.035–1.117; p<0.001), suggesting better outcomes in younger individuals. A female predominance was observed in both groups.Baseline acne severity was a major predictor of treatment success. A good response was observed in 88.4% of patients with severe acne compared to 56.9% in those with mild-to-moderate forms (OR=3.9, 95% CI: 2.2–7.1; p<0.001).Family history of acne was associated with poorer outcomes, with a favorable response in 58.3% of patients with a positive family history versus 80.5% in those without (OR=0.38, 95% CI: 0.19–0.77; p=0.01).Early consultation significantly improved outcomes: 85.2% of patients who consulted within 6 months of lesion onset responded favorably, compared to 58.8% of those with delayed consultation (OR=4.5, 95% CI: 2.1–9.4; p<0.001).Frequent lesion manipulation was associated with reduced treatment efficacy (60.4% vs 82.1%; OR=0.32, 95% CI: 0.15–0.69; p=0.003).Lifestyle factors also negatively impacted response. Smokers had lower response rates compared to non-smokers (54.3% vs 72.8%; OR=0.45, 95% CI: 0.21–0.95; p=0.03), and overweight or obese patients showed reduced response compared to those with normal weight (60.5% vs 72.4%; OR=0.58, 95% CI: 0.34–0.97; p=0.04).Early inflammatory flares occurred in 32% of patients. Predictive factors included male sex (OR=2.3, 95% CI: 1.1–4.9; p<0.001), severe acne (OR=7.6, 95% CI: 3.9–14.9; p<0.001), and the presence of facial (OR=2.5, 95% CI: 1.2–5.2; p<0.05) and truncal nodules (OR=2.6, 95% CI: 1.1–6.1; p<0.001).Relapse occurred in 29% of cases. It was strongly associated with treatment duration <6 months (OR=2.6, 95% CI: 1.3–5.3; p<0.001), cumulative dose <120 mg/kg (OR=4.5, 95% CI: 2.1–9.5; p<0.001), and clinical signs of hyperandrogenism in women (OR=1.9, 95% CI: 1.1–3.3; p<0.001).

Conclusions
Isotretinoin effectiveness is influenced by both disease severity and modifiable behavioral factors. Early

management and adequate treatment exposure are critical for optimizing outcomes. In particular, insufficient cumulative dose and shorter treatment duration are major determinants of relapse. Identifying high-risk patients, especially women with hyperandrogenism and unfavorable lifestyle factors, may help guide personalized therapeutic strategies and improve long-term disease control.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 476

Treatment-resistant acne: beyond severity, what are the key determinants?

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Introduction
Acne is a highly prevalent chronic inflammatory disease affecting adolescents and young adults. While most patients respond to conventional therapies, a substantial proportion exhibit treatment resistance, leading to prolonged disease, increased risk of scarring, and psychosocial impact. Identifying predictive factors beyond disease severity is crucial to optimize management and implement personalized treatment strategies.

Materials and Methods
We conducted a retrospective–prospective analytical study including all patients with acne managed in a tertiary dermatology setting between January 2018 and January 2026. Patients were divided into two groups: responders and treatment-resistant cases, defined as no clinical improvement after ≥8–12 weeks of appropriately conducted therapy. Quantitative variables were described using the average and standard deviation, and qualitative variables were expressed as counts and percentages. Univariate and multivariate logistic regression analyses were performed to identify factors independently associated with treatment resistance. A significance threshold of less than 0.001 was applied for all statistical tests.

Results
A total of 412 patients were included in the study, of whom 132 (32%) were classified as treatment-resistant. Age and sex were comparable between groups, with a mean age of 22.4 ± 5.7 years in resistant patients versus 23.1 ± 6.1 years in responders ($p = 0.32$), and a female predominance of 57% versus 60% ($p = 0.54$).Clinical factors were strongly associated with treatment resistance. Severe acne was observed in 72.4% of resistant patients compared to 41.6% of responders, representing the strongest independent predictor (OR = 3.89; 95% CI: 2.31–6.55; $p < 0.001$). Mixed acne, combining inflammatory and comedonal lesions, was also significantly more frequent among resistant patients (61% vs 35%; $p < 0.001$). Predominant truncal involvement (back and chest) was observed in 68% of resistant cases versus 42% of responders and independently predicted resistance (OR = 2.87; 95% CI: 1.67–4.92; $p < 0.001$). Seborrheic skin type, multiple closed comedones, and post-inflammatory lesions were additional intrinsic factors significantly associated with resistance.Hormonal and genetic factors played an important role. Hormonal acne patterns were identified in 42% of resistant patients versus 18% of responders (OR = 2.71; 95% CI: 1.42–5.17; $p = 0.002$), and a family history of severe acne was more frequent among resistant patients (64% vs 29%; OR = 3.96; 95% CI: 2.22–7.06; $p < 0.001$), highlighting the contribution of intrinsic susceptibility.Modifiable factors related to care and adherence were also key determinants of resistance. Resistant patients consulted later (mean 8.7 ± 3.6 months vs 4.9 ± 2.3 months; $p < 0.001$) and had significantly lower therapeutic adherence (44% vs 78%; OR = 3.12; 95% CI: 1.84–5.29; $p < 0.001$). Repeated systemic antibiotic courses (≥2) were more frequent in resistant patients (38% vs 12%; $p < 0.001$), as was topical self-medication (29% vs 10%; $p < 0.01$). Inadequate or short-duration treatment regimens increased the risk of resistance (OR = 2.44; 95% CI: 1.41–4.22; $p = 0.002$).Finally, behavioral and lifestyle factors also contributed. Excessive facial cleansing, use of comedogenic or irritating products, and chronic stress were significantly more frequent in the resistant group (p-values ranging from 0.01 to <0.001), emphasizing the importance of patient habits in therapeutic outcomes.

Conclusions

Treatment-resistant acne affects nearly one-third of patients and results from a complex interplay of intrinsic and modifiable factors. Beyond severity, truncal involvement, hormonal patterns, and family history are key predictors, while delayed care, poor adherence, and inappropriate treatment regimens are major avoidable determinants. Early identification of high-risk patients should guide personalized therapeutic strategies to improve outcomes and prevent long-term sequelae.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 492

Correlation Between Acne Vulgaris Severity and Quality of Life Among Medical Students at Gunadarma University

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Introduction
Acne vulgaris is a common chronic inflammatory skin condition affecting adolescents and young adults, with significant psychosocial impact. Impairment of quality of life is frequently reported, yet the relationship with acne severity remains inconsistent across populations. This study aimed to evaluate the association between acne severity and quality of life among university students.

Materials and Methods
An analytic observational study with a cross-sectional design was conducted among students of Gunadarma University, Indonesia. A total of 53 participants were included using a categorical comparative sampling method. Acne severity was assessed using clinical grading, while quality of life was measured using the Cardiff Acne Disability Index (CADI). Statistical analysis was performed using the Chi-square test to evaluate the association between acne severity and quality of life.

Results
Acne vulgaris was observed across varying severity levels among participants. Impairment in quality of life was identified in a substantial proportion of students. Statistical analysis demonstrated a significant association between acne severity and quality of life ($p = 0.049$; $p < 0.05$), indicating that increasing acne severity is associated with greater quality of life impairment.

Conclusions
There is a significant relationship between acne vulgaris severity and quality of life among university students. Higher acne severity is associated with greater psychosocial burden.These findings highlight the importance of comprehensive acne management that addresses both clinical severity and psychological impact.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 559

Decoding the IL-17 axis in hidradenitis suppurativa: Pharmacodynamic profiling of the Nanobody sonelokimab reveals IL-19 and PI3 as biomarkers of IL-17 pathway activity

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Introduction

Hidradenitis suppurativa (HS) is characterized by IL-17-driven epithelial and neutrophil activation and tissue destruction in the skin, including around deep dermal lesions known as draining tunnels (DTs). IL-19 and PI3 are IL-17-responsive proteins typically upregulated in Th17-skewed environments, although their relevance as HS biomarkers is unclear. We show elsewhere that IL-17A and IL-17F are elevated in HS serum samples, especially in the presence of DTs (Krueger et al., ISDS 2025). Here, we confirm the utility of IL-19 and PI3 as serum biomarkers in HS and investigate the pharmacodynamic impact of the IL-17A- and IL-17F-inhibiting Nanobody sonelokimab on these biomarkers using high-throughput, unbiased proteomic profiling.

Materials and Methods

Serum samples from patients in the Phase 2 MIRA trial (NCT05322473)—a global, randomized, double-blind, placebo-controlled trial—and an age-, sex-, and ethnicity-matched healthy control population were analyzed using Olink high-throughput proteomics. Protein levels were measured at baseline and after 12 weeks of sonelokimab, placebo, or adalimumab treatment to assess pharmacodynamic responses. Serum levels of IL-19 and PI3 at baseline were significantly elevated in patients with HS compared with an age-, sex-, and ethnicity-matched healthy control population.

Results

Notably, IL-19 and PI3 levels were positively correlated with clinical disease activity, as assessed by DT count and the International HS Severity Score System (IHS4). Treatment with the IL-17A- and IL-17F-inhibiting Nanobody sonelokimab led to a marked downregulation of IL-19 and PI3, normalizing them to healthy control levels within 12 weeks. In contrast, TNF inhibition with adalimumab had no measurable effect on IL-19 or PI3 levels.

Conclusions

IL-19 and PI3 are robust pharmacodynamic IL-17 pathway biomarkers of disease activity in HS. Their normalization following sonelokimab treatment underscores the drug's targeted mechanism of action and supports their

potential utility in monitoring therapeutic response, further validating IL-17A and IL-17F as central drivers of HS pathogenesis.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 560

Proteomic analysis of the Phase 2 MIRA trial population highlights IL-17 signaling and draining tunnel lesions as pivotal to systemic inflammation in hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) is characterized by draining tunnel (DT) and abscess and inflammatory nodule (AN) lesions. The molecular contribution of each lesion to systemic inflammation remains poorly defined. We aimed to: (1) characterize the HS serum proteome; (2) identify inflammatory drivers linked to DT and AN lesions.

Materials and Methods

High-throughput proteomic profiling (Olink platform) of serum samples from patients in the Phase 2 MIRA trial (NCT05322473) and matched (age, sex, ethnicity) healthy control samples was used to identify proteins and key pathways significantly dysregulated in HS; associations with lesion counts were analyzed by Pearson correlation. Transcriptomic (bulk RNA-seq) analyses of HS skin biopsies were used to validate serum proteomics.

Results

Serum samples showed a pronounced systemic pro-inflammatory signature in patients with HS compared with a matched healthy control population, with the IL-17 signaling pathway emerging as the dominant molecular driver. IL-17A and IL-17F were among the most significantly upregulated cytokines in HS and were confirmed as central nodes within the protein–protein interaction network. 54 serum proteins had significant correlations with increasing DT count—18-fold more than those linked to AN count—identifying DTs as the major source of systemic inflammation in HS. These DT-associated proteins had a distinct molecular signature enriched in pro-inflammatory and IL-17 pathway mediators. Transcriptomic analyses of HS skin tissue reinforced the biological relevance of the serum protein signature, with overexpression of corresponding genes in tunnels vs. nodules, thus establishing a strong molecular link between systemic inflammation and deep dermal lesional pathology in HS.

Conclusions

IL-17A and IL-17F are central drivers of systemic inflammation in HS, with DTs acting as key contributors to inflammatory burden. IL-17 inhibition in and around tunnels may be key to controlling systemic inflammation in

HS, while serum biomarkers have potential for disease monitoring and personalized treatment strategies, enabling clinical intervention before tunnel formation.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 569

HiSQOL outcomes are rapidly improved with sonelokimab in the Phase 3 VELA-1 and VELA-2 trials: HS-specific quality-of-life scores in patients with moderate-to-severe HS

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Introduction

HiSQOL is a validated, HS-specific quality-of-life instrument that encompasses 17 items across the three subscales of 'Symptoms,' 'Psychosocial,' and 'Activities-Adaptation.' Items were chosen with input from patients to be relevant to the most burdensome impairments associated with HS, such as 'Pain,' 'Drainage,' 'Getting dressed,' and 'Feeling down or depressed.' VELA-1 (NCT06411899) and VELA-2 (NCT06411379) are the first Phase 3 trials to include HiSQOL as a key secondary endpoint. These ongoing 52-week trials are investigating sonelokimab—an IL-17A- and IL-17F-targeting Nanobody—in patients with moderate-to-severe HS. Sonelokimab demonstrated substantial HiSQOL improvements in a large Phase 2 trial (MIRA; NCT05322473); here, we present HiSQOL results to Week 16 from VELA-1 and VELA-2. HiSQOL was assessed at baseline, Week 4, and Week 16.

Materials and Methods

Change from baseline in least squares mean HiSQOL Total score at Week 16 was a key secondary endpoint, as was

DLQI minimal clinically important difference (MCID) response (defined as a ≥4-point improvement from baseline). *P*-values were not controlled for multiple comparisons, except for key endpoints at Week 16 in VELA-1. Outcomes were analyzed using a modified non-responder imputation in an intention-to-treat population.

Results

At baseline, patients had mean baseline HiSQOL Total scores of 27.6 (placebo group [N=138]) and 26.5 (sonelokimab group [N=283]) in VELA-1, and 23.8 (placebo [N=141]) and 28.0 (sonelokimab [N=276]) in VELA-2. Sonelokimab demonstrated strong and consistent reductions in HiSQOL at Week 16 in both trials (VELA-1: −8.8 vs. −3.1 with placebo, $P<0.001$; VELA-2: −8.3 vs. −3.3 with placebo, $P<0.001$). Improvements with sonelokimab were rapid, with highly significant reductions at Week 4 (−5.7 to −7.3 vs. −0.7 to −1.2 with placebo, $P<0.001$). Week 16 reductions with sonelokimab were consistent across HiSQOL subscales and between trials, and generally similar to those reported in Phase 2. Mirroring HiSQOL improvements, DLQI MCID response levels were also significantly higher with sonelokimab vs. placebo from as early as Week 2 and were sustained through Week 16. Sonelokimab demonstrated a favorable safety profile across all HS trials, with no new safety signals.

Conclusions

These results support sonelokimab as a promising potential new treatment option to improve symptoms and quality of life for patients with moderate-to-severe HS.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 572

Comparison of Clinical and Ultrasonographic Severity Assessment in Hidradenitis Suppurativaand Their Prognostic Implications

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Introduction
Accurate assessment of disease severity in hidradenitis suppurativa (HS) is essential for individualized management. However, conventional clinical staging may underestimate disease extent because subclinical lesions are often not detected. This study aimed to compare the modified Sonographic Scoring of Hidradenitis Suppurativa (mSOS-HS) with the International Hidradenitis Suppurativa Severity Score System (IHS4) in disease stratification and to explore the prognostic value of ultrasonographic features for short-term treatment response.

Materials and Methods
A total of 47 patients with HS were prospectively enrolled between November 2023 and June 2025. All patients underwent both clinical assessment and standardized ultrasonographic examination. Clinical severity was graded using IHS4, while ultrasonographic severity was classified using mSOS-HS. Agreement between the two scoring systems was evaluated using Kappa statistics. In addition, the most severe lesion in each patient was selected for detailed ultrasonographic analysis, including lesion thickness, involved anatomical layers, anechoic areas, vascularity, and the presence of the “railway sign.” Their associations with treatment response at 2 months were further analyzed.

Results
Among the 47 patients, 27 (57.4%) were classified as severe by IHS4, whereas 39 (83.0%) were classified as stage IIIa/IIIb by mSOS-HS. The agreement between the two scoring systems was moderate (kappa = 0.434, $P < 0.001$). Overall, 12 patients (25.5%) were assigned to a higher severity category by ultrasonography than by clinical assessment; all of these cases were clinically categorized as mild-to-moderate but were classified as stage IIIa by ultrasonography. Most of these patients showed only slow improvement after treatment. Further analysis demonstrated a trend toward poorer treatment response in patients with higher mSOS-HS stages ($P = 0.059$). Among the evaluated ultrasonographic features, only the “railway sign” was significantly associated with unfavorable treatment outcome ($P = 0.009$), suggesting that it may serve as a potential imaging marker of poor short-term prognosis.

Conclusions
Ultrasonography can identify deep abscesses and sinus tracts that are difficult to detect on clinical examination, thereby complementing traditional clinical scoring in the assessment of HS severity. The mSOS-HS may allow more accurate disease stratification, while the “railway sign” may serve as a potential prognostic indicator of poor treatment response, providing additional support for individualized therapeutic decision-making.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 585

Sonelokimab in moderate-to-severe HS: clinically meaningful IHS4 outcomes from the Phase 3 VELA-1 and VELA-2 trials

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Introduction

Sonelokimab is an IL-17A- and IL-17F-targeting Nanobody that demonstrated high response rates and a favorable safety profile in a Phase 2 HS trial, with improvements in IHS4 scores demonstrating efficacy across all three main types of HS inflammatory lesions (inflammatory nodules, abscesses, and draining tunnels). We present IHS4 results to Week 16 from two Phase 3 trials of sonelokimab in moderate-to-severe HS.

Materials and Methods

VELA-1 (NCT06411899) and VELA-2 (NCT06411379) are identically designed 52-week trials, with patients randomized 2:1 to sonelokimab 120 mg Q4W (from Week 8; induction doses at Weeks 0, 2, 4, and 6) or placebo. IHS4-55 at Week 16 was a key secondary endpoint and was multiplicity controlled in VELA-1. Outcomes were analyzed using modified non-responder imputation in an intention-to-treat population.

Results

At baseline, mean IHS4 scores were well balanced across treatment groups (VELA-1: placebo 27.8 [N=138], sonelokimab 29.7 [N=283]; VELA-2: placebo 30.4 [N=141], sonelokimab 32.7 [N=276]). Sonelokimab demonstrated strong and consistent IHS4-55 results at Week 16 across VELA-1 (53% vs. 34% with placebo, $P<0.001$) and VELA-2 (55% vs. 43% with placebo, $P<0.05$). IHS4-75 results also showed consistent responses at Week 16 with sonelokimab in both VELA-1 (34% vs. 20% with placebo, $P<0.01$) and VELA-2 (37% vs. 26% with placebo, $P<0.05$). In both trials, the mean IHS4 reduction from baseline at Week 16 was 44% with sonelokimab compared with 20–28% in the placebo group. IHS4 responses were rapid, with significant differences in IHS4-55/75 vs. placebo evident as early as Week 4, by which time mean IHS4 was already >30% lower than baseline. Sonelokimab was well tolerated, with no new safety signals. VELA-1 and VELA-2 are the first HS trials to include IHS4-55 as a key endpoint, and in both trials sonelokimab demonstrated consistent, high levels of response across IHS4 outcomes at Week 16. IHS4-55 and IHS4-75 responses following sonelokimab treatment were consistent with HiSCR 50 and HiSCR 75 responses, showing that improvements are seen across inflammatory lesion types. Sonelokimab also demonstrated a favorable safety profile.

Conclusions

These results support sonelokimab as a promising potential new treatment option for moderate-to-severe HS.

EADV Congress 2026, VIENNA
30 SEPTEMBER - 03 OCTOBER 2026
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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 623

Efficacy and Mechanism of A Cream Containing 5% Panthenol and Prebiotic Complex on Skin Barrier Recovery in Patients with Moderate-to-Severe Acne Treated with Oral Isotretinoin: A Randomized Controlled Trial

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Introduction

Oral isotretinoin for acne induces corneodesmosome degradation and altered sebum composition, resulting in impaired skin barrier, elevated transepidermal water loss, and microbial dysbiosis. These changes cause clinically significant dryness, scaling, and erythema, reducing treatment adherence. A cream containing 5% panthenol and prebiotic complex may synergistically enhance barrier repair, reduce inflammation, and modulate the skin microbiome. However, high-quality evidence supporting its use as adjuvant therapy during systemic retinoid treatment remains limited, especially in Asian populations with inherently fragile skin barriers.This study evaluated the clinical efficacy of 5% panthenol–prebiotic cream as an adjunct to oral isotretinoin in improving barrier function, stratum corneum hydration, and treatment tolerability in patients with moderate-to-severe acne. Underlying mechanisms were explored using an in vitro reconstructed human epidermis model and a randomized controlled trial.

Materials and Methods

In vitro: 3D reconstructed human epidermis tissues were irradiated with UVB (250mJ/cm^2) and treated with an active combo (5% panthenol/prebiotic complex) for 24h. Barrier recovery was evaluated via H&E staining, RT-qPCR (AQP3, FLG, IVL, CLDN1, OCLN, TJP1), and immunofluorescence (FLG, AQP3, IVL).

Clinical study: In a randomized, assessor-blinded trial, patients with moderate-to-severe acne receiving oral isotretinoin (10–20mg/day) were randomized 1:1 to apply either an active cream or vehicle twice-daily for 8 weeks. Assessments occurred at D0, D14, D28, and D56. Primary endpoints were changes in SCH and TEWL. Secondary endpoints included PIE, PIH, facial erythema, and acne grading.

Results

1) Of 70 enrolled patients, 65 completed (intervention n=33, control n=32). The intervention group showed significantly superior skin hydration. At D14, forehead SCH increase from baseline was 9.53±19.17 vs. -1.49±23.59 in control ($P<0.05$); nose SCH was 6.01±16.37 vs. -2.82±12.38 ($P<0.05$). Significant benefits persisted to D56 (forehead: 14.08±26.27 vs. -1.01±33.07, $P<0.05$; nose: 13.84±21.10 vs. 0.22±19.44, $P<0.001$). (Fig. 1A-D)

2) Exploratory analysis at week 8 showed significantly lower absolute TEWL values in the intervention group versus control in the forehead (37.15±20.48 vs. 45.90±17.87, $P<0.05$), cheek (31.85±16.63 vs. 40.92±16.82, $P<0.05$), and chin (32.03±14.51 vs. 44.81±18.63, $P<0.05$). (Fig. 2A-D)

3) By Week 8, the intervention group showed significantly superior improvements in PIE, PIH, and facial erythema scores versus control (all $P<0.05$). Both groups achieved significant reductions in Pillsbury acne grades, with no significant inter-group differences. No topical product-related adverse events were observed during the study.

(Fig. 3A-E)

4) In the UVB-damaged RHE model, treatment with the active combo effectively restored epidermal morphology and stratum corneum continuity. Mechanistically, the active cream significantly upregulated the expression of key barrier-related genes associated with hydration (AQP3) and epidermal integrity (FLG, IVL, CLDN1, OCLN, TJP1). Immunofluorescence further confirmed the marked recovery of AQP3 and IVL protein expression. These in vitro findings provide a molecular rationale for the clinical improvements observed in SCH and TEWL, demonstrating that the formula actively promotes epidermal barrier homeostasis and structural recovery. (Fig. 4A-D)

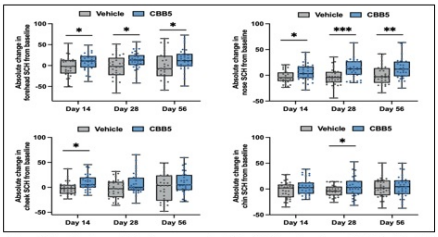

Figure 1. Absolute changes in stratum corneum hydration (SCH) from baseline on the (A) forehead, (B) nose, (C) cheek and (D)chin at Day 14, Day28, and Day 56 for the vehicle and CBB5 groups. Data are presented as box-and-whisker plots. p < 0.05, p < 0.01, p < 0.001.

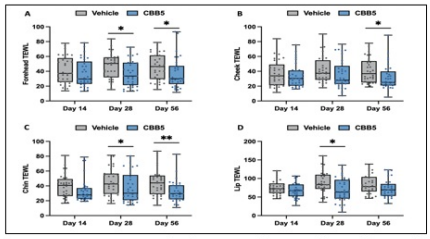

Figure 2. Transepidermal water loss (TEWL) values on the (A) forehead, (B) cheek, (C) chin, and (D) lip at Day 14, Day 28, and Day 56 for the vehicle and intervention groups. Data are presented as box-and-whisker plots. * p < 0.05, ** p < 0.01.

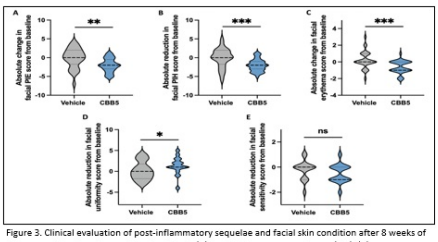

Figure 3. Clinical evaluation of post-inflammatory sequelae and facial skin condition after 8 weeks of treatment. Absolute change from baseline in (A) post-inflammatory erythema (PIE), (B) post-inflammatory hyperpigmentation (PIH), (C) facial erythema, (D) facial color uniformity, and (E) facial sensitivity (SS-14). Data are expressed as median with interquartile range. p < 0.05, p < 0.01, p < 0.001; ns, not significant.

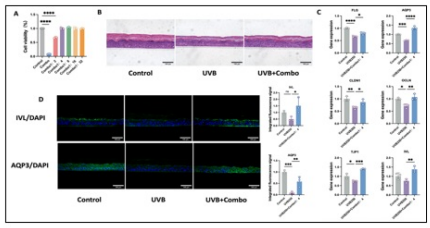

Figure 4. Morphological, transcriptional, and protein-level analysis of the reconstructed epidermis following UVB exposure and treatment with the active combination. (A) Cell viability of normal human epidermal keratinocytes (NHEKs) treated with different dilutions of the active combination (Combo) assessed by the CCK-8 assay. (B) Representative hematoxylin and eosin (H&E) staining of reconstructed epidermal tissues from the control, UVB, and UVB + Combo groups. (C) Relative mRNA expression levels of barrier-related genes (FLG, AQP3, CLDN1, OCLN, TJP1 and IVL) determined by quantitative real-time PCR. (D)Immunofluorescence staining of IVL and AQP3 in reconstructed epidermis across treatment groups, with corresponding quantitative analysis. Data are expressed as mean ± SD（n=3）; p < 0.05, p < 0.01, p < 0.001, p < 0.0001; ns, not significant. Scale bars: 100 μm.

Figure 1. Absolute changes in stratum corneum hydration (SCH) from baseline on the (A) forehead, (B) nose, (C) cheek and (D)chin at Day 14, Day28, and Day 56 for the vehicle and CBB5 groups. Data are presented as box-and-whisker plots. p < 0.05, p < 0.01, p < 0.001. Figure 2. Transepidermal water loss (TEWL) values on the (A) forehead, (B) cheek, (C) chin, and (D) lip at Day 14, Day 28, and Day 56 for the vehicle and intervention groups. Data are presented as box-and-whisker plots. * p < 0.05, ** p < 0.01. Figure 3. Clinical evaluation of post-inflammatory sequelae and facial skin condition after 8 weeks of treatment. Absolute change from baseline in (A) post-inflammatory erythema (PIE), (B) post-inflammatory hyperpigmentation (PIH), (C) facial erythema, (D) facial color uniformity, and (E) facial sensitivity (SS-14). Data are expressed as median with interquartile range. p < 0.05, p < 0.01, p < 0.001; ns, not significant. Figure 4. Morphological, transcriptional, and protein-level analysis of the reconstructed epidermis following UVB exposure and treatment with the active combination. (A) Cell viability of normal human epidermal keratinocytes (NHEKs) treated with different dilutions of the active combination (Combo) assessed by the CCK-8 assay. (B) Representative hematoxylin and eosin (H&E) staining of reconstructed epidermal tissues from the control, UVB, and UVB + Combo groups. (C) Relative mRNA expression levels of barrier-related genes (FLG, AQP3, CLDN1, OCLN, TJP1 and IVL) determined by quantitative real-time PCR. (D)Immunofluorescence staining of IVL and AQP3 in reconstructed epidermis across treatment groups, with corresponding quantitative analysis. Data are expressed as mean ± SD（n=3）; p < 0.05, p < 0.01, p < 0.001, p < 0.0001; ns, not significant. Scale bars: 100 μm.

Conclusions

A cream containing 5% panthenol and prebiotic complex effectively reinforces barrier integrity and improves skin hydration in acne patients receiving oral isotretinoin, while reducing procedural side effects like erythema and dryness. Supported by in vitro mechanistic data, these findings demonstrate that integrating cream into isotretinoin regimens optimizes patient tolerability and treatment experience without altering therapeutic efficacy, representing a vital strategy for improving adherence and clinical outcomes.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 661

Underrepresentation of Latino Patients in Phase 2 and 3 Clinical Trials in Hidradenitis Suppurativa: A 25-Year Review

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disorder of the pilosebaceous unit, with an estimated global prevalence ranging from 0.00033% to 4.1%, and approximately 2.4% in Chile.
Despite the development of several systemic immunomodulatory therapies with promising results in HS over recent decades, clinical trials have historically underrepresented certain ethnic groups, including Latinos.
This disparity was highlighted in a review of 119 dermatology trials, in which only 22.7% reported race and ethnicity, with Latino participation accounting for less than 1%. Similarly, a review of 15 HS studies found that only three reported race and ethnicity, including a total of 15 Latino patients.
In this study, we aimed to evaluate the representation of Latino patients in phase 2 and 3 clinical trials on HS published over the past 25 years.

Materials and Methods

A search was conducted on ClinicalTrials.gov for phase 2 and 3 clinical trials on HS published between January 2000 and November 2025. The search terms used were “hidradenitis suppurativa” and “acne inversa,” and only trials with associated publications were included. Studies evaluating supplements were excluded. Data regarding country of conduct, number of participants, and reported race/ethnicity were extracted.

Results

A total of 29 trials were included (Figure 1), of which 75.9% were phase 2 and 24.1% phase 3. Most studies were conducted in North America and Europe (86.7%), while only 10.3% were performed in Latin America. Race was reported in 72.4% of trials and ethnicity in 34.5%, with an increasing reporting trend since 2020 (85.7% and 50%, respectively).Among the 3,990 participants included in studies reporting race, the majority were White (77%). In contrast, among the 1,601 participants included in trials reporting ethnicity, only 8.2% were Latino. No study performed subgroup analyses based on race or ethnicity.

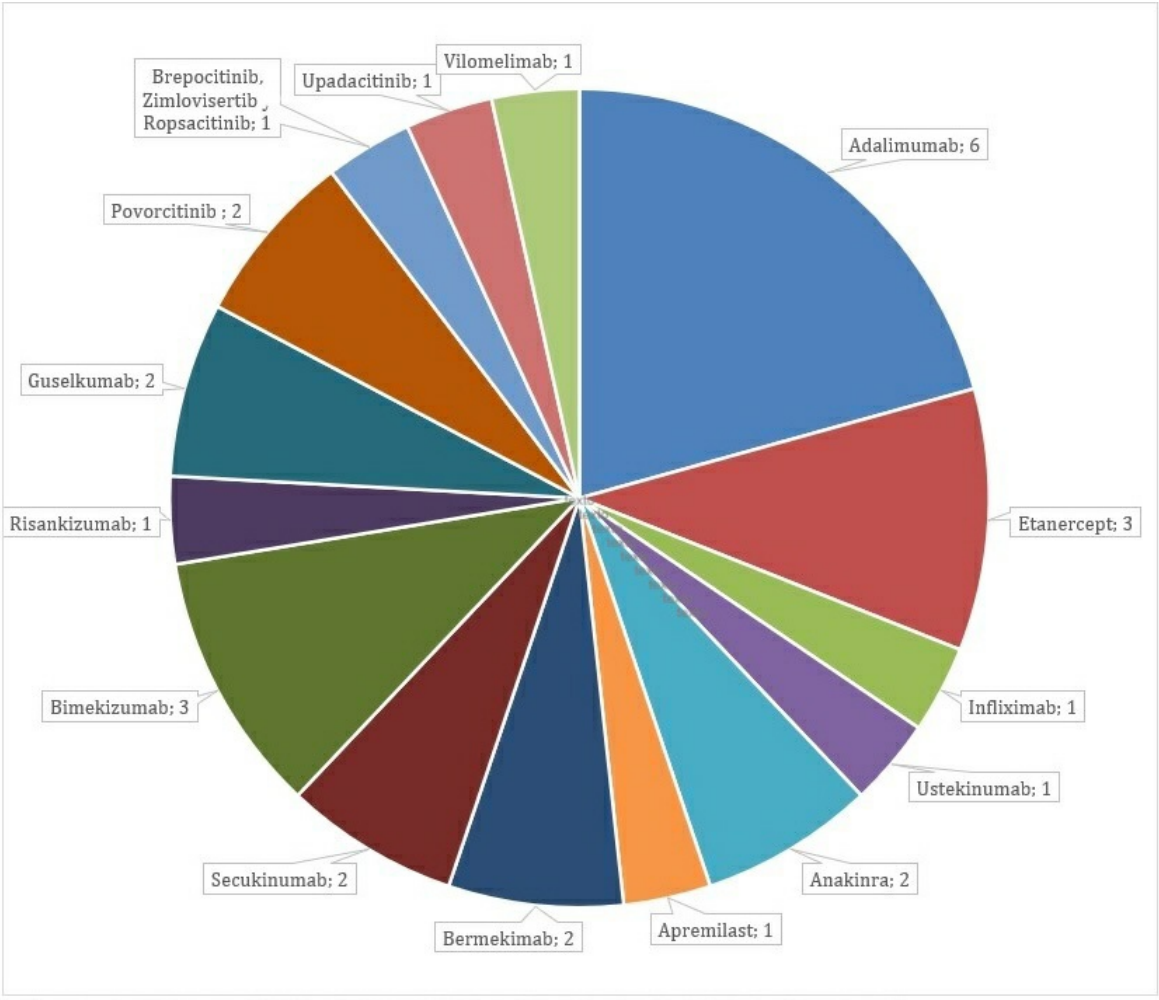

Figure 1. Distribution of phase 2 and 3 HS clinical trials by investigated drug.

Conclusions

Although reporting of race and ethnicity in HS clinical trials has increased in recent years, Latino patients remain markedly underrepresented. These findings underscore the need for both more inclusive clinical trials and a greater number of studies conducted in Latin America to better characterize HS in Latino populations and to identify potential similarities or differences in therapeutic responses.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 682

Latest developments in acne treatment

Ahamed zahid Zahid*[1]

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Introduction

Acne vulgaris is one of the most common inflammatory skin diseases in the world, affecting all ethnicities and races, with a peak prevalence between the ages of 15 and 20. characterized by follicular hyperkeratinization, androgen-mediated sebum production, Cutibacterium acnes growth, immunological activation, and microbiome dysbiosis. Growing antibiotic resistance, recurrence upon treatment cessation, and psychological distress make it necessary to assess new therapeutic approaches

Materials and Methods

Using academic textbooks, PubMed, NCBI, Scopus, JDD, and Google Scholar, a systematic literature review was carried out. We screened publications published between 2016 and 2026. Randomized controlled trials (RCTs), systematic reviews, meta-analyses, and clinical recommendations assessing the efficacy, safety, and clinical results of acne therapies were among the inclusion criteria. Excluded were editorials, case reports, non-peer-reviewed sources, and studies published before 2014 (unless they were historically significant). Acne type, treatment duration, intervention mode, outcome measures such lesion count reduction and Acne Severity Index (ASI), and adverse medication events were among the data that were extracted.

Results

Combination topical therapy (retinoids, benzoyl peroxide, and topical antibiotics) is still the mainstay for mild-to-moderate acne, according to evidence synthesis, but oral isotretinoin continues to show better long-term remission in severe cases. However, the use of systemic antibiotics has become increasingly cautious due to antimicrobial resistance. New treatments have better safety profiles and show encouraging clinical efficacy. The selective RAR-γ agonist trifarotene demonstrated good tolerability and efficient lesion reduction. With minimal systemic absorption and high cutaneous concentrations, topical minocycline foam decreased the chance of resistance. For both inflammatory and non-inflammatory lesions, clascoterone 1% cream effectively inhibited androgen receptors. The results of adjunctive treatments, including topical tranexamic acid, meclizine gel (20.1% reduction in ASI compared to an 8.9% placebo), probiotics, metformin, microneedle delivery systems, and device-based modalities, were inconsistent but positive.

Conclusions

A paradigm change towards targeted, mechanism-based, and microbiome-conscious acne treatment is suggested by current data. Although new treatments show promise in terms of efficacy and safety, they have drawbacks such as response variability, a lack of long-term safety data, and the requirement for standardized outcome measures. To determine conclusive comparative effectiveness and optimize individualized acne treatment regimens, high-quality, long-term randomized controlled trials are still necessary.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 695

Fractional Laser: A Game-Changer in Hidradenitis Suppurativa

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Introduction

Background:

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disorder involving follicular occlusion, characterized by painful nodules, abscesses, sinus tracts, and scarring. It predominantly affects intertriginous regions such as the axillae, groin, buttocks, and inframammary folds. Malodorous discharge and disfigurement contribute to significant psychosocial burden, particularly in younger patients.
The Hurley staging system classifies HS into three stages:
Stage I (single or multiple abscesses without sinus tracts or scarring)
Stage II (recurrent abscesses with sinus tract formation and scarring, widely separated lesions)
Stage III (diffuse involvement with multiple interconnected sinus tracts and abscesses across entire regions).

Case Presentation

Methods:

We managed 15 patients diagnosed with HS, primarily in Hurley stage I and II. Initial therapy consisted of oral isotretinoin. While systemic treatment provided partial improvement, persistent tunnels and sinus tracts demonstrated delayed healing.

Intervention:

Fractional-mode CO_2 laser deroofing was introduced to address refractory tunnels. This technique ablates and destroys the entire sinus tract, thereby facilitating rapid resolution. The procedure was performed under local anesthesia, targeting affected tunnels comprehensively.

Results:

Patients exhibited accelerated healing, reduction in foul-smelling exudate, and significant symptomatic relief following CO_2 laser intervention. Compared to medical therapy alone, the combined approach yielded superior outcomes in terms of tunnel closure, patient satisfaction, and quality of life improvement.

Conclusion

HS remains a challenging condition with profound physical and psychological impact. Incorporating fractional CO_2 laser deroofing in Hurley stage I and II patients provides a promising adjunctive strategy, enabling faster tunnel resolution and enhanced clinical outcomes.
Early integration of laser therapy alongside systemic treatment may improve disease control and reduce morbidity in affected individuals.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 713

Real-world clinical characteristics and demographics of patients with hidradenitis suppurativa in Canada using AI-extracted data

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent, progressive inflammatory skin disorder characterized by painful nodules and abscesses in intertriginous regions. HS imposes substantial physical, psychological, and economic burden. Despite increasing global research, data on patients with HS in Canada remain limited. The Epidemiology and Treatment of Hidradenitis Suppurativa in Canada (ETHiC) study is based on the largest longitudinal real-world dataset of patients with HS in Canadian community dermatology clinics. Here, we describe the demographic and clinical characteristics of patients with HS in ETHiC, including those with moderate/severe disease and those initiating biologic therapy.

Materials and Methods

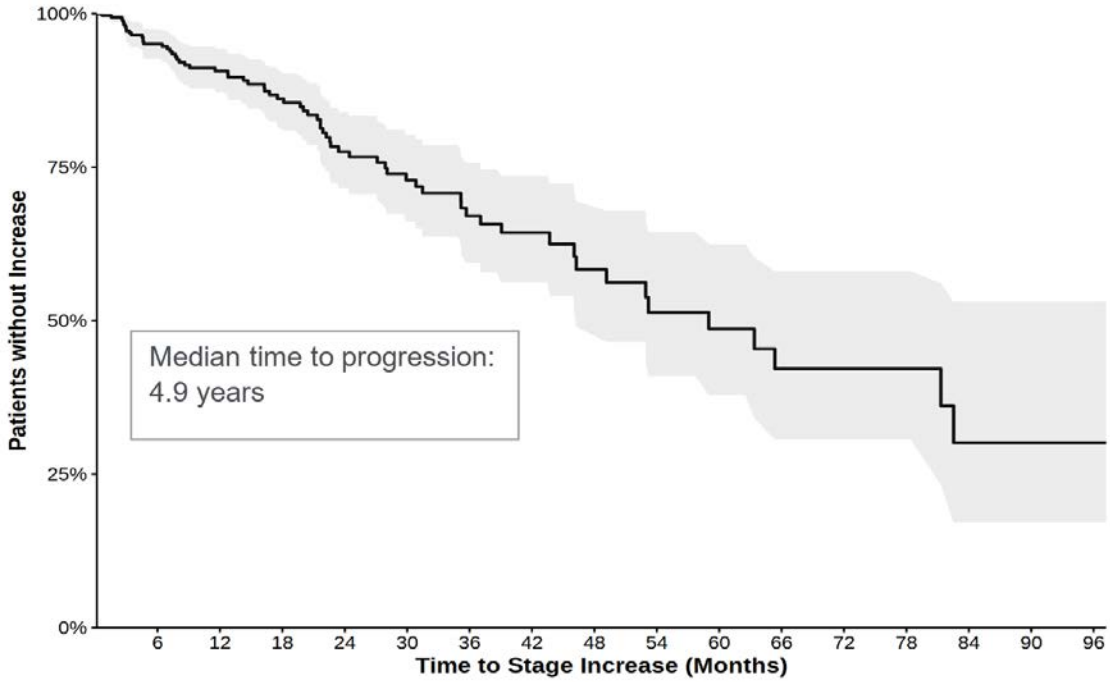
ETHiC is a retrospective, multicenter, non-interventional cohort study using electronic health records (EHRs) from community dermatology clinics across Canada. The study population includes adults (≥18 years) with dermatologist-confirmed HS between January 1, 2016, and December 31, 2024. Using the validated artificial intelligence data extraction engine DARWEN™, clinical variables were abstracted from EHRs. Patient data were analyzed across predefined cohorts: (1) those initiating biologic therapy (index date: first biologic initiation) and (2) those with moderate/severe HS (defined as Hurley stage II or III, clinician-reported disease as moderate/severe, or biologic initiation for HS; index date: first documented moderate/severe HS). Characteristics were summarized using descriptive statistics (means, medians). Time to Hurley stage increase (stage II to III) and time to biologic initiation following identification of moderate/severe disease were estimated using Kaplan-Meier methods.

Results

A total of 5,438 patients with HS were eligible for the study. Among these, 893 initiated biologic therapy and 2,016 had moderate/severe disease. Median (interquartile range [IQR]) age at index was 39.0 (30.0–48.0) and 37.0 (29.0–47.0) years in the biologic and moderate/severe cohorts respectively, and 67.5% and 71.7% were female, respectively. Among patients with a reported Hurley stage (37.1% in the biologic and 67.0% in the moderate/severe cohort), most were stage II (55.6% and 76.5%, respectively). In the biologic and moderate/severe cohorts, 48.4% and 59.5% of patients, respectively, had at least two body sites affected, most commonly the groin

and axilla. Median (IQR) time from symptom onset to dermatologist-confirmed HS was 6.0 (2.0–15.0) years in both cohorts. Current smoking was highly prevalent (60.0% in the biologic and 60.4% in the moderate/severe cohort). The most common conditions prior to index were plaque psoriasis (13.4%), anxiety (11.2%) and depression (10.6%) in the biologic cohort, and depression (9.7%), anxiety (9.4%), and diabetes (9.3%) in the moderate/severe cohort. Within the biologic cohort, 52.4% of patients had prior treatment documented, compared with 18.8% in the moderate/severe cohort. Among the moderate/severe cohort, the median time to biologic initiation was 7.1 months. After 5 years, 26.0% of patients had not received biologic therapy. In the moderate/severe cohort, among patients with at least two recorded disease severity assessments, median time to increase from Hurley stage II to III was 4.9 years, while 25.0% of patients increased within 2.3 years (**Figure**).

Figure. Time from Hurley stage II to an increase in Hurley stage among moderate/severe cohort



Defined as the time from first Hurley stage recorded in the note as II to the first record of a higher Hurley stage in moderate/severe patients. Clinician-reported severity will be used as a surrogate for Hurley in patients who do not have a reported Hurley stage. Mild = Hurley stage I, Moderate = Hurley stage II, and Severe = Hurley stage III. Analysis only includes patients with two or more recorded severity assessments. Patients were censored at the date of their last reported severity assessment.

Conclusions

ETHiC represents one of the largest real-world study cohorts of HS patients. Results show substantial disease burden and a long pre-diagnostic interval that may contribute to disease progression and psychological impact and highlights the unmet need for earlier recognition and timely access to effective and emerging treatments within community practice. Observations on Hurley stage increase emphasize the ongoing need for advances in the management of the disease.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 748

Beyond Conventional Inhibition: Fomes Officinalis Extract Intelligently Regulates Sebum Secretion by Up-regulating MicroRNA29

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Introduction
Sebum homeostasis is essential for maintaining stratum corneum barrier integrity, cutaneous pH, and microbiome balance. Excessive sebum production may trigger acne vulgaris and exacerbate sensitive skin. However, indiscriminate inhibition of sebum secretion may compromise the skin surface lipid film and induce skin dryness, fragility, and barrier-related irritation, which is a common issue among conventional sebum inhibitors. MicroRNA-29 (miR-29), as a physiological lipid rheostat, maintains homeostatic lipid levels by targeting the regulation of the SCAP/SREBP-1 transcriptional axis. This study investigates whether the *Fomes officinalis* extract (FOE) achieves adaptive sebum regulation by means of targeted up-regulation of miR-29, that is, suppressing excessive sebum secretion while maintaining basal lipid production.

Materials and Methods
The effects of FOE on miR-29 expression and sebum production were evaluated in a hydrocortisone-induced hypersebum secretion model of SZ95 sebocytes and a normal sebum-secretion model without an inducer. A 28-day randomized, double-blind, placebo-controlled clinical trial was conducted on 30 subjects with combination type and sensitive skin. The subjects applied a 2% FOE formulation daily, and dynamic sebum secretion in the T-zone (forehead) and U-zone (cheek) was monitored at 2 and 4 h post-application. Long-term improvements in skin barrier integrity, erythema, sensitivity, and acne severity were evaluated via objective instrumental measurements, a standardized lactic acid stinging test, and blinded dermatologist assessments, respectively.

Results
In the hypersebum secretion model of SZ95 cells, FOES significantly inhibited intracellular neutral lipids by 25.15%, upregulated the expression of miR-29 by 86.02%, and simultaneously downregulated the expressions of SCAP, SREBP-1, ACC, FASN, and PPAR-γ, In the normal sebum-secretion model, lipids decreased by only 16.06% while miR-29 was upregulated by 56.44%, showing the adaptive regulatory characteristics of FOE for excessive sebum secretion. Clinically, FOES reduced T-zone sebum secretion by 34.35% at 2 h and 59.62% at 4 h ($P < 0.05$), Conversely, sebum output in the comparatively xeric U-zone increased by 43.6% and 25.84% ($P < 0.05$). This two-way regulation confirms FOES-mediated restoration of regional sebum homeostasis. After 28 days of treatment, FOES enhanced epidermal barrier integrity by 27.87% and increased skin gloss by 53.43% ($P < 0.05$). Erythema was significantly attenuated, evidenced by a 14.64% reduction in the a* value and a 56.18% decrease in redness area (both $P < 0.05$). Additionally, skin sensitivity to lactic acid decreased by 49.62%, pore volume was reduced by 41.76%, and inflammatory acne lesions improved by up to 56.57% (all $P < 0.05$). The formulation exhibited an excellent safety profile, with no treatment-related adverse events reported.

Conclusions

FOES functions as a novel adaptive sebum modulator by context-dependently upregulating miR-29 to fine-tune the SCAP/SREBP-1 lipogenic cascade. This bidirectional mechanism effectively suppresses excessive sebum production while preserving physiological lipid production, thereby restoring epidermal barrier integrity, mitigating skin sensitivity, and improving acne-related symptoms. These findings establish that miR-29 is a key target for intelligent sebum regulation and confirm that FOE can manage sensitive, acne-prone skin by regulating lipid homeostasis.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 767

Intrafamilial Phenotypic Divergence in Hidradenitis Suppurativa: A Case Report of Mother and Son

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory follicular disorder characterized by marked clinical heterogeneity. Accordingly, several phenotypic classification systems have been proposed to facilitate a better understanding of disease mechanisms and to guide personalized therapy. While clustering is well-documented, the intrafamilial phenotypic divergence remains insufficiently characterized. Here, we report two first-degree relatives with divergent HS phenotypes, supported by clinical and genetic findings.

Case Presentation

Case 1: A 47-year-old woman, an active smoker, presented with a 15-year history of HS affecting the axillae, inframammary regions, abdomen, and groin. Her medical history included morbid obesity, metabolic syndrome, and pemphigus vulgaris treated intermittently with prednisolone. Dermatological examination revealed inflammatory nodules, sinus tracts, and hypertrophic scars involving intertriginous and friction-prone areas. The IHS4 score was 28. Per the van der Zee and Jemec classification system, she was classified as the frictional furuncle phenotype. Adalimumab (40 mg/week) led to rapid improvement and complete resolution of discharge within one month.

Case 2: Her 22-year-old son, non-obese active smoker, presented with Hurley stage III HS involving the nape of the neck, back, axillae, and inguinal regions. His history was notable for acne conglobata and dissecting cellulitis. Previous treatments included isotretinoin, systemic antibiotics, adalimumab (40 mg/week and 80 mg/week), and prednisolone complicated by secondary adrenal insufficiency. Examination showed double comedones and scarring on the face and ears; inflammatory nodules, pustules, and scarring on the scalp, neck, and presternal area; and extensive sinus tract formation in axillary, dorsal, and inguinal regions. He was classified as the conglobata type using the same system. Secukinumab induced significant clinical improvement within two months. Whole-exome sequencing, interpreted per ACMG 2015 criteria, did not reveal pathogenic or likely pathogenic variants in known HS-associated genes.

Conclusion

HS is typically characterized by nodules, sinus tracts, abscesses, and scarring in intertriginous areas; however, the disease may present with divergent clinical manifestations. In 2015, Van der Zee and Jemec proposed a classification system comprising six distinct phenotypes: regular, frictional furuncle, scarring folliculitis, conglobata, syndromic, and ectopic types.The frictional furuncle type, seen in Case 1, typically occurs in overweight patients and involves friction-prone areas. In contrast, the conglobata type (Case 2) often affects males, is characterized by severe follicular involvement, is typically non-obese, and shows frequent familial aggregation. Gamma-secretase mutations have been linked to this phenotype; however, WES did not reveal such variants in our patient.A history of HS in first-degree family members has been reported in up to 49.5% of cases, whereas monogenic mutations are detected in less than 7% of familial cases. This discrepancy may explain our findings and suggests that the phenotypic divergence of familial HS cases warrants further study.Modifiers, including obesity, metabolic syndrome, pemphigus vulgaris, hormonal effects, and differential immune activation, may contribute to phenotypic divergence between mother and son. The discordant therapeutic responses to anti-TNF and IL-17 inhibition in our cases support the biological heterogeneity within familial HS. This report highlights that familial

HS does not necessitate phenotypic or therapeutic uniformity. Marked clinical divergence and differential treatment responses may occur despite shared genetic background and absence of detectable monogenic mutations. These findings reinforce HS as a heterogeneous spectrum disorder and underscore the importance of phenotypic stratification to guide individualized therapy.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 815

Assessing skin quality in patients with acne and acne scars through retrospective image analysis of trifarotene's effects on redness and color evenness

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Introduction

Acne vulgaris can cause persistent clinical sequelae including atrophic scars, macular erythema and pigmentation. These sequelae are often more distressing than the primary lesions and can impair quality of life. Thus, acne management is evolving to include patient-centric skin quality (SQ) assessments, encompassing features of skin health such as texture and discoloration. Decades of scientific evidence indicates that topical retinoids accelerate cell turnover, inhibit inflammation, and stimulate collagen synthesis, with effects that may translate into measurable improvements across multiple SQ domains. Trifarotene is a potent and selective retinoic acid receptor-γ topical retinoid with both translational and clinical evidence supporting benefits in acne, acne sequelae, inflammation, and the skin barrier.

Materials and Methods

In the 24-week split-face START study (NCT04856904), trifarotene 50 µg/g cream was applied to one side of the face and vehicle to the other. A standardized skincare regimen (gentle cleanser, SPF 30 moisturizer, and moisturizing lotion) was applied to both facial sides throughout the study. As previously reported, trifarotene led to a significantly greater reduction in atrophic scar count versus vehicle from as early as Week (W)2 (mean absolute reduction: −5.9 versus −2.7 at W24; $P<0.0001$). However, beyond acne and acne scarring, other measures of SQ were not originally assessed.

A retrospective, exploratory, *post-hoc* Canfield image analysis of photographs from the START study was conducted to investigate whether trifarotene 50 µg/g cream produced quantifiable improvements in image-derived SQ measures, focusing on skin redness and color evenness in the oblique facial regions.

Standardized photographs with defined facial regions (areas of interest [AOIs]) were used to analyze quantifiable measures of skin appearance. Images were analyzed at baseline (BL; n=27), W12 (n=27), and W24 (n=26). Treatment effects were assessed using a mixed-effects model, adjusting for BL values and accounting for the paired nature of the data; P-values were derived using Satterthwaite's method. Color evenness quantified skin tone uniformity within the oblique AOI and was scored from 0 (least uniform) to 1 (most uniform), with higher scores indicating a more even complexion. Redness was expressed as the proportion of the oblique AOI occupied by red features, with lower values reflecting less visible erythema.

Results

Color evenness values were comparable between treatment groups at BL (trifarotene: 0.522; vehicle: 0.533). At

W12, the trifarotene-treated oblique demonstrated a mean increase in color uniformity of +8.08% versus −0.33% for vehicle (least squares means [LSM] difference: 0.035; P=0.002). At W24, color uniformity increased by +9.70% with trifarotene versus +3.31% with vehicle (LSM difference: 0.025; P=0.062), with progressive improvement in skin tone uniformity observed across both timepoints. Redness values were also comparable between groups at BL (trifarotene: 0.022; vehicle: 0.021). At W12, redness decreased by −4.16% with trifarotene versus an increase of +0.61% with vehicle (LSM difference: −0.001; P=0.538). At W24, redness decreased by −18.9% with trifarotene versus an increase of +0.84% with vehicle (LSM difference: −0.005; P=0.060). A progressive reduction in redness was observed on the trifarotene side while the vehicle side showed minimal change.

Conclusions

In this exploratory retrospective image analysis, trifarotene 50 µg/g cream demonstrated progressive improvements in both color evenness and redness reduction in the oblique facial region versus vehicle. By W24, although not statistically significant, the magnitude of the change in redness and color evenness indicated these results may be clinically meaningful. Given the exploratory design and small sample size, results should be interpreted as hypothesis generating and support further investigation of trifarotene's effects on SQ markers.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 851

Optimizing Isotretinoin Prescribing Safety: An AI-Driven Acne Assessment Model Integrating Lesion Staging with Atopic Dermatitis Risk Stratification

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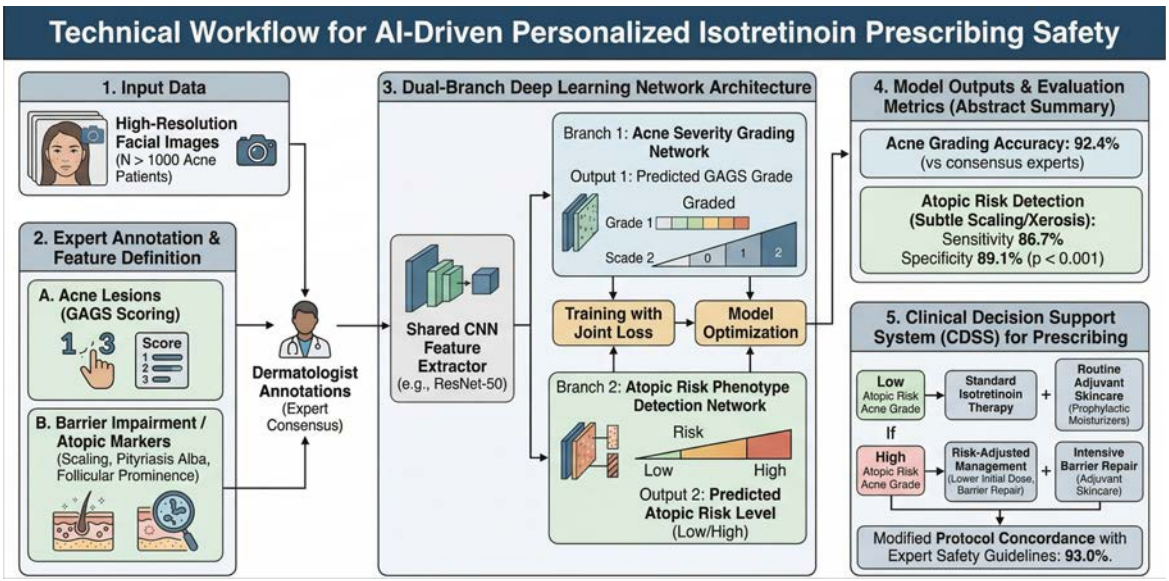
Introduction
Isotretinoin is the gold standard for severe acne but poses risks for patients with an underlying atopic background, often exacerbating xerosis and dermatitis. Current grading systems focus solely on lesion counts, overlooking barrier status. This study evaluates an AI model designed to stage acne severity while simultaneously detecting cutaneous signs of atopic diathesis to refine isotretinoin management strategies.

Materials and Methods
In this retrospective cohort study and clinical decision support system evaluation, we analyzed high-resolution facial images of 1,000+ acne patients. A panel of dermatologists annotated acne lesions (GAGS score) and specific markers of barrier impairment/atopic risk (e.g., visible scaling, pityriasis alba, follicular prominence). A dual-branch deep learning network was trained to: 1) grade acne severity, and 2) flag "atopic risk" phenotypes. The model's output included tailored guideline-based recommendations for isotretinoin eligibility and necessary adjuvant skincare (e.g., prophylactic moisturizers).



Results
The model graded acne severity with an accuracy of 92.4% compared to consensus expert grading. Uniquely, the system detected subtle signs of atopic background (fine scaling and xerosis) with a sensitivity of 86.7% and specificity of 89.1% ($p < 0.001$). For patients flagged as high-risk for retinoic acid dermatitis, the AI generated modified treatment protocols (e.g., lower starting dose combined with barrier repair) that achieved a 93.0%

concordance rate with expert safety guidelines.

Conclusions

By integrating lesion staging with barrier integrity analysis, this AI model moves beyond simple diagnosis to personalized therapeutic management. It holds promise for improving adherence and minimizing adverse events in acne patients undergoing isotretinoin therapy.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 862

Bimekizumab efficacy on IHS4 response levels and draining tunnels by HS disease duration over 3 years: Data from BE HEARD EXT

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Introduction

Hidradenitis suppurativa (HS) is a progressive relapsing, inflammatory disease characterised by recurrent painful nodules, abscesses and tunnels.[1] Patients with HS commonly face delayed diagnosis, resulting in disease or symptom progression, and suboptimal treatment outcomes.[2,3] Early diagnosis and biologic treatment are crucial to prevent disease progression.[2,3]

Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[4] The clinician-rated International HS Severity Score System (IHS4) evaluates disease severity based on the number of inflammatory nodules/abscesses/draining tunnels (DTs).[5,6]

Here, impact of disease duration since diagnosis on IHS4 outcomes and DTs is reported in patients with moderate to severe HS treated with BKZ over 3 years (148 weeks).

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and BE HEARD EXT (NCT04901195).[7,8] Data are reported for patients randomised to BKZ 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT and continued to receive BKZ (BKZ Total).

IHS4-55, IHS4-75, IHS4-90 and IHS4-100 responses were defined as ≥55%, ≥75%, ≥90% or 100% improvement from baseline in IHS4 total score, respectively. Outcomes include IHS4 responses at Years 1 (Week 48), 2 (Week 96) and 3 by lowest (<2.38 years) and highest (≥10.74 years) baseline disease duration quartiles and proportion of patients achieving DT categories (0, 1–2, 3–5, >5) by baseline disease duration quartiles over 3 years (observed case).

Results

Of the 1,014 patients in the BE HEARD I&II trials, 868 were randomised to BKZ at baseline. Of those, 556 patients completed Year 1 and entered BE HEARD EXT.

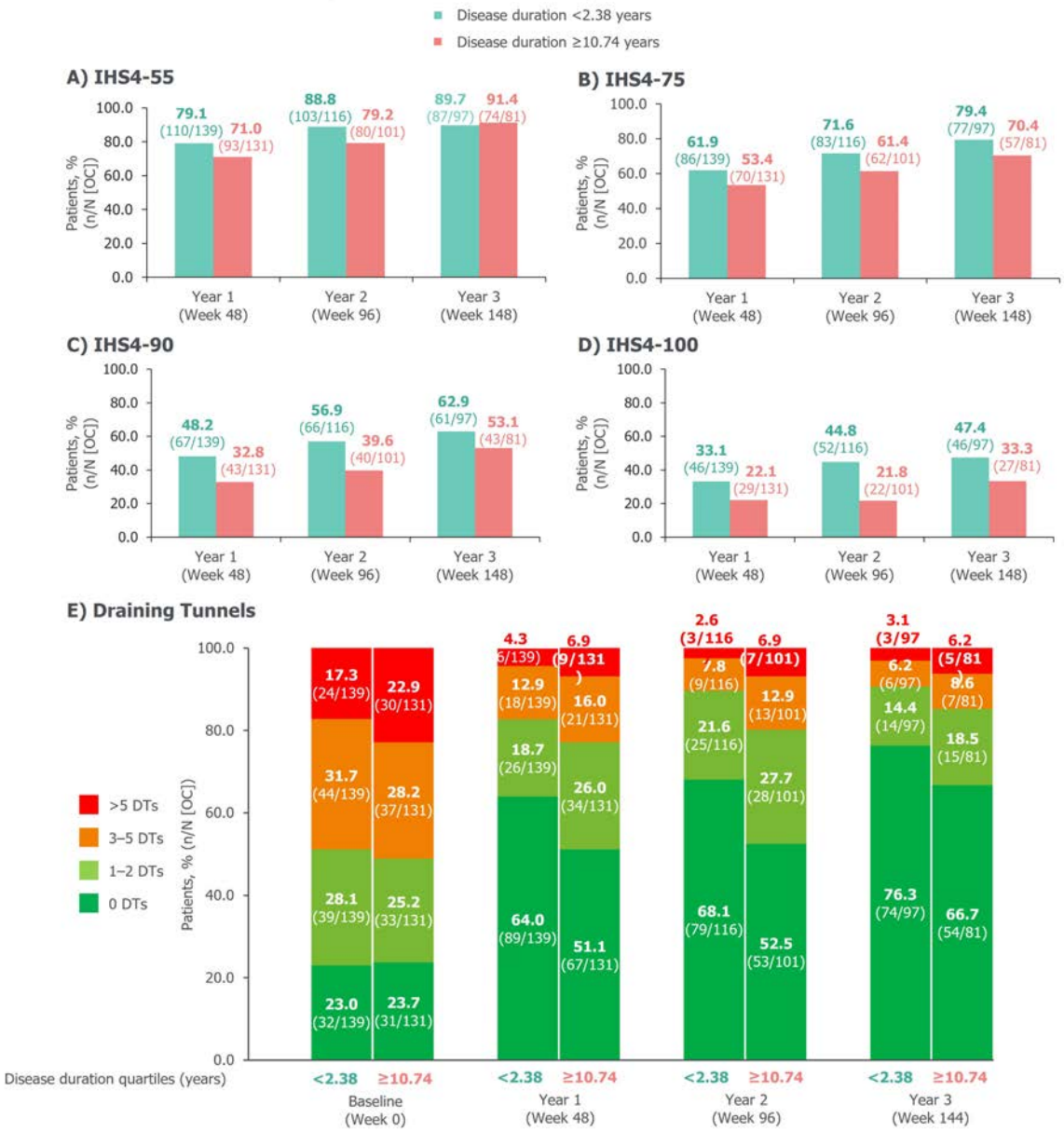
The proportions of patients achieving IHS4-55, IHS4-75, IHS4-90 and IHS4-100 at Years 1, 2 and 3 are presented in **Figure 1A-D**, respectively.

At Year 1, proportions of patients in the lowest disease duration quartile (n=139) achieving IHS4-55/75/90/100 were 79.1% (n=110), 61.9% (n=86), 48.2% (n=67) and 33.1% (n=46), respectively. Proportions of patients in the highest disease duration quartile (n=131) achieving IHS4-55/75/90/100 at Year 1 were 71.0% (n=93), 53.4% (n=70), 32.8% (n=43) and 22.1% (n=29), respectively.

At Year 3, proportions of patients in the lowest disease duration quartile (n=97) achieving IHS4-55/75/90/100 responses were maintained at/increased to 89.7% (n=87), 79.4% (n=77), 62.9% (n=61) and 47.4% (n=46), respectively (**Figure 1A-D**). Similarly, responses in the highest disease duration quartile (n=81) were maintained at/increased to Year 3 to 91.4% (n=74), 70.4% (n=57), 53.1% (n=43) and 33.3% (n=27), respectively.

Proportions of patients with 0 DTs at baseline was similar between lowest (23.0%, n=32) and highest (23.7%, n=31) disease duration quartiles (**Figure 1E**). Proportions increased to 64.0% (n=89) and 51.1% (n=67) at Year 1 in the lowest and highest quartiles and further increased to 76.3% (n=74) and 66.7% (n=54) at Year 3. Similar trends were seen in other DT categories, with numerically greater proportions of patients in the lowest versus highest disease duration quartiles achieving a more favourable outcome.

Figure 1. IHS4 response levels and draining tunnel categories by lowest and highest baseline disease duration quartiles since HS diagnosis at Year 1, 2 and 3



OC, n/N: N represents number of patients with a non-missing lesion (Panels A–D) or DT (Panel E) count assessment in the given week, and percentages are calculated accordingly. DT: draining tunnel; IHS4: International Hidradenitis Suppurativa Severity Score System; IHS4-55/75/90/100: ≥55%/≥75%/≥90%/100% improvement from baseline in IHS4 total score; OC: observed case.

Conclusions

In the lowest and highest disease duration quartiles, bimekizumab-treated patients showed sustained clinically meaningful improvements through to Year 3, per IHS4 responses and DT counts.

Patients with shorter disease duration since HS diagnosis had better outcomes than those with longer disease duration, emphasising the benefit of earlier treatment with bimekizumab.

References

1. Sabat R. Lancet 2025;405:420–38; **2.** Saunte DM. Br J Dermatol 2015;173:1546–9; **3.** Kokolakis G. Dermatol 2020;236:421–30; **4.** Adams R. Front Immunol 2020;11:1894; **5.** Zouboulis CC. Br J Dermatol 2017;177:1401–9; **6.** Tzellos T. J Eur Acad Dermatol Venereol 2023;37:395–401; **7.** Kimball AB. Lancet 2024;403:2504–19; **8.** BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 904

Insomnia in Hidradenitis Suppurativa Is Associated with Psychological Burden and Impaired Quality of Life Independently of Disease Severity: A Cross-Sectional Study

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Introduction
Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease with a well-documented psychosocial burden. While depression and anxiety are recognised comorbidities, the prevalence and clinical correlates of insomnia in HS remain poorly characterised. This study aimed to assess the prevalence and severity of insomnia in a cohort of HS patients and to examine its associations with disease severity, quality of life, depression, and anxiety.

Materials and Methods
A cross-sectional study was conducted in 153 patients with confirmed HS. Disease severity was assessed using the International Hidradenitis Suppurativa Severity Score System (IHS4). Patient-reported outcomes included the Insomnia Severity Index (ISI), the Dermatology Life Quality Index (DLQI), the Patient Health Questionnaire-9 (PHQ-9), and the Generalised Anxiety Disorder scale (GAD-7). Pearson correlation coefficients and one-way ANOVA with Bonferroni post-hoc correction were used for statistical analysis.

Results
The cohort comprised 153 patients (55.6% female; mean age 35.2 ± 13.3 years; mean BMI 29.95 ± 5.95 kg/m^2). Clinically significant insomnia (ISI ≥ 8) was present in 53.6% of patients (mild: 34.6%, moderate: 15.7%, severe: 3.3%). Insomnia severity correlated significantly with depression (PHQ-9: $r = 0.570$, $p < 0.001$), anxiety ($r = 0.458$, $p < 0.001$), quality of life impairment (DLQI: $r = 0.310$, $p < 0.001$), BMI ($r = 0.227$, $p = 0.005$), and age ($r = 0.201$, $p = 0.013$). Notably, insomnia showed no correlation with objective disease severity (IHS4: $r = 0.000$, $p = 1.000$). Post-hoc analyses confirmed a stepwise increase in PHQ-9 and anxiety scores across insomnia categories (all $p \leq 0.047$), while IHS4 scores did not differ significantly between groups. Moderate insomnia was associated with significantly worse DLQI compared to no insomnia (mean difference 5.67, $p = 0.019$).

Conclusions
Insomnia affects more than half of HS patients and is strongly linked to depression, anxiety, and quality of life impairment, but not to objective disease severity. These findings suggest that insomnia in HS reflects psychological burden rather than inflammatory disease load, highlighting the need for routine mental health and sleep assessment in this population.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 913

Association of Glucagon-like Peptide-1 Receptor Agonists with Reduced Cardiovascular Risk in Hidradenitis Suppurativa: A Multicenter Real-World Cohort Study

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Introduction

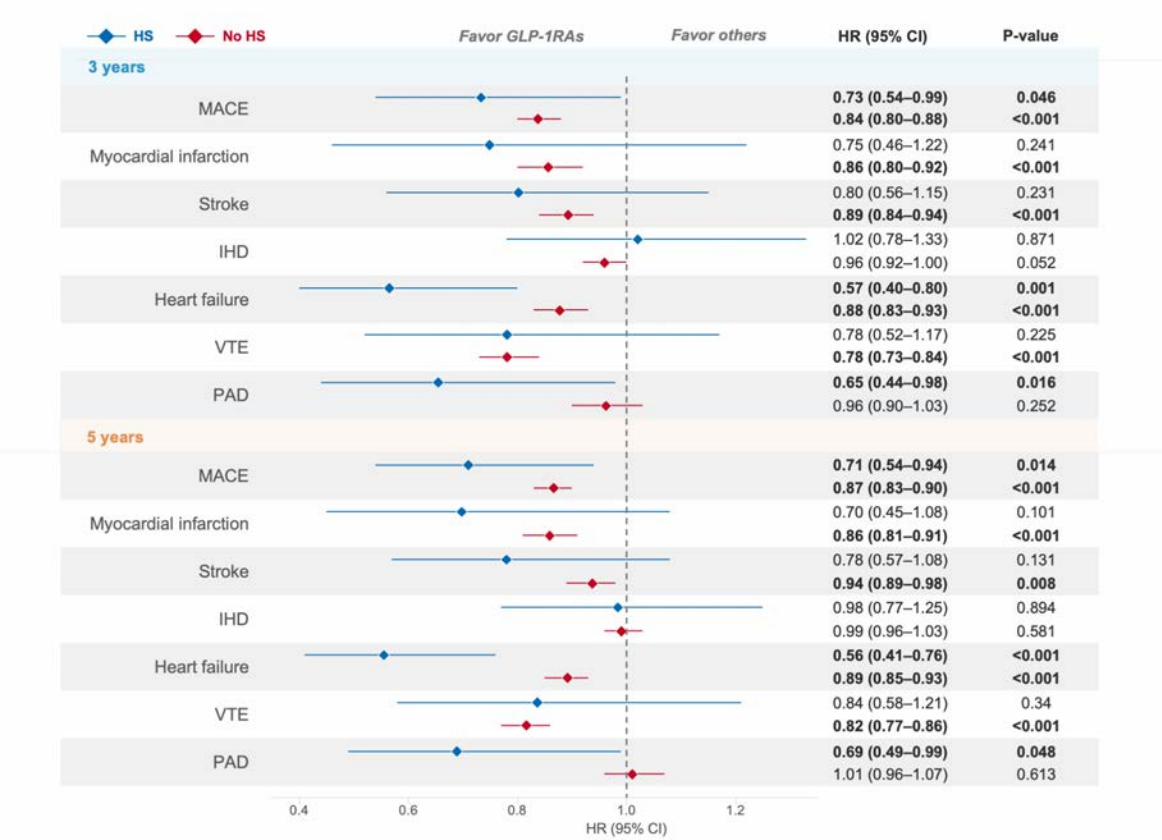
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder associated with substantial cardiometabolic comorbidities and an increased risk of cardiovascular disease. Persistent systemic inflammation and metabolic dysregulation contribute to accelerated atherosclerosis and adverse cardiovascular outcomes in this population. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) have demonstrated cardiovascular protective effects in patients with type 2 diabetes and obesity; however, their impact in patients with HS remains largely unexplored. Therefore, this study aimed to evaluate the association between GLP-1RA therapy and cardiovascular outcomes in patients with HS and to compare these effects with those observed in individuals without HS.

Materials and Methods

We conducted a multicenter retrospective cohort study using the TriNetX Research Network, a large federated database of electronic health records. Adults aged ≥40 years with HS and comorbid diabetes or obesity were identified. Patients initiating GLP-1RA therapy were propensity score–matched 1:1 with those receiving other antidiabetic or anti-obesity medications. The primary outcome was major adverse cardiovascular events (MACE), defined as myocardial infarction, stroke, or cardiogenic shock. Secondary outcomes included myocardial infarction, stroke, ischemic heart disease, heart failure, venous thromboembolism, and peripheral artery disease (PAD). Hazard ratios (HRs) with 95% confidence intervals (CIs) were estimated at 3 and 5 years. Parallel analyses were performed in matched cohorts without HS.

Results

After matching, 2,480 patients were included in each HS cohort with well-balanced baseline characteristics. GLP-1RA therapy was associated with significantly reduced risks of MACE (3 years: HR 0.73, 95% CI 0.54–0.99; 5 years: HR 0.71, 95% CI 0.54–0.94), heart failure (3 years: HR 0.57, 95% CI 0.40–0.80; 5 years: HR 0.56, 95% CI 0.41–0.76), and PAD (3 years: HR 0.65, 95% CI 0.44–0.98; 5 years: HR 0.69, 95% CI 0.49–0.99). Sensitivity analyses yielded consistent results. In comparative analyses, patients with HS demonstrated a trend toward greater cardiovascular risk reduction than those without HS, particularly for heart failure, suggesting a potentially enhanced benefit in this high-risk inflammatory population.



Comparison of cardiovascular outcomes associated with glucagon-like peptide-1 receptor agonist therapy between patients with and without hidradenitis suppurativa. Hazard ratios and 95% confidence intervals for major adverse cardiovascular events and individual cardiovascular outcomes at 3 and 5 years are shown. Blue squares represent patients with hidradenitis suppurativa, and red squares represent patients without hidradenitis suppurativa. Outcomes to the left of the reference line favor glucagon-like peptide-1 receptor agonist therapy. CI, confidence interval; GLP-1RA, glucagon-like peptide-1 receptor agonist; HR, hazard ratio; HS, hidradenitis suppurativa; IHD, ischemic heart disease; MACE, major adverse cardiovascular events; PAD, peripheral artery disease; VTE, venous thromboembolism.

Conclusions

GLP-1RA therapy was associated with significantly reduced cardiovascular risk in patients with HS, with a more pronounced effect than in individuals without HS. These findings highlight the potential role of GLP-1RAs as a promising adjunctive strategy in the comprehensive management of HS. Prospective studies are warranted to confirm these findings and further elucidate the underlying mechanisms.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 921

Title: TL1A/DR3 signaling: a novel therapeutic target for hidradenitis suppurativa and other inflammatory and fibrotic skin diseases

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory disorder that presents with both cutaneous manifestations and extracutaneous comorbidities. Current treatment options include antibiotics and biologics; however, treatment failure is common and often surgical intervention is required for acceptable control. Anti-TL1A therapies have recently gained attention in HS treatment due to their ability to inhibit the TL1A/DR3 axis, a key signalling pathway driving immune cell activity and fibrosis. Participant recruitment for the phase 2b trial (NCT06956235) assessing the efficacy of anti-TL1A therapy tulisokibart in moderate-to severe HS was reported on 1 December, 2025 to be completed. Other anti-TL1A drugs in the pipeline are also rapidly exploring a host of indications in different phases of clinical trials. This review delineates the pathomechanistic basis of anti-TL1A therapies and explores emerging clinical applications. Moreover, to facilitate precision medicine approaches and optimize therapeutic outcomes among different population subgroups, we analyse the potential impact of genetic polymorphisms on individual responses to TL1A-targeted therapy.

Materials and Methods
A literature search across three databases, reference lists, and independent searches was conducted, and findings were summarised. Data from three public genomic databases were also analysed to assess TL1A expression and risk.

Results
The TL1A and death receptor 3 (DR3) pathway primarily stimulates adaptive and innate immune cell activity. Anti-TL1A therapies exert their therapeutic effect by inhibiting the TL1A/DR3 axis and dampening the inflammatory response. Apart from inflammatory diseases currently being evaluated for response to anti-TL1A therapies, including inflammatory bowel disease, atopic dermatitis, systemic sclerosis associated with interstitial lung disease, promising future indications for anti-TL1A therapies include inflammatory diseases involving immune cells influenced by the TL1A/DR3 axis and certain fibrotic conditions (psoriasis, systemic lupus erythematosus, multiple sclerosis, sarcoidosis, primary biliary cirrhosis). Analysis of genomic databases reveal that the rs6478109 A allele, which is most common in East Asians, is associated with decreased IBD susceptibility and increased TL1A expression which may have implications on drug dosing and failure. We present a model of TL1A/DR3 signalling in immune-mediated inflammatory diseases (IMID) and dermatoses, as well as non-IMID diseases.

Conclusions
Taken together, anti-TL1A therapies hold considerable promise for modulating adaptive, immune and fibrotic

pathways and represent an innovative strategy for treating complex skin and multisystem inflammatory diseases with a fibrotic component, such as HS.

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Abstract N°: 939

Application of Oleuropein in Improving Facial Red and Dark Post-Acne Marks and Dull Skin Tone -A Self-Controlled Study of 32 Cases

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Introduction

To investigate the effects of oleuropein on relieving skin redness, improving facial red and dark post-acne marks, enhancing skin gloss and alleviating skin dullness, so as to provide scientific support and practical evidence for daily repair and mark-lightening care of oily acne-prone skin.

Materials and Methods

A self-controlled before-and-after design was adopted in this study. Thirty-two healthy Asian subjects aged 18–35 years with oily skin and multiple red and dark post-acne marks were enrolled after excluding skin diseases and study contraindications. All subjects applied a test formulation containing oleuropein topically every morning and evening for 28 consecutive days. Objective assessments including a* value in red post-acne mark areas, proportion of facial red areas, melanin index, skin gloss, and ITA° value in dark post-acne mark areas were measured at baseline (Day 0), 15 minutes after first application (T15min), Day 14 and Day 28 using professional instruments such as VISIA-CR5, CK MX18 and Delfin SkinGlossmeter. A comprehensive analysis was performed combining dermatologist visual assessment and subject self-assessment. Statistical analysis was conducted using SPSS 25.0: paired t-test for normally distributed data and non-parametric test for non-normally distributed data. $P<0.05$ was considered statistically significant, and $P<0.01$ was considered highly statistically significant.

Results

All 32 subjects completed the study with no oleuropein-related adverse events reported, indicating favorable safety. Objective instrumental measurements showed that at T15min, a* value in red post-acne mark areas, proportion of facial red areas and red area a* value were significantly decreased compared with baseline ($P<0.05$ / $P<0.01$), while skin gloss was highly significantly increased ($P<0.01$). At Day 14, a* value in red post-acne mark areas and melanin index in dark post-acne mark areas were significantly reduced ($P<0.01$ / $P<0.05$), whereas ITA° value in dark post-acne mark areas and skin gloss were significantly elevated ($P<0.05$ / $P<0.01$). At Day 28, improvements in post-acne mark-related indicators were further enhanced: a* value in red post-acne mark areas decreased by 7.56%, melanin index in dark post-acne mark areas decreased by 4.38% (both $P<0.01$), ITA° value in dark post-acne mark areas increased by 2.88% ($P<0.01$), and skin gloss rose by 13.72% ($P<0.01$). Dermatologist visual assessment revealed highly significant reductions in scores for facial erythema, severity and area of red and dark post-acne marks, skin dullness, sebum secretion and acne count at Day 28 (all $P<0.01$), along with highly significant increases in scores for skin gloss, brightness and smoothness ($P<0.01$). Subject self-assessment showed highly significant decreases in scores for skin redness, severity of post-acne marks, dullness and sebum secretion (all reductions >50%, $P<0.01$), as well as highly significant increases in skin gloss and brightness scores ($P<0.01$). The formulation showed excellent spreadability, absorbability and mildness with 100% subject approval, and the efficacy approval rates for improving post-acne marks, relieving redness and enhancing gloss reached ≥96.88%.

Conclusions

Oleuropein demonstrates excellent safety profile. It provides immediate relief of skin redness, and continuously improves facial red and dark post-acne marks by reducing redness of erythematous marks and melanin content of pigmented marks. It also significantly enhances skin gloss, alleviates dullness, regulates sebum secretion and reduces acne, leading to overall skin condition optimization. Oleuropein serves as a safe and effective daily care option for repair, mark-lightening and brightening in oily acne-prone skin among individuals aged 18–35 years.

EADV CONGRESS
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Abstract N°: 942

Nevus Comedonicus Following Blaschkoid Lines with Recurrent Abscess Formation: A Case Suggestive of Hidradenitis Suppurativa–Like Changes; nevus comedonicus suppurativa.

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Introduction

Nevus comedonicus is a rare cutaneous hamartoma of the pilosebaceous unit characterized by grouped, dilated follicular openings filled with keratin. It may follow developmental patterns such as Blaschko's lines and, in some cases, become complicated by recurrent inflammation and abscess formation. We report a 22-year-old male presenting with nevus comedonicus distributed along Blaschkoid lines extending from the right forearm to the anterior chest. The lesions were associated with recurrent abscesses, secondary infection, and scarring, clinically resembling hidradenitis suppurativa–like changes. This case highlights a rare presentation of inflammatory nevus comedonicus and underscores the potential overlap with hidradenitis suppurativa, supporting its inclusion as a special variant within the nevus comedonicus spectrum.

Case Presentation

A 22-year-old male presented with a long-standing history of linear, comedo-like lesions over the right upper limb and chest. The lesions were distributed in a Blaschkoid pattern, extending from the right forearm proximally to involve the anterior chest. The patient reported recurrent episodes of painful swelling, purulent discharge, and abscess formation within the affected areas over several years.

There was no significant past medical history or family history of similar lesions. On examination, multiple grouped, dilated follicular openings filled with keratinous plugs were noted along the described distribution. Several areas showed signs of active inflammation, including erythematous nodules, fluctuant abscesses, and post-inflammatory scarring. Sinus tract formation was suspected in some regions.

Microbiological cultures from purulent discharge revealed secondary bacterial infection. No systemic involvement or features suggestive of a syndromic association were identified.

Conclusion

We present a rare case of nevus comedonicus following Blaschkoid lines with recurrent abscess formation and hidradenitis suppurativa–like features. This case highlights the potential for significant inflammatory complications in nevus comedonicus and supports its consideration

EA DV CONGRESS
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Abstract N°: 946

Efficacy and Tolerance of a Dermocosmetic Regimen for the Management of Facial and Truncal Acne: A 6 months Clinical Study

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Introduction

Acne vulgaris is a frequent and pervasive inflammatory skin condition present across multiple anatomical regions, including the face, chest, and back. Despite the high prevalence of truncal acne, clinical data regarding long-term, multi-zone management remains scarce. This study was designed to evaluate the clinical efficacy, cutaneous tolerability, and psychosocial impact of a standardized dermocosmetic regimen over a 6-month period. The investigation specifically focused on the reduction of active acne lesions and the mitigation of common sequelae such as acne-induced erythema (AIE) and acne-induced hyperpigmentation (AIH) across diverse skin phototypes.

Materials and Methods

This 6-month, interventional, single-center study was conducted in Brazil and included 51 subjects with a mean age of 24 years, spanning Fitzpatrick phototypes I through VI. All participants presented with mild-to-moderate acne (GEA scores 2–3) on both the face and the trunk (chest and back). The daily treatment routine consisted of a cleansing gel and a dermocosmetic cream containing the active ingredients Phylobioma, salicylic acid, and niacinamide, applied 2 times daily. This was supplemented by the application of a high-protection sunscreen (SPF 50+) at least once a day. Clinical evaluations were performed at 9 separate center visits. Visualization was achieved through the use of the BodyScan® device for full-body photography. Secondary endpoints included objective measurements of the skin barrier (pH and TEWL), alongside validated quality-of-life (CADI) and stigmatization (PUSH-D) questionnaires.

Results

The clinical findings demonstrated a significant and progressive reduction in acne severity throughout the 24-week study period, with total acne lesions decreasing by 52.7% on the face, 56.5% on the chest, and 46.4% on the back by Day 168 ($p<0.001$). The regimen was particularly effective against non-inflammatory lesions, which saw reductions of 59.5% on the face and 57.8% on the trunk, contributing to a global success rate for "clear" or "almost clear" skin of 41.2% for the trunk and 23.5% for the face ($p<0.001$). Beyond lesion reduction, participants experienced a 43.4% decrease in acne-induced erythema on the trunk and a statistically significant 17.2% reduction in acne-induced hyperpigmentation marks on the back ($p<0.001$). Objective skin barrier assessments confirmed

that the regimen did not cause disruption, with pH levels remaining stable between 5.2 and 5.3 and TEWL values staying within physiological ranges. These clinical improvements translated into positive psychosocial benefits, including a 51% improvement in quality-of-life score (CADI) and a 55.5% reduction in perceived stigmatization (PUSH-D), with 100% of subjects agreeing that the regimen left their skin clear, clean and comfortable with visibly reduced redness for more than 78%.

Conclusions

This investigation confirms that a specific dermocosmetic regimen serves as a highly effective first-line management strategy for patients with all skin tones suffering from facial and truncal acne. The results underscore the importance of a holistic approach that targets both active inflammation and post-acne sequelae over an extended 6-month period. Given the excellent tolerability (96–100%) and significant improvement in patient well-being, this regimen offers a reliable long-term solution that addresses an unmet need in the management of multi-zone acne. Limitations include the open-label design, absence of a control group, and single-center setting.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 952

Successful treatment of moderate-to-severe hidradenitis suppurativa with Anti-IL-17A Agent Vunakizumab

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disease resulting from follicular occlusion that affects the pilosebaceous unit. It predominantly involves apocrine gland-rich areas and presents with painful, deep-seated inflammatory nodules that progress to abscesses, sinus tracts, and scarring. The pathogenesis of HS is complex and multifactorial, therefore, treatment remains challenging. Here, we present a case of HS that achieved remission following treatment with vunakizumab, a monoclonal antibody targeting interleukin-17A (IL-17A).

Case Presentation

A 17-year-old boy presented to our department with a 5-year history of recurrent painful nodules and abscesses on the buttocks. Dermatological examination revealed multiple tender subcutaneous nodules. On the right buttock, an ulcerated abscess measuring approximately 1.5 cm × 3.5 cm was observed, with purulent discharge, sinus tract formation, surrounding fluctuance, and mildly increased local skin temperature. He was repeatedly treated with oral and topical antibiotics, which provided temporary relief but failed to prevent recurrence and progression. Laboratory tests showed an IL-17 level of 6.12 pg/mL (normal <5.6 pg/mL). Based on the patient's history and typical findings, a diagnosis of hidradenitis suppurativa was made (Hurley stage II) . Vunakizumab was initiated after informed consent was obtained from the patient's guardians. The dosing regimen was 240 mg subcutaneously (divided into two 120 mg injections) at weeks 0, 2, and 4, followed by 240 mg every 4 weeks for maintenance.

Two weeks after the first injection, pain was markedly reduced and the nodules softened and shrank, achieved a NRS30. At 4 weeks, the painful nodules had further decreased in size, and the sinus tract had almost healed. At 8 weeks, all painful nodules and the sinus tract had completely resolved, leaving only hyperpigmentation and minor scarring. The IHS4 score decreased from 11 to 0, and the patient achieved a HiSCR100. Clinical scores and patient-reported outcomes before and after 8 weeks of vunakizumab treatment are shown in Table 1. Six months after the first injection, the patient remained stable, and the regimen was adjusted to alternate between 120 and 240 mg every 4 weeks. At the last follow-up (10 months after treatment initiation), no new lesions appeared, and the quality of life significantly improved. No common adverse events associated with IL-17 inhibitors, such as oral candidiasis or upper respiratory tract infections, occurred during treatment or follow-up. Regular monitoring of blood counts and liver and kidney function revealed normal results. **Table 1. Clinical scores and patient-reported outcomes before and after 8 weeks of vunakizumab treatment**

	Pain (NRS)	DLQI	HiSCR-AN	IHS4	HS-PGA
Before treatment	7	18	6	11	3
Afte 8 weeks of treatment	0	1	0	0	0

NRS, numerical rating scale; DLQI, dermatology life quality index; HiSCR AN, hidradenitis suppurativa clinical response sum of abscesses and inflammatory nodules; IHS4, international hidradenitis suppurativa severity score system; HS-PGA, hidradenitis suppurativa physician's global assessment scale.

Conclusion

We report a case of successful treatment of moderate-to-severe HS with vunakizumab. Our findings suggest that vunakizumab may be a rapid, effective, and well-tolerated therapeutic option for moderate-to-severe HS. As a single case report, these findings require validation in larger, long-term prospective studies.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 994

Bipolar Lymphedema with Pseudotumoral Vulvar Involvement Secondary to Long-Standing Hidradenitis Suppurativa

Aimane Zaim*[1], Zakia Douhi[1], Samya Berrada[1], Ikrame Bejja[1], Saadia Boughaleb[1], Meryem Soughi[1], Sara Elloudi[1], Hanane Baybay[1], Layla Tahiri El Ousrouti[2], Fatima Zahra Mernissi[1]

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disorder of the terminal hair follicle. Beyond its classical presentation, HS is increasingly recognized as a clinically heterogeneous entity encompassing a broad spectrum of phenotypic expressions. Rare variants include cutis verticis gyrata–like, pyoderma gangrenosum–like, and elephantiasis nostras–like phenotypes (ENLP). The latter represents a severe, refractory lymphedematous manifestation resulting from progressive lymphatic destruction and fibrosis, typically confined to the penoscrotal or vulvar region and associated with substantial functional and psychosocial morbidity. We report an historical case of bipolar lymphedema involving both vulvar and facial regions in long-standing HS, with a massive pseudotumoral vulvar presentation consistent with ENLP.

Case Presentation

A 47-year-old woman presented with a 25-year history of relapsing purulent inflammatory scalp and vulvar lesions that resulted in scarring alopecia and progressive vulvar lymphedema, respectively. Gradual facial edema subsequently developed, causing conductive hearing loss. She later re-presented, after 10 years of lost follow-up, with a massive vulvar tumor arising from the mons pubis and involving both labia majora. The surface was dyschromic and polyfistulized, with multiple draining sinuses discharging pus. This was associated with diffuse, symmetrical, firm, non-pitting pink erythematous edema involving the face, ears, and upper neck. The skin surface showed marked follicular dilation with plugging. Dry macrocheilitis with angular cheilitis was noted. Bilateral retroauricular, axillary, inguinal, and intergluteal erosive intertrigo, omphalitis, and numerous erythematous micropapules and follicular pustules on the trunk were observed. Dermoscopy supported concomitant inverse and follicular psoriasis. Pelvic MRI revealed a lobulated vulvo-perineal mass (14 × 9.5 × 10 cm) with extension into the adjacent pelvic fat. Facial biopsy demonstrated dermal sclerosis, dilated lymphatic vessels, interstitial edema, and a mild perivascular, interstitial, and perifollicular inflammatory infiltrate with partial follicular destruction, consistent with chronic inflammatory lymphedema in HS. A diagnosis of bipolar (facial and vulvar) HS-related lymphedema associated with a massive ENLP was established. The patient underwent complete vulvectomy. Three months postoperatively, rapid inflammatory relapse with new nodules and recurrent labial lymphedema occurred. Histology confirmed active HS, and oral doxycycline was initiated.

Conclusion

Lymphedema is an uncommon but severe sequela of longstanding HS, typically developing after 2–30 years of cumulative inflammatory damage. It predominantly affects men with Hurley stage III disease and most commonly involves the penoscrotal region, although the labia majora, perineum, groin, buttocks,

abdomen, and pubic area may also be affected; facial lymphedema has not previously been documented. Clinically, HS-associated lymphedema presents as progressive soft tissue swelling that may evolve into massive elephantiasis. Induration with a woody consistency is frequent, and lymphangiectasia may be observed. Chronic lymphostasis can lead to verrucous or polypoid lesions, as well as ENLP, which is a particularly aggressive anogenital variant characterized by massive edema and tissue hypertrophy mimicking malignancy; all warrant histological evaluation due to the increased risk of squamous cell carcinoma in longstanding perineal HS. Management remains challenging. Medical therapy alone rarely reverses established lymphedema. Surgical excision is the most effective treatment for advanced cases; however, relapse may occur in the presence of ongoing inflammation, as illustrated in our patient. Early recognition of severe and atypical phenotypes is crucial to prevent irreversible lymphatic damage and to allow timely initiation of systemic therapy during the so-called window of opportunity.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 995

Acne Guideline Adherence and Influencing Factors in Chinese Dermatologists: A Cross-Sectional Survey of 2,472 Physicians

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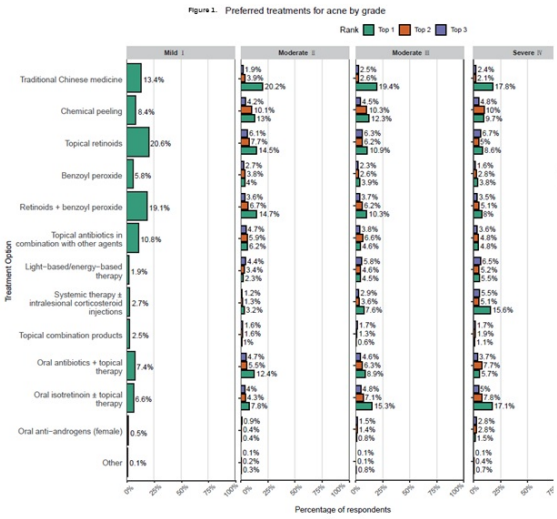
Introduction
Acne guidelines recommend severity-based treatment strategies; however, real-world adherence among dermatologists remains unclear, particularly in large and diverse healthcare systems such as China. This study investigated treatment patterns among Chinese dermatologists, evaluated adherence to the Chinese acne treatment guidelines (2019 revision), identified factors associated with adherence, and assessed the use and perceptions of medical skincare as an adjunct in acne management.

Materials and Methods
This nationwide cross-sectional study surveyed dermatologists attending a national dermatology conference in 2025 using an online self-administered questionnaire. Data collected included demographic characteristics (age, gender), clinical experience (years in practice), hospital type (tertiary, secondary, or primary), treatment preferences across acne severity grades (I–IV according to Chinese guidelines), and patterns of medical skincare use. Guideline adherence was defined as the selection of recommended first-line therapies for each severity grade based on the 2019 Chinese acne guideline. Multivariable logistic regression was performed to identify independent predictors of adherence, adjusting for potential confounders.

Results
A total of 2,477 dermatologists were included in the analysis. Treatment patterns generally followed a severity-based approach; however, overall guideline adherence was consistently low across all severity grades, ranging from 17.1% to 24.1% (Figure 1). Preference for traditional Chinese medicine (TCM) was identified as the strongest negative predictor of adherence across all severity grades (Figure 2). Clinical experience demonstrated a severity-dependent effect: more experienced physicians (≥10 years in practice) showed lower adherence in mild acne (grade I) but paradoxically higher adherence in moderate acne (grade III) compared with less experienced colleagues (<1 year in practice) (Figure 2). Institutional factors (hospital tier) and geographic factors (city tier) showed limited and non-significant influence on adherence after multivariable adjustment (Figure 2). Notably, 89.0% of dermatologists expressed agreement or strong agreement with the use of medical skincare in acne management. Medical skincare was most commonly used for maintenance therapy (52.9%) and for the treatment of post-inflammatory erythema (45.3%).



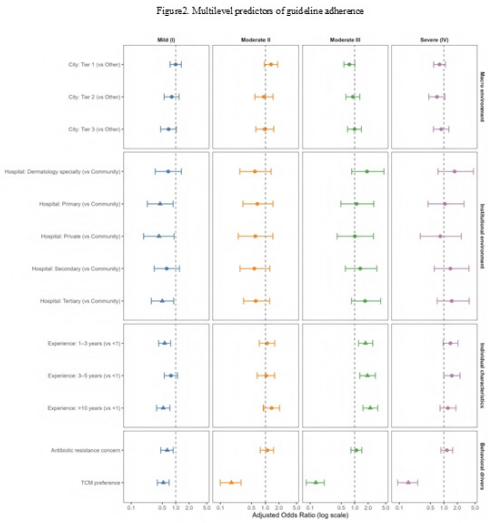


Figure 1. Preferred treatments for acne by grades. Figure 2. Multilevel predictors of guideline adhereance

Conclusions

Guideline adherence in acne management remains suboptimal despite adoption of severity-based principles. Physician-level factors (therapeutic preferences and clinical experience) drive treatment decisions. Medical skincare is a key adjunct. These findings inform strategies to improve guideline implementation and optimize acne care.

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Abstract N°: 999

Penoscrotal and Dorsolumbar Lymphedema in Hidradenitis Suppurativa: Insights from a Rare Lymphedematous Phenotype

Aimane Zaim*[1], Saadia Boughaleb[1], Ikrame Bejja[1], Zakia Douhi[1], Meryem Soughi[1], Sara Elloudi[1], Hanane Baybay[1], Fatima Zahra Mernissi[1]

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disorder of the terminal hair follicle, characterized by painful nodules, abscesses, sinus tracts, and progressive scarring, predominantly affecting intertriginous areas. Beyond its classical presentation, HS is increasingly recognized as a heterogeneous disease with multiple clinical phenotypes and systemic associations. Although uncommon, HS-associated lymphedema is a severe and functionally disabling complication. It typically develops in longstanding disease as a result of persistent inflammation, tissue destruction, fibrosis, and lymphatic obstruction, most frequently involving the anogenital region. We report a case of penoscrotal and dorsolumbar secondary lymphedema associated with rHurley stage IC HS.

Case Presentation

A 40-year-old man, chronic smoker with a history of psoriasis vulgaris, pilonidal sinus, and recurrent inflammatory genital lesions presented with progressive penile swelling evolving over three months, impairing urinary and sexual function. Dermatological examination revealed mildly erythematous penoscrotal swelling associated with multiple atrophic cribriform scars. Bridged scars were observed in the pubic area, along with inflammatory follicular papules on the inguinal folds and buttocks. Examination of the axillae and neck showed double-ended comedones. A 15-cm erythematous-pigmented indurated plaque was present over the upper left buttock, extending to the dorsolumbosacral region, and covered with whitish psoriasiform scales. Additional psoriatic plaques were noted elsewhere. A diagnosis of rHurley stage IC HS-associated penoscrotal and dorsolumbar lymphedema concomitant with cutaneous psoriasis was established. The patient was started on doxycycline and zinc supplementation, along with high-potency topical corticosteroids for psoriasis, pending evaluation for systemic retinoids and biologics.

Conclusion

Beyond the typical presentation, recognized HS subtypes include scarring folliculitis, frictional furuncle type, conglobata, syndromic, ectopic (facial), and anogenital phenotypes, with pilonidal cysts considered part of the latter. Lymphedema is an uncommon but severe complication of longstanding HS, typically developing after 2–30 years of cumulative inflammatory damage. It predominantly affects men and most commonly involves the penoscrotal region, although the labia majora, perineum, groin, buttocks, abdomen, and pubic area may also be affected. Clinically, HS-associated lymphedema presents as progressive soft tissue swelling that may evolve into massive elephantiasis. A woody induration, as observed in our patient, is common, and lymphangiectasia may occur. Chronic lymphostasis can lead to verrucous or polypoid lesions, as well as the elephantiasis nostras–like phenotype, which is a particularly aggressive anogenital variant characterized by massive edema and tissue hypertrophy mimicking

malignancy; all warrant histological evaluation due to the increased risk of squamous cell carcinoma in longstanding perineal HS. In addition to functional impairment, advanced penoscrotal lymphedema profoundly impacts quality of life and may cause urethral strictures, fistulas, contractures, limb mobility limitations, recurrent infections, ulceration, and, rarely, angiosarcoma. In this patient, smoking and psoriasis may have acted as aggravating factors through sustained systemic inflammation, possibly explaining the relatively rapid onset of lymphedema. Management remains challenging. Medical therapy alone rarely reverses established lymphedema. Surgical excision is the most effective treatment for advanced cases; however, relapse may occur in the presence of ongoing inflammation, as illustrated in our patient. Early recognition of severe and atypical phenotypes is crucial to prevent irreversible lymphatic damage and to allow timely initiation of systemic therapy during the so-called window of opportunity.

EADV Congress 2026, VIENNA
30 SEPTEMBER - 03 OCTOBER 2026
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30 SEP - 3 OCT 2026

Abstract N°: 1007

Isotretinoin Plus Desloratadine for Acne Vulgaris: A Systematic Review and Meta-analysis of Randomised Controlled Trials

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Introduction
Isotretinoin remains the most effective systemic therapy for moderate-to-severe acne vulgaris, although its use is frequently limited by tolerability and variable response. Histamine-mediated pathways have been implicated in sebaceous gland activity and cutaneous inflammation, suggesting a potential role for H1-antihistamines as adjunctive therapy. This study aimed to evaluate whether the addition of desloratadine improves clinical outcomes and tolerability in patients receiving isotretinoin.

Materials and Methods
A systematic review and meta-analysis was conducted in accordance with PRISMA guidelines. PubMed, Scopus, and Web of Science were searched from inception to May 2025 for randomised controlled trials comparing isotretinoin plus desloratadine with isotretinoin monotherapy. The primary outcome was change in Global Acne Grading System (GAGS) score. Secondary outcomes included inflammatory and non-inflammatory lesion counts and adverse events. Data were pooled using fixed-effect models and reported as mean differences (MD) or risk ratios (RR) with 95% confidence intervals.

Results
Six randomised controlled trials comprising 424 patients were included. Combination therapy demonstrated a statistically significant reduction in GAGS score at 12 weeks (MD −2.80, 95% CI −4.58 to −1.02) and at end of follow-up (MD −1.81, 95% CI −2.52 to −1.10), with consistent direction of effect across studies and low heterogeneity. No significant differences were observed in inflammatory or non-inflammatory lesion counts between groups. With respect to tolerability, combination therapy was associated with a significant reduction in pruritus (RR 0.31, 95% CI 0.14–0.68), with non-significant trends towards reduced acne flare and mucocutaneous adverse effects.

Conclusions
The addition of desloratadine to isotretinoin is associated with a consistent improvement in overall acne severity and may provide benefits in treatment tolerability, particularly in reducing pruritus. While effects on lesion counts and other adverse events remain inconclusive, these findings support a potential adjunctive role for H1-antihistamines in acne management. Further large-scale, high-quality trials are required to define the clinical impact of this combination.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1033

When Hidradenitis Suppurativa Leaves the Folds: An Exclusive Facial Phenotype With Mandibular SAPHO Osteitis and Fatal AA Amyloidosis

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disease of the terminal hair follicle characterized by painful nodules, abscesses, draining sinus tracts, and scarring. It typically affects intertriginous areas. Facial involvement is uncommon, and HS strictly confined to the face—an ectopic phenotype—is exceptionally rare. Systemic AA amyloidosis is a severe complication of chronic inflammatory diseases and has been only rarely reported in association with HS. Synovitis, Acne, Pustulosis, Hyperostosis, and Osteitis (SAPHO) syndrome is a rare autoinflammatory disorder combining osteoarticular and cutaneous manifestations and may occasionally coexist with HS. We report an unprecedented presentation combining exclusively facial HS and mandibular-limited SAPHO syndrome. The case was complicated by systemic AA amyloidosis affecting both the kidneys and the tongue, ultimately resulting in a fatal outcome.

Case Presentation

A 52-year-old man with chronic tobacco use had been followed for 7 years for chronic mandibular osteitis with recurrent cutaneo-mucosal fistulas. Computed tomography demonstrated an osteolytic lesion of the right hemimandible. Mandibular biopsy excluded malignancy. The patient underwent segmental mandibulectomy with bone grafting. The postoperative course was complicated by graft failure and recurrent cervicofacial cellulitis. Bone scintigraphy showed persistent isolated mandibular hyperfixation. Progressive macroglossia subsequently developed, associated with tongue protrusion, dysarthria, and dysphagia. Examination revealed severe disfiguring lesions strictly confined to the face, including painful nodules, interconnected draining sinus tracts, extensive bridged, hypertrophic, and scleroatrophic scarring, and multiple double-ended pseudo-comedones. No axillary, inguinal, or other intertriginous involvement was present. The tongue was firm, enlarged, and showed yellow-white papules with ulceration. Skin biopsy confirmed HS. Tissue cultures for deep fungi, Mycobacterium tuberculosis, and atypical mycobacteria were negative. Lingual histopathology revealed chronic pseudopolypoid glossitis with eosinophilic deposits. Crystal violet staining was positive, supporting amyloid deposition and renal biopsy confirmed AA amyloidosis in the setting of nephrotic syndrome. The final diagnosis was Hurley stage III exclusively facial HS, associated with mandibular-limited SAPHO syndrome and complicated by systemic AA amyloidosis involving both the kidneys and the tongue. Doxycycline was initiated pending biologic therapy; however, rapid deterioration occurred, and the patient died from renal failure secondary to systemic amyloidosis.

Conclusion

Facial HS is more commonly reported in men. Lesions may resemble nodular acne and are easily misdiagnosed. Chronic uncontrolled inflammation leads to progressive destruction of skin architecture and severe systemic complications, including AA amyloidosis. The interval range between onset of HS and onset of amyloidosis varies 3–51 years. Renal involvement is the most frequent manifestation and may be fatal. Oral involvement is uncommon and has not previously been reported in HS-associated AA amyloidosis. The tongue is the most frequently affected site, often presenting with firm macroglossia, ulcerations, and nodular, papular, or flat lesions in a range of colors, including yellow, white, purple, red, or blue. SAPHO syndrome should be considered in HS patients presenting with osteoarticular symptoms. Anterior chest wall involvement is the most common, whereas mandibular involvement is rare (~10%). This case highlights 3 key messages: (1) HS can present as a strictly facial phenotype; (2) persistent systemic inflammation may lead to life-threatening AA amyloidosis, warranting systematic renal screening in severe disease; and (3) early recognition and aggressive control of inflammation, including timely biologic therapy, are essential to prevent irreversible organ damage and fatal outcomes.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1039

Beyond Acneiform Eruption: Unveiling Secondary Demodicosis in Afatinib-Treated Lung Adenocarcinoma Patient

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Introduction

Afatinib is a second-generation irreversible tyrosine kinase inhibitor (TKI) targeting the epidermal growth factor receptor (EGFR), widely used for treating EGFR-mutated non-small cell lung cancer (NSCLC). Despite its efficacy, it frequently induces dermatological toxicities, most commonly acneiform eruptions, which can significantly impair a patient's quality of life and lead to treatment interruption. Furthermore, EGFR inhibition-related skin barrier dysfunction increases the risk of opportunistic secondary infections, such as demodicosis, which is rarely reported in the Indonesian population.

Case Presentation

A 53-year-old male with stage IV lung adenocarcinoma presented with severe pruritic erythematous papulopustular eruptions on his face, chest, and back. The symptoms emerged 3–4 weeks after initiating afatinib at 40 mg/day. The lesions were progressive, non-comedonal, and associated with a burning sensation A 10% potassium hydroxide (KOH) examination revealed a *Demodex* density of >5 per field, confirming a secondary infection of demodicosis.

The patient was diagnosed with afatinib-induced acneiform eruption complicated by secondary demodicosis Treatment included 0.5% metronidazole cream, 0.05% topical retinoic acid, and 5% permethrin cream. Additionally, the afatinib dosage was reduced to 20 mg/day. This dual management strategy resulted in significant clinical improvement of the skin lesions, allowing the continuation of essential anticancer therapy.

Conclusion

Early identification of acneiform eruptions and evaluation for secondary infections like demodicosis are crucial when managing patients on EGFR inhibitors. A combined approach of dermatological treatment and oncology dose modification can achieve optimal clinical control without the need to discontinue life-saving cancer treatment.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1045

Efficacy and Safety of Vunakizumab in the Treatment of Moderate to Severe Hidradenitis Suppurativa: A Report of two Cases.

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent, and inflammatory skin disease that mainly affects hair follicles and sweat glands such as scalp, armpits, groin and buttocks. It is characterized by painful nodules, abscesses, sinus tracts and refractory scars on the skin. Currently, the etiology of HS is still not fully understood, but abnormal immune system responses are considered to play an important role in the pathogenesis of the disease. Research have shown that IL-17A serves as a key driver of the pathogenesis of HS. Thus, blocking the IL-17A signaling pathway may effectively alleviate inflammatory responses and improve clinical symptoms. Vunakizumab is a humanized monoclonal antibody targeting IL-17A. Its effectiveness and safety in the treatment of psoriasis have been widely validated. Therefore, these two cases aim to evaluate the efficacy and safety of Vunakizumab in the treatment of moderate to severe HS.

Case Presentation

Case 1. A 39-year-old female presented with inflammatory nodules, sinus tracts and pain in the left axilla for more than 10 years. She had surgical treatment 4 years ago and with recurrence frequently in the past 2 years. Her medical history was notable for psoriasis for 5 years, hypertension, diabetes mellitus and hyperlipidemia, with a BMI of 33.50 kg/m^2. Routine blood tests revealed no significant abnormalities. Biochemical tests revealed elevated alanine transaminase (ALT) 63 U/L (reference range 7–40), aspartate transaminase (AST) 69 U/L (reference range 13–35), and triglyceride (TG) 4.87 mmol/L (reference range 0–2.25). Hepatitis B, syphilis, HIV and T-SPOT.TB were negative. At her first visit, the NRS score was 2, IHS4 score 8, Hurley stage II, and DLQI score 3. At week 20, the NRS score was 1, IHS4 score 6, Hurley stage II, DLQI score 2, and HiSCR was achieved. Most notably, the patient experienced a surprising improvement in psoriasis, achieving a Psoriasis Area and Severity Index (PASI) 90 response.

Case 2. A 28-year-old male presented with recurrent inflammatory nodules, abscess, cysts, and sinus tracts with severe pain on the scalp, axillae and inguinal regions for more than 5 years. He had a history of hyperlipidemia with a BMI of 39.79 kg/m^2. Laboratory tests revealed leukocyte count at 13.06 $\times 10^9$/L (reference range 3.5–9.5), neutrophil count at 8.99 $\times 10^9$/L (reference range 1.8–6.3), and total cholesterol at 7.31 mmol/L (reference range 3.0–5.70). Hepatitis B, syphilis, HIV and T-SPOT.TB were negative. At his first visit, the NRS score was 8, IHS4 score 52, Hurley stage II, and DLQI score 27. At Week 20, the NRS score was 1, IHS4 score 40, Hurley stage II, DLQI score 22, and HiSCR was achieved.

Conclusion

HS is a challenging condition to treat. Vunakizumab, a novel IL-17A inhibitor independently developed in China, was administered to two patients with moderate-to-severe HS. Both patients were overweight and had dyslipidemia. The first patient had moderate HS with comorbid psoriasis. Following treatment with vunakizumab, her HS was well controlled, and psoriasis also improved markedly, achieving PASI 90 response. The second patient had severe HS with severe pain that significantly affected daily life and work, after treatment, his pain was

markedly relieved. Both patients achieved a HiSCR ≥50%, with no new abscesses or sinus tracts observed. Treatment outcomes in these two patients indicate that vunakizumab yields favorable efficacy in moderate-to-severe HS, and might be a valuable option, especially in patients with intense pain and comorbid psoriasis.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1047

Effects of oral spironolactone on quality of life of female acne patients with premenstrual flare: a prospective, observational study

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Introduction

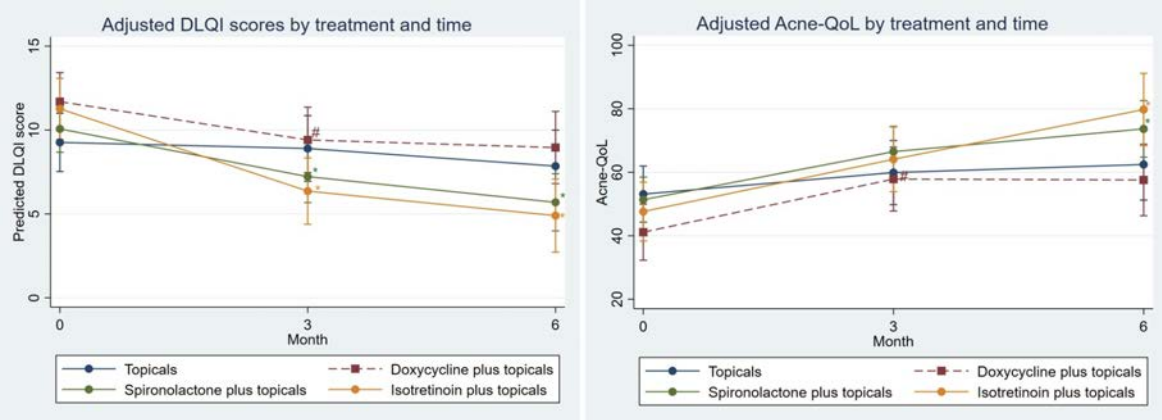
Premenstrual acne flares are common in women with acne and can affect quality of life. Although spironolactone (SPL) is frequently used as a hormonal treatment for acne, real-world data on this specific group are limited. Our study aims to assess how oral SPL affects quality of life and treatment satisfaction in women experiencing premenstrual acne flares, compared with other standard acne treatments.

Materials and Methods

This prospective observational study involved 167 female patients aged 25–45 years experiencing premenstrual acne flares. Patients received either topical therapy alone or topical therapy combined with doxycycline, SPL, or isotretinoin. Outcomes were evaluated at baseline, month 3, and month 6 using the Dermatology Life Quality Index (DLQI), the Acne-Specific Quality of Life (Acne-QoL), satisfaction scores (0–10), and clinical parameters, including flare duration and IGA success.

Results

The median age was 28 years (IQR: 26–32), and 77.3% had Fitzpatrick skin type IV. Premenstrual acne flares commonly involved the cheeks (72.5%) and chin (70.1%), with a median onset of 5 days before menstruation and a median duration of 7 days. At 6 months, the SPL-combined and isotretinoin-combined groups showed significant DLQI improvements (P=0.01 and P <0.01, respectively) and Acne-QoL improvements (P=0.04 and P <0.01, respectively). The SPL-combined group significantly outperformed the doxycycline-combined group in Acne-QoL (P=0.04). Domain-specific analysis showed that improvements were most pronounced in the emotional domain, suggesting a beneficial effect on mood-related symptoms. Satisfaction was highest with the isotretinoin-combined group (median = 10), followed by the SPL-combined group (median = 9), with both groups superior to the doxycycline-combined group. IGA success at 6 months was 75% with isotretinoin and 29% with SPL. Flare frequency and duration decreased across all groups. Side effects occurred in 61.8% of patients on isotretinoin, including dry mouth and dry eyes, while 32.8% of patients on SPL experienced side effects such as increased urination, breast tenderness, and premenstrual tension.



Estimated DLQI and Acne-QoL scores at baseline, 3 months, and 6 months. * indicates a significant difference compared with baseline ($p < 0.05$). # indicates a significant difference between the spironolactone group and other treatments ($p < 0.05$).

Conclusions

Oral SPL improved quality of life and treatment satisfaction in women experiencing premenstrual acne flares, with notable improvements in emotional well-being. Although isotretinoin provided the greatest clinical benefit, SPL remains an effective and well-tolerated alternative for this group.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1057

Denifanstat for Moderate-to-Severe Acne Vulgaris: Results from an Open-label, Multicenter, Phase III Extension Study

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Introduction
Denifanstat, a fatty acid synthase (FASN) inhibitor, demonstrated efficacy and a favorable safety profile in the randomized, double-blind, placebo-controlled phase 3 ASC40-303 trial (NCT06192264). Once-daily administration of 50 mg for 12 weeks resulted in significantly higher treatment success rates than placebo, defined as Investigator's Global Assessment (IGA) score of 0 or 1 with ≥ 2-point reduction from baseline, along with improvements in total, inflammatory, and noninflammatory lesion counts. Based on these findings, the ASC40-304 open-label, extension study (NCT06248008) was conducted to evaluate the long-term safety.

Materials and Methods
This was a multicenter, open-label phase 3 extension study. Patients who completed the ASC40-303 trial were eligible for enrollment after screening and written informed consent. Following completion of the 12-week double-blind period and study unblinding, participants received oral denifanstat 50 mg once daily for up to 40 weeks of additional treatment (total exposure up to 52 weeks). The primary objective was to assess long-term safety.

Results
A total of 240 patients were enrolled, including 116 in the continuous denifanstat group (receiving denifanstat during both the double-blind and extension phases; one patient did not receive study treatment) and 124 in the placebo-to-denifanstat switch group (safety population, n=239).
Using the ASC40-303 baseline (reflecting cumulative exposure from randomization), treatment-emergent adverse events (TEAEs) occurred in 82.0% of patients (196/239), and treatment-emergent serious adverse events (TESAEs) in 0.8% (2/239). Temporary treatment interruption occurred in 2.1% (5/239), with no permanent discontinuations. No treatment-related TESAEs or grade ≥ 3 TEAEs were observed. The most common treatment-related adverse events (≥5%) were dry skin (7.1%, 17/239) and dry eye disease (5.9%, 14/239).
Using the ASC40-304 baseline (reflecting safety during the extension period), TEAEs occurred in 65.3% of patients (156/239), with no treatment-realted TESAEs, grade ≥ 3 TEAEs, or treatment discontinuations due to adverse events. No treatment-related TEAEs occurred in ≥ 5% of patients.
Compared with the 12-week ASC40-303 treatment period, the 52-week exposure was associated with higher rates of seltected mild (grade 1-2) treatment-related adverse events, including dry eye disease, dry skin, and skin desquamation (coded as skin exfoliation), with additional low-frequency (≥1% and <5%) mild TEAEs.
Efficacy outcomes are summarized in Table 1.

Table 1. Efficacy outcomes at end of study

Efficacy Endpoints	Denifanstat-Denifanstat (N=116)	Placebo-Denifanstat (N=124)	Total (N=240)
Mean % change from the ASC40-303 baseline (cumulative efficacy from randomization)			
TLC	-73.00%	-70.70%	-71.81%
ILC	-78.08%	-75.75%	-76.88%
NILC	-68.29%	-65.52%	-66.86%
Treatment Success Rate, n (%)	67 (57.8%)	69 (55.6%)	136 (56.7%)
IGA Reduction ⩾ 2 points, n (%)	72 (62.1%)	74 (59.7%)	146 (60.8%)
Median % change from the ASC40-304 baseline (open-label extension)			
TLC	-41.49%	-61.60%	-54.56%
ILC	-50.00%	-63.29%	-58.82 %
NILC	-42.86%	-61.59%	-51.56%
Treatment Success Rate, n (%)	8 (28.6%)	23 (41.8%)	31 (37.3%)
IGA Reduction ⩾ 2 points, n (%)	10 (8.6%)	29 (23.4%)	39 (16.3%)

Notes: End of study includes the final visit after 40-week open-label extension or early termination.
TLC: total lesion count; ILC: inflammatory lesion count ; NILC: non-inflammatory lesion count.
Treatment Success was defined as Investigator's Global Assessment (IGA) score of 0 or 1 with a ≥ 2-point reduction from baseline (in patients with baseline IGA ≥3).

Conclusions

Denifanstat 50 mg once daily for up to 52 weeks demonstrated a favorable safety profile and sustained clinical efficacy in moderate-to-severe acne, with no drug-related serious or grade ≥3 adverse events and continued improvement in IGA response and lesion counts during long-term treatment. Compared with 12-week treatment, longer exposure was associated with slightly higher rates of selected mild (grade 1-2) treatment-related adverse events and the emergence of new mild TEAEs.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1058

Patient-relevant outcomes in hidradenitis suppurativa: protocol of a systematic review

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Introduction
What truly matters to patients with hidradenitis suppurativa (HS) remains insufficiently captured in current outcome frameworks. HS is associated with a substantial physical, psychological and social burden, with increasing recognition of its systemic involvement (Midgette & Garg, 2025). However, outcomes used is HS management in clinical practice are often not defined with direct patient involvement. Within the framework of value-based healthcare, identifying outcomes that matter most to patients is essential to optimize care (Porter & School, 2006). This systematic review aims to identify patient-relevant outcomes in HS as defined by adult patients themselves.

Materials and Methods
This review will follow Cochrane Community recommendations and be reported according to PRISMA guidelines. A comprehensive, expert-developed search strategy, validated using the PRESS checklist, will be applied across MEDLINE, Embase, Web of Science, and Scopus without restrictions on language or publication date. Eligible studies will include adult HS patients involved in defining relevant outcomes through methods such as questionnaires, Delphi panels, or qualitative approaches, while interventional studies and studies lacking patient-defined relevance will be excluded.

Screening, data extraction, and quality appraisal will be performed independently by two reviewers using DistillerSR, with a third reviewer resolving disagreements. Risk of bias will be assessed using Joanna Briggs Institute tools, and certainty of evidence will be evaluated using the GRADE approach.

Results
This review will provide a comprehensive overview of outcomes considered relevant by patients with HS, including physical, psychological, social, and functional domains, with results expected by summer 2026. The resulting outcome set will be disease-specific, focusing exclusively on HS, and will cover the full cycle of care, encompassing all aspects of HS management rather than single disease episodes, while supporting the assessment of value in healthcare. It is expected to highlight heterogeneity in outcome definitions and identify gaps in patient involvement in outcome selection across studies. The findings will also map individual outcome items into broader domains and core areas, facilitating comparison across studies and contributing to the development of standardized outcome sets.

Conclusions

This systematic review will synthesize the current evidence on patient-relevant outcomes in HS and assess the extent of patient involvement in their definition. The findings are expected to support the development of more patient-centred outcome measures and contribute to the implementation of value-based healthcare in HS management. Since results are anticipated by summer 2026, they will be reported upon availability.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1084

High levels of pain response with sonelokimab in VELA-1 and VELA-2: two Phase 3 trials in patients with moderate-to-severe HS

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Introduction

Pain improvement is a primary treatment goal for many patients living with HS. VELA-1 (NCT06411899) and VELA-2 (NCT06411379) are ongoing Phase 3 trials in moderate-to-severe HS that include pain response as a key secondary endpoint, and other pain outcomes as prespecified additional endpoints. These identically designed, 52-week trials are investigating sonelokimab, an IL-17A- and IL-17F-targeting Nanobody that previously showed high levels of pain response in a large Phase 2 trial (MIRA; NCT05322473). Here, we present pain results to Week 16 from the VELA-1 and VELA-2 trials.

Materials and Methods

Patient Global Assessment of Skin Pain for worst 24-hour skin pain was assessed on a daily basis using an 11-

point (0–10) NRS, and mean daily scores were reported weekly. Pain response (key secondary endpoint at Week 16) was defined as a ≥3-point improvement in worst skin pain NRS, which has been previously validated as a clinically meaningful response in a population with HS. Other prespecified pain outcomes include NRS 30 and NRS 50 (≥30/50%-and-≥2-point improvement from baseline). All pain NRS outcomes were assessed in patients with a score of ≥3 at baseline. *P*-values were not controlled for multiple comparisons, except for key endpoints at Week 16 in VELA-1. Outcomes were analyzed using modified non-responder imputation in an intention-to-treat population.

Results

At baseline, mean pain scores among eligible patients (NRS ≥3 at baseline) were high (6 out of 10) and well balanced between treatment groups (VELA-1: placebo 6.2 [SD 1.7], sonelokimab 5.9 [SD 1.9]; VELA-2: 6.0 [SD 1.8] for both groups). Sonelokimab demonstrated strong and consistent pain responses at Week 16 (VELA-1: 28% [N=206] of patients had a ≥3-point improvement vs. 12% with placebo [N=99], $P<0.001$; VELA-2: 29% [N=201] vs. 15% with placebo [N=110], $P<0.01$). These responses corresponded closely to NRS 50 response rates, with 31–33% of patients assigned to sonelokimab achieving this high threshold at Week 16 (vs. 13–15% with placebo, $P<0.001$), while 41% achieved NRS 30 (vs. placebo: 17%, $P<0.001$ [VELA-1]; 25%, $P<0.01$ [VELA-2]). Improvements in pain were seen as early as Week 1, and >20% of patients had achieved NRS 50 by Week 4. VELA-1 and VELA-2 are the first Phase 3 HS trials to report the high-threshold pain outcome of NRS 50, finding ~1 in 3 patients can achieve a ≥50% improvement in pain at Week 16 with sonelokimab, similar to the rate reported in the Phase 2 trial at Week 12 (32%). Sonelokimab demonstrated a favorable safety profile across all HS trials, with no new safety signals.

Conclusions

These results support sonelokimab as a promising potential new treatment option that can meaningfully and rapidly reduce pain for patients with moderate-to-severe HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1097

Feasibility and Safety of Surgical Excision in Patients with Hidradenitis Suppurativa and High Risk of Post-operative Complications: A Case Series and Review of the Literature

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Introduction

Surgical intervention is often necessary for moderate-to-severe hidradenitis suppurativa (HS), yet surgery is frequently deferred due to obesity, smoking, and comorbidities, conventionally viewed as relative contraindications. We evaluated surgical safety in a high-risk cohort and performed a literature review to contextualize these risks.

Case Presentation

This retrospective case series comprised 12 patients with Hurley II-III (mean age 41.2 years, female-to-male-ratio 2:1) undergoing 21 surgical interventions despite significant risk factors, including obesity (mean BMI 30.4 kg/m²), active smoking (67%), and a high burden of somatic and psychiatric comorbidities (mean 2.25 per patient). Concurrent systemic therapy (adalimumab, bimekizumab, or roflumilast) was maintained in 58.3% of the cohort. Surgical interventions consisted of simple excision (85.7%) and radical wide excision (14.3%), predominantly followed by primary closure (90.5%), with one case healing by secondary intention and one reconstructed using a split-thickness skin graft (STSG). Complications were systematically graded using the Clavien-Dindo (CD) classification (grades I-V) and quantified using the Comprehensive Complication Index (CCI; range 0-100). Recurrence was assessed using the AN (inflammatory)/TN (structural) classification and time to complete wound healing (TTCW) was estimated retrospectively from clinical records. Simultaneously, a literature search of PubMed and Google Scholar was conducted focusing on surgical outcomes in high-risk HS populations.

In our series, surgical intervention demonstrated a highly manageable safety profile despite the high-risk cohort. Postoperatively, 28.6% of the 21 interventions were completely complication-free (CD 0). Minor complications (CD I-II), primarily wound infections requiring antibiotics, occurred in 47.6%. Minor surgical revisions under local anesthesia (CD IIIa) occurred in 14.3%. Severe complications (CD IIIb) necessitating reoperation occurred in 9.5%, notably in patients with the highest BMI (47.1 kg/m²), widest surgical areas (100-400 cm²) and high-risk truncal area. The mean CCI was 20.8 among operations with complications. The median time to complete wound healing (TTCW) was 45 days, with 81% of wounds fully healed within 60 days. Radical wide excision (n=3) achieved absolute local disease control (0% AN/TN recurrence), whereas simple excision (n=18) accounted for local recurrences (8 total; 4 AN, 4 TN). Notably, wide excision reconstructed with a split-thickness skin graft achieved a TTCW of 19 days with no complications or recurrence. Our literature review (including data from over 11,000 patients across multiple studies) consistently indicated that while obesity is associated with higher rates of wound dehiscence, active smoking and diabetes do not significantly increase deep surgical site infections or recurrence rates. Evidence suggests that radical excision remains effective regardless of these metabolic and lifestyle risks.

Pt.	Age year	Sex F/M	BMI kg/m²	DLQI Bsl.	Comorbidities Concurrent	Smoking Concurrent	Hurley Stage 1-3	Biologic Concurrent	OP sites No. per op date	OP Area	Intervention Surgery; closure type	CD Per. Op	CCI Per. op	TTCW Days	Recurrence Type; Distance
1	51	M	26.02	8	HT; T2DM; Psoriasis; DVT	Yes	3	Bim	1) Rt axilla; Rt inguinal 2) Rt axilla	1) 17.5;30 2) 20	1) Exc. (LA); PC 2) Exc. (LA); PC	1) 0 2) II	1) 0 2) 20.9	1) 15 2) 42	1) NA 2) TN; Reg
2	51	M	NA	10	Disc prolapse	Yes	2	None	1) Rt inguinal	1) 1.5	1) Exc. (LA); PC	1) IIIa	1) 26.2	1) 56	1) TN; Marg
3	27	F	25.97	NA	Steatocystoma multiplex; Factor V Leiden mutation; Endocrine disorder.	Yes	3	Discont	1) Rt axilla 2) Lt axilla	1) NA 2) 10	1) Exc. (LA); PC 2) Exc. (LA); PC	1) II 2) IIIa	1) 0 2) 26.2	1) 49 2) 51	1) TN; Marg 2) AN; Reg
4	30	M	31.25	7	Asthma; Pilonidal cyst	Yes	2	Ada	1) Bilat axilla	1) NA	1) Exc. (LA); PC	1) I	1) 8.7	1) 39	1) AN; Reg
5	54	F	21.48	16	None	No	2	Rofl	1) Rt gluteal 2) Rt gluteal	1) 15 2) NA	1) Exc.; (LA) SC 2) Wide exc. (LA).; PC	1) II 2) II	1) 20.9 2) 20.9	1) 179 2) 19	1) TN: Marg 2) 0
6	35	F	26.12	14	Congenital deafness; Depression; PTSD; Psoriasis, Cannabis & alcohol abuse	Yes	3	None	1) Lt axilla	1) 2.5	1) Exc. (LA); PC.	1) I	1) 8.7	1) 45	1) AN; Reg
7	30	F	25.39	13	Arthritis urica, pilonidal cyst	Yes	2	Ada	1) Rt axilla	1) 24	1) Exc. (LA); PC	1) IIIa	1) 20.9	1) 155	1) 0
8	50	M	33.00	3	HT, T2DM	Prv	3	Ada	1) Lw abdomen 2) Rt abdomen 3) Lt abdomen	1) 100 2) 1.5 3) 2.25	1) Exc. (LA); PC 2) Exc. (LA); PC 3) Exc. (LA); PC	1) IIIb 2) 0 3) 0	1) 33.7 2) 0 3) 0	1) 74 2) 14 3) 14	1) AN; Marg 2) 0 3) 0
9	47	F	37.84	29	Personality disorders; Psoriasis	Yes	2	None	1) Rt axilla 2) Lt axilla	1) 22 2) 30	1) Exc. (LA); PC 2) Exc. (LA); PC	1) I 2) II	1) 8.7 2) 20.9	1) 38 2) 160	1) 0 2) 0
10	40	F	47.10	26	HT; Asthma; Depression	Yes	2	Ada	1) Lt axilla 2) Rt axilla	1) 8 2) 400	1) Exc. (LA);PC 2) Wide Exc. (GA); PC	1) I 2) IIIb	1) 0 2) 33.7	1) 50 2) 45	1) 0 2) 0
11	25	F	27.37	NA	Paranoid schizophrenia;Uterine fibroid	Prv	3	Rofl	1) Rt axilla	1) 24	1) Exc. (LA); PC	1) II	1) 20.9	1) 45	1) 0
12	54	F	32.73	NA	HK, Hepatitis B	No	3	Discont	1) Lt axilla	1) 144	1) Wide exc. (GA); STSG	1) 0	1) 0	1) 19	1) 0

Table 1: Baseline characteristics, surgical interventions, and clinical outcomes of high-risk hidradenitis suppurativa cohort. Pt. No. = Patient Number | F/M = Female/Male | BMI = Body Mass Index | DLQI = Dermatology Life Quality Index | Bsl. = Baseline | HT = Hypertension | T2DM = Type 2 Diabetes Mellitus | DVT = Deep Vein Thrombosis | Bim = Bimekizumab | Ada = Adalimumab | Rofl = Roflumilast | Discont = Discontinued | Prv = Previous smoker | OP = Operation | Rt = Right | Lt = Left | Bilat = Bilateral | Lw. = Lower | Exc. = Simple excision | Wide exc. = Wide excision | LA = Local anesthesia | GA = General anesthesia | PC = Primary closure | SC = Secondary closure | STSG = Split-thickness skin graft | CD = Clavien-Dindo classification | CCI = Comprehensive Complication Index | Per. Op = Per operation | TTCW = Time to complete wound healing | NA = Not available | AN = Abscess/nodule (inflammatory recurrence) | TN = Tunnel/structural (fistulating recurrence) | Reg = Regional (>1 cm from scarirng) | Marg = Marginal (<1 cm from scarring).

Conclusion

Our case series and literature review suggest that traditional relative contraindications should not ground categorical surgical exclusion. While obesity may increase complication severity, smoking does not consistently impair outcomes. Postponing surgery in these patients risks disease progression and diminished quality of life. A patient-centered approach, prioritizing multidisciplinary optimization over deferred care, is recommended.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1122

When acne meets rosacea: prevalence, features, and diagnostic challenges

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Introduction
Acne and rosacea are common inflammatory facial dermatoses traditionally considered distinct, but emerging evidence suggests shared pathogenic mechanisms, including chronic inflammation, innate immune dysregulation, barrier dysfunction, and microbiome involvement. In practice, some patients exhibit a mixed phenotype with features of both conditions, which remains underrecognized and may lead to diagnostic and therapeutic challenges. This study aimed to estimate the prevalence of acne–rosacea overlap, describe its clinical features, and identify associated factors and diagnostic pitfalls.

Materials and Methods
This retrospective descriptive and analytical study was conducted in a dermatology department between January 2020 and January 2026. Patients presenting with inflammatory facial dermatoses consistent with acne or rosacea were included. Diagnoses were established based on clinical dermatological criteria.Diagnostic errors were defined as discrepancies between the initial diagnosis and the final diagnosis established after specialist evaluation. Quantitative variables were expressed as mean ± standard deviation and qualitative variables as frequencies and percentages. Univariate and multivariate analyses were performed to identify associated factors, with statistical significance set at $p < 0.05$.

Results
A total of 209 patients were included in the study. The study population was predominantly female (68%), with a mean age of 24 ± 7.04 years. Among these patients, 45.5% had acne, 30.6% had rosacea, and 23.9% patients presented with a combined acne–rosacea phenotype. Nearly one in four patients with facial inflammatory dermatoses presents overlapping features of both conditions, underscoring the clinical relevance of the acne–rosacea overlap. Patients with the combined acne–rosacea phenotype had a mean age of 26 ± 6 years, slightly higher than that of the overall cohort, suggesting that this mixed phenotype is more common in young adults. A female predominance was also observed in this group (71%). Additionally, 63% of these patients reported a history of persistent adult acne, suggesting that adult acne may represent a predisposing factor for the subsequent development of rosacea-like features.Clinically, the mixed phenotype was mainly characterized by a predominance of inflammatory papulopustular lesions, observed in 92% of patients, often associated with persistent centrofacial erythema in 84% of cases. Triggered flushing was reported in 58% of patients, while cutaneous hypersensitivity, described as burning or stinging sensations, was noted in 47% of cases. Visible telangiectasia were observed in 29% of patients. Comedones were present in 61% of cases.Patient-reported triggers highlighted the role of environmental and behavioral factors in this association, mainly stress (54%), heat exposure (49%), irritating cosmetics (43%), and spicy foods (31%). The high prevalence of these triggers suggests underlying cutaneous and vascular hyperreactivity, similar to that seen in rosacea, which may also aggravate acne-related follicular inflammation. Statistical analysis identified several factors significantly associated with the acne–rosacea overlap. A history of moderate-to-severe acne emerged as a major predictive factor (OR = 2.3; 95% CI: 1.2–4.1; p = 0.01). Similarly, sensitive or reactive skin was associated with a higher risk of the mixed phenotype (OR = 2.1; 95% CI: 1.1–3.8; p = 0.02). The use of irritating topical treatments, particularly certain retinoids or

keratolytic agents, also increased the likelihood of this association (OR = 2.5; 95% CI: 1.3–4.6; p = 0.01). Finally, frequent exposure to environmental triggers was associated with an increased risk of the mixed phenotype (OR = 1.9; 95% CI: 1.1–3.2; p = 0.03).

Conclusions

Acne–rosacea overlap appears to be a frequent and likely underdiagnosed clinical phenotype among patients with inflammatory facial dermatoses. Its recognition is essential to optimize therapeutic strategies and avoid treatment failure.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1130

Combination of Immunomodulatory Treatment and Surgery for Hidradenitis Suppurativa: Impact on Epithelization and Postoperative Complications

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Introduction

Medical and surgical treatments in hidradenitis suppurativa (HS) pursue distinct yet complementary goals. Surgery enables the definitive removal of localized lesions, whereas medical therapy primarily targets systemic inflammation. Consequently, their combination may provide additional benefits and is increasingly considered in the comprehensive management of HS. However, the specific impact of immunomodulatory treatment (IT) on wound epithelization time and postoperative complications has not been thoroughly evaluated.

Materials and Methods

We conducted a prospective study including consecutive patients who underwent surgical treatment (deroofing or STEEP) with healing by secondary intention for HS in a dermatology department of a tertiary hospital. Patients were followed through clinical visits at 48 hours post-surgery and every 5 days thereafter. Defect size was monitored using a mobile app which allows automatic volume calculation until complete healing. Demographic, clinical and surgical variables were collected, including size of the surgical defect (volume, cm^3), time to re-epithelization (days), healing rate (cm^2/day), and postoperative complications. Outcomes in patients receiving IT at the time of surgery were compared with those not receiving such treatment. Categorical variables were analyzed using the chi-square test, and continuous variables using the Mann–Whitney U test. Continuous data are presented as median (P25–P75), and categorical variables as number (percentage).

Results

A total of 49 lesions in 42 patients were treated (19 males, 23 females; median age 39 years [34.5–50.5]).Twenty-eight patients were receiving IT at the time of surgery (adalimumab, secukinumab, bimekizumab, and upadacitinib in 12, 9, 6, and 1 patients, respectively). Baseline characteristics were comparable between groups, including sex (p=0.284), age (p=0.056), smoking status (p=0.732), diabetes (p=0.364), BMI (p=0.194), lesion location (p = 0.766) (axillae, groin, genitals, buttocks, or other sites in 19, 17, 5, 5, and 3 cases, respectively), and IHS4 score (p=0.118). A higher proportion of Hurley stage III patients was observed in the IT group (p=0.026). STEEP was performed in 22 cases and deroofing in 27, while plasma-rich growth factor dressings were applied in 26 lesions, with no significant differences between groups (p=0.204 and p=0.233, respectively). The median surgical defect volume was 2.7 cm^3 (1–5.9) in patients receiving IT and 1.74 cm^3 (0.4–3) in those without treatment (p=0.077). Median time to complete epithelization was 28 days (14–44) in the IT group and 27 days (13–34) in the untreated group (p=0.449). The rate of re-epithelization was 0.11 cm^2/day (0.03–0.27) in patients receiving IT, and 0.05 cm^2/day (0.02–0.19) in those without treatment (p=0.225). Nine mild, self-limited complications (32%) occurred in the treated group (pain in 7 cases, bleeding in 1, hypergranulation in 1), compared with four complications (19%) in the untreated group (pain in 3 cases, bleeding in 1) (p=0.698).

Conclusions

Immunomodulatory therapy does not appear to impair wound epithelization or increase the risk of postoperative complications in patients with HS undergoing surgery. However, further studies with larger sample sizes are

needed to confirm these findings.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1132

IL-6 and IL-8: Drivers of Chronic Local Inflammation in Adult Female Acne (AFA) and Specific Modulation by Topical Azelaic Acid 15% Gel

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Introduction

Adult female acne (AFA) is increasingly recognized as a distinct clinical entity, affecting up to 40% of women after age 25. It presents with chronic evolution and predominantly inflammatory lesions along the jawline and lower face. The condition results from hormonal fluctuations, genetic predisposition, and heightened sensitivity of sebaceous glands to androgens. At the molecular level, inflammation in the pilosebaceous unit (PSU) is sustained by enhanced signaling, including activation of Toll-like receptor 2 and production of pro-inflammatory cytokines, particularly interleukin (IL)-6 and IL-8. IL-8 acts as a potent neutrophil chemoattractant, while IL-6 promotes Th17 cell differentiation, amplifying the inflammatory cascade. Although these interleukins are well-established in acne vulgaris, their localized expression in AFA lesions and response to treatment remain incompletely characterized. Evidence indicates that AFA involves mainly localized inflammation within the PSU, but systemic factors may also contribute. Objectives: To analyze the expression of IL-6 and IL-8 in AFA lesions compared to normal skin and to evaluate their modulation after six months of treatment with topical azelaic acid (AZA) 15% gel, correlating these molecular changes with clinical and histopathological outcomes.

Materials and Methods

This prospective, interventional, clinical translational study included 20 women (aged 25–44 years) with mild-to-moderate papulopustular facial AFA. Participants applied AZA 15% gel twice daily for six months. Clinical efficacy was assessed using the Investigator's Global Assessment (IGA), Erythema Assessment Scale (EAS), digital imaging (Visia®), and a specific acne quality of life (QoL) questionnaire. Tissue-level evaluation involved paired 3-mm punch biopsies: lesional and perilesional at baseline, and from a resolving lesion at the endpoint. Hematoxylin-eosin (HE) staining was performed. Immunohistochemistry for IL-6 and IL-8 was conducted, with staining intensity quantified by Image J software (NIH, 1997) using densitometry. Histological inflammation was scored from 0 (absent) to 3 (intense) according to the percentage of dermal field affected by inflammatory infiltrate.

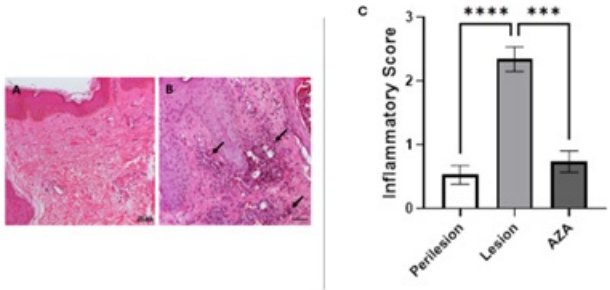

Figure 1. Histological analysis: A: Perilesional area, showing normal-appearing epidermis and dermis. B: Acne lesion characterized by intense inflammatory infiltrate in the dermis (arrows). Staining: Hematoxylin and eosin. Scale: 50 µm. C: Inflammatory score. Data represented by the mean ± SEM of the inflammatory score. ****p < 0.0001 (ANOVA, Bonferroni post-test).

Results

Seventeen participants completed the protocol. At baseline, acne lesions showed intense dermal inflammatory infiltrate (mean score 2.34) compared to normal skin (mean 0.52) (Figure 1). Immunohistochemistry revealed marked overexpression of both IL-6 and IL-8 in lesional skin versus perilesional areas (Figure 2). After six months of AZA treatment, there was a significant reduction in IL-6 expression ($p < 0.0001$) and IL-8 expression ($p < 0.05$). This molecular downregulation was accompanied by a significant decrease in the mean histological inflammatory score to 0.73 ($p < 0.0001$). Clinically, 64.7% of patients achieved an IGA score of 0 (clear) at endpoint, with significant improvements ($p < 0.0001$) in overall severity, facial erythema, and post-inflammatory hyperpigmentation (Figure 3). All domains of the acne-QoL questionnaire showed significant improvement ($p < 0.001$).

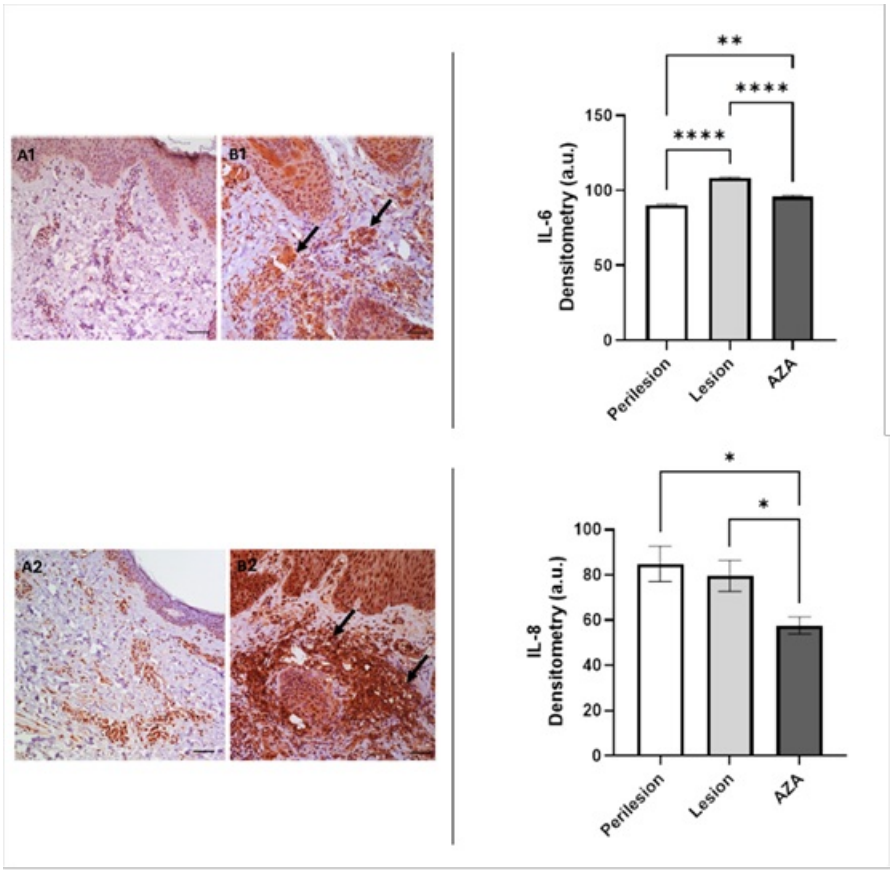

Figure 2. IL-6 and IL-8 expression in skin. A1 & A2: Perilesional area, showing normal-appearing epidermis and dermis. B1 & B2: Acne lesion. Intense immunoreactivity for IL-6 in inflammatory infiltrates (arrows/B1) and for IL-8 (B2) of lesional skin relative to normal skin. Counterstain: Hematoxylin. Scale: 50 µm. C: Densitometry of IL-6 expression in skin. Data shown as mean ± SD of cytokine expression, in arbitrary units (u.a.). AZA: azelaic acid; SEM: Standard Error of the Mean. **** $p < 0.0001$

Conclusions

The findings confirm that IL-6 and IL-8 are key mediators of persistent inflammation within the PSU in AFA. The significant reduction of these interleukins after treatment demonstrates that topical AZA 15% gel exerts a potent anti-inflammatory effect at the tissue level, likely through inhibition of NF-κB pathways and modulation of PPARγ. These results support AFA as a condition driven predominantly by localized PSU inflammation and position IL-6 and IL-8 as relevant therapeutic targets. The study further validates AZA as an effective non-antibiotic option that addresses the underlying inflammatory drivers of AFA.



Figure 3. Three patients from our sample: Erythema improvement on front (a,b), right-hand (c,d) and left-hand (e,f) side of face, demonstrated by Visia® at baseline and 6 months after the use of AZA 15% gel twice daily. AZA: azelaic acid.

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30 SEP - 3 OCT 2026

Abstract N°: 1168

Association of Pyoderma Gangrenosum, Ulcerative Colitis, and Hidradenitis Suppurativa: A Case Successfully Treated with Infliximab

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Introduction

Pyoderma gangrenosum (PG) is a rare neutrophilic dermatosis characterized by painful, rapidly progressive ulcerations. Although its exact etiopathogenesis remains unclear, dysregulated neutrophil activity, cytokine imbalance, and altered cellular immunity are considered key contributing mechanisms. Approximately 50% of PG cases are associated with underlying systemic diseases, most commonly inflammatory bowel diseases, particularly Ulcerative colitis.

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory disorder of the follicular unit. The coexistence of PG, HS, and inflammatory bowel diseases is uncommon but has been increasingly recognized, likely due to shared pathogenic pathways involving proinflammatory cytokines such as TNF-α, IL-1, and IL-17. This overlap highlights the growing importance of biologic therapies in the management of such complex cases.

Case Presentation

A 34-year-old female patient presented to the dermatology clinic in July 2025 with a history ofUlcerative colitis, for which she was receiving methylprednisolone, mesalazine, and azathioprine. She also had a significant smoking history of approximately two packs per day.

Dermatological examination revealed findings consistent with Hidradenitis suppurativa, classified as Hurley stage II, involving the axillary and inguinal regions, which had remained inactive for approximately six years. The patient reported a history of an ulcerative lesion on the left leg in April 2025; histopathological examination at that time was consistent with Pyoderma gangrenosum. Although the lesion initially regressed with treatment, it recurred shortly thereafter.

At presentation, physical examination revealed a painful ulcerative lesion measuring approximately 14 × 9 cm on the anterior aspect of the left tibia, with a necrotic base and irregular borders. Due to positive wound culture findings, the patient was hospitalized in the infectious diseases department and initiated on appropriate antibiotic therapy along with methylprednisolone at a dose of 100 mg/day.

Given the presence of corticosteroid-resistant PG and concomitant ulcerative colitis, a gastroenterology consultation was obtained, and treatment with the anti-TNF agent Infliximab (5 mg/kg) was initiated. Following discharge, methylprednisolone was gradually tapered. Infliximab was administered according to the standard induction regimen at weeks 0, 2, and 6, followed by maintenance therapy every 8 weeks. Adjunctive topical therapy included a betamethasone–gentamicin combination, a zinc oxide-containing preparation, and wet dressings.

At the three-month follow-up (November 2025), marked clinical improvement was observed in both the cutaneous lesions and the manifestations of the associated systemic diseases.

Conclusion

This case highlights that Infliximab may represent an effective and safe therapeutic option in patients with corticosteroid-resistant Pyoderma gangrenosum associated with Ulcerative colitis and Hidradenitis suppurativa. The use of biologic agents should be considered in complex cases involving multiple inflammatory comorbidities, particularly when conventional therapies fail to achieve adequate disease control.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1186

Evaluation of Gastrointestinal Symptoms and Bowel Habits in Patients Receiving Systemic Isotretinoin Therapy: A Prospective Observational Study

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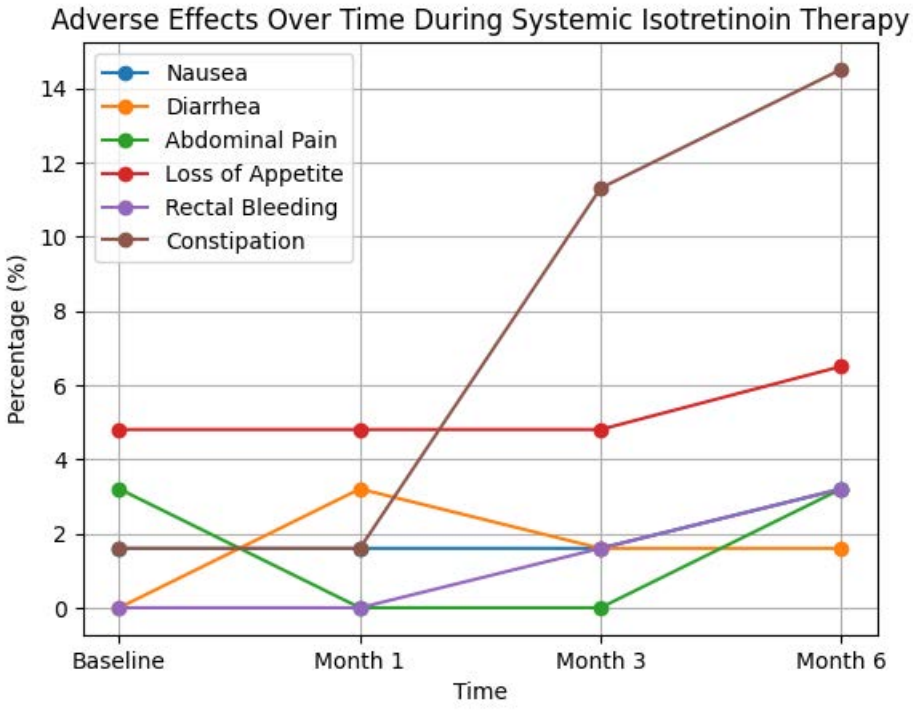
Introduction
Isotretinoin is a synthetic retinoid widely used in the treatment of moderate-to-severe acne due to its effects on sebaceous gland activity, follicular keratinization, and microbial colonization. While its mucocutaneous adverse effects are well established, its potential impact on the gastrointestinal system, particularly its association with inflammatory bowel disease, remains controversial. This study aimed to evaluate gastrointestinal symptoms and changes in bowel habits in patients receiving systemic isotretinoin therapy.

Materials and Methods
This prospective observational study was conducted between June 2024 and June 2025 at a tertiary dermatology center. A total of 62 patients aged between 18 and 50 years, diagnosed with acne vulgaris or acne rosacea and receiving systemic isotretinoin therapy, were included. Gastrointestinal symptoms were assessed using a standardized questionnaire at baseline and at the first, third, and sixth months of treatment. Symptoms including nausea, vomiting, abdominal pain, diarrhea, constipation, appetite loss, and rectal bleeding were recorded and graded according to severity. Bowel movement frequency was also documented and classified as normal or abnormal. Statistical analyses were performed to evaluate changes over time, with a significance level set at $p < 0.05$.

Results
The study population consisted predominantly of female patients, with a mean age of 22.08 ± 3.80 years. During the course of treatment, constipation showed a significant increase, rising from 1.6% at baseline to 14.5% at six months. Similarly, bowel movement frequency decreased, with the proportion of patients reporting less than one bowel movement per day increasing significantly over time. In contrast, other gastrointestinal symptoms, including nausea, diarrhea, abdominal pain, appetite loss, and rectal bleeding, remained infrequent and did not demonstrate statistically significant changes. No cases of vomiting were observed.The overall gastrointestinal side effect score showed a gradual increase during follow-up; however, this change did not reach statistical significance. Correlation analysis revealed no significant relationship between side effect scores and age or comorbidities, whereas female patients exhibited higher symptom scores at later time points.



Conclusions

Systemic Isotretinoin therapy was primarily associated with functional gastrointestinal changes, particularly constipation and reduced bowel movement frequency. Symptoms suggestive of inflammatory bowel disease remained rare and did not show a significant increase during treatment. These findings support the view that isotretinoin does not commonly induce clinically relevant intestinal inflammation.The observed increase in constipation may be related to mucosal dryness or alterations in gastrointestinal motility. Although previous studies have reported conflicting results regarding the relationship between isotretinoin and inflammatory bowel disease, the present findings are consistent with recent large-scale studies indicating no significant increase in disease risk. Systemic Isotretinoin therapy appears to be associated mainly with functional gastrointestinal changes rather than inflammatory pathology. While constipation and reduced bowel frequency are relatively common, symptoms indicative of inflammatory bowel disease remain uncommon. Nevertheless, gastrointestinal symptoms should be monitored during treatment, and further large-scale, long-term studies are needed to clarify the relationship between isotretinoin and inflammatory bowel disease.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1222

Efficacy and Dermal Acceptability of a Colored Cream with Niacinamide, Zinc PCA, Hyaluronic Acid, Centella asiatica, and Opuntia ficus-indica Flower Extract in Mild to Moderate Acne-Prone Skin

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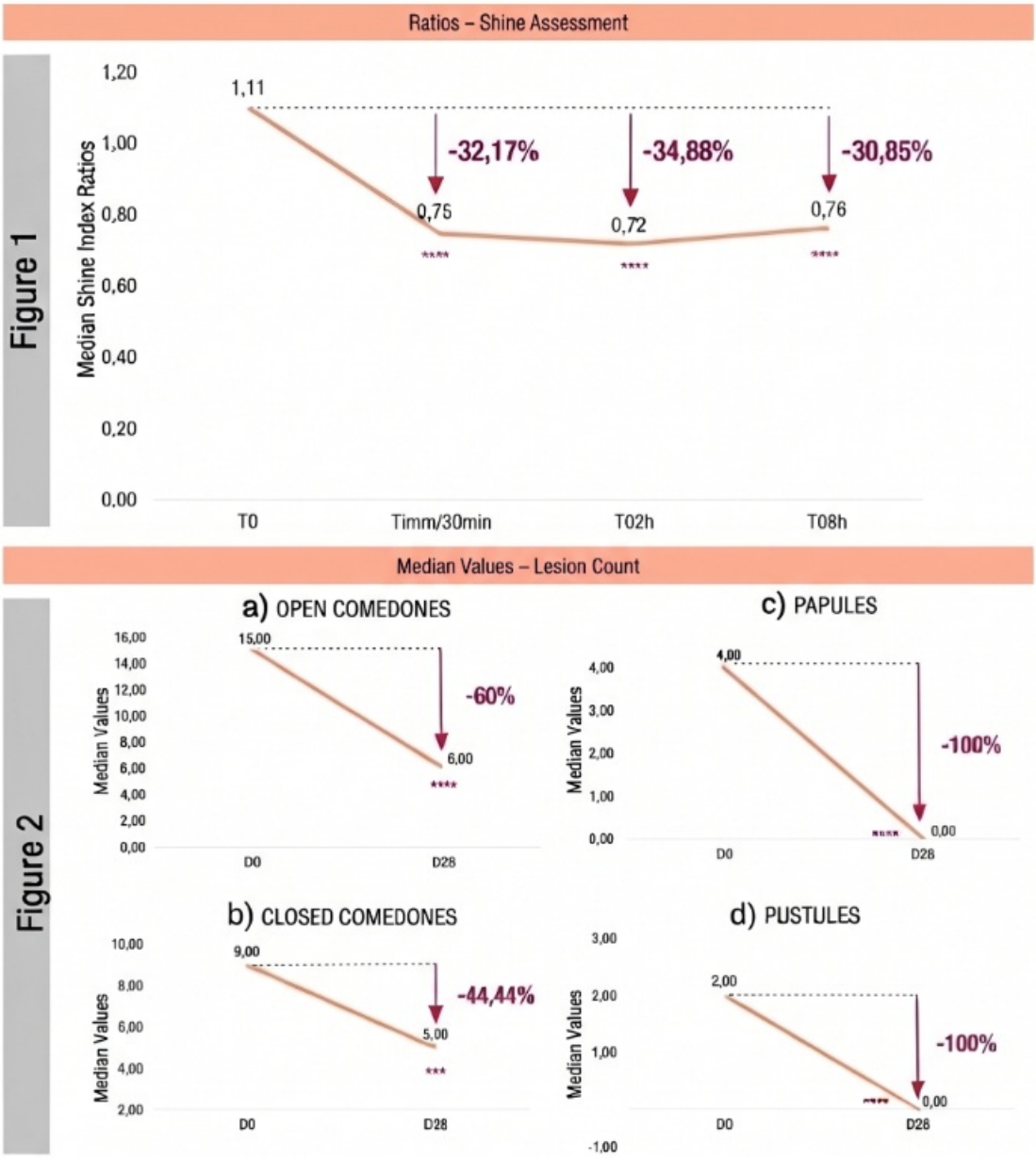
Introduction
Acne-prone skin requires specific formulations that provide adequate coverage without exacerbating acne lesions. This study evaluates the dermal acceptability, non-comedogenic potential, and clinical efficacy of a colored cream containing Hyaluronic acid, Zinc PCA, Niacinamide, *Centella asiatica*, and *Opuntia ficus-indica* flower extract.

Materials and Methods
A blinded clinical study was conducted with 32 subjects (aged 10-52 years) presenting with mild to moderate acne-prone skin (Global Acne Assessment scale II-III) and normal to oily facial skin sebum index >100 µg/cm^2). The investigational product was applied to the face once daily for 28 days. Efficacy in reducing skin shine was measured using a skin glossymeter at 30 minutes, 2 hours, and 8 hours after a single application; data is expressed as median ratios to eliminate the control effect. Acne lesions were counted using the Lucky methodology at baseline (Day 0), Day 7, and Day 28, with statistical analyses and percentage reductions based on the medians of the values. To evaluate clinical improvements in skin parameters (oiliness, pore appearance, number of visible pores, and skin texture/roughness), a dermatologist performed a blinded assessment using a standardized 5-point clinical scale at baseline and after 28 days of continuous use.

Results
Instrumental evaluation demonstrated an immediate and prolonged mattifying effect, with a significant reduction in skin shine by 32.17% at 30 minutes ($p<0.0001$), 34.88% at 2 hours ($p<0.0001$), and 30.85% at 8 hours ($p<0.0001$) post-application. Lesion counting at 7 days showed a significant early reduction of 6.67% in open comedones ($p<0.0001$), with no significant increase in closed comedones ($p=0.9817$), papules ($p=0.4090$), or pustules ($p=0.6181$), confirming the product's non-comedogenic and non-acnegenic profile. After 28 days of continuous use, clinical lesion counting revealed a significant reduction in open comedones (-60.00%, $p<0.0001$), closed comedones (-44.44%, $p=0.0001$), papules (-100.00%, $p<0.0001$), and pustules (-100.00%, $p<0.0001$). Furthermore, the dermatologist's 5-point scale evaluation at Day 28 indicated statistically significant improvements in skin oiliness (62.50%, $p<0.0001$), pore appearance (34.38%, $p=0.0010$), number of visible pores (40.63%, $p=0.0003$), and skin texture/roughness (50.00%, $p=0.0001$).



Figures 1 & 2. Clinical efficacy on skin shine and acne lesions. (1) Skin shine assessment displaying median index ratios and their corresponding percentage reductions at 30 minutes, 2 hours, and 8 hours after a single application. (2) Clinical acne evaluation showing the median number of lesions and their percentage reductions after 28 days of continuous use for: (a) Open comedones, (b) Closed comedones, (c) Papules, and (d) Pustules. (Statistical significance vs. baseline: ***p<0.001; ****p<0.0001).

Conclusions

The colored cream formulated with Niacinamide, Zinc PCA, Hyaluronic acid,*Centella asiatica*, and *Opuntia ficus-indica* flower extract provides an immediate and long-lasting mattifying effect, and significantly reduces both inflammatory and non-inflammatory acne lesions. It is safe, highly tolerable, and suitable for the daily management of mild to moderate acne-prone skin.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1231

New Therapeutic Approach with Cold Atmospheric Plasma in the Treatment of Acne Papulopustulosa

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Introduction

Acne is the most prevalent inflammatory skin disease worldwide, predominantly occurring in teenagers. Commonly prescribed therapies often cause adverse effects and in case of antibiotics bare the risk of developing resistances. Cold atmospheric plasma (CAP) is a novel and well-tolerable, physical treatment, which is well established in the treatment of chronic wounds since it provides bactericidal and wound healing properties. Our aim was to evaluate the efficacy and safety of CAP as a potential add-on therapy for mild acne papulopustulosa in a randomized controlled, double-blind pilot study.

Materials and Methods

Forty participants with mild acne papulopustulosa were randomized into two arms of 20 each. Both groups self-applied 0.1% of adapalene cream daily and received weekly skin-cleansing by a physician combined with either CAP verum-device treatments or placebo-device applications instead. The endpoint of the treatment segment was at 6, and follow-up was at 10 weeks. The two co-primary endpoints consisted of the total inflammatory lesion count (TILC) and acne-specific Investigator Global Assessment (IGA) score. The secondary endpoints included sebumetry, total porphyrin count (TPC) reflecting Cutibacterium acnes colonization and occurrence of adverse events (AEs) were measured from baseline until follow-up, while the Acne-specific Quality of Life (Acne-QOL) questionnaire was assessed at baseline and endpoint.

Results

TILC decreased greater in the verum versus control group from baseline (45.8 vs. 49.4) toward endpoint (22.1 vs. 38.6; $p = 0.07$) to follow-up (16.5 vs. 28.7; $p = 0.48$), paralleled by the IGA score with similarly greater improvement in the verum versus control group from baseline (2.3 vs. 2.6) to endpoint (1.3 vs. 2.3; $p < 0.001$) until follow-up (1.0 vs. 1.9; $p = 0.006$). Sebumetry, TPC, and Acne-QOL scores decreased also more during treatment and in the verum group (all $p < 0.05$). AE occurred less frequently in the verum group without serious AE being reported overall ($p < 0.05$).

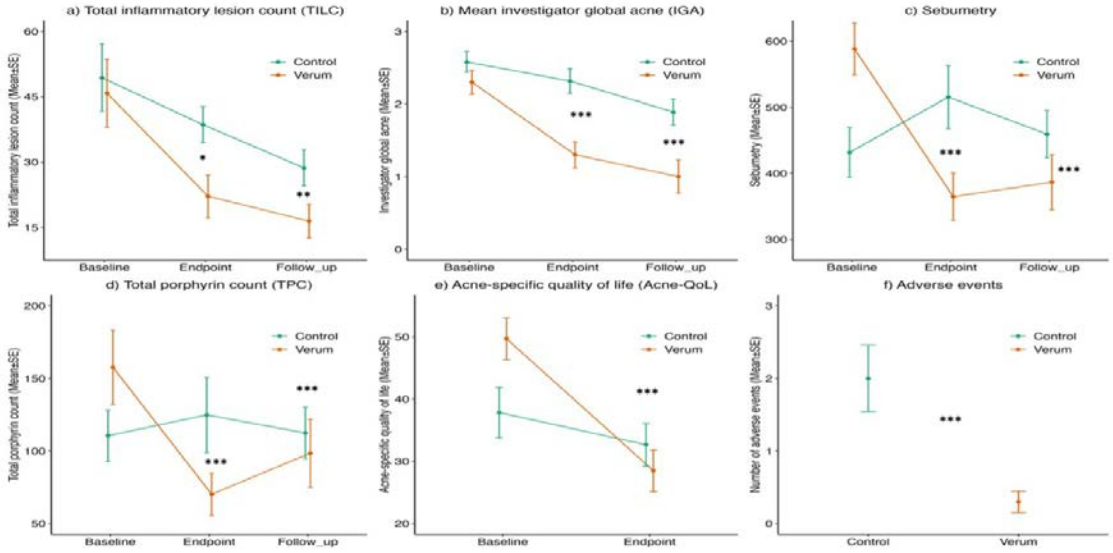

Figure 1: Primary and secondary endpoints of Cold Atmospheric Plasma (Verum) treatment vs. control group. Changes from baseline to endpoint and follow-up are shown for: (a) Total inflammatory lesion count (TILC); (b) Investigator Global Acne (IGA) score; (c) Sebumetry measurements; (d) Total porphyrin count (TPC); (e) Acne-specific quality of life (Acne-QoL); (f) Adverse events. Data are presented as Mean ± SE. Statistical significance is indicated by asterisks (*p = 0.07; **p = 0.48; ***p < 0.05). Source: Bae et al., Dermatologic Therapy, 2025.

Conclusions

Conclusively, CAP proved to be an efficient and well-tolerable add-on therapy for the treatment of mild acne papulopustulosa.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1242

Bridging the Evidence Gap in Acne Tarda: Real-World Validation of Clascoterone Cream 1% in a Subgroup Analysis of Acne Tarda patients from a Retrospective Study involving 291 Acne Patients

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Introduction

Acne tarda represents a substantial and growing proportion of dermatology consultations and is associated with significant psychosocial and quality-of-life burden. Unlike adolescent acne, acne tarda is more strongly driven by androgen-mediated sebaceous gland activity, even in patients with normal circulating hormone levels, due to increased local androgen sensitivity. Clascoterone cream 1% is a first-in-class topical androgen receptor inhibitor that directly competes with dihydrotestosterone at the level of the sebaceous gland, thereby reducing sebum production and downstream inflammatory cascades.

While randomized clinical trials have established the efficacy and safety of clascoterone cream 1% in acne vulgaris, these studies have not specifically characterized outcomes in acne tarda—a subgroup in which its mechanism of action is particularly relevant. Consequently, there is a notable paucity of real-world evidence evaluating clascoterone cream 1% in hormonally driven adult acne populations. We conducted this subgroup analysis to address this gap in the literature.

Objectives: To characterize baseline features and evaluate the effectiveness, safety, and tolerability of clascoterone cream 1% in patients with acne tarda in a real-world Canadian dermatology setting.

Materials and Methods

This single-center retrospective chart review included patients with acne vulgaris treated with clascoterone cream 1% between February 2023 and September 2025. Patients identified as having acne tarda were analyzed as a predefined subgroup. Baseline demographics, acne severity, treatment duration, and concomitant therapies were summarized descriptively. Physician-assessed clinical response was categorized as clear, almost clear, moderate improvement, mild improvement, or no improvement.

Results

Of the 291 patients, 155 (53.3%) were classified as having acne tarda and included in this analysis. Mean age at treatment initiation was 31.4 years (SD 8.49). Baseline acne severity was predominantly moderate (60.6%) or mild (33.5%), with 5.8% classified as severe.

Treatment duration was ≥6 months in 76.8% of patients, out of which 25.2% were treated for ≥18 months, reflecting maintenance use in routine care. Clascoterone cream 1% was used in combination with other topicals, oral antibiotics, hormonal therapy, or oral isotretinoin.

Among 124 patients with follow-up data, 71.5% achieved meaningful clinical improvement (clear, almost clear, or moderate improvement). Clinical benefit was observed across all baseline severity categories.

Adverse events were reported in and were primarily mild, including irritation, burning, itching, and erythema. No patients discontinued therapy due to adverse effects.

Conclusions

In this real-world cohort of patients with acne tarda, clascoterone cream 1% demonstrated clinically meaningful and sustained effectiveness with a favorable tolerability profile. These findings are particularly compelling given the strong mechanistic rationale for androgen receptor inhibition in acne tarda, a condition characterized by heightened local androgen sensitivity.

This subgroup analysis helps address a critical gap in the literature by providing real-world evidence in a population underrepresented in clinical trials. The results support the use of clascoterone cream 1% as a targeted, mechanism-driven therapeutic option for acne tarda and reinforce its role in contemporary acne management.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1251

Sunscreen Use in Acne-Prone Skin: A Scoping Review of Tolerability and Comedogenic Potential

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Introduction
Sunscreen is important in acne management, given the increased photosensitivity associated with commonly used acne therapies, risk of post-inflammatory hyperpigmentation (PIH) after outbreaks, and prevention of ultraviolet (UV)-mediated inflammation. Despite the benefits of sunscreen use, many patients perceive sunscreens as pore-clogging or acne-exacerbating, leading to poor adherence. Currently, there is limited guidance on which sunscreen formulations and products are best tolerated in acne-prone skin. The purpose of this review is to examine the tolerability and comedogenic potential of sunscreens in individuals with acne-prone skin and to clarify which formulations are least likely to exacerbate acne.

Materials and Methods
A scoping review of PubMed, Embase, Scopus, and Web of Science identified 2,131 articles, of which 8 met inclusion criteria.

Results
Several studies highlight the challenges of sunscreen use in acne-prone patients and support the notion that an effective selection strategy can directly improve treatment outcomes and quality of life. Included studies support daily use of a non-comedogenic SPF 30 moisturizer to reduce irritation associated with topical acne therapies, including retinoids and benzoyl peroxide, while supporting skin barrier function. Tolerability in acne-prone skin includes absence of irritation, reduction in comedone formation, and inflammatory flares. Studies suggest that modern well-formulated UV-selective sunscreens may be neutral or even beneficial for acne-prone skin, as seen by reductions in sebum production and comedone counts.

No specific UV filter consistently emerged as poorly tolerated or comedogenic. Both chemical filters and mixed chemical-mineral formulations were generally well tolerated. Vehicle formulation appeared to play a more significant role, with oil-in-water emulsions and lightweight gel-cream vehicles associated with minimal cutaneous irritation, lower risk of flare, and improved adherence. Formulations incorporating barrier-supportive ingredients (e.g. ceramides, humectants) or oil-absorbing agents were associated with reduced transepidermal water loss and improved patient-reported tolerability.

Conclusions
Comedogenicity appears to be primarily driven by the sunscreen vehicle, particularly occlusive fatty esters found in older formulations, rather than by UV filters themselves. There are limited studies that directly evaluate sunscreen use in acne-prone patients; available studies are often short-term, involve small sample sizes, and frequently combine sunscreen use with other topical acne treatments. Further research should evaluate sunscreen use as an independent variable using standardized outcomes. Overall, current evidence supports the integration of appropriately formulated sunscreens into acne treatment regimens to enhance adherence, reduce risk of PIH, and

improve clinical outcomes.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1317

Rethinking Antibiotic Use in Acne Vulgaris: Immunomodulation, Resistance, and the Need for Targeted Therapies

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Introduction

Acne vulgaris is a highly prevalent chronic inflammatory disorder affecting up to 85% of adolescents and remains a leading indication for antibiotic use in dermatology. Its pathogenesis involves sebaceous hyperactivity, follicular hyperkeratinization, microbial imbalance, and immune-mediated inflammation driven in part by *Cutibacterium acnes* . Despite its non-infectious nature, antibiotic therapy is widely employed, raising significant concerns regarding antimicrobial resistance and disruption of the skin microbiome. Given the global burden of acne and its impact on quality of life, optimizing treatment strategies while minimizing unintended consequences of antibiotic use is increasingly important.

Materials and Methods

A targeted, evidence-based review of peer-reviewed studies published between 2020 and 2026 was conducted using major biomedical databases. Eligible studies included narrative reviews, systematic reviews, and clinical studies addressing antibiotic mechanisms of action, antimicrobial resistance patterns, microbiome alterations, and therapeutic strategies in acne vulgaris. Particular emphasis was placed on studies evaluating inflammatory pathways, resistance trends, and the impact of antibiotic use on the skin microbiome.

Results

Acne pathogenesis involves sebaceous hyperactivity, follicular hyperkeratinization, microbial imbalance, and inflammation mediated by *Cutibacterium acnes*. Antibiotics, particularly tetracyclines, exert their therapeutic effects predominantly through modulation of inflammatory pathways, including TLR-2–mediated NF-κB signaling and suppression of pro-inflammatory cytokines (IL-1β, IL-6, IL-8). However, prolonged and widespread antibiotic use drives substantial antimicrobial resistance, with reported rates reaching 50–90% globally. Monotherapy is associated with higher resistance (e.g., clindamycin ~46.7%), whereas combination with benzoyl peroxide significantly reduces resistance (~22.9%). In parallel, antibiotic exposure alters the skin microbiome, promoting dysbiosis and selection of resistant strains.

Conclusions

Current antibiotic use in acne represents a fundamental mismatch between disease pathogenesis and therapeutic strategy. As clinical efficacy is primarily mediated through anti-inflammatory mechanisms, prolonged antimicrobial exposure is often unnecessary and promotes resistance development and microbiome disruption. Optimized management requires strict limitation of antibiotic duration (≤3–4 months), avoidance of monotherapy, and prioritization of combination and microbiome-preserving approaches. Strengthening antibiotic stewardship and adherence to guideline-based prescribing is essential to reduce inappropriate use. Emerging strategies, including narrow-spectrum agents and non-antibiotic therapies targeting key pathogenic pathways, provide promising alternatives. These findings support a necessary paradigm shift toward targeted, pathogenesis-driven acne therapy to improve outcomes while limiting the global impact of antimicrobial resistance.

EADV Congress 2026, VIENNA
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Abstract N°: 1320

Combination of low-dose isotretinoin and 1450 nm non-ablative laser in moderate acne: a synergistic approach with reduced systemic burden

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Introduction
Although oral isotretinoin is highly effective in acne treatment, its use is often limited by dose-dependent adverse effects. Combining systemic therapy with device-based approaches targeting sebaceous glands may enhance efficacy while minimizing cumulative drug exposure.

Materials and Methods
To evaluate the clinical efficacy and safety of a combined protocol using low-dose oral isotretinoin and a 1450 nm non-ablative laser in patients with moderate acne.
Methods
This case series included 30 patients (24 females, 6 males) with moderate acne. Patients were treated with oral isotretinoin at a dose of 10 mg daily for 5–6 months, combined with a 1450 nm Er:Glass non-ablative laser. Laser parameters included fluence of approximately 2500 mJ, pulse repetition rate of 1 Hz, 7×7 pixel tip, delivered in two passes with stacking. Treatment protocol consisted of four sessions at two-week intervals, followed by monthly sessions during ongoing isotretinoin therapy. Clinical outcomes included reduction in inflammatory lesions, sebum production, and safety profile.

Results
A marked reduction in inflammatory lesions was observed, ranging from 65% to 95%. Sebum production decreased by 70–90%, contributing to sustained clinical improvement. Treatment was well tolerated, with cheilitis being the most commonly reported adverse effect, while no other significant side effects were observed. Relapse occurred in 3 patients during a 9-month follow-up period, presenting with significantly milder clinical manifestations. Additionally, visible improvement in skin texture and early acne scarring was noted.

Conclusions
The combination of low-dose isotretinoin and 1450 nm non-ablative laser demonstrates a synergistic effect in the treatment of moderate acne. This protocol enables significant clinical improvement with reduced systemic burden and favorable tolerability, while also contributing to early scar modulation. It represents a promising strategy for optimizing acne management.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1322

Clascoterone Cream 1% in Transgender Acne: Real-World Evidence Addressing a Critical Therapeutic Gap

Elena Tay[1], Forbehn Fossungu[1], Belal Howidi[2], Belinda Yap[2], Rami El-Sayegh[2], Shazia Hassan[2], Sara Mohamed[3], Wei Jing Loo*[4]

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[2] Cencora, Innomar Strategies, Oakville, Canada
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Introduction

Background: Acne is a common and often persistent complication in transgender individuals receiving gender-affirming hormone therapy, particularly in transmasculine patients on testosterone. Despite the androgen-driven pathophysiology, there is a marked paucity of evidence guiding management in this population. Systemic antiandrogens such as spironolactone or the birth control pill are inappropriate in transmasculine patients, creating a therapeutic gap. Clascoterone cream 1%, a topical androgen receptor inhibitor, provides localized blockade of dihydrotestosterone at the pilosebaceous unit, rapidly hydrolysed with minimal systemic absorption, making it a mechanistically rational option for hormonally driven acne. However, data on Clascoterone cream 1% in transgender patients with acne remain extremely limited.

Objectives: To evaluate real-world clinical outcomes of transgender patients with acne treated with clascoterone cream 1%.

Methods: Single-center retrospective review of 291 acne patients treated with clascoterone cream 1% (February 2023–September 2025), with transgender patients analyzed as a predefined subgroup. Clinical characteristics and severity of acne, efficacy and tolerability of clascoterone cream 1% were reported descriptively.

Case Presentation

Four transgender patients (3 transmasculine, 1 transfeminine), aged 19–27 years (mean age 23 years), were identified.

- **Case 1:** A 27-year-old transmasculine patient with moderate inflammatory and nodulocystic acne involving the face and trunk, declined isotretinoin due to fear of poor wound healing after gender-affirming surgery. The patient was treated with clascoterone cream 1%, doxycycline, and clindamycin phosphate 1.2%/tretinoin 0.025% gel, achieving moderate improvement at 5 months.
- **Case 2:** A 21-year-old transmasculine patient developed inflammatory facial and truncal acne shortly after initiating subcutaneous testosterone biweekly. Combination therapy with clascoterone cream 1% and trifarotene cream 0.005% resulted in marked improvement, with sustained disease control at 12 months on maintenance therapy.
- **Case 3:** A 19-year-old transmasculine patient on testosterone cypionate with moderate facial acne achieved 95% improvement after 6–12 months of treatment with clascoterone cream 1% in combination with doxycycline.

- **Case 4:** A 25-year-old transfeminine patient with mild acne treated with clascoterone cream 1% and clindamycin phosphate 1.2%/adapalene 0.15%/benzoyl peroxide 3.1% gel achieved near-complete clearance of acne after 6 months. The patient maintained excellent acne control on clascoterone cream 1% as monotherapy.

Overall, all patients demonstrated clinical improvement, with three achieving “almost clear” status. Clascoterone cream 1% was well tolerated with no reported adverse effects.

Conclusion

Conclusions: This case series highlights the clinical utility of clascoterone cream 1% in an understudied population and begins to address the significant evidence gap in transgender acne management. Its targeted mechanism of cutaneous androgen receptor inhibition without systemic hormonal interference, is particularly advantageous in patients receiving exogenous testosterone, where systemic antiandrogens are not appropriate.

Given the chronicity of hormone therapy and risk of relapse, safe and effective long-term management strategies are essential. Clascoterone cream 1% represents a promising option for both active treatment and as maintenance therapy.

As transgender patients are increasingly encountered in dermatology practice, optimizing acne management in this population is critical. Larger studies are needed to validate these findings and inform evidence-based, patient-centered care.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1345

Painful axillary ulcer in hidradenitis suppurativa: overlap with pyoderma gangrenosum or presentation of an ulcerative HS phenotype?

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Introduction

This case posed a diagnostic challenge requiring a broad differential diagnosis tailored to lesion morphology and distribution. While A20 haploinsufficiency (HA20) causes multiple ulcers and is known as pseudo-Behçet's disease, it has not been typically associated with involvement of flexural areas such as the axillae, much less arising in close anatomical relation to preexisting hidradenitis suppurativa (HS) lesions [1]. In light of these considerations, key differentials for the axillary lesion included: (1) Pyoderma gangrenosum (PG) arising on HS-affected skin (concomitant PG), (2) a PG-like HS phenotype (PG–HS), and (3) the recently proposed ulcerative variant of HS [2–5].

Case Presentation

An 18-year-old male presented to our dermatology clinic for evaluation of multiple ulcers. His medical history was significant for HA20 and HS diagnosed at the age of 13. His disease had been well controlled with prednisone, infliximab, colchicine, and mycophenolate mofetil; all of which had been discontinued prior to the onset of the current lesions. Notably, an ulcer in the left axilla developed in close anatomical relation to active HS lesions, while two additional ulcers appeared on the anterior aspect of both legs.

Physical examination revealed a left axillary ulcer with deep dermal involvement, well-defined erythematous borders, and rope-like scarring. In contrast, both lower extremities exhibited extensive superficial ulcers with a cribriform pattern, clinically suggestive of PG. Additionally, exacerbation of HA20 lesions were observed in the perineal region.

Histopathological examination on both legs revealed a mixed dermal inflammatory infiltrate with features of undermining at the edges (Fig. 1A). In particular, the axillary lesion showed a dense neutrophilic infiltrate extending into the deep dermis (Fig. 1B). Immunohistochemistry (IHC) was then performed, confirming a rich neutrophilic infiltrate with a strong positivity for myeloperoxidase (MPO) and CD45. In response, anti–tumor necrosis factor (TNF) therapy was subsequently reinitiated with adalimumab (40 mg weekly), resulting in marked clinical improvement.

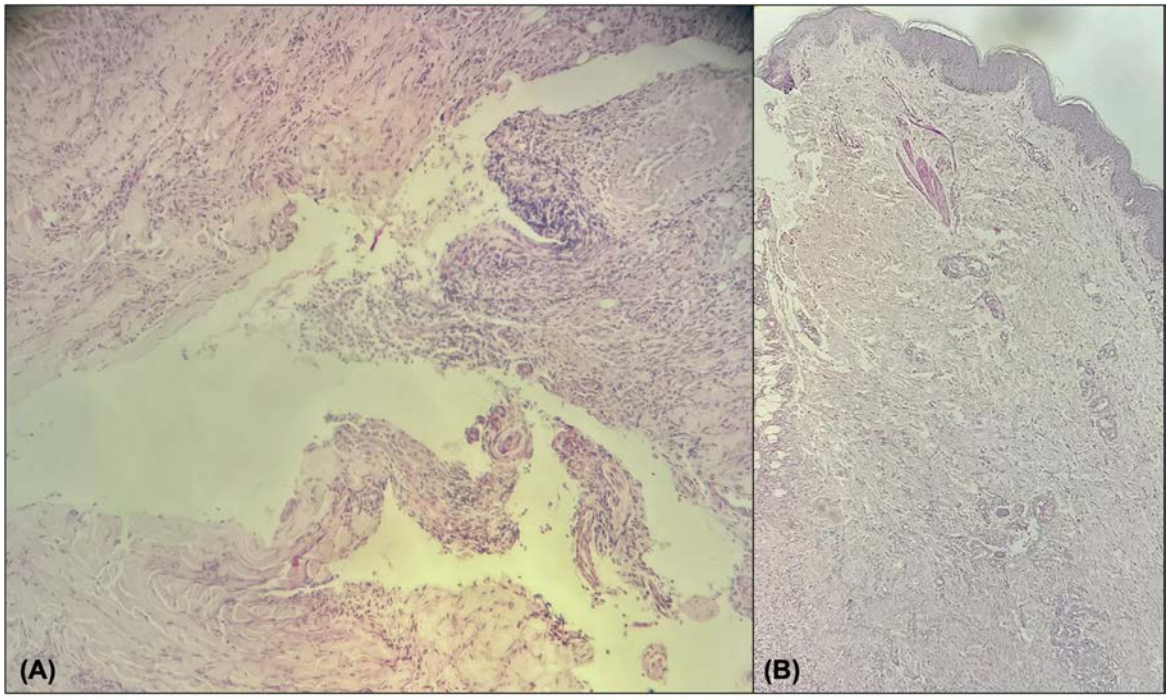

Figure 1: Histological findings of ulcers of lower extremities (A) and left axillae (B). Notably, the histological findings of the ulcer on the lower extremities (A) reveals undermining at the edges and a mixed dermal inflammatory infiltrate, compatible with PG. In contrast, the ulcer on the left axillae reveals sinus tract formation and, revealing a neutrophilic infiltrate (B).

Conclusion

The early onset of an underlying autoinflammatory condition in this patient may explain the coexistence of overlapping phenotypes within a shared inflammatory spectrum [2]. The leg ulcers exhibited clinical features consistent with PG, while the axillary lesion arising in HS-affected skin demonstrated features of a more severe, neutrophil-driven ulcerative phenotype. [3-4] Its deep and destructive morphology further supports the presence of an aggressive ulcerative variant of HS within the same inflammatory spectrum.[5] The marked response to anti-TNF therapy, along with prior control with infliximab, further reinforces this unified inflammatory framework.

Overall, this case highlights three practical points: (1) an ulcer should raise suspicion for PG in patients with syndromic HS in the setting of an autoinflammatory condition such as HA20; (2) management should be guided by the specific phenotype (PG, PG-HS, or ulcerative HS variant); and (3) distinguishing within this spectrum, and consequently selecting the optimal therapeutic approach remains challenging, underscoring the need for further research into this emerging clinical entity.

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Abstract N°: 1358

Cardiovascular Risk Factors Drive Vascular Damage in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is associated with increased cardiovascular risk, yet the relative contribution of disease severity versus traditional risk factors to vascular damage remains unclear. This study aimed to evaluate subclinical atherosclerosis and arterial stiffness using carotid intima–media thickness (IMT) and pulse wave velocity (PWV), and to identify determinants of vascular impairment.

Materials and Methods

In this cross-sectional study, 100 patients with HS eligible for biologic therapy were included. Carotid IMT was assessed by ultrasonography and PWV by oscillometric pulse wave analysis. Sociodemographic, clinical, and laboratory variables, including CV risk factors and HS severity indices, were collected. Univariable and multivariable regression analyses and receiver operating characteristic (ROC) curves were performed.

Results

Mean IMT was 0.64 mm (SD 0.13), with 9% showing pathological values. Mean PWV was 6.67 m/s (SD 1.48), with 13% pathological. IMT was independently associated with age, cumulative tobacco exposure, HbA1c, and systolic blood pressure, whereas PWV was independently associated with age and systolic blood pressure ($p < 0.05$). HS severity was not independently associated with vascular parameters ($p > 0.10$). Multivariable models showed excellent discrimination for pathological IMT (AUC 0.92) and PWV (AUC 0.98) in patients with HS.

Conclusions

Vascular damage in HS appears primarily driven by traditional cardiovascular risk factors rather than inflammatory disease severity. These findings support systematic cardiovascular risk screening and aggressive management of modifiable factors in HS. Combined IMT and PWV assessment may enhance early risk stratification and guide preventive strategies. These results may inform clinical decision-making and highlight the need for multidisciplinary approaches to reduce cardiovascular burden in HS populations.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1390

Efficacy and Safety of Non-Ablative Monopolar Radiofrequency in Moderate-to-Severe Acne Vulgaris: A Prospective Study

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Introduction

Non-ablative monopolar radiofrequency (NMRF) is an emerging energy-based therapy targeting key pathogenic mechanisms in acne vulgaris, including sebaceous gland hyperactivity, follicular inflammation, and dermal remodeling. Despite its increasing use, evidence supporting its efficacy in moderate-to-severe acne remains limited. This study aimed to evaluate the efficacy and safety of NMRF administered in three sessions at 4-week intervals, in reducing acne lesion counts, and assessing changes in skin parameters over a 24-week follow-up period.

Materials and Methods

This prospective, single-arm, open-label study included 26 participants aged 18–45 years with moderate-to-severe acne vulgaris. Participants received three NMRF sessions at Weeks 0, 4, and 8 (4.0 cm^2 tip; 150–200 shots per cheek; energy 4.5–6.0 J; single-pulse mode). Evaluations were performed at baseline and at Weeks 4, 8, 12, and 24, including acne lesion counts, acne severity graded by investigators (IGEA) and participants (TGEA), acne scar grading (GSGS), and skin laxity. Overall aesthetic improvement was assessed by both investigators and participants using the Global Aesthetic Improvement Scale (GAIS). Objective parameters, including pore size, porphyrin level, pore volume, depression volume, and sebum levels were also documented at each visit. Participant satisfaction was recorded at Week 24 and safety was monitored throughout.

Results

A total of 24 participants completed the study (83.33% female; mean age 26.96 ± 5.38 years). Inflammatory acne lesion counts decreased significantly from 11.04 to 2.50 ($p < 0.001$), while non-inflammatory lesions decreased from 18.96 to 6.04 ($p < 0.001$). Significant reductions were also observed in depression volume (8.86 to 7.06, $p = 0.005$) and average sebum output (153.40 to 110.70, $p < 0.001$). Porphyrin levels (17.15 to 15.69) and pore volume (3.51 to 3.01) showed decreasing trends without statistical significance. The proportion of participants with moderate-to-severe acne (IGEA grade 3–5) decreased from 25% at baseline to 0% by Week 12 ($p < 0.001$), consistent with a decrease in the proportion of participants with higher participant-reported severity (TGEA grade 3–5), from 91.67% at baseline to 16.67% at Week 24 ($p < 0.001$). Median GSGS scores improved significantly from 2 (2–2.5) to 1 (1–2), alongside significant improvement in skin laxity. GAIS demonstrated progressive improvement, with 20.83% and 62.5% of participants classified as ‘much improved’ or ‘very much improved’ by investigators at Weeks 12 and 24, respectively, consistent with participant-reported rates of 75% and 91.67%. Overall satisfaction was high, with a median score of 9. No serious adverse events occurred.

Conclusions

Three sessions of NMRF treatment demonstrated significant improvements in acne lesion counts, sebum production, acne severity, scarring, and depression volume, with consistent investigator- and patient-reported improvement and a favorable safety profile. These findings suggest that NMRF represents a promising non-invasive option for moderate-to-severe acne vulgaris.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 1403

Title: Therapeutic Outcomes in Adolescents with Acne Vulgaris: A Retrospective Analysis of Topical and Combined Treatment Approaches in 2025

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Introduction

Introduction and objective: Acne is overall genetically predominant recurrent inflammatory dermatosis of the pilosebaceous unit, activated in puberty with androgen hormonal stimulation try androgen receptors, *de novo* androgen synthesis from cholesterol, biosynthesis of testosterone and DHT from androgenic precursors that cases C. acne increase, inflammation induced via cytokines and keratinocyte activation. Acne accure in mild to moderate (wightheads/ blackheads) papulo-pustulos, to nodules and very often post postflammatory hiperpigmentation/erythema and varies forms of scars.
Aim: To evaluate the clinical response to topical therapy versus combined topical and systemic therapy in adolescent patients with acne vulgaris treated during 2025.

Materials and Methods

Materials and Methods: A retrospective observational study was conducted including 162 patients age 12–21 years diagnosed with acne vulgaris, 122 were female and 40 male. Patients were stratified according to treatment modality: topical therapy alone or combined therapy (topical treatment with oral isotretinoin 10 mg daily and a non-comedogenic emollient). Topical therapy consisted of 20% azelaic acid applied once daily in the morning and adapalene 0.1 gel applied in the evening (three times weekly in females and four times weekly in males). Clinical response was assessed after 3 months. Statistical analysis was performed using the chi-square test, with significance set at $p < 0.05$.

Results

Results: Among female patients, 70% (n=85) received topical therapy (20% azelaic acid every morning and adapalene 0.1 gel three times weekly in the evening). Within this subgroup, 80% (n=68) demonstrated clinical improvement after 3 months. Among male patients, 75% (n=30) received topical therapy (20% azelaic acid every morning and adapalene 0.1 gel four times weekly in the evening. In this subgroup, 30% (n=9) showed clinical improvement after 3 months. Comparative analysis demonstrated that the response to topical therapy was significantly higher in female patients than in male patients (χ^2 test, $p < 0.001$)

Approximately 30% of all female patients (n=37) were initially treated with the same topical therapy combined with oral isotretinoin 10 mg daily and a non-comedogenic emollient. In this subgroup, 88% (n=33) showed marked clinical improvement after 3 months.

Approximately 25% of all male patients (n=10) received the same topical therapy combined with oral isotretinoin 10 mg daily and a non-comedogenic emollient. In this subgroup, 91% (n=9) demonstrated significant clinical improvement after 3 months.

Comparative analysis revealed a highly significant difference in response rates between female and male patients receiving topical therapy ($\chi^2 = 20.1$, $p = 0.000007$), indicating substantially greater efficacy in females.

Among female patients, 70% (n=85) received topical therapy alone, of whom 80% (n=68) demonstrated clinical improvement after 3 months. In contrast, among male patients, 75% (n=30) received topical therapy alone, with improvement observed in only 30% (n=9) after 3 months. This difference was statistically significant ($p < 0.001$).

Combined therapy was administered to 30% of female patients (n=37), among whom 88% (n=33) showed marked clinical improvement, while 12% (n=4) did not. Similarly, 25% of male patients (n=10) received combined therapy, with 91% (n=9) demonstrating improvement and 9% (n=1) showing no response. Analysis using Fishers exact test demonstrated no statistically significant difference between sexes in response to combined therapy (p=0.79), indicating comparable efficacy.

Conclusions

Conclusion: Topical therapy alone demonstrated significantly higher efficacy in female patients compared to males, whereas combined therapy with oral isotretinoin yielded high and comparable response rates in both sexes. These findings highlight the benefit of combined therapy in achieving optimal clinical outcomes, particularly in patients with reduced response to topical treatment alone.

EA DV CONGRESS
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Abstract N°: 1424

Comparative evaluation of the effects of granactive retinoid 5% in squalane versus adapalen 0.1% and benzoyl peroxide 2.5% water free gel in the treatment of mild to moderate acne, randomized clinical study

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Introduction

Introduction and objectives: Acne vulgaris is a chronic inflammatory dermatosis of the pilosebaceous unit, characterized by multifactorial pathogenesis involving follicular hyperkeratinization, microbial colonization, and immune dysregulation. Topical reti noids (solitary) and combined with benzoyl peroxide remain the cornerstone of treatment. Granactive retinoid represents a newer generation of retinoids with improved tolerability, while combination formulations such as adapalen 01.% and benzoyl peroxide 1.5% water free gel provides both comedolytic and antibacterial effects. **The aim** of this study is to compare the clinical efficacy, tolerability, and therapeutic outcomes of granactive getinoid 5% in squalane and adapalen 0.1% and benzoyl peroxide 2.5% water free gel in patients with mild to moderate acne.

Materials and Methods

Materials and Methods: A randomized double-blind clinical study was implemented on 47 participants, male and female, age 12. 4 to 19.2 years separated in two groups. Group 1 used granactive retinoid 5% in squalane (24 patients) and groupe 2 used adapalene 0.1% and benzoyl peroxide 2.5% water free gel (23 patients) bought with mild to moderate acne, applied every night for 12 weeks. The clinical evaluation was performed at baseline and after 12 weeks, with the help of API Skin Analyzer assessing lesion count (inflammatory and non-inflammatory), sebum production, moisture, elasticity, sensitivity also all participants answered specific questionnaire with emphasis for skin tolerability (erythema, dryness, irritation).

Results

Results: In groupe 1 after 12 weeks of using granactive retinoid 5% in squalane, clinical improvement was observed in 12 out of 24 participants (50.0%). Among the total cohort, only 4 out of 24 participants (16.7%) experienced mild irritation and erythema over a 12-week period, therefor, additional emollient application was not required. In groupe 2 after 12 weeks of treatment with adapalene 0.1% and benzoyl peroxide 2.5% water free gel, a more rapid improvement in the clinical presentation was observed in 17 out of 23 patients (73.9%). Among the 17 responders, 12 patients (70.6%) experienced increased facial dryness, sporadically itching sensations, and erythema during the day. Consequently, an emollient was additionally applied once a day in the morning. Goupe 1 expressed superior tolerability and effectiveness in reducing comedonal lesions, while groupe 2 expressed pronounced effect on inflammatory lesions due to the antimicrobial component of adapalen 0.1% and benzoyl peroxide 2.5% water free gel. The difference between groupes was statistically significant ($p < 0.05$)

Conclusions

Conclusion: Adapalen 0.1% and benzoyl peroxide 2.5% water free gel demonstrated a more rapid and pronounced clinical improvement, especialy in inflammatory lesions; however, it was associated with a higher incidence of cutaneous adverse effects, often necessitating adjunctive emollient use. In contrast, granactive retinoid 5% in squalane showed a more moderate clinical response but was significantly better tolerated and no requirement for additional supportive topical therapy.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1429

Acne in early adolescence: the effects of passive smoking

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Introduction
Acne vulgaris is highly prevalent in adolescence and is influenced by several environmental factors. Currently, the association between smoking and acne is unclear, especially passive smoking. Current literature on the effects of passive smoking in acne development is sparse. This study reviews the association between household passive smoke exposure and the development and severity of facial and truncal acne in early adolescence.

Materials and Methods
We conducted a cross-sectional analysis nested within the GUSTO (Growing Up in Singapore Towards Healthy Outcomes) study, a prospective, population-based birth cohort. All study participants completed standardised questionnaires that captured demographic data, acne history, and smoking exposure. Clinical imaging included standardised digital photographs of the face and upper back using smartphone cameras. Fitzpatrick skin type was recorded. The overall severity of facial and back acne was independently scored on the Global Acne Severity Scale (GEA Scale) and Comprehensive Acne Severity Scale (CASS) respectively. Two paediatric dermatologists independently reviewed the photographs. Discrepancies were resolved by a third, and if necessary, a fourth dermatologist.

Results
A total of 497 adolescents aged 14 years old were included in our study. Approximately half were male (51.1%). All participants were of Fitzpatrick type III to VI. The mean age of acne onset was 12.6 ± 0.9 years (range 9-14). On examination, 98.0% had facial acne and 70.9% had back acne. Smoking was reported in 117 households (23.5%). Two adolescents had a personal history of smoking, starting from age 10 and 13 years. Both smoked 1-4 cigarettes daily and have since ceased smoking. There were no significant associations between household passive smoking exposure and the presence of facial or back acne ($p>0.05$). Household smoking was also not significantly associated with the development of moderate and severe facial or back acne ($p>0.05$).

Conclusions
There was no significant association between passive household smoking and the presence or severity of facial and back acne in adolescents. Future studies should incorporate more detailed assessments on the extent of

household smoke exposure to further clarify this relationship.

EADV CONGRESS
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Abstract N°: 1455

Effectiveness and safety of topical 88% diluted phenol for the treatment ofhidradenitis suppurativa: results from the real-world retrospective FENHIDRASUPstudy

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Introduction

Hidradenitis suppurativa (HS) is a chronic and recurrent inflammatory disease of the hair follicle. It is characterized by the development of painful lesions in areas containing apocrine glands. The prevalence of HS is estimated to be around 1% in Europe. Currently, therapeutic management includes topical and systemic treatments, biologic therapies, and surgical approaches. However, many patients still experience partial responses or recurrences. In this context, phenol has been proposed as a minimally invasive and effective alternative for the treatment of HS lesions. Its use is supported by experience in other follicular disorders and by preliminary studies in HS. Nevertheless, real-world evidence regarding the effectiveness and safety of 88% diluted phenol in HS remains limited.

Objective: The primary objective of the study was to evaluate the effectiveness of topical treatment with 88% diluted phenol in patients with HS treated in routine clinical practice, in terms of reduction in the number of active lesions, disease severity as measured by the International HS Severity Score System (IHS4), and lesion size. Secondary objectives were to evaluate the safety of the treatment, the impact on the quality of life of patients, and the duration of clinical response during followup.

Materials and Methods

Methods: An observational retrospective study was conducted in two Spanish centers. Patients with HS treated with topical 88% phenol diluted in distilled water as part of routine clinical care were included. Treatment was performed at the bedside, without the need for local anesthesia, by introducing a 20-G cannula into the fistulous tract under ultrasound guidance. Depending on lesion persistence, the procedure was repeated up to three times, with a 10-day interval between sessions.

Results

19 patients with moderate-to-severe HS were included (57.9% Hurley stage II and 42.1% Hurley stage III). Most patients had received previous systemic and local therapy (oral antibiotics 84.2%; intralesional corticosteroids 78.9%). At phenol treatment initiation, most patients were on concomitant treatment and the most frequent were systemic antibiotics (52.6%) and topical antibiotics and retinoids (42.1% both cases). Patients received a median (IQR) of 2 (1–3) treatment sessions and in 78.9% of patients a single lesion was treated. Most treated lesions were type B fistulas (42.1%) and were predominantly located in the axilla (42.1%). The number of active lesions was significantly reduced after treatment [mean (SD) before: 3.16 (3.02) vs after: 2.16 (3.40), p=0.004]. Furthermore, a significant decrease was observed in disease severity as measured by IHS4 [mean (SD) 10.05 (11.47) vs 6.11 (11.17), p=0.002] and in the size of treated lesions [mean (SD) 8.41 (3.85) vs 2.37 (2.46), p=0.004]. Most patients

achieved complete (63.2%) or partial (31.6%) clinical resolution. Although follow-up data was limited, among patients with available data (n=5), the mean (SD) duration of response was 352 (229) days, and a single recurrence was reported. Adverse events were reported in 32% of patients, most of whom experienced a single event (67%), predominantly mild (83%) and were mainly abrasions (83%). No serious adverse events were reported. Patients reported high treatment satisfaction and moderate pain intensity [median (IQR): 9 (8–10) and 3 (1–5), respectively].

Conclusions

Topical application of 88% diluted phenol for the treatment of HS lesions is associated with clinical improvement, a favorable safety profile, and high treatment satisfaction reported by patients. These findings support the use of diluted phenol as a minimally invasive treatment option for selected HS lesions in routine clinical practice.

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Abstract N°: 1482

Isotretinoin-Induced Rhabdomyolysis Triggered by Strenuous Exercise: A Case Report

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Introduction

Isotretinoin is widely used for severe acne and is associated with various adverse effects, including musculoskeletal symptoms and creatine kinase (CK) elevation. However, clinically significant rhabdomyolysis remains extremely rare and is often linked to additional risk factors such as strenuous physical activity.

Case Presentation

A 15-year-old female with severe nodulocystic acne refractory to topical therapies and oral antibiotics was started on isotretinoin 20 mg/day. Baseline laboratory investigations were within normal limits.

Ten days after treatment initiation, she developed nonspecific chest discomfort and shoulder pain. Laboratory evaluation revealed markedly elevated CK (12,793 IU/L), along with elevated AST (223 IU/L), ALT (103 IU/L), and LDH (338 U/L). Urinalysis and electrocardiography were normal.

The patient was admitted for intravenous hydration. Further history revealed recent strenuous resistance training exceeding her usual level of physical activity, associated with delayed onset muscle soreness. She denied the use of other medications or supplements.

Isotretinoin was discontinued. CK levels decreased to 2,137 IU/L within two days, with progressive normalization of liver enzymes. The patient improved clinically and was discharged without complications. Rechallenge was not performed.

This case highlights a rare but important adverse effect of isotretinoin. While exercise-induced rhabdomyolysis is well described, isotretinoin may lower the threshold for muscle injury, suggesting a possible synergistic effect. The early onset (10 days), low dose, and absence of renal impairment make this case noteworthy.

Conclusion

Clinicians should maintain a high index of suspicion for rhabdomyolysis in patients receiving isotretinoin, even when symptoms are minimal or nonspecific, particularly in those engaging in strenuous physical activity. Early recognition and appropriate patient education regarding warning signs are essential to prevent complications.

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Abstract N°: 1504

Dysregulation of T Follicular Helper Cells and Th Subsets Characterizes the Inflammatory Phenotype of Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by marked clinical and immunological heterogeneity. While a Th17-driven immune response has been consistently described, the role of follicular helper T cells (Tfh), key regulators of T–B cell interaction and humoral immunity, remains poorly understood. Recent evidence suggests that advanced HS lesions may develop tertiary lymphoid structures, highlighting the potential relevance of Tfh cells in disease pathogenesis.

The objetive of the study is to characterize peripheral T helper (Th) and T follicular helper (Tfh) cell subsets and cytokine production in HS, and to explore immunological differences among inflammatory, follicular and mixed clinical phenotypes according to Martorell et al classification.

Materials and Methods

Peripheral blood immunophenotyping by flow cytometry was performed in 34 HS patients and 19 healthy controls. The control group is composed of healthy subjects without immune-mediated diseases. Cases and controls were evaluated for comparability in age, sex, obesity and smoking status.HS patients were classified as inflammatory, follicular or mixed phenotype. Th (Th1, Th2, Th17) and Tfh (Tfh1, Tfh2, Tfh17, Tfh17.1) subsets, as well as intracellular cytokine production (IL-17, IFN-γ, IL-4, IL-13), were analyzed. Groups were compared using non-parametric tests.

Results

HS patients and controls were comparable in age and sex, whereas obesity and smoking were significantly more frequent in HS ($p=0.043$ and $p<0.001$, respectively).

Among HS phenotypes, no significant differences were observed in demographic variables, comorbidities, hemogram parameters or immunoglobulin levels. Disease severity assessed by IHS4 was significantly higher in the inflammatory phenotype ($p=0.013$).

Immunological analysis did not reveal significant differences in absolute frequencies of Th or Tfh subsets between phenotypes. However, the inflammatory phenotype showed a consistent trend toward increased IL-17 production, particularly by T follicular helper cells ($p=0.063$), whereas Tfh1 cells were reduced compared with both follicular HS and healthy controls. A trend towards decreased IFN-γ production by Tfh cells in inflammatory HS did not reach statistical significance.

Conclusions

Clinical phenotypes of HS differ primarily in disease severity and functional immune responses rather than systemic inflammation or comorbidities. The inflammatory phenotype is associated with enhanced Th17- and Tfh17-related IL-17 production, supporting a role for T follicular helper cells in HS immunopathogenesis. These findings are consistent with emerging evidence of tertiary lymphoid structure formation in HS and suggest that dysregulated T–B cell interactions may contribute to chronic inflammation in inflammatory HS.

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Abstract N°: 1514

The Role of Fibroblast-Derived Migrasomes in Driving Dermal Inflammation and Niche Remodeling in Severe Acne

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Introduction

Severe acne (SA) is characterized by deep dermal inflammation and irreversible scarring. While the involvement of *Cutibacterium acnes* (*C. acnes*) is well-known, the specific role of fibroblast-mediated intercellular communication in propagating this pathology remains to be fully defined. This study investigates the impact of migrasomes—a specialized class of extracellular vesicles—on the SA microenvironment.

Materials and Methods

We integrated single-cell RNA sequencing (scRNA-seq) with ultrastructural analysis of clinical SA lesions. *In vitro* assays were performed using *C. acnes*-challenged human dermal fibroblasts (HDFs) to observe migrasome biogenesis and functional influence on skin resident cells. An *in vivo* murine nodular acne model was utilized to validate the pro-inflammatory role of these vesicles. Quantitative proteomics was further employed to identify specific pathogenic cargo within the migrasomes.

Results

Our analysis revealed that TSPAN4-high fibroblasts are specifically enriched in SA lesions, which directly correlates with extensive migrasome expansion. We demonstrated that *C. acnes* infection induces the release of pathogen-primed migrasomes from HDFs. These vesicles function as potent mitogenic carriers that trigger aberrant hyperproliferation in both keratinocytes and fibroblasts upon internalization. In vivo evidence further confirmed that the delivery of these pathological migrasomes significantly exacerbates nodular inflammation and disease progression. Mechanistically, *C. acnes* actively triggers cargo reprogramming by depleting homeostatic ribosomal components to facilitate the enrichment of pathogenic signaling mediators, thereby remodeling the dermal niche.

Conclusions

This study establishes a pivotal role for fibroblast-derived migrasomes as drivers of inflammatory amplification in SA. By translating microbial cues into localized tissue remodeling, the pathogen-primed migrasome axis represents a key pathological mechanism and a novel therapeutic target for preventing the deep-seated destruction and scarring associated with severe acne.

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Abstract N°: 1546

Assessing maternofetal risk associated with isotretinoin use preceding pregnancy: A retrospective cohort study

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Introduction
Isotretinoin is a retinol derivative indicated for severe and treatment-resistant acne. It is also a known teratogen, prompting the establishment of pregnancy prevention programs such as iPLEDGE. Studies predating iPLEDGE demonstrate that isotretinoin use can lead to congenital anomalies in 18-28% of cases with intrapartum exposure, with approximately 20% risk of spontaneous abortion. Current guidance recommends discontinuing isotretinoin for ≥30 days before conception, based primarily on the drug's elimination half-life rather than on clinical outcome data. Beyond this washout period, there is, to our knowledge, no data on whether isotretinoin exposure in the months to years preceding pregnancy influences maternofetal outcomes.

Materials and Methods
We conducted a retrospective cohort study using the TriNetX Global Collaborative Network, comparing pregnant patients with isotretinoin exposure ≥1 month prior to conception against pregnant patients with acne never prescribed isotretinoin. Two sensitivity analyses compared the isotretinoin cohort against pregnant patients with pre-conception doxycycline and spironolactone exposure, respectively. Patients were 1:1 propensity score-matched for demographics and several baseline clinical characteristics. Eight maternofetal outcomes were evaluated over a 21-month window corresponding to the duration of pregnancy plus one year postpartum, indexed from the first encounter for supervision of the first trimester. Patients with a given outcome documented prior to the index event were excluded from that particular analysis. Cox hazard ratios (HRs) and 95% confidence intervals (CIs) were calculated, with Bonferroni correction to adjust for multiple comparisons (α=0.00625).

Results
Cohort demographics and baseline clinical covariates are summarized in Table 1. No outcome differed significantly between the isotretinoin and non-isotretinoin cohorts after Bonferroni adjustment (Table 2). Spontaneous abortion was the only outcome to reach nominal significance (HR 1.42, CI 1.01-2.00, p=0.045) but was non-significant after correction for multiple comparisons. Sensitivity analyses against doxycycline- and spironolactone-exposed cohorts yielded concordant results (Table 2). In the doxycycline comparison, spontaneous abortion again showed a nominally elevated risk (HR 1.52, 95% CI 1.07-2.16, p=0.019), and abnormal ultrasound findings were lower in the isotretinoin cohort (HR 0.68, 95% CI 0.48-0.95, p=0.024); neither met the corrected threshold of significance. No outcome was significant in the spironolactone comparison.

Table 1. Cohort demographics and baseline clinical characteristics for the primary analysis after matching

Isotretinoin vs. Non-Isotretinoin				
Population Characteristic		**Number of Patients (n)**		
		Isotretinoin (n=1,308)	Non-Isotretinoin (n=1,308)	p-value
Current Age, Mean ± SD (y)		28.7 ± 5.2	28.1 ± 5.3	0.006
Ethnicity				
	Hispanic or Latino	115	98	0.224
	Not Hispanic or Latino	970	940	0.186
Race				
	White	968	983	0.501
	Black or African American	106	98	0.560
	Asian	76	72	0.735
	Native Hawaiian or Pacific Islander	17	20	0.619
	American Indian or Alaska Native	10	10	1.000
Comorbid Diagnoses				
	Underweight (BMI ≤18.5)	159	161	0.905
	Obesity (BMI ≥30)	313	322	0.682
	Tobacco use	19	18	0.869
	Nicotine dependence	76	70	0.609
	Type 1 diabetes mellitus	17	13	0.463
	Type 2 diabetes mellitus	26	30	0.589
	Essential hypertension	70	65	0.659
	Secondary hypertension	10	10	1.000
	Fatty liver, not elsewhere classified	10	10	1.000
	Disorders of lipoprotein metabolism and other lipidemias	142	131	0.482
	Depressive episode	331	335	0.858
	Major depressive disorder, recurrent	106	98	0.560
	Chronic kidney disease	10	10	1.000
	Polycystic ovarian syndrome	104	82	0.094
	Androgen excess	10	10	1.000
	Persons with potential health hazards related to socioeconomic and psychosocial circumstances	78	81	0.806
Medications				
	Antihypertensives	58	52	0.559
	Antilipemic agents	27	23	0.568
	Metformin	44	39	0.577

	Insulin	28	26	0.783

Isotretinoin vs. Doxycycline

Population Characteristic		Number of Patients (n)		
		Isotretinoin (n=1,284)	Doxycycline (n=1,284)	p-value
Current Age, Mean ± SD (y)		28.7 ± 5.2	28.5 ± 5.6	0.270
Ethnicity				
	Hispanic or Latino	115	109	0.675
	Not Hispanic or Latino	947	929	0.423
Race				
	White	949	954	0.822
	Black or African American	105	107	0.886
	Asian	74	76	0.866
	Native Hawaiian or Pacific Islander	17	15	0.722
	American Indian or Alaska Native	10	10	1.000
Comorbid Diagnoses				
	Underweight (BMI ≤18.5)	155	149	0.714
	Obesity (BMI ≥30)	308	311	0.890
	Tobacco use	19	20	0.872
	Nicotine dependence	76	78	0.868
	Type 1 diabetes mellitus	14	20	0.300
	Type 2 diabetes mellitus	25	27	0.779
	Essential hypertension	69	72	0.795
	Secondary hypertension	10	10	1.000
	Fatty liver, not elsewhere classified	10	10	1.000
	Disorders of lipoprotein metabolism and other lipidemias	138	133	0.748
	Depressive episode	326	321	0.820
	Major depressive disorder, recurrent	104	111	0.618
	Chronic kidney disease	10	10	1.000
	Polycystic ovarian syndrome	103	77	0.045
	Androgen excess	10	0	0.002
	Persons with potential health hazards related to socioeconomic and psychosocial circumstances	78	99	0.102
Medications				
	Antihypertensives	58	59	0.925
	Antilipemic agents	27	33	0.433
	Metformin	43	41	0.824
	Insulin	26	27	0.890

Isotretinoin vs. Spironolactone

Population Characteristic	Number of Patients (n)		
	Isotretinoin	Spironolactone	p-value

Population Characteristic		Isotretinoin (n=1,162)	Spironolactone (n=1,162)	p-value
Current Age, Mean ± SD (y)		29.4 ± 4.8	29.4 ± 4.5	0.947
Ethnicity				
	Hispanic or Latino	82	78	0.743
	Not Hispanic or Latino	878	848	0.155
Race				
	White	892	879	0.527
	Black or African American	93	97	0.762
	Asian	62	71	0.422
	Native Hawaiian or Pacific Islander	10	10	1.000
	American Indian or Alaska Native	10	10	1.000
Comorbid Diagnoses				
	Underweight (BMI ≤18.5)	139	121	0.236
	Obesity (BMI ≥30)	238	292	0.665
	Tobacco use	17	13	0.462
	Nicotine dependence	61	62	0.926
	Type 1 diabetes mellitus	10	11	0.827
	Type 2 diabetes mellitus	19	19	1.000
	Essential hypertension	63	64	0.927
	Secondary hypertension	10	10	1.000
	Fatty liver, not elsewhere classified	10	10	1.000
	Disorders of lipoprotein metabolism and other lipidemias	113	114	0.944
	Depressive episode	290	304	0.506
	Major depressive disorder, recurrent	93	97	0.762
	Chronic kidney disease	10	10	1.000
	Polycystic ovarian syndrome	97	100	0.823
	Androgen excess	10	10	1.000
	Persons with potential health hazards related to socioeconomic and psychosocial circumstances	63	66	0.786
Medications				

	Antihypertensives	51	49	0.838
	Antilipemic agents	23	17	0.339
	Metformin	41	41	1.000
	Insulin	20	23	0.644

Values recorded as 10 may be between 1 and 10 and are reported as such in TriNetX analyses to protect patient privacy; accordingly, stratified counts may not sum to cohort totals. Propensity score covariates were selected to capture metabolic (BMI, diabetes mellitus, dyslipidemia, fatty liver), cardiovascular (hypertension), renal (chronic kidney disease), psychiatric (major depressive disorder, depressive episode), and reproductive (polycystic ovary syndrome, androgen excess) comorbidities, along with socioeconomic status, tobacco and nicotine use, and relevant concomitant medications (antihypertensives, antilipemic agents, metformin, insulin), all of which are potential confounders of the selected adverse maternofetal outcomes. Matching for pregnancy supervision type (e.g., high-risk vs. normal pregnancy) was not feasible, as these diagnosis codes would have been first assigned at the index event (first encounter for supervision of the first trimester) and therefore could not be captured as baseline (pre-index) covariates. This represents a limitation; however, overrepresentation of high-risk pregnancies in the isotretinoin cohort would be expected to bias results toward increased risk, and the observed null findings across outcomes suggest that this potential source of confounding did not meaningfully influence the results. BMI = body mass index.

Table 2. Maternofetal outcomes during pregnancy and one year postpartum among patients with pre-conception isotretinoin exposure versus matched comparators

Isotretinoin vs. Non-Isotretinoin						
Outcome of Interest	**Isotretinoin Outcomes, n**	**Isotretinoin Cohort, n**	**Non-Isotretinoin Outcomes, n**	**Non-Isotretinoin Cohort, n**	**21-Month HR [95% CI]**	**p-value**
Postpartum depression	96	1,302	91	1,302	1.09 [0.82-1.45]	0.563
Hyperemesis	154	1,138	151	1,169	1.06 [0.84-1.32]	0.638
Abnormal ultrasound finding	58	1,294	78	1,299	0.75 [0.53-1.05]	0.089
Preterm labor	85	1,291	86	1,290	1.00 [0.74-1.34]	0.974
Poor fetal growth	108	1,286	115	1,288	0.94 [0.72-1.22]	0.651
Fetal chromosomal abnormality	28	1,304	29	1,301	0.97 [0.58-1.63]	0.911
Fetal CNS abnormality	12	1,303	21	1,303	0.57 [0.28-1.16]	0.118
Spontaneous abortion	77	1,255	56	1,274	1.42* [1.01-2.00]	0.045
Isotretinoin vs. Doxycycline						
Outcome of	**Isotretinoin**	**Isotretinoin**	**Doxy**	**Doxy**	**21-Month HR**	**p-value**

Interest	Outcomes, n	Cohort, n	Outcomes, n	Cohort, n	[95% CI]	p-value
Postpartum depression	94	1,279	80	1,271	1.22 [0.91-1.65]	0.185
Hyperemesis	150	1,116	143	1,131	1.08 [0.86-1.26]	0.512
Abnormal ultrasound finding	55	1,270	82	1,275	0.68* [0.48-0.95]	0.024
Preterm labor	81	1,267	90	1,272	0.91 [0.68-1.23]	0.543
Poor fetal growth	103	1,262	88	1,268	1.20 [0.90-1.59]	0.213
Fetal chromosomal abnormality	27	1,280	31	1,275	0.88 [0.52-1.47]	0.616
Spontaneous abortion	76	1,231	52	1,234	1.52* [1.07-2.16]	0.019
Isotretinoin vs. Spironolactone						
Outcome of Interest	**Isotretinoin Outcomes, n**	**Isotretinoin Cohort, n**	**Spiro Outcomes, n**	**Spiro Cohort, n**	**21-Month HR [95% CI]**	**p-value**
Postpartum depression	86	1,157	71	1,161	1.21 [0.89-1.66]	0.230
Hyperemesis	134	1,015	151	1,033	0.90 [0.71-1.14]	0.371
Abnormal ultrasound finding	52	1,149	69	1,152	0.75 [0.52-1.08]	0.117
Preterm labor	74	1,146	66	1,155	1.12 [0.81-1.56]	0.495
Poor fetal growth	93	1,146	88	1,148	1.06 [0.79-1.41]	0.716
Fetal chromosomal abnormality	26	1,158	28	1,153	0.92 [0.54-1.57]	0.767
Spontaneous abortion	70	1,110	57	1,117	1.24 [0.88-1.76]	0.224

Outcome names are abbreviated; associated ICD-10-CM codes are listed in Supplementary Table 3. Fetal CNS abnormality was not reportable in the sensitivity analyses, as one or both cohorts had outcome counts fewer than 10, which TriNetX hides to protect patient confidentiality. CI = confidence interval, doxy = doxycycline, HR = hazard ratio, spiro = spironolactone.

* denotes a 21-month HR that is nominally significant ($p<0.05$) but did not meet the Bonferroni-corrected significance threshold ($\alpha=0.00625$).

Table(s) referenced are attached here

Conclusions

Isotretinoin use among women of reproductive age continues to rise, and exposed pregnancies persist despite prevention programs. Prior studies examining retinoid-related pregnancy outcomes have focused on exposure extending to pregnancy itself. To our knowledge, this is the first study to evaluate maternofetal outcomes among patients whose isotretinoin use was confined to the pre-conception period. Our findings suggest that isotretinoin exposure ≥1 month pre-conception is not associated with increased risk across a broad range of maternofetal outcomes, consistent with the pharmacokinetic basis of the 30-day washout recommendation. The spontaneous abortion signal warrants attention in future studies, though it did not withstand correction for multiple hypothesis-testing across any comparison. Limitations include retrospective design, potential for residual confounding, and reliance on diagnosis codes to ascertain outcomes. Prospective studies incorporating direct fetal and neonatal outcome measures, rather than maternally coded proxies, are needed to more precisely characterize the risk profile of pre-conception isotretinoin exposure.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1556

Fractional Er:YAG Laser versus Microneedling with Platelet-Rich Plasma in Localized Stable Vitiligo: A Randomized Clinical Trial

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Introduction
Vitiligo is a chronic autoimmune depigmenting disorder with variable and often unsatisfactory treatment outcomes. Combination therapies that enhance transdermal drug delivery have recently gained attention. This study aimed to compare the efficacy of fractional Er:YAG laser-assisted delivery of platelet-rich plasma (PRP) versus microneedling with PRP in patients with localized stable vitiligo.

Materials and Methods
This prospective randomized clinical trial included 40 patients with localized stable vitiligo, randomly assigned into two equal groups. Group A received fractional Er:YAG laser followed by PRP application, while Group B received microneedling combined with PRP. Treatments were performed biweekly for six months. Clinical outcomes were assessed using the Vitiligo Area Scoring Index (VASI) and Physician Global Assessment.

Results
Both treatment modalities resulted in significant improvement compared to baseline, with a significant reduction in VASI scores (p=0.001 in Group A and p=0.003 in Group B). The fractional Er:YAG + PRP group demonstrated superior clinical outcomes, with 75% of patients achieving good to excellent repigmentation compared to 30% in the microneedling group. Patient satisfaction was significantly higher in the laser group (45% vs 15%, p=0.005). Additionally, adverse effects were less frequent in the Er:YAG group (5% vs 25%, p=0.048).

Conclusions
Both fractional Er:YAG laser and microneedling combined with PRP are effective in inducing repigmentation in localized stable vitiligo. However, fractional Er:YAG laser-assisted PRP delivery demonstrates superior efficacy, greater patient satisfaction, and fewer adverse effects, making it a more favorable therapeutic approach.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1562

Refractory hidradenitis suppurativa with sustained response to bimekizumab: a multimodal approach including surgery and adjunctive negative pressure wound therapy

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disease with a significant impact on quality of life. Management of refractory cases remains challenging, particularly after failure of multiple biologic therapies. Bimekizumab, a dual IL-17A and IL-17F inhibitor, has emerged as a promising therapeutic option.
Our objective was to describe the clinical course and therapeutic response of a patient with refractory HS treated with bimekizumab within a multimodal management approach including surgery and negative pressure wound therapy (NPWT).

Case Presentation

We report a 23-year-old male with HS since the age of 13 and a positive family history (father and brother). The disease predominantly affected both axillae and chest with recurrent inflammatory nodules and abscesses/tunnels (1–2 flares/month). Associated risk factors included obesity and smoking.

The patient had an inadequate response to multiple treatments, including systemic antibiotics, repeated surgical drainage procedures, and several biologics: adalimumab (dose escalation required), infliximab, and secukinumab. Methotrexate was also used in combination therapy without sustained control. Bimekizumab was initiated in December 2023.

Despite treatment, a persistent intermammary lesion required wide surgical excision in October 2024 without interruption of bimekizumab.Given the large postoperative defect, adjunctive NPWT was used to promote granulation tissue formation, control exudate, and facilitate secondary intention healing. Complete wound closure was achieved after approximately 8 weeks of NPWT, without complications or need for additional reconstructive procedures.

The patient is currently maintaining HiSCR with standard doses of bimekizumab every 4 weeks.

Adverse events during bimekizumab treatment included oropharyngeal candidiasis, successfully treated with antifungal therapy, and mild eyelid eczema.

Conclusion

This case highlights the potential role of a multimodal approach in refractory HS, combining surgical excision, adjunctive NPWT, and IL-17A/F blockade with bimekizumab. NPWT may facilitate healing of large postoperative defects after wide excision, and its use without interruption of biologic therapy appears feasible. This combination may suggest a synergistic effect between surgical source control, advanced wound therapy, and targeted immunomodulation. Careful monitoring for fungal infections is recommended during treatment.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1567

Lean Polycystic Ovarian Syndrome in Adult Acne: A Hidden Metabolic Subgroup

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Introduction
Adult female acne is increasingly recognized as a manifestation of underlying endocrine dysfunction, particularly polycystic ovarian syndrome (PCOS). While obesity-associated PCOS is well characterized, **lean PCOS remains underdiagnosed**, often lacking overt metabolic features and therefore escaping clinical suspicion. This study aims to evaluate the prevalence and clinico-metabolic profile of PCOS in women presenting with adult acne, with a specific focus on the lean subset.

Materials and Methods
A cross-sectional observational study was conducted on**102 women with adult acne** at a tertiary care center.

Clinical evaluation included acne grading using Global Acne Grading System (GAGS), lesion distribution, and cutaneous markers of hyperandrogenism. Anthropometric measurements and metabolic profiling (including HOMA-IR) were performed. PCOS was diagnosed using Rotterdam criteria.

Participants were categorized into PCOS and non-PCOS groups, with further subgrouping into lean (BMI <23 kg/m^2) and overweight/obese phenotypes.

Results

Results

PCOS was identified in **46 out of 102 patients (45.5%)**, highlighting a substantial burden among women with adult acne.

Among PCOS patients:

- **45.7% (n=21)** were lean
- **54.3% (n=25)** were overweight/obese

Acne severity and GAGS scores showed **no statistically significant difference** between PCOS and non-PCOS groups, indicating that acne severity alone is not predictive of underlying PCOS.

Key distinguishing features of PCOS patients included:

- **Menstrual irregularities:** 50% vs 5.5% ($p < 0.001$)
- **Hirsutism:** 37.0% vs 9.1% ($p < 0.001$)
- **Insulin resistance (HOMA-IR ≥2.5):** 39.1% vs 20.0% ($p = 0.034$)

No significant differences were observed between groups in:

- Biochemical hyperandrogenism
- Lipid profile, glucose metabolism, or metabolic syndrome prevalence

Lean PCOS subgroup findings:

- Comparable acne distribution and severity to non-PCOS patients
- Distinct lesion morphology (comedonal predominance over chin)
- Absence of overt metabolic or clinical markers in many cases

Metabolic syndrome was present in **11.8%** of the study population.

Conclusions

PCOS is highly prevalent among women with adult acne, with nearly **half of cases belonging to a lean phenotype**. Despite comparable acne severity and absence of classical metabolic features, lean PCOS represents a **clinically subtle yet significant subgroup**. Dermatologists should maintain a **high index of suspicion for PCOS even in normoweight patients presenting with isolated acne**, as early identification enables timely metabolic and reproductive risk stratification.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1594

IHS4 outcomes to week 32 with izokibep, a novel interleukin-17A inhibitor, in patients with moderate to severe hidradenitis suppurativa: Results from a randomised, double-blind, placebo-controlled, multicentre, phase 3 study

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Introduction

Dysregulation of interleukin (IL)-17A plays a key role in hidradenitis suppurativa (HS) pathogenesis. Izokibep is an Affibody® molecule (small protein therapeutic; 18.6 kDa) that inhibits IL-17AA with high potency through tight and selective binding. In a phase 3 study of moderate to severe HS, a significantly higher percentage of patients who received izokibep achieved a ≥75% improvement in HS Clinical Response (HiSCR-75) vs placebo at week 12 (primary endpoint). Here, we report additional efficacy outcomes from exploratory and post hoc analyses of the International HS Severity Score System (IHS4) through week 32 of the phase 3 study.

Materials and Methods

This study (NCT05905783) included a 16-week, randomised, placebo-controlled period. Eligible patients were ≥18 years of age with a diagnosis of HS for ≥6 months, lesions present in ≥2 distinct anatomic areas (1 Hurley stage II/III), a total abscess and inflammatory nodule count ≥5, and an inadequate response, intolerance, or contraindication to oral antibiotics (use of a stable dose of oral antibiotics allowed in ≤30% of patients). Patients were randomised 1:1 to receive subcutaneous izokibep 160 mg or placebo once weekly for 16 weeks. At week 16, patients who initially received placebo switched to izokibep treatment, and all patients received izokibep 160 mg once weekly through the end of the study. Exploratory endpoints included IHS4 scores and a ≥55% decrease from baseline in IHS4 score (IHS4-55); ≥75%/≥90%/100% decreases from baseline in IHS4 score (IHS4-75/90/100)

were assessed in a post hoc analysis. Response rates were determined using nonresponse imputation or multiple imputation. All presented *P*-values are nominal.

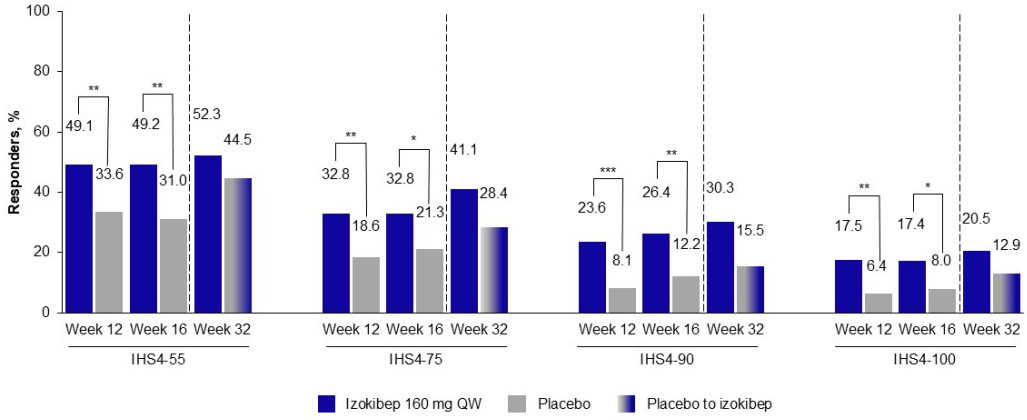
Results

A total of 258 patients were randomised (izokibep, n = 129; placebo, n = 129). Overall, the patients had a mean (standard deviation [SD]) age of 37.3 (12.4) years and a mean (SD) disease duration of 10.2 (8.7) years; 69.0% of patients were female. At baseline, the mean (SD) AN count was 13.5 (13.3) for izokibep and 13.2 (11.5) for placebo, and the mean (SD) draining tunnel count was 2.2 (3.5) and 2.2 (3.3), respectively.The baseline mean (SD) IHS4 score in the izokibep and placebo groups was 24.9 (25.3) and 24.6 (22.6), respectively, consistent with most patients having severe disease at the start of the study. At week 12, higher percentages of patients who received izokibep vs placebo achieved IHS4-55 (49.1% vs 33.6%; *P* = 0.007), IHS4-75 (32.8% vs 18.6%; *P* = 0.005), IHS4-90 (23.6% vs 8.1%; *P* <0.001), and IHS4-100 (17.5% vs 6.4%; *P* = 0.004; **Figure**). Differences between treatment groups (izokibep vs placebo) were also evident at week 16 (end of placebo-controlled period) for IHS4-55 (49.2% vs 31.0%; *P* = 0.002), IHS4-75 (32.8% vs 21.3%; *P* = 0.025), IHS4-90 (26.4% vs 12.2%; *P* = 0.002), and IHS4-100 (17.4% vs 8.0%; *P* = 0.017; **Figure**). Patients who continuously received izokibep throughout the study continued to improve through week 32 for IHS4-55 (52.3%), IHS4-75 (41.1%), IHS4-90 (30.3%), and IHS4-100 (20.5%). Patients randomised to placebo who were switched to izokibep at week 16 achieved notable rates of IHS4-55 (44.5%), IHS4-75 (28.4%), IHS4-90 (15.5%), and IHS4-100 (12.9%) responses at week 32 (**Figure**). Additionally, patients who received izokibep throughout the study had continued reductions in disease severity, with 43.0% and 51.7% of patients achieving inactive or mild disease (IHS4 score ≤3) at weeks 16 and 32, respectively.

Conclusions

In these exploratory and post hoc analyses from a phase 3 study of izokibep in moderate to severe HS, izokibep demonstrated significant improvements over placebo in IHS4 through week 16, with continued improvement observed through week 32. Patients who switched from placebo to izokibep at week 16 also experienced notable improvement in IHS4 following crossover. Findings from this study further substantiate the potential therapeutic efficacy of izokibep.

Figure. Percentage of patients who achieved IHS4-55, IHS4-75, IHS4-90, and IHS4-100 through week 32



Data are from the full analysis set (n = 129 in each group). Dashed vertical line indicates the end of the placebo-controlled period (week 16). Response rates were determined using NRI for patients who received antibiotic therapy that could affect HS and for patients with missing data who discontinued

treatment due to an adverse event or lack of efficacy; multiple imputation was used for all other patients with missing data. IHS4-55 was a pre-specified exploratory endpoint, while IHS4-75/90/100 were post hoc analyses. IHS4 score was defined as the sum of nodules (× 1), abscesses (× 2), and draining tunnels (× 4). Nominal P-value vs placebo: *P <0.05; **P <0.01; ***P <0.001. HS, hidradenitis suppurativa; IHS4, International Hidradenitis Suppurativa Severity Score System; IHS4-55/75/90/100, ≥55%/≥75%/≥90%/100% decrease from baseline in IHS4 score; NRI, nonresponse imputation; QW, once weekly.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1614

Prevalence, Predictors, and Practical Recommendations for Zinc Deficiency in Pediatric Hidradenitis Suppurativa: Results from a Multidisciplinary Registry of Pediatric HS

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Introduction

Hidradenitis suppurativa (HS) is a debilitating chronic inflammatory skin condition associated with multiple metabolic and nutrient deficiencies. One such nutrient, zinc (Zn), is critical for various physiological and immunological processes. There are many described signs of Zn deficiency, including psoriasiform skin lesions and delayed wound healing. Prior studies have reported lower Zn levels in adult HS patients compared to controls, but these studies contain significant methodological errors including using arbitrary cutoffs for Zn deficiency and failing to adjust for known confounders of plasma Zn. As such, our knowledge of the prevalence, predictors, or impacts of Zn deficiency in HS remains opaque. In an effort to further understand Zn's role in HS, plasma Zn levels were analyzed in a cohort of pediatric HS patients from a prospectively-created registry.

Materials and Methods

A registry of pediatric HS patients from a multidisciplinary clinic in a quaternary care centre was searched for patients who had completed plasma Zn testing from inception, 2023, to March 2026. Patients taking Zn supplements at baseline Zn testing were excluded from prevalence analysis. Data extracted included all plasma Zn values excluding those with evidence of hemolysis, time of sample collection (TOC), patient and disease characteristics, other lab values, and any Zn supplementation. Because plasma Zn is known to decline linearly throughout the day and to be suppressed in acute inflammation, plasma Zn values were adjusted by linear regression using TOC and C-reactive protein (CRP) in concordance with previously described methods (Table 1). Regression adjustment with albumin was also considered but omitted due to significant collinearity with CRP. Zn deficiency cutoffs for adjusted values were determined using established population-specific thresholds.

Table 1: Regression model of plasma zinc using time of sample collection and CRP

	Model M_1, R^2=0.318, p= <.001		
	β	95% CI (lower, upper)	P-value
Time of sample collection	−0.051	−0.08, −0.03	< .001
CRP (mg/L)	−0.350	−0.63, −0.07	.018

β, unstandardized regression coefficient; CI, confidence interval; CRP, C-reactive protein. M_1: Regression model combining TOC and CRP; explains 31.8% of variance in plasma zinc

Results

In total, 47 patients were included, of which 31.9% (15/47) had low raw plasma Zn. After linear regression adjustment with CRP and TOC, 25.6% (11/43) had low adjusted plasma Zn. Comparing raw to adjusted values, misclassification analysis revealed that 27.9% (12/43) of patients were incorrectly categorized by raw Zn alone. Excluding those actively taking Zn supplements, the overall prevalence of Zn deficiency in the cohort was 27.5% (11/40), much greater than the ~8% prevalence of Zn deficiency reported for those 10 years or older in the US general population. Significant differences were detected between low vs. normal adjusted Zn patients, including Hurley stage ($p=0.026$), HS-PGA ($p=0.040$), leukocytes ($p<0.001$), albumin ($p=0.032$), and, marginally, chronic wounds/ulcers ($p=0.073$) and hemoglobin ($p=0.070$) (Table 2). Spearman's analysis of adjusted Zn showed significant correlation with HS-PGA ($\rho=-0.339$, $p=0.030$), ESR ($\rho=-0.411$, $p=0.012$), and albumin ($\rho=0.390$, $p=0.022$). The persistence of the PGA-Zn association after CRP adjustment suggests that HS severity relates to Zn status through mechanisms beyond systemic inflammation alone. Mediation analysis of PGA and plasma Zn with CRP as mediator further supported this, as PGA demonstrated a significant total effect on Zn ($\beta=-0.852$, $p<0.001$) and a significant direct effect independent of CRP ($\beta=-0.594$, $p=0.044$), with CRP accounting for ~30% of the total effect through partial mediation (indirect effect $\beta=-0.258$, $p=0.062$).

Table 2: Baseline Characteristics by Adjusted Plasma Zinc Status

	Total (N = 43)	Normal Plasma Zinc (n = 32)	Low Plasma Zinc (n = 11)	p value
Demographics				
Sex, %				1.000
Female	58.1%	59.4%	54.5%	
Male	41.9%	40.6%	45.5%	
Mean age at zinc testing, years ± SD	15.0 ± 2.3	14.9 ± 2.3	15.3 ± 2.2	0.549
Mean age of HS symptom onset, years ± SD	10.9 ± 3.3	10.6 ± 3.3	12.2 ± 3.3	0.189
Mean time to diagnosis, years ± SD	1.9 ± 1.7	2.2 ± 1.8	1.1 ± 1.1	0.121
Taking zinc supplements at time of test, %	7.0%	9.4%	0.0%	0.558
Known restrictive diet, %	23.3%	25.0%	18.2%	1.000
Mean BMI, kg/m² ± SD	31.6 ± 9.5	31.7 ± 8.3	31.4 ± 11.5	0.588
Comorbidities, %				
Type 2 diabetes mellitus	4.7%	3.1%	9.1%	0.451
Chronic kidney disease	2.3%	0%	9.1%	0.256
Inflammatory bowel disease	4.7%	6.3%	0.0%	1.000
Trisomy 21	27.9%	31.3%	18.2%	0.698
Use of zinc-altering drugs at time of test, %				
Proton Pump Inhibitors	4.7%	6.3%	0.0%	1.000
Doxycycline (Tetracycline)	9.3%	12.5%	0.0%	0.558
Moxifloxacin	9.3%	12.5%	0.0%	0.558
Disease Measures, %				
Hurley stage (NR = 1)				**0.026**
I	19.0%	22.6%	9.1%	
II	53.6%	61.3%	36.4%	
III	26.2%	16.1%	54.5%	
HS-PGA (NR = 2)*				**0.040**
None–Mild	32.6%	36.7%	27.3%	
Moderate	44.2%	56.7%	18.2%	
Severe–Very Severe	18.6%	6.7%	54.5%	
Chronic wounds or ulcers (NR = 2)	31.7%	23.3%	54.5%	**0.073**
Psoriasiform skin changes (NR = 2)	14.6%	13.3%	18.2%	0.651
Laboratory Tests, mean ± SD				
Leukocytes, 10^9/L	7.7 ± 2.5	7.3 ± 2.0	10.7 ± 2.5	**<0.001**
Hemoglobin, g/L	130 ± 16	134 ± 14	119 ± 24	**0.070**
Platelets, 10^9/L	306 ± 104	305 ± 89	309 ± 132	0.967
Erythrocyte Sedimentation Rate, mm/hr (NR = 8)	39.4 ± 31.1	32.5 ± 22.2	60.7 ± 42.6	0.124
Ferritin, ug/L (NR = 7)	60.8 ± 46.6	59.7 ± 47.3	57.3 ± 52.9	0.668
Alanine Transaminase, U/L (NR = 3)	29.1 ± 25.4	29.2 ± 27.8	28.8 ± 19.4	0.987
Alkaline Phosphatase, U/L (NR = 15)	112.3 ± 43.9	111.0 ± 37.6	117.3 ± 59.5	0.462
Albumin, g/L (NR = 11)	43.0 ± 3.6	43.8 ± 2.9	40.0 ± 4.8	**0.032**
Vitamin D, nmol/L (NR = 9)	54.0 ± 28.8	54.4 ± 31.0	52.6 ± 20.2	0.953

Bold p values indicate statistical significance ($p < 0.05$) or marginal significance. NR = number of missing/excluded responses. Statistics by Mann-Whitney U test (continuous), Fisher's exact test (categorical), and Kendall's Tau-b (HS-PGA and Hurley stage). *HS-PGA was grouped into three categories; none to mild, moderate, and severe to very severe.

Conclusions

This analysis of moderate-severe pediatric HS demonstrated a significantly elevated prevalence of Zn deficiency and correlation of Zn deficiency with both HS severity and poor wound healing, a known manifestation of Zn deficiency. Paradoxically, this analysis also demonstrates the poor utility of plasma Zn testing to detect Zn deficiency due to multiple confounding factors. Table 3 contains practical recommendations for detection and management of Zn deficiency in HS. Further research is needed to better characterize the bidirectional impacts of Zn and HS on each other, and to understand the role of Zn supplementation in treating HS.

Table 3: Practical Recommendations for Zinc Assessment and Supplementation in HS

<table>
<tr><th>Domain</th><th>Recommendations</th></tr>
<tr><td>When to Suspect Zn Deficiency</td><td>

Moderate-severe HS (HS-PGA moderate or worse , Hurley stage II–III)
Presence of chronic wounds or non-healing ulcers
Significantly restrictive diet suggestive of inadequate intake (vegan, vegetarian, or food allergies limiting meat/shellfish intake)
Comorbidities directly associated with Zn depletion: IBD, CKD, celiac disease, cirrhosis, acrodermatitis enteropathica, sickle cell disease
Poor HS treatment response despite appropriate management

</td></tr>
<tr><td>Testing Considerations</td><td>

Clinicians should rely primarily on history of risk factors, dietary assessment, and physical assessment for diagnosis of zinc deficiency, with plasma Zn testing acting as a supplementary test for those in which Zn deficiency is uncertain
Collect plasma Zn in the morning, fasting state preferred
Collect CRP concurrently, as elevated CRP may reduce validity of plasma Zn in detecting deficiency
Hemolysis artificially increases lab plasma zinc levels, disregard test if sample is hemolyzed
Apply IZiNCG age-, sex-, and time-stratified reference limits rather than lab-specific universal cutoffs

Table 3.1: IZiNCG serum/plasma zinc deficiency thresholds, umol/L
<table>
<tr><th>Collection time</th><th>Children < 10y</th><th>Males ≥ 10y</th><th>Females ≥ 10y</th></tr>
<tr><td>AM fasting</td><td>NA</td><td>11.3</td><td>10.7</td></tr>
<tr><td>AM other</td><td>9.9</td><td>10.7</td><td>10.3</td></tr>
<tr><td>PM</td><td>8.7</td><td>9.3</td><td>9.0</td></tr>
</table>

If plasma Zn is normal, Zn deficiency is unlikely (negative predictive value ~86%)
Low plasma Zn results should be interpreted in clinical context, as it has many confounders and limited sensitivity in marginal deficiency

</td></tr>
<tr><td>Supplementation Choices</td><td>

Most zinc supplements have equivalent efficacy, but zinc gluconate is usually better tolerated
Most common dosage studied in HS is 90 mg zinc gluconate, but doses up to 20 mg elemental zinc (~140mg zinc gluconate) are safe

Table 3.2: Common zinc formulations and elemental Zn content
<table>
<tr><th>Formulation</th><th>Typical Pill Size</th><th>Equivalent Elemental Zinc</th></tr>
<tr><td>Zinc gluconate</td><td>50 mg</td><td>7 mg</td></tr>
<tr><td>Zinc sulfate</td><td>220 mg</td><td>50 mg</td></tr>
<tr><td>Zinc acetate</td><td>50 mg</td><td>14 mg</td></tr>
<tr><td>Zinc citrate</td><td>146 mg</td><td>50 mg</td></tr>
<tr><td>Zinc monomethionine*</td><td>150 mg</td><td>30 mg</td></tr>
</table>
*Optizinc also contains copper, may be useful in preventing deficiency

Consider use of combined zinc-copper supplements in long-term supplementation to avoid iatrogenic copper deficiency (due to competitive binding)
Avoid co-administration with iron supplements(competitive absorption), or fluoroquinolone/tetracycline antibiotics(chelates with Zn, inhibits both)
Dosing should not exceed age-specific upper intake limit for long periods

Table 3.3: Upper limits for elemental zinc intake in ages relevant to HS
<table>
<tr><th rowspan="2">Age range</th><th rowspan="2">Daily upper limit of elemental Zn</th><th colspan="5">Maximum daily dose, mg</th></tr>
<tr><th>Zn gluconate</th><th>Zn sulfate</th><th>Zn acetate</th><th>Zn citrate</th><th>Zn monomethionine</th></tr>
<tr><td>4-8 years</td><td>12 mg</td><td>90</td><td>50</td><td>40</td><td>35</td><td>60</td></tr>
<tr><td>9-13 years</td><td>23 mg</td><td>160</td><td>100</td><td>80</td><td>70</td><td>115</td></tr>
<tr><td>14-18 years</td><td>34 mg</td><td>240</td><td>150</td><td>110</td><td>100</td><td>170</td></tr>
<tr><td>18+ years</td><td>40 mg</td><td>290</td><td>175</td><td>130</td><td>120</td><td>200</td></tr>
</table>
</td></tr>
<tr><td>Supplementation Monitoring</td><td>

Plasma zinc should be rechecked ~12 weeks after beginning supplementation to ensure correction of deficiency and to prevent oversupplementation
Monitor for iatrogenic copper deficiency in patients receiving prolonged high-dose supplementation
A 6-month course is recommended in Zn deficiency, but long-term maintenance therapy has been proposed in HS

</td></tr>
</table>

Abbreviations: IZiNCG, International Zinc Nutrition Consultative Group.

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Abstract N°: 1653

Cumulative isotretinoin dosing (120 vs 150 mg/kg) and 12-month relapse in acne vulgaris: a randomized controlled trial

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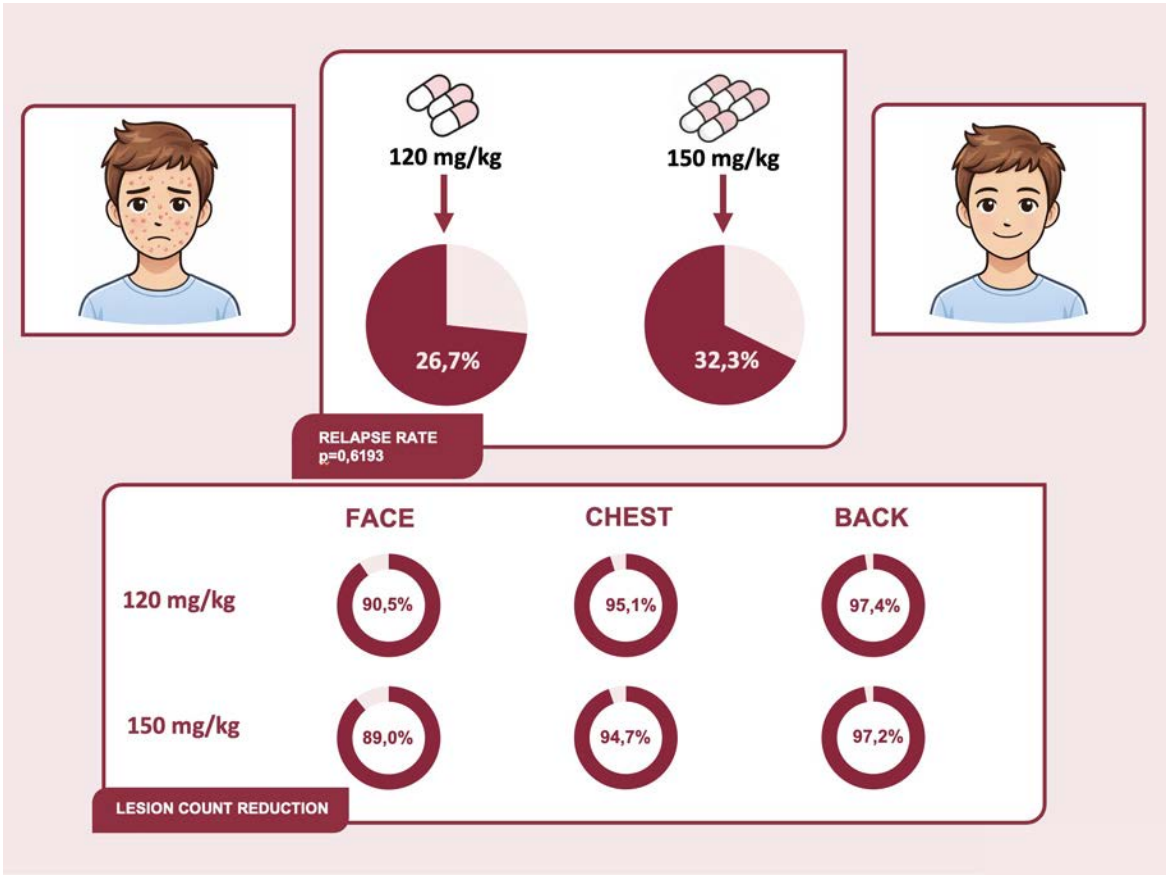
Introduction
The optimal cumulative isotretinoin dose for sustained acne remission remains debated. Although 120–150 mg/kg is commonly recommended, direct randomized comparisons of higher cumulative dosing strategies with long-term follow-up remain limited. We compared the clinical outcomes of cumulative isotretinoin doses of 120 mg/kg and 150 mg/kg in patients with moderate-to-severe acne vulgaris.

Materials and Methods
We conducted a single-center, randomized, assessor-blinded controlled trial comparing cumulative isotretinoin doses of 120 mg/kg and 150 mg/kg. Primary outcomes were changes in total lesion count and acne severity grade from baseline to treatment completion. Secondary outcomes included acne scarring and 12-month relapse, defined as the need for further systemic or topical treatment for active inflammatory acne. Univariable and exploratory multivariable logistic regression analyses were performed to assess predictors of relapse. A post-hoc extension cohort of patients with inadequate early response who continued treatment beyond the assigned target dose was analysed descriptively.

Results

Ninety-one patients were randomized; 74 completed treatment and 64 had complete 12-month follow-up. Both groups showed marked and comparable improvement in total lesion counts and acne severity by treatment completion, with no significant between-group differences at any assessed time point. Scar counts remained stable or slightly decreased in both groups, with no significant differences between dosing strategies. At 12 months, relapse occurred in 26.7% of patients in the 120 mg/kg group and 32.3% in the 150 mg/kg group (p=0.619). In a sensitivity analysis restricted to systemic retreatment only, relapse rates were 16.7% and 20.6%, respectively (p=0.688). In univariable analyses, cumulative dose, baseline acne severity grade, baseline lesion count, and baseline scar count were not significantly associated with relapse. In the exploratory multivariable model, higher baseline lesion burden showed a non-significant trend toward increased relapse risk, whereas male sex showed a non-significant trend toward lower relapse risk; cumulative dose remained non-significant. Patients in the exploratory extension cohort had persistently higher lesion and scar burden at follow-up despite prolonged treatment.



Conclusions

Increasing cumulative isotretinoin dosing from 120 mg/kg to 150 mg/kg did not improve lesion reduction, scarring, or 12-month relapse outcomes. These findings suggest that dose escalation within this range does not confer meaningful additional long-term benefit and support 120 mg/kg as an effective target for most patients with moderate-to-severe acne vulgaris.

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Abstract N°: 1671

Lesion-Directed 308-nm Excimer Light for Inflammatory Acne in Pregnancy: Clinical and Safety Outcomes From a Prospective Pilot Study

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Introduction

Management of inflammatory acne during pregnancy is challenging because many effective therapies are restricted by fetal safety concerns. Targeted 308-nm excimer light may offer a medication-sparing alternative, but evidence in pregnant patients is lacking. This study evaluated the clinical efficacy and pregnancy-specific safety of lesion-directed 308-nm excimer light for inflammatory facial acne during pregnancy.

Materials and Methods

This prospective single-arm pilot study included 13 pregnant women in the second trimester with inflammatory facial acne, defined by ≥20 inflammatory lesions and Investigator's Global Assessment (IGA) ≥2. Participants received lesion-directed 308-nm excimer light twice weekly for 8 weeks (16 sessions) using erythema-guided dose escalation. The primary endpoint was percentage reduction in inflammatory lesion count at week 8. Secondary outcomes included changes in IGA, non-inflammatory lesion count, Dermatology Life Quality Index (DLQI), pain, tolerability, serum folate, and obstetric outcomes. Serum folate was measured at baseline and week 8, and participants were followed to week 16 for durability and relapse.

Results

All 13 participants completed treatment and week-8 assessment. Mean inflammatory lesion count decreased from 33.8 ± 9.7 at baseline to 17.5 ± 6.4 at week 8, corresponding to a mean reduction of 48.3% (95% CI 43.8-53.2). Five of 13 patients (38.5%) achieved a ≥2-grade IGA improvement, and 2/13 (15.4%) reached IGA 0/1 at week 8. Non-inflammatory lesions decreased by a mean of 33.3%, and DLQI improved by a mean of 5.9 points. At week 16, mean lesion reduction remained 43.5%, while 3/13 patients (23.1%) met the prespecified relapse definition. Treatment was generally well tolerated; grade ≥2 local adverse events occurred in 3/13 patients (23.1%) and were managed with temporary dose reduction. Melasma flare occurred in 1/13 patients (7.7%); no post-inflammatory hyperpigmentation was observed. Serum folate decreased modestly from 10.1 to 9.2 ng/mL, but no participant dropped below 6.0 ng/mL and none had a decline >25% from baseline. Obstetric outcomes were reassuring, with median gestational age at delivery of 39.0 weeks, mean birthweight 3327 g, and no congenital anomalies identified in this pilot cohort.

Conclusions

Lesion-directed 308-nm excimer light was associated with clinically meaningful improvement in inflammatory acne during pregnancy, with reassuring folate, pigmentary, and obstetric safety signals. This targeted, pregnancy-compatible approach may represent a useful option when standard therapies are limited and warrants evaluation in controlled trials.

EA DV CONGRESS
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Abstract N°: 1683

AI-Assisted Microneedling Radiofrequency Combined with Fractional Er:YAG Laser for Acne Scars: A Case Series

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Introduction

Acne scars are a common dermatological concern that may significantly impact psychological well-being. Advances in aesthetic medicine have led to the development of combination therapies aimed at improving skin quality. Radiofrequency (RF) treatment has become increasingly popular for the treatment of skin laxity due to its ability to induce collagen contraction and stimulate neo-collagenesis through thermal effects. Microneedling has also gained popularity as a technique to enhance skin aesthetics by reducing scars and minimizing signs of aging, such as wrinkles. Nowadays, microneedling monopolar radiofrequency (MNRF) has integrated artificial intelligence (AI) technology for precise pulse control, eliminating the need for multiple passes and enhancing patient comfort compared to older RF needling devices. Ablative lasers such as fractional erbium-doped yttrium aluminum garnet (Er:YAG) have also been affectively used to treat pigmentary disorders. However, to the best of our knowledge, there are limited studies in the literature to combine this rejuvenation device in acne scars treatment especially in Indonesia. This case series evaluates the clinical outcomes of combining AI-assisted microneedling monopolar RF with Er:YAG laser for the treatment of acne scars and skin rejuvenation.

Case Presentation

Data were collected from patients presenting with acne scars at a Dermatology and Aesthetic Clinic in Jakarta between June 2024 and February 2025. Seven adult patients (five females and two males), aged 25–50 years with Fitzpatrick skin types III–V, underwent combined treatment with AI-assisted microneedling monopolar RF and fractional Er:YAG laser. After the treatment, the patient was given an exosome treatment, a cold compress, and a topical antibiotic. Skin assessments were performed using a standardized digital skin analysis system before and after treatment.

Our findings demonstrated trends toward improvement in several skin parameters, including wrinkles, texture, and pores. Redness parameters showed variable changes, with most patients demonstrating stable or minimal erythema. Mild and transient adverse effects, such as temporary redness and swelling, were observed. The mean of skin analysis scores for skin parameters before and after treatment are presented in Figure 1. However, variability in treatment response was noted across patients and facial regions.

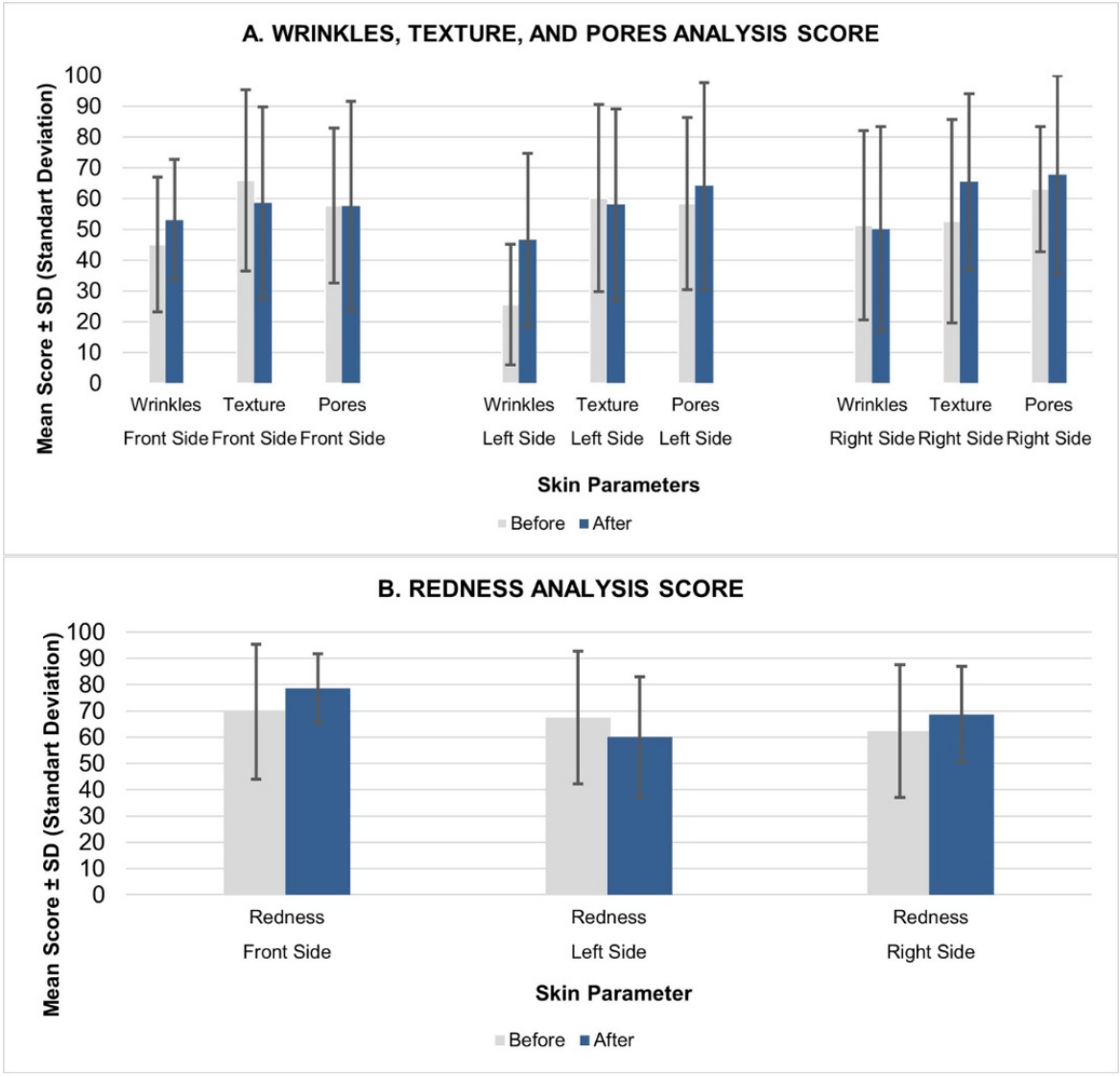

Figure 1. Mean ± Standart Deviation (SD) VISIA Scores Before and After Treatment Across Facial Regions (n=7). (A) Wrinkle, texture, and pore scores, where increases indicate clinical improvement. (B) Redness scores, where decreases indicate reduced erythema following treatment. Error bars represent standard deviation (± SD).

Conclusion

The combination of AI-assisted microneedling monopolar radiofrequency and fractional Er:YAG laser may contribute to improvements in acne scars and overall skin rejuvenation, as reflected by changes in wrinkles, texture, and pore parameters. This approach represents a minimally invasive treatment option with enhanced comfort and safety.

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Abstract N°: 1684

Extracellular Traps as a Therapeutic Target in Hidradenitis Suppurativa: Mechanistic Rationale and Clinical Development of CIT-013

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing autoinflammatory skin disease characterized by painful nodules, abscesses, and draining epithelialized tunnels affecting intertriginous areas. Increasing evidence from transcriptomic, histopathologic, and immunologic studies highlights dysregulated innate immunity as a central driver of disease, with neutrophils emerging as key mediators of tissue inflammation.

Neutrophils contribute to HS pathogenesis through the formation of extracellular traps (ETs), chromatin-based structures composed of decondensed DNA decorated with antimicrobial proteins, proteases, and pro-inflammatory mediators. While neutrophil-derived ETs (NETs) normally function in host defense, excessive or dysregulated formation amplifies inflammatory signaling. HS lesions demonstrate abundant NET deposition within dermis and epithelialized tunnels, accompanied by elevated circulating NET markers such as citrullinated histones and nucleosomes. NET-associated molecules act as damage-associated molecular patterns that activate macrophages and dendritic cells, promoting production of key cytokines including IL-1β, IL-6, and TNF-α and reinforcing downstream Th17-driven inflammation through IL-17A/F signaling. To more precisely characterize the tissue microenvironment, multiplex immunohistochemistry (mIHC) on HS patient volunteer biopsies has been used for simultaneous detection of NETs and a range of immune cell markers within a single tissue section. Spatial relationships between NET enrichment and proinflammatory cells will be described.

CIT-013 is a first-in-class humanized IgG1κ monoclonal antibody targeting citrullinated histones H2A and H4, epitopes exposed during ET formation irrespective of cellular origin. By binding these structures, CIT-013 inhibits ET formation and promotes Fc-mediated phagocytic clearance of interstitial traps, thereby reducing extracellular chromatin-driven inflammation. Biodistribution of CIT-013 in vivo to sites of active inflammation and the mode of action of CIT-013 will be described. New data will be presented describing how NET/CIT-013 immune complex engagement by macrophages, resets their proinflammatory response toward one of inflammation resolution. Early clinical studies in healthy volunteers and patients with rheumatoid arthritis have shown favorable safety and

tolerability profiles for CIT-013. A multicenter, randomized, double-blind, placebo-controlled Phase 2a trial is currently evaluating CIT-013 in patients with moderate-to-severe HS across multiple international sites. By targeting extracellular trap biology, CIT-013 represents a novel mechanistically driven therapeutic strategy aimed at disrupting a central inflammatory pathway in HS.

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Abstract N°: 1691

Association between the triglyceride–glucose index, inflammatory biomarkers and disease severity in hidradenitis suppurativa

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Introduction

Background: Hidradenitis suppurativa (HS) is a chronic, recurrent, inflammatory skin disease characterised by painful nodules, abscesses and draining tunnels, with a profound impact on quality of life. Mounting evidence supports a strong association between HS and metabolic dysfunction, including obesity, insulin resistance and metabolic syndrome. The triglyceride–glucose (TyG) index has emerged as a simple, reliable surrogate marker of insulin resistance and has demonstrated good correlation with more complex metabolic assessments. However, its potential role as a biomarker reflecting clinical severity in HS remains poorly understood. Furthermore, the comparative performance of the TyG index against conventional inflammatory biomarkers —such as C-reactive protein (CRP), erythrocyte sedimentation rate (ESR) and composite haematological indices— in discriminating disease severity has not been systematically evaluated.

Objetives: To evaluate the association between the TyG index, conventional inflammatory biomarkers and clinical severity in patients with HS, and to explore their comparative utility for disease stratification in a real-world, complex HS population.

Materials and Methods

We conducted an unicentric retrospective, observational study including 186 consecutive patients with HS managed at a specialized HS referral unit. Clinical, demographic and laboratory data were collected at baseline. Disease severity was assessed using Hurley staging and the International Hidradenitis Suppurativa Severity Score System (IHS4). The TyG index was calculated from fasting glucose and triglyceride levels in all patients with available metabolic data. Additional biomarkers analysed included CRP, ESR, neutrophil-to-lymphocyte ratio (NLR), systemic immune-inflammation index (SII) and pan-immune-inflammation value (PIV). Associations between biomarkers and disease severity were assessed using Spearman rank correlation coefficients. Receiver operating characteristic (ROC) curve analysis was performed to evaluate the discriminative capacity of each biomarker for detecting severe disease (Hurley stage III and IHS4 ≥11). Multivariable logistic regression models, adjusted for age, sex and data source, were used to identify independent predictors of severe disease. Statistical significance was set at $p < 0.05$.

Results

A total of 186 patients were included (51.1% female; mean age 42.0 ± 13.8 years; median body mass index [BMI] 26.8 kg/m^2 [interquartile range (IQR) 23.3–31.2]). Current smoking was reported in 64.7% of patients. Regarding disease severity, 41.6% were classified as Hurley stage III and 64.1% as IHS4 severe (≥11), with a median IHS4 score of 14.0 [IQR 8.0–24.0]. Median baseline laboratory values included CRP 5.3 mg/L [IQR 2.4–12.9], ESR 15.5

mm/h [IQR 6.0–30.2] and SII 588.9 [IQR 413.3–858.1], whereas median TyG index was 8.3 [IQR 8.0–8.9]. The detailed results of the correlation, ROC and multivariable regression analyses exploring the associations between the TyG index, inflammatory biomarkers and disease severity will be presented at the EADV congress.

Conclusions

This multicentre study evaluates a predominantly severe HS cohort and systematically compares the TyG index against conventional inflammatory biomarkers in their association with disease severity. The findings may contribute to a more comprehensive understanding of the metabolic–inflammatory interplay in HS and inform the identification of simple, accessible biomarkers for disease stratification and associated metabolic risk detection in clinical practice.

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Abstract N°: 1703

Efficacy of Topical Medications for Acne on subsequent Post-Inflammatory Hyperpigmentation (PIH): A Pilot Study

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Introduction
Acne vulgaris can be associated with hyperpigmentation, but its treatment has not been fully explored. The aim of this study was to assess the efficacy of different topical medications for acne on subsequent PIH by digital dermoscopy.

Materials and Methods
This was a 12-week, self-controlled study in six patients. Four papules were selected on each patient's face for different treatments: no treatment, 0.1% adapalene, 5% benzoyl peroxide, and chemical peels. Standardized images were captured at multiple time points (D0, 3, 7, 10, 14, 21, 28, 42, 56, 70 and 84). Erythema index (EI), melanin index (MI), surface peak (Sp) were measured throughout the follow-up period to assess treatment efficacy.

Results
MI in chemical peels group was significantly lower than control group (48.57 vs 40.54,$P = 0.003$). No significant difference was found between the other treatment groups and control group in EI or MI ($P > 0.05$). Sp in benzoyl peroxide group was significantly lower than control group (191.23 vs 174.1,$P = 0.025$). No significant difference was found between the other treatment groups and control group in Sp ($P > 0.05$).

Conclusions
These findings suggest that chemical peels significantly improved PIH compared to the control group. Benzoyl peroxide reduced the height of papules.

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Abstract N°: 1705

Dual IL-17A/F and BTK Inhibition in Refractory Hidradenitis Suppurativa: A Case Report

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Introduction

Hidradenitis suppurativa (HS) is a chronic, disabling inflammatory disorder characterized by painful nodules, abscesses, and sinus tract formation, primarily affecting intertriginous areas. Despite advances in biologic therapies targeting tumor necrosis factor-α and interleukin (IL)-17 pathways, many patients remain refractory or achieve only partial responses, underscoring the need for strategies targeting additional immune pathways. HS pathogenesis extends beyond isolated T-cell–mediated inflammation and involves complex interactions between innate and adaptive immunity. Bimekizumab, a monoclonal antibody targeting IL-17A/F, has demonstrated efficacy in moderate-to-severe HS, although complete responses are not universal. Remibrutinib, an oral Bruton's tyrosine kinase (BTK) inhibitor approved for chronic spontaneous urticaria, modulates both B-cell and Fc receptor–mediated signaling. We present two cases of severe, treatment-refractory HS demonstrating marked clinical improvement with combined IL-17A/F and BTK inhibition.

Case Presentation

Case 1 describes a 40-year-old woman with Hurley stage III HS involving the axillae, gluteal cleft, and breasts, refractory to multiple biologics, including adalimumab and secukinumab. Initiation of bimekizumab resulted in partial improvement but was complicated by injection-site urticaria. Due to persistent disease activity, remibrutinib 25 mg twice daily was added. Although the patient experienced mild adverse effects, rapid and substantial clinical improvement followed, prompting a dose reduction to improve tolerability. At four months, examination demonstrated resolution of axillary lesions, clearance of the gluteal cleft, and markedly decreased breast drainage. Case 2 involves a 19-year-old male with complex comorbidities, including Loeys-Dietz syndrome and severe nodulocystic acne, with extensive Hurley stage III HS affecting multiple body regions. The disease was refractory to numerous systemic therapies, including adalimumab, tofacitinib, anakinra, and secukinumab. Transition to bimekizumab yielded partial improvement; however, disease control remained suboptimal. Remibrutinib 25 mg twice daily was subsequently introduced, resulting in significant clinical improvement and enabling a reduction in bimekizumab dosing frequency. By early 2026, the patient reported a substantial reduction in HS-related pain and improved overall disease control while maintained on combination therapy.

Conclusion

These cases suggest that dual inhibition of IL-17A/F and BTK may provide complementary immunomodulatory effects in refractory HS. While IL-17 blockade targets keratinocyte activation and neutrophilic inflammation, BTK inhibition addresses persistent B-cell–mediated and Fc receptor–driven immune activation. Emerging evidence indicates that HS involves coordinated activity of mast cells, B cells, and complement pathways, forming a self-amplifying inflammatory circuit. BTK serves as a central signaling node in these processes, making it a rational therapeutic target. The observed clinical responses support the concept that multidimensional immune modulation may be necessary in selected patients who fail conventional biologic therapy. In addition, remibrutinib offers practical advantages, including oral administration and a favorable safety profile. Further studies are warranted to validate this combination approach and to better define patient populations most likely to benefit from dual-pathway inhibition.

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Abstract N°: 1724

Pregnancy and Neonatal Outcomes Among Women with Hidradenitis Suppurativa: A Systematic Review and Meta-Analysis

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Introduction

Hidradenitis suppurativa (HS) is a long-lasting immune-mediated dermatological condition. Women of reproductive age are particularly more susceptible to this condition. Although there is a myriad of studies that have looked at how this disease progresses and its symptomatology in pregnancy and the postpartum period, information on pregnancy outcomes for both women with HS and their neonates remain limited. we aimed to investigate whether HS is associated with an increased risk of adverse maternal and neonatal outcomes among women in their reproductive years.

Materials and Methods

The searches performed included PubMed (MEDLINE), EMBASE, Web of Science, EBSCO, ScienceDirect, and Google Scholar until September 2025 (PROSPERO CRD420251178035). Pooled analyses were conducted in R (v4.4.2) utilizing both the metagen function and random-effects model. Heterogeneity was evaluated using chi-square together with I2 statistics.

Results

Six observational studies included 16,766,463 pregnancies. of them, 8,890 (0.05%) pregnant women experienced HS. An increased odds ratio for ectopic pregnancy (OR 1.69; 95% CI 1.44–1.97; $p < 0.0001$), spontaneous abortion (OR 1.22; 95% CI 1.08–1.39; $p = 0.0015$), postpartum hemorrhage (OR 1.39; 95% CI 1.07–1.82; $p = 0.015$), cesarean delivery (OR 1.32; 95% CI 1.07–1.63; $p = 0.0108$), gestational diabetes mellitus (OR 1.47; 95% CI 1.09–2.00; $p = 0.013$), and gestational hypertension (OR 1.34; 95% CI 1.08–1.68; $p = 0.0089$). As for neonatal outcomes, higher odds ratios for preterm birth (OR 1.21; 95% CI 1.08–1.36; $p = 0.0008$) and congenital anomalies (OR 1.47; 95% CI 1.02–2.13; $p = 0.04$) were observed.

Conclusions

Women with HS have an elevated potential of encountering several unfavorable pregnancy-related and newborn complications. Early and collaborative dermatological and obstetric care would significantly benefit women with HS who are pregnant or intending to conceive.

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Abstract N°: 1728

Oral isotretinoin plus desloratadine for acne vulgaris: an updated global meta-analysis of efficacy, safety, and patient-centered outcomes

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Introduction
Acne vulgaris is a common skin disorder that negatively affects adolescents' quality of life. Recent evidence suggests that combining isotretinoin with desloratadine may enhance treatment outcomes.

Materials and Methods
To evaluate the efficacy and safety of oral isotretinoin plus desloratadine compared with isotretinoin monotherapy in acne vulgaris patients. A systematic search in PubMed, Web of Science, and CENTRAL was conducted until August 2025, encompassing nine clinical trials with 608 patients. Risk of bias was assessed using the ROB-2 tool, and data were analyzed with RevMan version 5.4.1.

Results
Combination therapy significantly reduced GAGS scores at 4weeks (MD: −2.53; 95% CI: −4.10 to −0.96; p=0.002), 12weeks (MD: −3.62; 95% CI: −4.98 to −2.26; p<0.00001), 16weeks (MD: −2.13; 95% CI: −3.43 to −0.84; p=0.001), and 24weeks (MD: −2.52; 95% CI: −3.58 to −1.46; p<0.00001). Clinical efficacy (>90% GAGS reduction) was higher with combination therapy (OR: 2.39; 95% CI: 1.19 to 4.78; p=0.01). In addition, combination therapy was associated with reduced flare-ups (OR: 0.38; p=0.009) and pruritus (OR: 0.13; p<0.00001). Patient satisfaction was greater, with no significant changes observed in laboratory safety parameters.

Conclusions
Isotretinoin with desloratadine offers superior efficacy and tolerability, ensuring higher patient satisfaction without safety risks.

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Abstract N°: 1731

Evaluation of the Efficacy of an Ultra-Concentrated Tri-Acid Complex Serum in Combination with Clascoterone 1% Cream

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Introduction
Clascoterone 1% Cream is an anti-androgen effective in the treatment of acne inhibiting the acnegenic downstream effects of dihydrotestosterone such as lipid synthesis and inflammatory cytokine production. This research examined the additive effects of an ultra-concentrated tri-acid complex serum acid containing glycolic acid, salicylic acid, lipohydroxy acid, combined with soothing ingredients such as niacinamide, designed to augment the benefits of clascoterone 1% cream in mild to moderate inflammatory acne.

Materials and Methods
In this controlled, randomized, two center, investigator blinded two-arm study, 83 subjects were randomized to receive clascoterone 1% cream (C) alone (42 subjects) or clascoterone plus a tri-acid serum (CS) (41 subjects). Male and female subjects of all Fitzpatrick skin types and ethnicities were enrolled. Both groups used clascoterone 1% cream plus a neutral unmedicated cleanser and sunscreen to be used bid; and the active group received the tri-acid serum for evening application. Subjects were evaluated by two dermatologist investigators at day 0, 28, 56, and 84 for acne lesion counts (inflammatory, noninflammatory), Global Evaluation Acne (GEA), Adult Female Acne Scoring Tool (AFAST), acne induced hyperpigmentation and acne induced erythema (AIH/AIE), scar appearance, tolerability, and skin aesthetic attributes. Emotional well-being was assessed with the Cardiff Acne Disability Index (CADI) and the Patient Unique Stigmatization Holistic tool in dermatology (PUSH-D) stigmatization score.

Results
80/83 subjects completed per-protocol population. Total acne lesions count significantly decreased over time from day 28 to D84. At D84 there was a significant superior decrease (p=0.0415) in total lesion count in the CS group (-55%) *versus* the C group (-39%). There was a statistically significant superior decrease in non-inflammatory lesions of 54% in the CS group compared to 35% in the C group at D84 (p=0.0146). GEA improved in both groups similarly (-38% in CS vs -23% in C groups). AFAST decreased by 80% in the CS group and 36% in the C group at D84, with statistical superiority for the CS group at D56 (p=0.0128) and D84 (p=0.0003). AIE decrease was statistically superior in the CS group compared to C group at D84 (p=0.0354). The most notable benefit of the CS combination was seen in cosmeticity. At D84, the CS group demonstrated statistically significant improvement over the C group in terms of skin tone (p=0.0059; 39% CS, 23% C), texture (p<0.0001 ; 44% CS, 22% C), fine lines/wrinkles (p= 0.0059; 23% CS, 10 %C), radiance (p<0.0001; 50% CS, 23% C), and plumpness (p=0.0033; 12% CS, 8% C). The CADI score showed similar improvement in both groups with a 53% decrease in the CS group and a 43% decrease in the C group. The PUSH-D also showed similar improvement in both groups with a 57% decrease in the CS group and a 52% decrease in the C group. The tolerance was rated very good in

both groups.

Conclusions

The combination of an ultra-concentrated tri-acid complex serum to clascoterone 1% leads to superior acne outcomes compared to clascoterone 1% alone. This is probably due to the keratolytic effect of the tri-acid serum completing the anti-inflammatory activity of Clascoterone. The serum also possesses anti-inflammatory effects as demonstrated by the superior significant reduction in AIE. Finally, the statistically significant AFAST findings for CS indicate the value of having a multi-targeted formula containing glycolic acid, salicylic acid, lipohydroxy acid, combined with soothing ingredients such as niacinamide in adult female acne along with improvement in signs of facial skin aging.

An ultra-concentrated tri-acid complex serum provided added benefit to clascoterone 1% cream in the treatment of mild to moderate inflammatory acne. Additional anti-aging benefits were observed without tolerability issues.

EA DV CONGRESS
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Abstract N°: 1784

Impact of continuous secukinumab treatment on flare rates over 4 years in patients with moderate to severe hidradenitis suppurativa: A post hoc analysis of the SUNSHINE and SUNRISE core and extension trials

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent, immune-mediated skin disease characterised by deep and painful inflammatory lesions and is associated with a high disease burden for patients.[1] Previous data from the SUNSHINE/SUNRISE core and extension trials highlighted the sustained clinical benefits of continuous secukinumab treatment through 4 years in patients with moderate to severe HS.[2-4] This post hoc analysis of the SUNSHINE and SUNRISE core and extension trials evaluated the impact of continuous secukinumab treatment through week 204 (4 years) on flare rates in patients with moderate to severe HS.

Materials and Methods

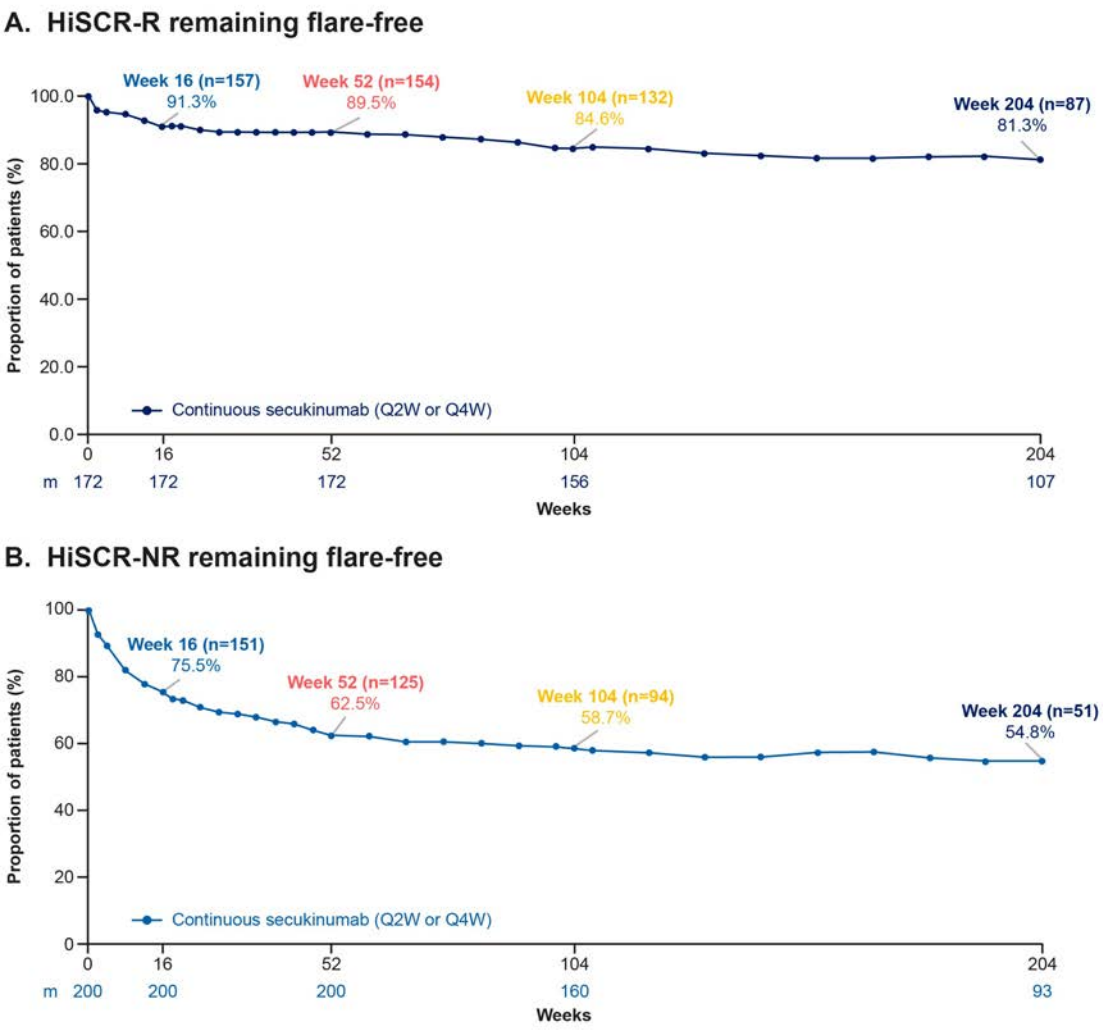
Patients completing week 52 of the SUNSHINE and SUNRISE core trials could enter a 4-year extension trial (NCT04179175). Patients achieving a HS clinical response at week 52 (HiSCR-R) entered a randomised withdrawal period up to week 104 and received open-label treatment thereafter to week 260. HiSCR non-responders at week 52 (HiSCR-NR) continued open-label treatment (subcutaneously every 2 weeks) for the duration of the extension trial. This post hoc analysis assessed the impact of continuous secukinumab treatment (subcutaneously every 2 or 4 weeks) on flare rates in HiSCR-R and HiSCR-NR groups throughout the core and extension trials (week 0 [baseline] to week 204). Assessments included the proportion of patients experiencing flares. Flares were defined as a 25% or greater increase in abscess and inflammatory nodule (AN) count with a minimum increase of two ANs compared with baseline of the core trials. Results are reported as observed, irrespective of dosing/uptitration up to week 204.

Results

Overall, the baseline characteristics of patients in the core and extension studies who received continuous secukinumab were similar and generally balanced between the HiSCR-R and HiSCR-NR groups.[3] Among HiSCR-R (n=391) and HiSCR-NR (n=308) patients who entered the extension trial, 172 (HiSCR-R) and 200 (HiSCR-NR)

patients had received continuous secukinumab treatment and were included in this analysis. The proportion of HiSCR-R patients remaining flare-free was 89.5% (154/172) at week 52, with the response sustained through week 204 at 81.3% (87/107; **Figure 1A**). The proportion of HiSCR-NR patients that were flare-free was 62.5% (125/200) at week 52 and 54.8% (51/93) at week 204 (**Figure 1B**).

Figure 1. Proportion of HiSCR-R and HiSCR-NR receiving continuous secukinumab remaining flare-free through week 204



The number of patients reported at each timepoint corresponds to the number of evaluable patients with non-missing assessments at the associated visit. For each post-baseline visit only patients with a value at both baseline and the respective post-baseline visit were included.

HiSCR, hidradenitis suppurativa clinical response, HiSCR-NR, HiSCR non-responders at week 52 of the core trials; HiSCR-R; HiSCR responders at week 52 of the core trials; n, number of patients with observed response; m, number of evaluable patients.

Conclusions

In this post hoc analysis of the SUNSHINE and SUNRISE core and extension trials, nearly 90% of HiSCR-R and over 60% of HiSCR-NR patients remained flare-free through 1year of treatment with continuous secukinumab (administered every 2 or 4 weeks), with the majority of these patients remaining flare-free for up to 4 years of treatment. These sustained flare-free rates with continuous secukinumab treatment underscore its potential to deliver robust, long-term disease control in HS, offering patients and clinicians an effective strategy to mitigate the unpredictability of flares.

References

1. Zouboulis CC, et al. *J Eur Acad Derm Venereol*. 2015;29:619–644.
2. Kimball AB, et al. *Lancet*. 2023;401(10378):747–761.
3. Kimball AB, et al. *Br J Dermatol*. 2025; 192:629–640.
4. Porter M, et al. 85. Oral presentation at the 10th Annual Symposium on Hidradenitis Suppurativa Advances (SHSA), Nashville, TN, USA, October 31–November 02, 2025.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 1798

The efficacy of continuous secukinumab treatment over 4 years, as measured by the International Hidradenitis Suppurativa Severity Scoring System (IHS4), in patients with moderate to severe hidradenitis suppurativa: A post hoc analysis of the SUNSHINE and SUNRISE core and extension trials

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Introduction

Previous data from the SUNSHINE/SUNRISE core and extension trials highlighted the sustained clinical benefits of secukinumab treatment through 4 years in patients with moderate to severe hidradenitis suppurativa (HS)[1–3]. This post hoc analysis assessed the efficacy of secukinumab over 4 years, as measured by the International Hidradenitis Suppurativa Severity Score System (IHS4), in patients with moderate to severe HS who received continuous secukinumab treatment throughout the SUNSHINE and SUNRISE core and extension trials. IHS4 is a validated tool used for the dynamic assessment of HS severity by assigning different weights to different lesion types, including draining tunnels[4, 5].

Materials and Methods

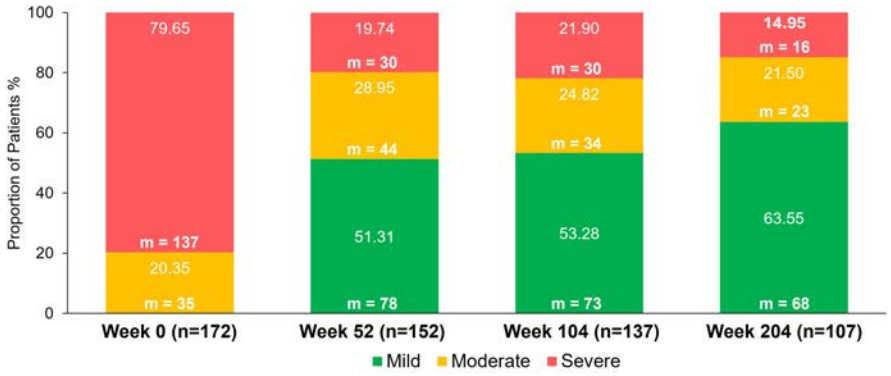
Patients completing week 52 of the SUNSHINE and SUNRISE trials could enter a 4-year extension trial (NCT04179175). Patients achieving a HS clinical response at week 52 (HiSCR-R) entered a randomized withdrawal period up to week 104 and received open-label treatment thereafter up to week 260. HiSCR non-responders (HiSCR-NR) at week 52 of the core trials could enter the extension trial on open-label treatment. This post hoc analysis was conducted in patients who received continuous secukinumab from baseline of the core trials up to week 204 of the extension trial. Outcomes assessed were shift in IHS4 severity from baseline (week 0) to week 204 and proportion of patients achieving IHS4-55/75/90/100 response (defined as 55%, 75%, 90% and 100% reductions in IHS4 versus baseline) at weeks 52, 104, and 204. Data are reported as observed, irrespective of secukinumab dosing up to week 204.

Results

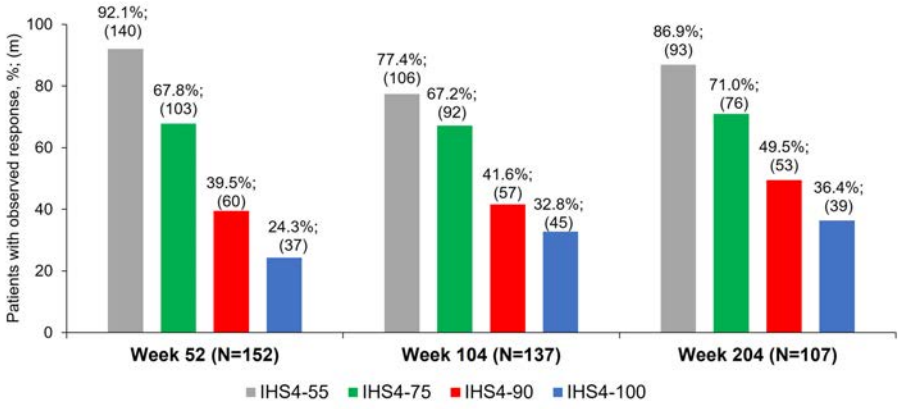
In all, 391 patients were defined as HiSCR-R at week 52, and 172 of these patients received continuous secukinumab from baseline through week 204 and were eligible for this analysis. Similarly, 308 patients were defined as HiSCR-NR at week 52 and 200 of these patients were eligible for this analysis. The percentage of patients with moderate and severe HS at baseline was 20.3% (35/172) and 79.7% (137/172) respectively, while none had mild HS. Although all HiSCR-R patients were categorised as having moderate or severe disease at baseline based on IHS4, 51.3% (78/152) had shifted to the mild disease category by week 52, 53.3% (73/137) by week 104, and 63.6% (68/107) by week 204 (Figure 1A). A sustained improvement in IHS4-55 response was observed among HiSCR-R patients from baseline through week 204 (86.9%; m/N= 93/107); similar improvements were observed for IHS4-75 (71.0%; m/N=76/107), IHS4-90 (49.5%; m/N=53/107), and IHS4-100 (36.4%; m/N=39/107) responses (Figure 1B). Trends in patients shifting from moderate or severe disease to mild disease were also seen in the HiSCR-NR group along with improvements in IHS4-55/75/90/100 responses.

Figure 1: IHS4 outcomes in HiSCR-R patients receiving continuous secukinumab through 4 years.

A: Shift in IHS4 severity from core baseline to week 204 in the HiSCR-R group



B: IHS4-55/75/90/100 responses at weeks 52, 104, and 204 in the HiSCR-R group



*The number of patients reported at each timepoint corresponds to the number of patients with non-missing assessments at the associated visit. For each post-baseline visit only subjects with a value at both baseline and the respective post-baseline visit.
m, number of subjects with observed response (achieved with respect to the core studies baseline); n, number of subjects evaluable (with non-missing and non-zero value at core studies baseline and non-missing value at the current visit).
HiSCR, Hidradenitis Suppurativa Clinical Response; HiSCR-R, HiSCR responder at week 52 of the core trial. IHS4, International Hidradenitis Suppurativa Severity Scoring System. IHS4 disease severity: mild: ≤3, moderate: 4–10, severe: ≥11. IHS4-55, IHS4-75, and IHS4-90 indicate 55%, 75%, and 90% reduction in the total IHS4 score from the baseline.

Conclusions

This post hoc analysis of the SUNSHINE and SUNRISE core and extension trials showed that continuous secukinumab treatment resulted in a durable clinical response, as measured by IHS4-55, over a 4-year period. Improvements were sustained throughout the 4-year period of continuous secukinumab treatment, even when assessed using higher thresholds of clinical response (IHS4-75, IHS4-90, and IHS4-100). Almost two-thirds of HiSCR-R patients shifted from moderate to severe disease at baseline to mild disease and 36.4% achieved an IHS4

score of 100, following continuous secukinumab treatment through 4 years.

References

1. Kimball AB, et al. *Lancet*. 2023;401:747–761.
2. Kimball AB, et al. *Br J Dermatol*. 2025;192(4):629–640.
3. Porter M, et al. 85. Oral presentation at the 10th Annual Symposium on Hidradenitis Suppurativa Advances (SHSA), Nashville, TN, USA, October 31–November 02, 2025.
4. Zouboulis CC, et al. *J Eur Acad Dermatol Venereol*. 2025;39:1421–1430.
5. Hernández Montilla I, et al. *Skin Res Technol*. 2023;29(6):e13357.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1815

Efficacy of izokibep, a novel interleukin-17A inhibitor, in moderate to severe hidradenitis suppurativa: A patient subgroup analysis from a randomised, double-blind, placebo-controlled, multicentre, phase 3 study

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Introduction

Hidradenitis suppurativa (HS) is a chronic, debilitating, inflammatory disease characterised by painful nodules, skin abscesses, and draining tunnels. Dysregulated interleukin (IL)-17A signalling plays a key role in HS pathogenesis. Izokibep is an Affibody® molecule (small protein therapeutic; 18.6 kDa) that inhibits IL-17AA with high selectivity. In a phase 3 study of moderate to severe HS, patients receiving izokibep achieved significantly higher rates of HS Clinical Response (HiSCR)-75/90/100 vs placebo. Here, we report the efficacy of izokibep across patient subgroups from the phase 3 study.

Materials and Methods

This study (NCT05905783) included a 16-week, randomised, placebo-controlled treatment period. Eligible patients aged ≥18 years with a diagnosis of HS for ≥6 months, lesions present in ≥2 anatomic locations (1 Hurley stage II/III), and a total abscess and inflammatory nodule count ≥5 were randomised 1:1 to receive subcutaneous izokibep 160 mg or placebo once weekly. At week 16, patients originally randomised to placebo transitioned to izokibep, after which all patients received izokibep 160 mg once weekly through the end of the study. In this analysis, rates of HiSCR75/90/100 were assessed by patient subgroups (weight [<100 kg/≥100 kg], current smoking status [yes/no], baseline Hurley stage [II/III], and prior tumour necrosis factor inhibitor [TNFi] use [yes/no]). Response rates were determined using nonresponse imputation or multiple imputation.

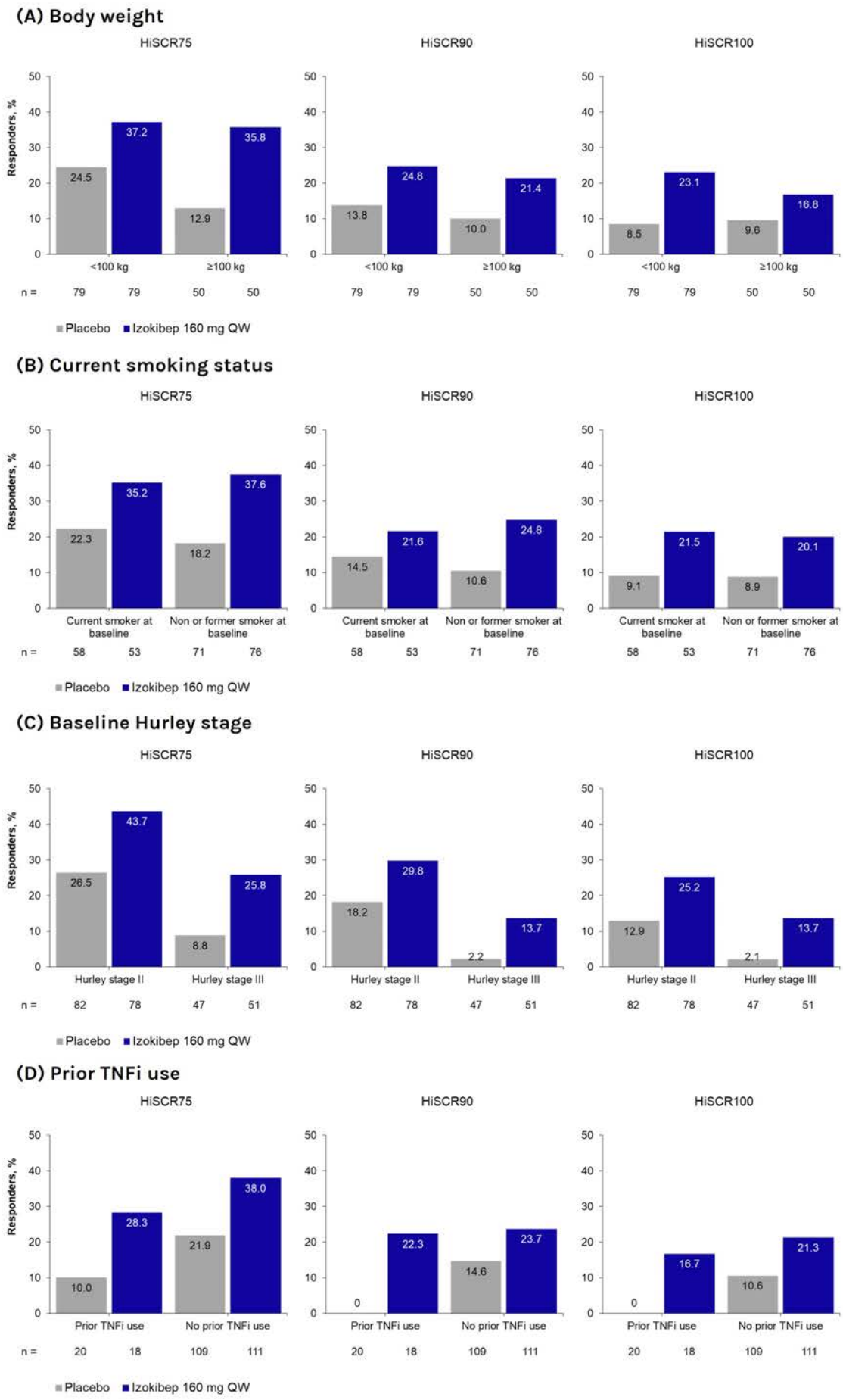
Results

A total of 258 patients were randomised (placebo, n = 129; izokibep, n = 129). Baseline demographics and disease characteristics were similar between treatment groups. At week 16, higher percentages of patients receiving izokibep vs placebo achieved HiSCR75/90/100 across patient subgroups, including weight (<100 kg: 37.2% vs 24.5%/24.8% vs 13.8%/23.1% vs 8.5%; ≥100 kg: 35.8% vs 12.9%/21.4% vs 10.0%/16.8% vs 9.6%), current smoking status (yes: 35.2% vs 22.3%/21.6% vs 14.5%/21.5% vs 9.1%; no: 37.6% vs 18.2%/24.8% vs 10.6%/20.1% vs 8.9%), baseline Hurley stage (stage II: 43.7% vs 26.5%/29.8% vs 18.2%/25.2% vs 12.9%; stage III: 25.8% vs 8.8%/13.7% vs 2.2%/13.7% vs 2.1%), and prior TNFi use (yes: 28.3% vs 10.0%/22.3% vs 0%/16.7% vs 0%; no: 38.0% vs 21.9%/23.7% vs 14.6%/21.3% vs 10.6%; **Figure**). Response rates among patients receiving izokibep were generally similar across the subgroups evaluated, aside from analyses by baseline Hurley stage II vs III as expected, based on disease severity; rates of HiSCR75 achievement also differed based on prior TNFi use. Of note, treatment differences for izokibep vs placebo were similar between baseline Hurley stage II and III subgroups (**Figure**). Similar trends were also observed at the earlier week 12 time point. Further, at week 32, patients randomised to izokibep had sustained responses across patient subgroups, and those originally randomised to placebo achieved improved rates of response following crossover to izokibep across the evaluated subgroups.

Conclusions

In this phase 3 study of patients with moderate to severe HS, improvements observed with izokibep over placebo were generally consistent across body weight, smoking status, baseline Hurley stage, and prior TNFi use patient subgroups. These findings suggest izokibep may provide clinically meaningful efficacy across a broad population of patients with HS irrespective of patient demographic and clinical characteristics.

Figure. HiSCR75/90/100 at week 16 across patient subgroups: **(A)** body weight, **(B)** current smoking status, **(C)** baseline Hurley stage, and **(D)** prior TNFi use



Response rates were determined using NRI for patients who received antibiotic therapy that could affect HS and for patients with missing data who discontinued treatment due to an adverse event or lack of efficacy; multiple imputation was used for all other patients with missing data.

HiSCR50/75/90/100, ≥75%/≥90%/100% improvement in HS Clinical Response (a ≥75%/≥90%/100% reduction from baseline in the total abscess and inflammatory nodule count, with no increase from baseline in abscess or draining fistula count); HS, hidradenitis suppurativa; NRI, nonresponse imputation; QW, once weekly; TNFi, tumour necrosis factor inhibitor.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 1828

Responses to sonelokimab are robust following prior exposure to biologics in patients with moderate-to-severe HS: pooled analysis of the VELA-1 and VELA-2 Phase 3 trials

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Introduction

Patients with moderate-to-severe hidradenitis suppurativa (HS) are increasingly likely to have prior exposure to biologics, predominantly TNF inhibitors (TNFi) and, more recently, IL-17 inhibitors. VELA-1 (NCT06411899) and VELA-2 (NCT06411379) are Phase 3 trials investigating sonelokimab, an IL-17A- and IL-17F-targeting Nanobody, in moderate-to-severe HS. Week 16 results for key endpoints in the overall population have previously been reported; here, we present Week 16 outcomes for patient subgroups defined by prior exposure to biologics for HS.

Materials and Methods

VELA-1 and VELA-2 are identically designed 52-week global placebo-controlled double-blind trials. Patients were randomized 2:1 to receive either sonelokimab 120mg Q4W (with induction doses at Weeks 0, 2, 4, 6) or placebo. The primary endpoint is HiSCR75 vs. placebo at Week 16. The trials permitted up to two prior biologics for HS; prior IL-17A inhibitor exposure was allowed if considered suitable by the investigator, whereas prior IL-17A/F or IL-17RA inhibitor exposure was not. Subgroups comprising patients with exposure to 'any prior biologic' for HS or 'prior TNFi' for HS were pooled across both trials. Outcomes were analyzed in an intention-to-treat population using modified non-responder imputation, in which missing data following discontinuation due to lack of efficacy or an adverse event or following antibiotic rescue for HS were imputed as a non-response. All outcomes were adjusted for stratification factors. *P*-values are nominal as they are not controlled for multiple comparisons.

Results

At baseline, 98/559 (18%) patients randomized to sonelokimab and 53/279 (19%) patients randomized to placebo had prior exposure to biologics for HS, among whom 79 (sonelokimab) patients and 44 (placebo) patients had prior exposure to TNFi. Adalimumab accounted for the vast majority of prior TNFi treatment, while secukinumab was the most common non-TNFi prior biologic. HiSCR75 responses to sonelokimab at Week 16 were similar across both subgroups and the overall population: 31.6% ('any prior biologic'; vs. placebo 14.9%, $p<0.05$) and 33.8% ('prior TNFi'; vs. placebo 15.5%, $p<0.05$), compared with 34.3% (overall population; vs. placebo 21.2%, $p<0.001$). A similar pattern was observed for HiSCR50, with a 56.7% sonelokimab response rate in the 'any prior biologic' subgroup at Week 16 (vs. 31.8% placebo, $p<0.01$) and 58.1% in the 'prior TNFi' subgroup (vs. 33.4% placebo, $p<0.05$), which was slightly higher than the sonelokimab response in the overall population (53.3% vs. 36.3% placebo, $p<0.001$). Quality of life outcomes, measured by the HS-specific HiSQOL score as well as the achievement of minimal clinically important difference in DLQI, were also comparable or slightly better in the prior biologic subgroups compared with the overall population. Sonelokimab demonstrated a favorable safety profile across all HS trials (including the large Phase 2 MIRA trial: NCT05322473), with no new safety signals.

Conclusions

Sonelokimab achieved robust and clinically meaningful responses at Week 16 in patients with prior biologic exposure, including prior TNFi, with outcomes comparable to the overall population. These findings support sonelokimab as a promising potential new treatment option for moderate-to-severe HS, irrespective of prior biologic history.

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30 SEP - 3 OCT 2026

Abstract N°: 1858

Impact of Isotretinoin Therapy on Thyroid Hormone Levels in Patients with Acne Vulgaris: A Systematic Review and Meta-analysis

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Introduction
Systemic isotretinoin is extensively used to treat moderate to severe acne vulgaris. Both anti-inflammatory effects and sebaceous gland suppression contribute to its therapeutic effectiveness. In addition to its recognized dermatological benefits, isotretinoin may have systemic endocrine effects, potentially influencing the hypothalamic-pituitary-thyroid axis, which could lead to alterations in thyroid hormone levels. we aim to investigate the changes in thyroid hormone levels after the commencement of systemic isotretinoin medication among patient with acne vulgaris.

Materials and Methods
A thorough PubMed, ScienceDirect, Scopus, and Cochrane Library search was performed. Pooled analysis was conducted utilizing Review Manager (RevMan 5.4.1), continuous outcomes were synthesized as mean difference. The chi-square and I2 statistics were used to quantify heterogeneity across the studies.

Results
A total of 446 patients from eight observational studies were included. Following three months of isotretinoin treatment, findings showed no evident increase in TSH levels (SMD = 0.09; 95% CI: −0.27 to 0.46; p = 0.62); however, TSH levels increased considerably after four months (SMD = 0.72; 95% CI: −0.01 to 1.45; p = 0.05) and six months (SMD = 0.54; 95% CI: 0.05 to 1.03; p = 0.03). T4 levels exhibited no significant alteration at three months (SMD = −0.24; 95% CI: −0.56 to 0.08; p = 0.14), but had a significant reduction at four months (SMD = −0.79; p = 0.0001) and six months (SMD = −0.87; p = 0.01). T3 levels exhibited a significant reduction at three months (SMD = −0.42; p = 0.03), with additional reductions seen at four months (SMD = −0.63; p = 0.002) and six months (SMD = −1.13; p = 0.0001).

Conclusions
Long-term isotretinoin treatment may cause time-dependent changes in thyroid hormone levels, mainly a rise in TSH and a fall in T3 and T4. These results emphasize the effects of isotretinoin medication and recommend thyroid function monitoring during treatment.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1877

Intradermal Neuromodulators and Regenerative Injectables in Sebum Regulation and Pore Dynamics: A Scoping Review of Emerging Strategies in Acne-Prone Skin

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Introduction

Excessive seborrhea and pores are key clinical features of acne, along with inflammation and hyperkeratinisation of the follicles. Emerging insights show off-label intradermal administration of neuromodulators and biostimulatory injectables as new approaches to regulate sebum production and skin quality. Yet, their mechanisms of action and effect on sebum levels and skin appearance over time are less well understood. To explore and collate existing evidence on the effects of intradermal injectables of neuromodulators and biostimulatory injectables on sebum production, pore size and skin quality in acne-prone skin.

Materials and Methods

This was a scoping review, following the PRISMA-ScR. The literature from 2016 to 2026 was searched in research databases like PubMed, Scopus, GoogleScholar and Web of Science. This resulted in 718 records being identified. Duplicates were removed and the title and abstract of the articles were screened for relevance. Full text articles were then assessed against the inclusion and exclusion criteria. Inclusion criteria led to 13 studies: clinical trials, cohort, and observational studies. The following information was extracted: sebaceous filtration, pore size reduction, skin texture improvement, treatment protocol and treatment duration.

Results

The 13 selected research studies showed that intradermal neuromodulators achieved substantial reduction in sebum output, with reductions in sebaceous activity or pore size noted after 1-2 weeks. These changes lasted up to 3-6 months and longer with longer-duration formulations. Biostimillary injectables had a dermal remodeling effect, increasing dermal tone and reducing pore size and pore ratio, thereby making them less visible through collagen stimulation and increased dermal support. In acne-prone patients, these injectables have unique beneficial effects on skin texture and post-inflammatory skin healing. Combined therapies led to synergies, which addressed sebaceous and dermal elements, enhancing overall skin health. Short-term patient satisfaction was high with benefits in reducing sebum production, improving pore size and skin texture. But there was considerable variation in injection and dosing methods and outcome measures. A lack of extended duration (>12 months) and sebum measuring instruments were noted as research gaps.

Conclusions

This study marks the evolution in the approach to modulate sebaceous gland activity and pore size in acne-prone skin through minimally-invasive injectables. Intradermal neuromodulators and regenerative injectables are a new, mechanism-based approach with acne treatment beyond the traditional. The early signs are encouraging, but there is a need to standardise treatment protocols, outcome measures and conduct longer-term studies to determine their place in an evidence-based approach for acne management.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1892

Impact of Laser Hair Removal on Adolescents with Hidradenitis Suppurativa

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Introduction

Management of pediatric hidradenitis suppurativa (HS) is challenging, and multimodal treatment strategies are needed to optimize disease control and quality of life. Laser hair removal (LHR) is an effective treatment option for HS in adults and appears to alter the disease course when implemented in mild HS. Treating HS in the adolescent age-group might similarly prevent disease progression and potential sequalae, but there is a paucity of data regarding the impact of LHR in pediatric patients with HS. This study aims to address this gap.

Materials and Methods

This is an ongoing mixed retrospective and prospective observational cohort single center study. This study includes the first cohort of adolescents (<18 years) with HS receiving Nd:YAG LHR in our clinic, from January 2025 to January 2027. This study was approved by the hospital's research ethics board (4020). Patients completing fewer than 4 laser sessions were excluded. Data was extracted from medical records.

We here describe the retrospective cohort. Eight adolescents received LHR from January 2025 to January 2026. Table 1 describes the demographics of the patients and their baseline HS characteristics.

The primary objective was to determine the impact of LHR on HS disease severity in adolescents. Secondary objectives included determining the impact on quality of life and tolerability of LHR in adolescents with HS.

Descriptive statistics were utilized to summarize demographic and baseline clinical data with counts and percentages for categorical variables and medians and interquartile ranges (IQRs) for continuous variables. Pre- and post-treatment changes in outcomes were compared using the Wilcoxon signed rank test. Three categories were used to describe the changes on disease severity: no changes (=0); improved (if improved at least 1 point); and worsened (if worsened at least 1 point).

Participants n=8	
Gender n (%)	
Female	6 (75%)
Male	2 (25%)
Fitzpatrick skin type	
I	0
II	1 (12.5%)
III	4 (50%)
IV	1 (12.5%)
V	2 (25%)
VI	0
Age at onset of symptoms (*years*)	10-15 (mean age: 12.4 years)
Age at diagnosis (*years*)	12-15 (mean age: 14 years)
Comorbidities (n,%)	
Acne	3 (37.5%)
Depression	3 (37.5%)
Anxiety disorder	2 (25%)
Acanthosis nigricans	1 (12.5%)
Pilonidal cyst	1 (12.5%)
IBS	1 (12.5%)
Obesity	1 (12.5%)
Hyperlipidemia	1 (12.5%)
Alopecia	1 (12.5%)
Eczema	2 (25%)
Asthma	1 (12.5%)
SLE	1 (12.5%)
Lichen sclerosus	1 (12.5%)
Family history of HS	
Yes	3 (37.5%)
No	5 (62.5%)
Associated symptoms	
Pain	8 (100%)
Itch	4 (50%)
Drainage	6 (75%)
Ulceration / open wounds	4 (50%)
Odour	5 (62.5%)
Previous treatment(s)	
Topical treatment	5 (62.5%)
Oral antibiotics	8 (100%)
IV antibiotics	0
Hormonal therapies	0
Supplements(vitamins/minerals)	2 (25%)
Biologics	0
Surgery (i.e deroofing)	3 (37.5%)
ILK injections	2 (25%)
Wound care (i.e dressings)	2 (25%)
Pain medications	2 (25%)
Concomitant treatment(s) at the start of LHR	
Topical treatment	5 (62.5%)
Oral antibiotics	3 (37.5%)
IV antibiotics	0
Hormonal therapies	5 (62.5%)
Supplements(vitamins/minerals)	1 (12.5%)
Oral retinoids	1 (12.5%)
Biologics	2 (25%)
Surgery (i.e deroofing)	0
ILK injections	0
Wound care (i.e dressings)	2 (25%)
Pain medications	3 (37.5%)
Hurley stage	
I	4 (50%)
II	3 (37.5%)
III	1 (12.5%)
HS-PGA	
0 (Clear)	3 (37.5%)
1 (Minimal)	1 (12.5%)
2 (Mild)	2 (25%)
3 (Moderate)	1 (12.5%)
4 (Severe)	1 (12.5%)
5 (Very severe)	0

Table 1. Demographics and baseline HS characteristics.

Results

The mean age at LHR initiation was 16 years (range 14-17). Five individuals (62.5%) treated more than one body area. The most common treated areas were the axillae (n=6, 75%); followed by mons pubis (n=5, 62.5%) inguinal folds (n=5, 62.5%); vulva (n=3, 37.5%); and less common perianal (n=1, 12.5%) and buttocks (n=1, 12.5%).

The number of LHR sessions ranged from 4 to 7. Three patients (37.5%) completed 7 sessions, 2 patients (25%) completed 6 sessions, 1 patient (12.5%) completed 5 sessions, and 2 patients (25%) completed 4 sessions. The 1064nm Nd:YAG laser was utilized with a spot size of 12-15mm, pulse width of 20-40ms, and fluence of 25-50J/cm^2.

Severity scores and data were documented at baseline and at the end of laser. Overall, most showed no change or improvement (Table 2).

LHR was generally well tolerated. The average pain visual analog scale (VAS) was 4.7 (range 0-8). There were no reported adverse events.

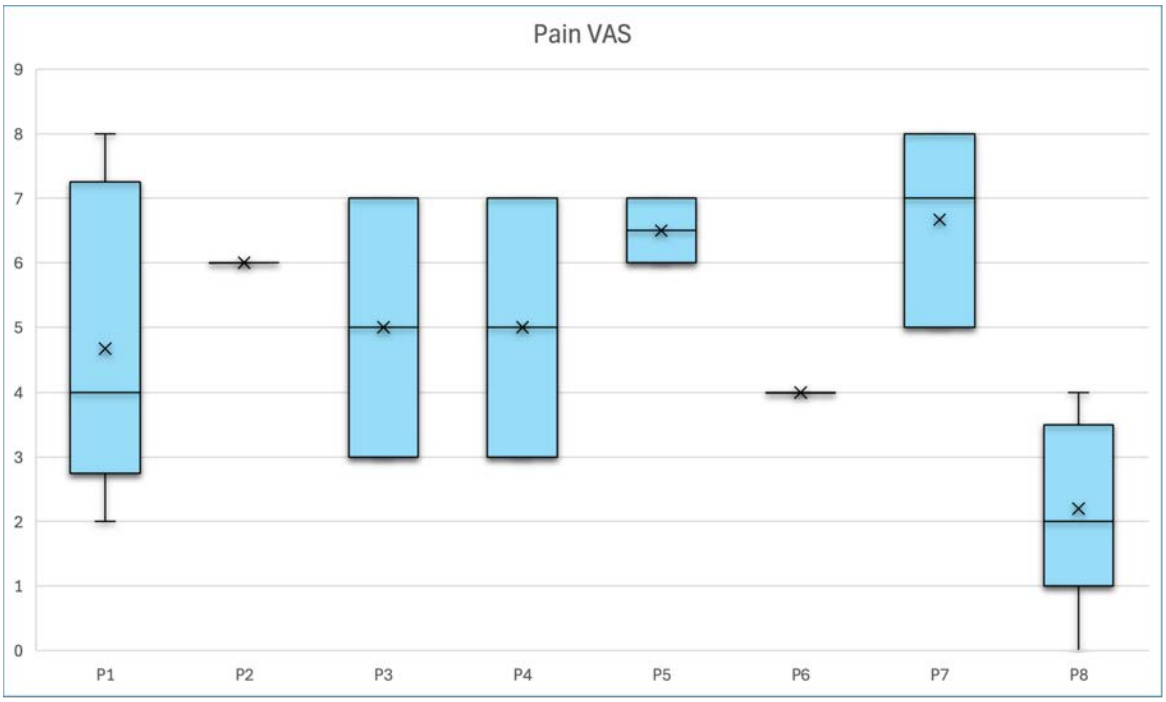
Four patients (50%) reported their satisfaction with LHR (0 very dissatisfied to 10 very satisfied). The average satisfaction was 8 (range 7-10).

	n (%)	Wilcoxon signed rank p-value	Additional comments
HS physician's global assessment (HS-PGA)			
No changes	2 (25%)	0.437	The 2 patients who experienced no changes had HS-PGA of zero and remained clear.
Improved	4 (50%)		
Worsened	2 (25%)		
Hurley stage			
No changes	6 (75%)	0.5	
Improved	2 (25%)		
Worsened	0		
Number of nodules in the laser-treated area			
No changes	4 (50%)	0.625	Five patients had no nodules at baseline. Of those, four remained clear and one worsened.
Improved	3 (37.5%)		
Worsened	1 (12.5%)		
Number of flares over the last month			
No changes	1 (12.5%)	0.0625	Flares were not reported in two cases
Improved	5 (62.5%)		
Worsened	0		
Courses of systemic antibiotics or other rescue therapy (i.e ILK) over the last month		0.5	Three patients required one course, and five patients didn't require a course of systemic antibiotics or other rescue therapies the month before initiation of LHR.
No changes	6 (75%)		
Improved	2 (25%)		
Worsened	0		
Number of emergency visits over the last month			In all patients, there were no emergency visits in the month prior to initiation of LHR and in the month prior to completion of laser treatment. One patient required an ED visit related to HS in the interval between the 3rd and 4th visits.
No changes	8 (100%)		
Improved	0		
Worsened	0		

Table 2. Changes on HS severity at baseline vs end of laser.

Conclusions

The preliminary results of our study highlight that LHR treatment is a safe and well-tolerated procedure for adolescents with HS. Further data would help clarify benefit on severity and quality of life.



Pain VAS associated with LHR.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1893

Expanding the Clinical Spectrum of Hidradenitis Suppurativa: A Case Series of Exceptional Phenotypes

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disease of the terminal hair follicle. Beyond its classical presentation, increasing evidence highlights its marked clinical heterogeneity, including rare ectopic, syndromic, and recently described phenotypes such as elephantiasis nostras–like phenotype (ENLP), cutis verticis gyrata–like (CVGL), and pyoderma gangrenosum–like variants.

Materials and Methods

We report a descriptive case series of five patients presenting with atypical, severe, or previously unreported HS manifestations.

Results

Case 1: A 40-year-old man, a chronic smoker with a history of pilonidal sinus, presented with progressive penile swelling over 3 months, impairing urinary and sexual function. Examination showed diffuse penoscrotal lymphedema, pubic cribriform and bridged scarring, and double-ended comedones. A large erythematous, indurated psoriasiform plaque was noted on the dorsolumbar region. A diagnosis of Hurley stage III HS with associated penoscrotal and dorsolumbar lymphedema and concomitant psoriasis was retained.

Case 2: A 65-year-old woman with ulcerative colitis developed progressive bilateral vulvar hypertrophy forming a 12 cm pseudotumoral mass. Initial histology showed granulomatous dermatitis, suggestive of a cutaneous manifestation of inflammatory bowel disease. After partial response to corticosteroid infiltrations, surgical excision was performed. Definitive histopathology confirmed pseudotumoral vulvar HS.

Case 3: A 47-year-old woman presented with a 25-year history of relapsing purulent inflammatory scalp and vulvar lesions, resulting in scarring alopecia and progressive vulvar lymphedema. Gradual facial edema subsequently developed, causing conductive hearing loss. After prolonged loss to follow-up, she re-presented with a massive vulvar tumor (14 × 9.5 × 10 cm), polyfistulized and discharging pus, associated with diffuse, firm, non-pitting erythematous edema of the face and neck. Histology confirmed chronic HS-associated lymphedema. A diagnosis of bipolar HS-associated lymphedema with massive ENLP was established. Despite complete vulvectomy, early postoperative recurrence occurred.

Case 4: A 67-year-old man, previously treated for recurrent sterile scalp abscesses with intracranial extension,

presented with multiple alopecic plaques of the parieto-occipital scalp, characterized by interconnected sinus tracts, polyfistulization, and numerous multi-ended comedones. Associated findings included bridged scarring in the preauricular region and comedonal plaques on the trunk. A diagnosis of CVGL-like HS phenotype was retained.

Case 5: A 52-year-old man with chronic mandibular osteitis and recurrent cervicofacial fistulas developed progressive macroglossia with dysphagia and dysarthria. Examination revealed severe disfiguring lesions strictly confined to the face, including painful nodules, interconnected draining sinus tracts, extensive bridged, hypertrophic and scleroatrophic scarring, and multiple double-ended pseudo-comedones. The tongue was enlarged, firm, and showed yellow-white papules. Skin biopsy confirmed HS, while lingual biopsy demonstrated amyloidosis. The final diagnosis was Hurley stage III exclusively facial HS associated with mandibular-limited SAPHO syndrome, complicated by systemic AA amyloidosis involving the kidneys and tongue. The disease course was rapidly progressive and fatal despite treatment.

Conclusions

This series highlights the expanding clinical spectrum of HS, including rare, severe, and potentially life-threatening phenotypes. We emphasize the risk of delayed diagnosis leading to irreversible tissue damage; massive lymphedema and ENLP; previously undescribed presentations such as bipolar lymphedema; pseudotumoral vulvar forms; and rare HS-associated AA amyloidosis. Early recognition of atypical phenotypes, supported by prompt dermatologic assessment, is crucial to enable timely initiation of systemic therapy within the “window of opportunity” and prevent catastrophic outcomes.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1895

Real-World Evidence of Clascoterone Cream 1% in Acne Management: A Canadian Retrospective Review of 291 Patients

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Introduction

Clascoterone cream 1% is a first-in-class topical androgen receptor inhibitor approved for the treatment of acne vulgaris. While pivotal trials demonstrated efficacy and safety as a monotherapy, real-world evidence (RWE) describing its use in routine clinical practice, combination regimens, and special acne subtypes remain limited.

Objectives: To characterize real-world patterns of clascoterone cream 1% use in Canada; to evaluate its effectiveness, safety, and tolerability in routine practice; and to describe baseline demographics and clinical characteristics of patients with acne vulgaris initiating clascoterone cream 1%.

Materials and Methods

We conducted a single center retrospective chart review of patients with acne vulgaris treated with clascoterone cream 1% between February 2023 and September 2025. Patient demographics, acne characteristics, treatment duration, concomitant therapies, clinical response, and adverse events were extracted and analyzed descriptively. Subgroup analyses were performed for acne tarda and combination therapy of clascoterone cream 1% with clindamycin/adapalene/benzoyl peroxide triple therapy gel 1.2%/0.15%/3.1%.

Results

A total of 291 patients with a mean age of 28.6 (SD 9.96) years were included. The majority were female (88.7%), with males accounting for 9.6% and other gender identities 1.7%. At baseline, most patients had moderate (58.8%) or mild (30.9%) acne, with 10.3% classified as severe. Acne tarda accounted for 53.6% of cases. Follow-up data were available for 241 (82.8%) patients. Overall, 75.1% achieved clear, almost clear, or moderate improvement, 16.6% reporting mild improvement and only 8.3% no improvement. Among patients with acne tarda, 90.3% experienced clinical improvement with 72% reporting efficacy levels of clear, almost clear or moderate improvement.

Clascoterone cream 1% was frequently used in combination with other topicals (predominantly clindamycin phosphate/adapalene/benzoyl peroxide triple therapy gel 1.2%/0.15%/3.1%), oral antibiotics, hormonal therapy, and oral isotretinoin. 43% of patients using clascoterone cream 1% in combination with clindamycin phosphate/adapalene/benzoyl peroxide gel 1.2%/0.15%/3.1% achieved clear or almost clear skin. Adverse events due to clascoterone cream 1% were reported in 10 (0.04%) patients and included mild irritation, burning, itching,

and erythema. Majority of side effects were mild and transient with only 2 patients discontinued treatment due to side effects.

Conclusions

In this large Canadian real-world cohort, clascoterone cream 1% demonstrated broad effectiveness, excellent tolerability, and versatility across acne subtypes, severities, age groups, and combination regimens. These findings support clascoterone cream 1% as a cornerstone topical therapy in modern, multimodal acne management.

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Abstract N°: 1898

Characterization of Acne in Pooled STOP-HS1/STOP-HS2 Phase 3 Studies of Povorcitinib in Patients With Moderate to Severe Hidradenitis Suppurativa

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Introduction

Adverse events of acne have been reported in patients treated with topical and systemic Janus kinase (JAK) inhibitors across dermatologic indications, including plaque psoriasis, vitiligo, alopecia areata, and atopic dermatitis. In patients with hidradenitis suppurativa (HS), acne is a common comorbidity, making characterization of its frequency and severity relevant during treatment with JAK inhibitors. Here, we report the characterization of acne treatment-emergent adverse events (TEAEs) in two 54-week phase 3 studies (STOP-HS1 and STOP-HS2) of povorcitinib, a highly selective JAK1 inhibitor, in patients with moderate to severe HS.

Materials and Methods

Adult patients with HS were randomized 1:1:1 to once-daily povorcitinib 45 mg, 75 mg, or placebo for 12 weeks, followed by a 42-week extension with povorcitinib 45 or 75 mg. Concomitant medications with potential impact on HS were restricted during the placebo-controlled (PC) period, except for rescue; during the extension (EXT) period, concomitant treatments were generally allowed, except for biologics or other systemic immunomodulators. TEAEs of acne were characterized descriptively in a pooled analysis of both studies based on

their frequency, grade, anatomic location(s), and predominant form/type of lesions.

Results

In STOP-HS1 and STOP-HS2, a total of 1227 patients were randomized, and 1102 entered the EXT period. Medical history of acne prior to randomization was common, reported in 35.4%–40.7% of patients across treatment groups.

Overall, acne was the most frequent TEAE during both the PC and EXT periods. During the PC period, the proportion of patients with a TEAE of acne was 4.4% for placebo, 8.5% for povorcitinib 45 mg, and 13.2% for 75 mg; all events were grade 1 or 2 and treatment-related TEAEs of acne occurred in 4.0%, 7.5%, and 12.0% of patients, respectively. Study drug interruptions (n=1) and discontinuations (n=3) due to acne were infrequent. In patients treated with povorcitinib, acne most commonly occurred on the face or scalp (86.3%), followed by the neck (21.1%) and chest (17.9%). The most common lesion types were papules (58.9%), pustules (15.8%), and whiteheads (ie, closed comedones; 12.6%). Among patients with acne events, 53.7% used concomitant acne treatment. Among patients originally randomized to povorcitinib 45 and 75 mg, the incidence of acne was 16.7% and 23.7%, respectively, during treatment for up to 54 weeks (inclusive of 12-week PC and 42-week EXT). Across all patients, including those who crossed over to povorcitinib, acne events remained predominantly grade 1 or 2 throughout both the PC and EXT periods, with only 1 patient in the 75 mg group experiencing a grade 3 TEAE. Study drug interruptions due to acne remained unchanged (n=1), whereas discontinuations increased slightly (n=7). Overall, anatomic location, lesion type, and the proportion of patients receiving concomitant acne treatment remained comparable with trends observed during the PC period.

Conclusions

Acne is a common comorbidity among patients with HS and can occur as an adverse event during treatment with JAK inhibitors. Throughout the 54-week phase 3 studies of povorcitinib in patients with moderate to severe HS, nearly all acne events were grade 1 or 2 and were generally manageable, rarely leading to study drug interruption or discontinuation.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1921

Changes in sebaceous gland activity during isotretinoin therapy in patients with acne vulgaris

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Introduction

Acne vulgaris is one of the most common disorders of the sebaceous glands, primarily affecting adolescents and young adults. The clinical presentation is typically polymorphic, including comedones, papules, pustules, and nodular lesions of varying severity. While the condition may resolve spontaneously in some cases, its long-term consequences—such as scarring and psychosocial distress—can significantly reduce patients' quality of life. According to studies, acne affects up to 85% of individuals aged 12–25 years, highlighting its clinical relevance.

This study aimed to assess changes in sebaceous gland activity and acne severity during retinoid therapy in patients with moderate and severe acne.

Materials and Methods

This study included 15 patients with acne vulgaris (9 males, 6 females) aged 12–25 years. Acne severity was assessed using the Global Acne Grading System (GAGS), and patients were classified as having moderate (n=8) or severe acne (n=7). All patients received systemic isotretinoin at a dose of 0.8 mg/kg/day to a cumulative dose of 150 mg/kg, in combination with topical adapalene. Sebum levels were measured using a skin sebum analyzer based on bioelectrical impedance analysis at baseline, after 1 month, and after 2 months of therapy.

Results

At baseline, the mean GAGS score was 24 overall, including 16 in the moderate group and 32 in the severe group. Median (IQR) baseline GAGS values were 24 (22–26) in the moderate group and 32 (30–34) in the severe group. After 2 months of therapy, the mean GAGS score decreased to 9 overall, including 7 in the moderate group and 11 in the severe group. Median (IQR) GAGS values at 2 months were 8 (6–10) and 12 (9–14), respectively. The mean reduction in GAGS score across the whole cohort was 62%. Mean sebum production decreased from 33 $\mu g/cm^2$ at baseline (range 16–50) to 28 $\mu g/cm^2$ after 1 month and 24 $\mu g/cm^2$ after 2 months, corresponding to reductions of 14% and 27%, respectively. After 2 months, sebum secretion decreased by 30% in patients with moderate acne and by 25% in those with severe acne.

Conclusions

In this small cohort, systemic isotretinoin combined with topical adapalene was associated with reduced sebaceous gland activity and improvement in acne severity over 2 months. Sebum analysis may serve as an objective adjunctive tool for monitoring treatment response during retinoid therapy in acne vulgaris.

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30 SEP - 3 OCT 2026

Abstract N°: 1936

Beyond the Surface: Decoding the Gut-Skin-Brain Axis in Adult Female Acne

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Introduction

In the treatment of adult female acne, the traditional focus on pills and creams is increasingly being challenged by patients seeking a more holistic understanding of their condition. Emerging research suggests that acne is not merely a localized skin disease but a systemic reflection of the Gut-Skin-Brain Axis. This study investigates how psychological stress and modern dietary patterns trigger shifts in the gut microbiome, which in turn drive the chronic inflammation seen in adult female acne.

Materials and Methods

We conducted a Phenotypic and Lifestyle Audit over 12 months, moving beyond simple lesion counts to analyse the internal environment of our patients. We categorized 30 distinct cases of persistent adult female acne into three Clinical Ecosystems-

1. The Stress-Reactive Cluster: Analysing how high cortisol levels disrupt the intestinal barrier (leaky gut).
2. The Dietary-Metabolic Cluster: Focusing on the impact of high-glycaemic-index diets and dairy on insulin-like growth factor (IGF-1).
3. The Microbiome Cluster: Assessing the link between digestive symptoms (bloating, irregularity) and the severity of inflammatory acne flare-ups.

Results

Our audit identified a clear Internal-to-External pathway in the clinical landscape:

- The Stress Loop: 70% of patients reported significant Stress-Induced Flares. We observed that psychological stress correlated with increased intestinal permeability, allowing pro-inflammatory markers to enter the bloodstream and manifest as cystic acne.
- The Western Diet Impact: 65% of the cohort followed diets high in processed sugars. These patients showed a distinct Metabolic Phenotype with higher sebum production and more resistant inflammatory nodules.
- The Microbiome Connection: Over half of the patients reported concurrent gastrointestinal issues. Those with a disrupted gut microbiome experienced more frequent rebound acne after stopping conventional antibiotics, suggesting that the skin cannot truly heal if the gut is in turmoil.

Conclusions

Adult female acne is a complex whole-body signal. In this analysis, we found that the skin is often the final stop on a journey that begins in the gut and the mind. A lifestyle modification model should be proposed before moving beyond topical therapy This includes stress management and gut-supportive nutrition. By treating the Gut-Skin-

Brain Axis, we offer patients a sustainable path to clear skin that honours their desire for a more natural, integrated approach to dermatological health.

EADV CONGRESS
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Abstract N°: 1941

Intralesional photodynamic therapy in hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa is a chronic inflammatory skin disease with a significant impact on patients' quality of life. In selected patients with active lesions, intralesional photodynamic therapy can be a suitable option either as a monotherapy or as a complement adjuvant to medical or surgical treatment. This therapy consists in applying light in the presence of oxygen within the lesion after having previously administered a photosensitizing agent on the area. This combination triggers a photochemical reaction that generates reactive oxygen species, which lead to cell death, bacterial destruction and a selected reduction in inflammation. The side effect that is most frequently reported is pain, and the best method to assess the treatment response is by clinical and ultrasound follow-ups.

Materials and Methods

This is a retrospective, single-center, descriptive observational study. It includes patients with hidradenitis suppurativa presenting type A or B fistulas (according to the Martorell classification) who were treated with intralesional photodynamic therapy over the past year and a half. The aim is to evaluate the utility of this treatment based on clinical and/or ultrasound outcomes, as well as its tolerability and side effects. A total of 14 fistulas were treated. An ultrasound image was used as guidance to infiltrate a 2% 5-aminolevulinic acid solution as a photosensitizer, and then the treated area was incubated under occlusion for 90 minutes. Finally, after the area was anesthetized, the lesion was cannulated and a red light from a diode laser was applied intralesionally.

Results

All patients showed good tolerance to the treatment. Furthermore, at 2- and 6-month follow-up, 93% of the treated lesions demonstrated clinical improvement, with reduced pain and resolution of suppuration, and 64% showed an ultrasound response, defined as a partial or complete closure of the fistula. Finally, only 43% of the patients experienced adverse effects, mostly consisting on pain or a small necrotic point at one side of the lesion.

Conclusions

Intralesional photodynamic therapy represents an alternative to surgical treatment in patients with hidradenitis suppurativa, presenting a lower morbidity and a shorter recovery time, thereby reducing both time and resources utilization. In addition, it has high rate of patient acceptance and it is an excellent option for those lesions located in anatomically challenging areas or when surgery is contraindicated or declined.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1953

Co-occurrence of Immune-mediated and Cardiometabolic Conditions in Hidradenitis Suppurativa

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Introduction

Evidence suggests that hidradenitis suppurativa (HS) and other immune-mediated inflammatory diseases (IMIDs) share clinical features, genetic risk factors and immuno-pathogenetic pathways. Such shared mechanisms may raise the risk of IMIDs in HS and may constitute a distinct clinical subgroup that could benefit from common treatment strategies. Existing literature on the co-occurrence of IMIDs and HS is limited. To address this evidence gap, this study (1) evaluated HS prevalence and (2) characterized IMID co-occurrence, including inflammatory bowel disease (IBD), metabolic comorbidities, and depression, along with biologics use in HS, to describe clinical presentation and guide treatment selection.

Materials and Methods

A retrospective cohort study was conducted using the Merative™ MarketScan® Commercial and Medicare databases (United States) from 2018-2025. Eligible patients were ≥12 years old on the index date (most recent date of HS diagnosis) and had continuous medical and pharmacy enrollment for ≥ 365 days. HS was identified by ≥1 ICD-10-CM code (L73.2). Comorbidities were identified by ICD-10-CM codes, and biologics use were assessed, in the 2 years pre-index. Because the positive predictive value of a single HS code is 79%, a sensitivity analysis requiring ≥2 HS codes was performed. Patients were categorized as moderate-to-severe HS if they received FDA-approved biologics within 365 days pre-index.

Results

A total of 97,250 patients with HS were identified; Mean age was 36.9 (SD ±13.9) years; 5.7% were aged 12-17 years; 78.5% were female; 32.7% of cases were visiting dermatology clinics. From 2020-2024 (index period) HS prevalence increased across all age groups **(Table 1)**: adults (≥18 years) from ~0.16% to ~0.24%, adolescents (12–17 years) from ~0.10% to ~0.13%, and individuals ≥12 years from ~0.15% to ~0.23%. IBD was observed in 2.3% of patients: Crohn's disease (CD, 1.5%), ulcerative colitis (UC, 1.0%). The most frequent comorbidities were weight disorder (overweight, obese, or severe obese) 50.9%, hypertension (28.4%), depression (24.9%), hyperlipidemia (24.9%), and acne vulgaris (13.9%). Other common IMIDs included asthma (13.1%), psoriasis (4.6%), rheumatoid arthritis (2.6%), and axial spondylarthritis (2.5%).

In the subset with moderate-to-severe HS (N = 6,567), demographic patterns were similar. Importantly, IBD was observed in 7.2% of patients: CD (5.3%), UC (2.8%). Other comorbidities were also more prevalent in this subset: weight disorder (60.2%), hypertension (35.9%), depression (31.2%), hyperlipidemia (29.6%), and acne vulgaris (19.6%). Other IMIDs were also more common in this subgroup, notably psoriasis (19.0%), asthma (15.1%), rheumatoid arthritis (8.3%), axial spondylarthritis (5.7%), psoriatic arthritis (5.1%), autoimmune thyroiditis (1.9%) and systemic lupus erythematosus (1.8%).

Overall, adalimumab prescription across the HS cohort was 6.7%, while secukinumab use was approximately 1.7%. Importantly, among patients with concurrent HS and IBD (N = 2,205), 24.3% received adalimumab, whereas 1.8%

used secukinumab, likely low because secukinumab was approved for HS in the US adults only in October 2023.

The sensitivity analysis using the more stringent HS definition yielded comparable findings.

Conclusions

This study provides updated HS prevalence estimates and identifies the most common comorbidities in HS. Moderate to severe HS was a distinct subgroup with higher rates of IMIDs and comorbidities. Biologics prescription was used as a proxy for moderate-to-severe HS and is a study limitation as it may not accurately capture clinically severe cases and could include patients receiving biologics for other conditions. Another limitation is that comorbidities were ascertained for only the past two years from the index diagnosis making it difficult to identify if IMIDs occurred before or after HS.

Table 1: Prevalence of Hidradenitis Suppurativa by Age Group During the Index Period (2020-2024)

Year of Enrollment	2020	2021	2022	2023	2024
Age ≥ 12 Years					
Prevalence (%)	**0.15**	**0.18**	**0.19**	**0.21**	**0.23**
Number of patients with an HS diagnosis	32,408	37,030	38,518	44,981	48,152
Total number of enrollees in the year	21,223,784	21,028,051	20,520,034	21,829,896	21,296,962
Age ≥ 12 to <18 Years					
Prevalence (%)	**0.10**	**0.11**	**0.12**	**0.13**	**0.13**
Number of patients with an HS diagnosis	2,039	2,287	2,284	2,516	2,374
Total number of enrollees in the year	2,096,363	2,038,341	1,915,430	1,985,609	1,839,693
Age ≥ 18 Years					
Prevalence (%)	**0.16**	**0.18**	**0.19**	**0.21**	**0.24**
Number of patients with an HS diagnosis	30,369	34,743	36,234	42,465	45,778
Total number of enrollees in the year	19,127,421	18,989,710	18,604,604	19,844,287	19,457,278

Note: the prevalence estimates for patients aged ≥12 years were driven by the estimates observed in the ≥18 years group, since the ≥18-year population is a subset of the ≥12-year population.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1966

Sonelokimab reduces lesion drainage in patients with moderate-to-severe HS: pooled analysis of the VELA-1 and VELA-2 Phase 3 trials

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Introduction

Drainage is a debilitating symptom characteristic of moderate-to-severe hidradenitis suppurativa (HS), with a myriad of impacts on day-to-day life. Improvements in drainage are not quantified by HiSCR50 and HiSCR75—key endpoints in HS trials—but are nevertheless important indicators of treatment success. In the VELA-1 (NCT06411899) and VELA-2 (NCT06411379) Phase 3 trials investigating sonelokimab (an IL-17A- and IL-17F-targeting Nanobody), participants with moderate-to-severe HS reported the impact of drainage as part of the HiSQOL questionnaire. Draining tunnels (DTs) and abscesses were counted by investigators.

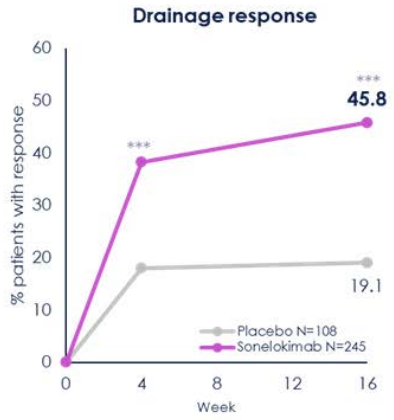
Materials and Methods

VELA-1 and VELA-2 are identically designed 52-week, global, double-blind trials, including a placebo-controlled period until Week 16. Participants were randomized 2:1 to receive either sonelokimab 120mg Q4W (with induction doses at Weeks 0, 2, 4, and 6) or placebo. In the placebo-controlled period, participants completed the HiSQOL questionnaire at Weeks 0, 4, and 16, and investigators counted lesions at Weeks 0, 2, 4, 8, 12, and 16. The 17 items in the HiSQOL questionnaire include symptoms such as 'Drainage' and other quality-of-life items such as 'What you wear to avoid discomfort'. ≥2-point improvement in HiSQOL items was a *post hoc* as observed analysis in participants with the most severe impact (3 ['Very much'] or 4 ['Extremely'] on a scale of 0 to 4) at baseline. Least squares mean % improvements in DTs and abscesses were assessed in participants with a baseline count >0, analyzed by modified non-responder imputation in an intention-to-treat cohort, in which missing data following discontinuation due to lack of efficacy or an adverse event or following antibiotic rescue for HS were imputed as a non-response. All analyses described here were adjusted for stratification factors, pooled for VELA-1 and VELA-2, and not controlled for multiple comparisons (*P*-values are nominal).

Results

At baseline, 245/559 (44%) participants randomized to sonelokimab and 108/279 (39%) on placebo reported the impact of 'Drainage' as 'very much' or 'extremely'. Rapid and substantial improvements in 'Drainage' were observed in these participants when treated with sonelokimab (Figure 1): by Week 4, 38.2% reported a ≥2-point improvement, compared with 18.0% on placebo ($p<0.001$). At Week 16, the proportion increased to 45.8% with sonelokimab, but remained stable on placebo (19.1%, $p<0.001$). A similar response was seen for 'What you wear to avoid discomfort', which may in part be due to staining from drainage: 45.4% of participants on sonelokimab who were 'very much' or 'extremely' impacted at baseline reported a ≥2-point improvement at Week 16 (vs. 19.0% placebo, $p<0.001$). Coinciding with patient-reported improvements in drainage, sonelokimab treatment led to large mean decreases in DT (–38.2% [baseline: 4.2]; vs. –22.3% placebo [baseline: 3.7], $p<0.01$) and abscess (–51.0% [baseline: 4.3]; vs. –23.0% placebo [baseline: 4.2], $p<0.001$) counts at Week 16 (Figure 2). Sonelokimab demonstrated a favorable safety profile across all HS trials (including the large Phase 2 MIRA trial: NCT05322473), with no new safety signals.

Figure 1. Relief from severe symptoms of drainage



***p<0.001 (nominal). Pooled analysis of participants in VELA-1 and VELA-2 who reported a baseline score of 3 ('very much') or 4 ('extremely') on the HiSQOL Drainage item scale of 0 to 4, which measures HS-specific impact on quality of life. A response is defined as a ≥2-point improvement from baseline. Data were analyzed as observed, adjusted for stratification factors.

Conclusions

Participants in the VELA-1 and VELA-2 trials reported a high burden of drainage at baseline. Sonelokimab treatment led to rapid, substantial, and clinically meaningful improvements in the impact of drainage, with more

than a third of participants reporting marked relief from severe symptoms by Week 4, and nearly half of participants by Week 16. Symptom improvements were accompanied by large reductions in DT and abscess counts, consistent with previously reported improvements in IHS4 outcomes (Szepietowski et al. EHSF 2026), which attribute a high weighting to DTs owing to their impact on patients. Thus, sonelokimab is a promising potential new treatment option for addressing one of the most disruptive symptoms of moderate-to-severe HS.

Figure 2. Improvements in draining tunnel (DT) and abscess (A) counts



***p<0.001, **p<0.01, *p<0.05 (nominal). Pooled analysis of VELA-1 and VELA-2 showing LS mean % improvement in lesion (DT, A or A+DT) counts in participants with a baseline count >0. Data were analyzed using modified non-responder imputation (intention-to-treat cohort), adjusted for stratification factors. LS, least squares.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 1982

Real-World Use of Clascoterone cream 1% in Transgender Patients with Acne: A Subgroup Analysis from a Canadian Retrospective Study.

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Introduction
Acne is a frequent and often persistent complication in transgender individuals receiving gender-affirming hormone therapy, particularly in transmasculine patients on testosterone. Despite the clear androgen-driven pathophysiology, there is a notable paucity of literature guiding acne management in this population. Systemic antiandrogens are typically inappropriate in transmasculine individuals, creating a therapeutic challenge. Clascoterone cream 1%, a first-in-class topical androgen receptor inhibitor, directly targets cutaneous androgen signaling by competitively inhibiting dihydrotestosterone at the sebaceous gland while undergoing rapid local metabolism, thereby limiting systemic exposure. This mechanism makes it a rational and potentially valuable option for hormonally driven acne; however, real-world data in transgender patients remain extremely limited.

Objectives: To describe baseline characteristics and real-world clinical outcomes of transgender patients with acne treated with topical clascoterone cream 1%.

Materials and Methods
A single-center retrospective chart review was conducted of 291 patients with acne vulgaris treated with clascoterone cream 1% between February 2023 and September 2025. Transgender patients were analyzed as a predefined subgroup. Data collected included demographics, acne severity, treatment duration, concomitant therapies, physician-assessed response, and tolerability.

Results
Four transgender patients (three transmasculine, one transfeminine) were identified. Mean age was 23 years (range 19–27). Baseline acne severity was moderate in three patients and mild in one. Treatment duration ranged from 5 to 12 months, with clascoterone cream 1% used in combination regimens. All patients demonstrated clinical improvement: three achieved an “almost clear” response within 6–12 months, and one had moderate improvement at 5 months. No adverse effects were reported.

Conclusions
This subgroup analysis begins to address a significant gap in the literature regarding acne management in transgender patients. Clascoterone’s targeted mechanism of localized androgen receptor inhibition without systemic hormonal effects, aligns well with the pathogenesis of acne in patients receiving exogenous testosterone

and offers a unique therapeutic advantage where systemic antiandrogens are unsuitable.

Given the chronic nature of hormone therapy and the high risk of relapse, effective and well-tolerated maintenance strategies are essential. Clascoterone cream 1% represents a promising long-term option, particularly for patients who cannot use or wish to avoid systemic therapies.

As the number of transgender patients presenting in dermatologic practice continues to grow, optimizing acne care in this population is increasingly important. Clinicians must adopt thoughtful, individualized, and evidence-informed approaches. Larger studies are needed to further define the role of Clascoterone cream 1% and to strengthen the currently limited evidence base.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 1990

Acne in Athletes: Associated Factors, Clinical Characteristics, and Preventive Measures

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Introduction
Acne is a chronic inflammatory dermatosis involving increased sebum production, follicular hyperkeratinization, proliferation of *Cutibacterium acnes*, and immune-mediated inflammation. Although physical activity itself is not a direct etiological factor, athletes are exposed to multiple environmental and behavioral conditions that may promote or aggravate acne, including excessive sweating, mechanical friction, occlusive sportswear, inadequate hygiene practices, and the use of dietary supplements or comedogenic products. This study aimed to assess the prevalence of acne among athletes, identify associated risk factors, describe clinical characteristics, and analyze hygiene and skincare practices.

Materials and Methods
We conducted a descriptive cross-sectional including 180 athletes. Participants were recruited through an anonymous questionnaire distributed online and in fitness centers. Data collected included demographic characteristics, type and intensity of physical activity, duration and frequency of training, hygiene and skincare habits, use of dietary supplements, and clinical features of acne. Acne severity was self-reported and categorized as mild, moderate, or severe.

Results
A total of 180 athletes were included, with a mean age of 27.1 ± 6.4 years (range: 18–45 years) and a male-to-female ratio of 0.75. The majority were amateur athletes (72%), followed by semi-professionals (18%) and professionals (10%). Most participants (68%) had been engaged in regular physical activity for more than two years, and 61% reported a training frequency of three to five sessions per week.
Acne was reported by 80% of participants (n = 144). Among these, 42% described onset after the age of 20 years, indicating a substantial proportion of adult-onset acne. The distribution of lesions predominantly involved seborrheic areas, with facial involvement in 79% of cases, followed by the back (52%) and chest (28%). Multiple-site involvement was common. Clinically, acne was mainly of moderate severity, with mixed comedonal and inflammatory lesions (papules and pustules), while severe nodulocystic forms were less frequent.
Analysis of hygiene and skincare practices revealed several unfavorable behaviors. A total of 63% of athletes reported not cleansing their face prior to exercise, and 62% delayed showering for more than two hours after training, favoring prolonged sweat retention and follicular occlusion. Only 30% reported wearing breathable, sport-adapted technical clothing, whereas the majority used tight or occlusive garments, potentially contributing to friction-induced lesions.
Exposure to potential aggravating factors was also frequent. Thirty percent of participants reported the use of protein supplements or anabolic substances; among them, 38% perceived a temporal association with worsening acne. In addition, 33% reported regular application of body oils, many of which are likely comedogenic. Notably, 90% of athletes reported not cleaning shared sports equipment, suggesting a high level of exposure to environmental contamination and microbial colonization.
Comparative analysis showed that athletes with moderate to inflammatory acne more frequently reported delayed post-exercise hygiene, use of occlusive clothing, and consumption of supplements compared to those with mild

forms. Although no inferential statistical tests were performed, these trends support a strong association between modifiable behavioral factors and acne severity in this population.

Conclusions

Acne in athletes is a common multifactorial condition influenced by mechanical, environmental, and lifestyle factors. Prevention relies on education: proper skin hygiene, post-exercise showering, breathable clothing, avoiding comedogenic products and inappropriate supplements, and maintaining clean equipment to improve acne control without affecting performance.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2004

Clinical and epidemiological characteristics of acne in patients with dark skin phototypes: A descriptive study of 47 patients

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Introduction

Acne in individuals with dark phototypes presents distinct clinical features, notably a high frequency of pigmentary and scarring complications. The aim of this study was to describe the epidemiological and clinical characteristics of acne in patients with dark phototypes and to evaluate the frequency of associated complications.

Materials and Methods

We conducted a descriptive study of 47 acne patients with phototypes III to VI. Epidemiological and clinical data were collected from all patients. The analyzed parameters included age, sex, skin phototype, type of acne lesions, severity of acne, presence of post-inflammatory hyperpigmentation, type of scars, and therapeutic management.

Results

A total of 47 patients were included, with a predominance of females (76.6%) compared to males (23.4%). Phototype V was the most common (70.2%), followed by phototype VI, and phototype IV. Inflammatory lesions were predominant, pustules in 89.4% of cases, papules in 74.5%, and nodules in 25.5%. Most patients were moderate to severe acne (25.53%) and 63.82%, respectively. Post-inflammatory hyperpigmentation was found in 93.6% of patients. Atrophic scars (3 cases) were observed as well as hypertrophic or keloid scars (2 cases). Systemic treatments, mainly cyclines and systemic retinoids, were frequently prescribed.

hyperpigmentation in our study was particularly high but remained consistent with previously published studies involving phototypes IV, VI. Scarring complications also represent a major concern in dark phototypes. Hypertrophic scars and keloids are known to occur more frequently in darker skin and are often more resistant to treatment. These complications may considerably impair patients' quality of life and self esteem. Our findings therefore emphasize the importance of rapid and adequate therapeutic intervention targeting inflammatory lesions in order to reduce both pigmentary and cicatricial sequelae.

Conclusions

This descriptive study of 47 patients with darker skin phototypes demonstrated a female predominance, a high proportion of moderate to severe inflammatory forms and a very high frequency of post-inflammatory hyperpigmentation in darker phototypes. These results underscore the importance of early and appropriate management to limit pigmentary and scarring complications in our population.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2022

Magnitude and predictors of the placebo response in randomized controlled trials of immunomodulatory drugs for hidradenitis suppurativa: a systematic review and meta-analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease that often requires multimodal treatment. Randomized controlled trials (RCTs) of immunomodulatory therapies for HS frequently report considerable placebo response rates. However, the overall magnitude and potential predictors of the placebo response in HS RCTs have not been systematically quantified. This systematic review and meta-analysis aimed to quantify placebo response rates in RCTs of immunomodulatory therapies for HS and to explore factors contributing to the placebo response.

Materials and Methods
A systematic review and meta-analysis was conducted in accordance with PRISMA guidelines. PubMed, Embase, Web of Science, Cochrane Library, and the Directory of Open Access Journals were searched for placebo-controlled RCTs evaluating immunomodulatory treatments in HS patients. Random-effects meta-analyses were performed for the Hidradenitis Suppurativa Clinical Response (HiSCR), the International Hidradenitis Suppurativa Severity Score System (IHS4), and secondary outcomes, including the Dermatology Life Quality Index (DLQI) and pain severity outcomes such as the Numeric Rating Scale 30 (NRS30). Meta-regression analyses were conducted to identify factors associated with placebo response rates.

Results
A total of 39 RCTs encompassing 6,867 participants (4,649 receiving active treatment; 2,218 receiving placebo) were included. The pooled placebo HiSCR response rate at weeks 8-24 was 34% (95% CI 31-36%; I^2=16.0%), compared with 47% (95% CI 44-50%; I^2=57.0%) for active treatment. The pooled HiSCR risk ratio for active treatment versus placebo was 1.31 (95% CI 1.20-1.43; prediction interval 0.89-1.93; I^2=30.3%). For IHS4, the pooled mean change from baseline among placebo recipients was -5.69 (95% CI -7.26 to -4.13; I^2=50.0%). The mean difference in IHS4 change between active treatment and placebo was -5.77 (95% CI -8.37 to -3.16; I^2=71.5%). The pooled mean change in DLQI from baseline was -2.37 (95% CI -2.59 to -2.16; I^2=38.0%) for placebo, and the mean difference between active treatment and placebo was -1.91 (95% CI -2.57 to -1.26; I^2=81.4%). Placebo recipients achieved a pooled NRS30 response rate of 26.45% (95% CI 22.80-30.45%; I^2=28.0%), with an odds ratio of 1.61 (95% CI 1.27-2.05; I^2=27.6%) for active treatment versus placebo. Meta-regression demonstrated a positive association between more recent publication year and placebo HiSCR

response (β=0.063 per year; 95% CI 0.031-0.095; p=0.0003). There were no statistically significant associations between placebo HiSCR response and trial phase, interventional drug class, or baseline characteristics, including mean age, sex, race, mean BMI, and HS severity.

Conclusions

A substantial placebo response is observed across RCTs investigating immunomodulatory therapies for HS. These findings highlight the importance of accounting for this placebo response in future trial designs, particularly regarding sample size calculations, endpoint selection, and study duration.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2030

Investigation of the intestinal immune status of patients with hidradenitis suppurativa

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Introduction

One of the most common co-morbidities of hidradenitis suppurativa (HS) is Crohn's disease (CD). The background for the development of this common occurrence is unknown, however, many similarities can be observed in their clinical presentation (such as fistula formation, transmural inflammation, scarring) and immunopathogenesis. Based on the data of several previous studies, there is a significant overlap in their genetic and cytokine profiles, and the number of T-lymphocytes is significantly higher in the fistulas and HS lesional skin of CD patients compared to healthy controls. The data available in the literature primarily come from serum, stool, and intestinal biopsy samples in the case of CD, and skin biopsy samples in the case of HS. To our knowledge, no study has been performed on colon samples obtained from HS patients before. According to our hypothesis, the intestinal immune milieu in the intestines of patients with HS is different compared to healthy ones, even signs of subclinical inflammation may be observed, without the presence of abdominal complaints or manifest disease, favouring the systemic inflammation of the disease. In our present studies, we aimed to examine the intestinal immune status of HS and CD patients as well as healthy volunteers.

Materials and Methods

After matching anamnestic data (age, gender, BMI, smoking), colonoscopy samples were collected from symptomatic and asymptomatic areas of CD patients and asymptomatic areas of HS patients and healthy controls diagnosed and treated at the Dermatology Clinic and the Gastroenterology Clinic, University of Debrecen, Hungary. RNA isolation and cDNA library preparation protocol was adjusted to colon tissue-specific settings, followed by quality control. Subsequently, RNA sequencing was performed on HS-only (n=9), HS-CD lesional (n=6) and non-lesional (n=6), CD-only lesional (n=7) and non-lesional (n=7), and healthy control (n=5) colon biopsy samples.

Results

In the bulk RNAseq results we found over 7000 differentially expressed genes (DEG) showing significant expression differences in the groups. Principal component analysis (PAC) showed the highest changes in DEGs between HS-only and healthy control groups. Selected enrichment was found in antigen processing, immune response and metabolic pathway changes in a form of upregulations in HS patients, while in the primary cilium membrane and signal genes a significant downregulation was detected.

Conclusions

Our results indicated a different gene-expression pattern of the colon in HS patients compared to healthy controls. In the future we are planning further PCR and immunohistochemistry studies to validate our sequencing results and to compare further gene and protein expression patterns of each group.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2036

Real-world experience with topical clascoterone (Winlevi) for acne vulgaris in the United Kingdom: aretrospective case series

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Introduction
Clascoterone 1% cream (Winlevi) is a first-in-class topical androgen receptor inhibitor approved in the UK in January 2025 for the treatment of acne vulgaris in patients aged 12 years and older. While phase III trial data have demonstrated efficacy against vehicle, real-world evidence from UK clinical practice is lacking. Data on its use alongside established therapies in diverse patient populations are needed to guide clinicians.

Materials and Methods
A single-centre retrospective review was conducted of all patients prescribed clascoterone between June 2025 and February 2026. Data were collected on demographics, Fitzpatrick skin phototype, acne severity and morphology, concomitant treatments, and clinical outcomes at most recent follow-up. Outcomes were categorised as controlled (clear/near-clear), improved (partial response), or treatment escalation required (typically to sytemic agents).

Results
Thirty patients were included (26 female, 4 male; median age 22 years, range 15–58). Fitzpatrick phototypes represented were I (n=8), II (n=10), III (n=2), IV (n=5) and V (n=5). Acne severity ranged from mild to severe, with papulopustular acne being the predominant morphology. Post-inflammatory hyperpigmentation (PIH) and/or post-inflammatory erythema (PIE) were documented in 10 patients, symptomatic seborrhoea in 2 patients, and scarring in 6. Clascoterone was used as part of combination regimens in all cases, most commonly with topical retinoids (trifarotene/adapalene, n=27), spironolactone (n=8), oral antibiotics (n=6) and deramtologist-recommended skincare regimen (n=12). At most recent follow-up, 10 patients (33%) achieved disease control, 4 (13%) demonstrated improvement without full control, and 13 (43%) required treatment escalation — 10 to isotretinoin and 3 to spironolactone. Three patients (10%) were lost to follow-up. Among the 4 male patients, 2 required escalation to isotretinoin, representing a population for whom topical anti-androgen therapy is of particular interest given the limited systemic anti-androgen options in males.

Conclusions
This is among the first real-world reports of clascoterone use in UK clinical practice. Clascoterone was well tolerated and contributed to disease control in approximately one-third of patients when used as part of combination therapy. However, a substantial proportion required escalation to systemic treatments, consistent with its positioning as an adjunctive topical agent rather than monotherapy for moderate-to-severe acne. The inclusion of patients across Fitzpatrick phototypes I–V, including those with PIH, reflects the diversity of UK acne populations. Further prospective studies with standardised outcome measures and longer follow-up are warranted.

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Abstract N°: 2084

Metabolic Risk Profile in Patients with Follicular Occlusion Syndrome Compared to Acne

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Introduction

A relationship between follicular occlusion syndrome (FOS) and metabolic syndrome has been demonstrated. According to the literature, severe or treatment-resistant acne may be associated with the presence of metabolic syndrome in patients.

The aim of the study was to analyze the symptoms of metabolic syndrome in patients with FOS and acne.

Materials and Methods

By the prospective and retrospective methods 2 patient groups were formed: Group 1 – 90 patients with FOS aged 15 to 71 years (63 males and 27 females, age 31[24; 38] years); Group 2 – 156 patients with acne aged 12 to 47 years (70 males and 86 females, age 22[18; 28] years).

Results

Patients with FOS had higher body weight (81[69; 94] kg) compared to patients with acne (62[56; 75] kg) ($p<0.05$). Blood triglyceride and total cholesterol levels were higher in the FOS group (1.4[0.8; 1.8] mmol/L and 4.7[4.2; 5.8] mmol/L, respectively) than in the acne group (0.8[0.6; 1.1] mmol/L and 4.3[3.8; 4.8] mmol/L, respectively) ($p<0.05$). ALT and AST levels were also higher in FOS patients (25[15; 35] U/L and 21[17; 25] U/L, respectively) compared to acne patients (14[10; 18] U/L and 19[15; 22] U/L, respectively) ($p<0.05$). Hypertension was observed in 8 (8.9%) patients with FOS and 1 (0.6%) patient with acne, obesity in 10 (11.1%) and 1 (0.6%), respectively, dyslipidemia in 19 (21.1%) and 9 (5.8%), respectively ($p<0.05$). No statistically significant differences were found in the prevalence of diabetes or blood glucose levels between the groups.

Conclusions

Follicular occlusion syndrome, unlike acne, is associated with obesity, dyslipidemia, hypertension, and elevated triglyceride and cholesterol levels, highlighting the need for early assessment and monitoring of cardiovascular risk.

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30 SEP - 3 OCT 2026

Abstract N°: 2085

Clinical and Demographic Characteristics of Patients with Follicular Occlusion Syndrome

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Introduction

Follicular occlusion syndrome (FOS) includes hidradenitis suppurativa (HS), folliculitis of the scalp, severe acne, and pilonidal cyst. Analysis of the structure of FOS and patient characteristics helps to identify patterns in the presentation and course of its components, facilitating timely and accurate diagnosis.

The aim of the study was to analyze the clinical and demographic characteristics of patients with different components of FOS and their combinations.

Materials and Methods

By the prospective and retrospective methods 3 patient groups were formed: Group 1 – 23 patients with HS, Group 2 – 40 patients with folliculitis of the scalp, Group 3 – 27 patients with two or more components of FOS. Data collection included medical history, physical examination, and analysis of laboratory and instrumental investigations.

Results

In Group 1, women predominated (n=16; 69.6%), which was higher than in Groups 2 and 3 (n=6; 15% and n=5; 18.5%, respectively) ($p<0.05$), while the sex distribution in Groups 2 and 3 did not differ. Patients in Group 2 were older (37[27; 46] years) than those in Group 1 (28[18; 32] years) ($p<0.05$). The age of patients in Group 3 was 31[25; 33] years and did not differ statistically from the other groups. Disease onset occurred at age of 16[14; 23] years in Group 1, 35[21; 40] years in Group 2, and 22[16; 27] years in Group 3, with significant differences between Groups 1 and 2, as well as Groups 2 and 3. No significant differences were observed in comorbid conditions. Total cholesterol levels were higher in Group 2 (5.1[4.4; 6.3] mmol/L) and Group 3 (4.9[4.4; 6.1] mmol/L) compared with Group 1 (3.9[3.3; 4.5] mmol/L), with the difference between Groups 1 and 2 being statistically significant. Blood glucose levels were higher in Group 2 (5.5[5.3; 6.1] mmol/L) compared with Group 3 (5.1[4.7; 5.5] mmol/L) ($p<0.05$).

Conclusions

HS occurs predominantly in young women, while folliculitis of the scalp is more characteristic of adult male with later disease onset and elevated cholesterol and glucose levels. Patients with multiple components of FOS show intermediate characteristics. The prevalence of comorbid conditions did not differ between the groups.

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Abstract N°: 2092

Low-Dose Isotretinoin Combined with IPL in Moderate Acne Vulgaris: A Case Series Highlighting a Multimodal Treatment Approach

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Introduction

Acne vulgaris is a common chronic inflammatory skin disease affecting both adolescents and adults. Although isotretinoin remains the most effective systemic treatment, its use is frequently limited by dose-dependent adverse effects. Historically, the concomitant use of systemic retinoids and laser-based therapies was considered controversial because of concerns regarding impaired wound healing and an increased risk of scarring. However, recent evidence suggests that these combined approaches can be safely performed under appropriate clinical conditions. In recent studies, low-dose isotretinoin regimens have been increasingly used to improve treatment tolerability, while combination protocols with laser-based therapies are gaining wider clinical application. Intense pulsed light (IPL) therapy represents a non-invasive modality targeting inflammation and erythema, and its combination with low-dose isotretinoin may provide a synergistic therapeutic effect while reducing the duration of systemic treatment. The aim of this case series was to evaluate the clinical benefit of combining low-dose isotretinoin with IPL therapy in patients with moderate acne vulgaris.

Case Presentation

We report two female patients aged 26 and 30 years with moderate acne vulgaris presenting with papulopustular lesions and occasional nodular elements, refractory to previous topical and systemic antibiotic therapy. Written informed consent was obtained before treatment. Both patients were treated with low-dose isotretinoin (approximately 0.25–0.30 mg/kg/day) in combination with four IPL sessions performed at monthly intervals. Clinical evaluation was based on reduction in inflammatory lesions and overall physician-assessed improvement. After six months of combined therapy, both patients demonstrated marked clinical improvement, with an approximately 80% reduction in inflammatory lesions and visible improvement in overall skin appearance. One patient received additional non-ablative fractional laser therapy for acne scarring, representing a potential confounding factor. Treatment was well tolerated, with no significant adverse effects observed apart from mild skin dryness. As therapy is ongoing, long-term outcomes and relapse rates have not yet been assessed.

Conclusion

The combination of low-dose isotretinoin and IPL may represent a valuable therapeutic option for patients with acne vulgaris refractory to multiple previous treatment modalities. This approach may provide effective disease control with improved tolerability, reduced cumulative isotretinoin dose, and a lower risk of adverse effects compared with standard-dose isotretinoin. In our experience, the combined treatment was effective, well tolerated, and not associated with significant adverse effects. Further studies are warranted to confirm these findings.

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30 SEP - 3 OCT 2026

Abstract N°: 2108

IL-17i Monotherapy Versus Adjunctive Deroofing for Moderate to Severe Hidradenitis Suppurativa: A Retrospective Multicentre Propensity-Matched Cohort Study

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Introduction

Hidradenitis suppurativa (HS) is a complex autoinflammatory disease whose care increasingly involves consideration of surgical and advanced medical therapies. Yet, limited data exists on the safety and efficacy of these integrated approaches, especially when surgery is combined with newer biologics for HS such as IL-17 inhibitors (IL-17i).

Materials and Methods

We performed a Research Ethics Board (REB)-approved (Pro00157386) retrospective review of patients prescribed IL-17i between January 2015 and March 2026 at two dermatology centres. Patients were categorized into two groups; the combined group (CG), if they received IL-17i with adjunct deroofing, or into the biologic-only group (BG), if they received IL-17i monotherapy. The primary safety outcome investigated the proportion of patients experiencing any treatment-emergent adverse events (TEAEs) occurring while on IL-17i and/or following deroofing (Table 1). The efficacy analysis used propensity score matching to compare clinically similar patients in the CG and BG on the basis of baseline Hurley stage, baseline AN count, and age (±10 years). Covariate balance after matching was assessed using standardized mean differences (SMD). The primary efficacy outcome assessed change in abscess and inflammatory nodule count (Δ AN-count); secondary efficacy outcomes assessed Hidradenitis Suppurativa Physician Global Assessment (HS-PGA) clinical response, and time to first rescue treatment.

TEAE per patient	Overall (n = 139)	BG (n = 99)	CG (n = 40)
Patients reporting at least 1 TEAE, n (%)	55 (39.6%)	34 (34.3%)	21 (52.5%)
HS flare^, n (%)	14 (10.1%)	10 (10.1%)	4 (10.0%)
Infection, n (%)	20 (14.4%)	14 (14.1%)	6 (15.0%)
Bacterial skin infection, n (%)	6 (4.3%)	4 (4.0%)	2 (5.0%)
URTI, n (%)	5 (3.6%)	4 (4.0%)	1 (2.5%)
Candida, n (%)	4 (2.9%)	2 (2.0%)	2 (5.0%)
Herpes labialis, n (%)	3 (2.2%)	3 (3.0%)	0 (0.0%)
Pyelonephritis, n (%)	2 (1.4%)	1 (1.0%)	1 (2.5%)
Conjunctivitis, n (%)	1 (0.7%)	1 (1.0%)	0 (0.0%)
Otitis media, n (%)	1 (0.7%)	1 (1.0%)	0 (0.0%)
Query deep dermatophytosis, n (%)	1 (0.7%)	1 (1.0%)	0 (0.0%)
GI-related, n (%)	5 (3.6%)	1 (1.0%)	4 (10.0%)
Nausea, n (%)	2 (1.4%)	1 (1.0%)	1 (2.5%)
De novo IBD, n (%)	1 (0.7%)	0 (0.0%)	1 (2.5%)
Generalized pruritus, n (%)	4 (2.9%)	3 (3.0%)	1 (2.5%)
Paradoxical psoriasis, n (%)	3 (2.2%)	2 (2.0%)	1 (2.5%)
Injection site reaction, n (%)	3 (2.2%)	2 (2.0%)	1 (2.5%)
Allergic reaction, n (%)	2 (1.4%)	2 (2.0%)	0 (0.0%)
Arthralgia, n (%)	2 (1.4%)	1 (1.0%)	1 (2.5%)
Headaches, n (%)	2 (1.4%)	2 (2.0%)	0 (0.0%)
Other#, n (%)	4 (2.9%)	3 (3.0%)	1 (2.5%)
Contributing to IL-17i discontinuation, n (%)	12 (8.6%)	7 (7.1%)	5 (12.5%)
Deroofing-related TEAEs, n (%)	NA	NA	15 (37.5%)
Delayed wound healing*, n (%)	NA	NA	7 (17.5%)
Deroofing recurrence, n (%)	NA	NA	5 (12.5%)
Hypertrophic or keloid scarring, n (%)	NA	NA	3 (7.5%)
Post-procedural bleeding, n (%)	NA	NA	3 (7.5%)
Post-procedural infection, n (%)	NA	NA	1 (2.5%)
Prolonged post-operative pain, n (%)	NA	NA	1 (2.5%)

Table 1. Overview of treatment emergent adverse events. The proportion of patients experiencing at least 1 TEAE did not differ significantly between groups (p = 0.06). *Defined as ≥ 6 weeks for deroofed wounds < 32 cm^2 and ≥ 8 weeks if ≥ 64 cm^2. ^Defined as a ≥ 25% increase from baseline in AN-count with a minimum absolute increase of 2 lesions relative to baseline. #Other TEAEs consisted of one patient each developing telogen effluvium, malaise, hoarseness, and dissecting cellulitis. One patient with dissecting cellulitis had no prior scalp involvement while receiving adalimumab for HS, raising the possibility that it was unmasked after transition to IL-17i. Abbreviations: BG, biologic-only group; CG, combined group; GI, gastrointestinal; HS, hidradenitis suppurativa; IBD, inflammatory bowel disease; NA, not applicable; TEAE, treatment-emergent adverse event; URTI, upper respiratory tract infection.

Results

Of 186 records reviewed, 143 patients were included in the overall cohort (CG = 43, BG = 100). Regarding baseline patient characteristics, the mean age at IL-17i initiation was 39.1±12.0 years, 72.0% were female, 32.9% were current or former smokers, 16.8% had a positive family history of HS, and 59.4% of patients had a body mass index (BMI) ≥ 30 kg/m^2. The proportion of patients experiencing at least 1 TEAE did not differ significantly between groups (p = 0.06). Among patients in the CG, deroofing recurrence occurred in 12.5% over a median follow-up of 10.4 months, and 17.5% experienced delayed wound healing. One patient each experienced post-operative infection and prolonged post-operative pain. Rescue-treatment-free survival did not differ between groups (hazard ratio (HR) 1.14, 95% CI 0.65-2.00). Propensity matching in the efficacy analysis identified 42 pairs (n = 84). Matching improved covariate balance between groups; absolute SMD was reduced to < 0.1 for Hurley

stage and baseline AN-count, though mild imbalance remained for age (0.15). The CG was associated with greater improvement in AN-count (-4.5 vs -0.5; p = 0.04) and higher odds of HS-PGA response (66.7% vs 38.1%; OR 4.00, 95% CI 1.34-11.96; p = 0.01) over a median follow-up duration of 10.1 months (Figure 1).

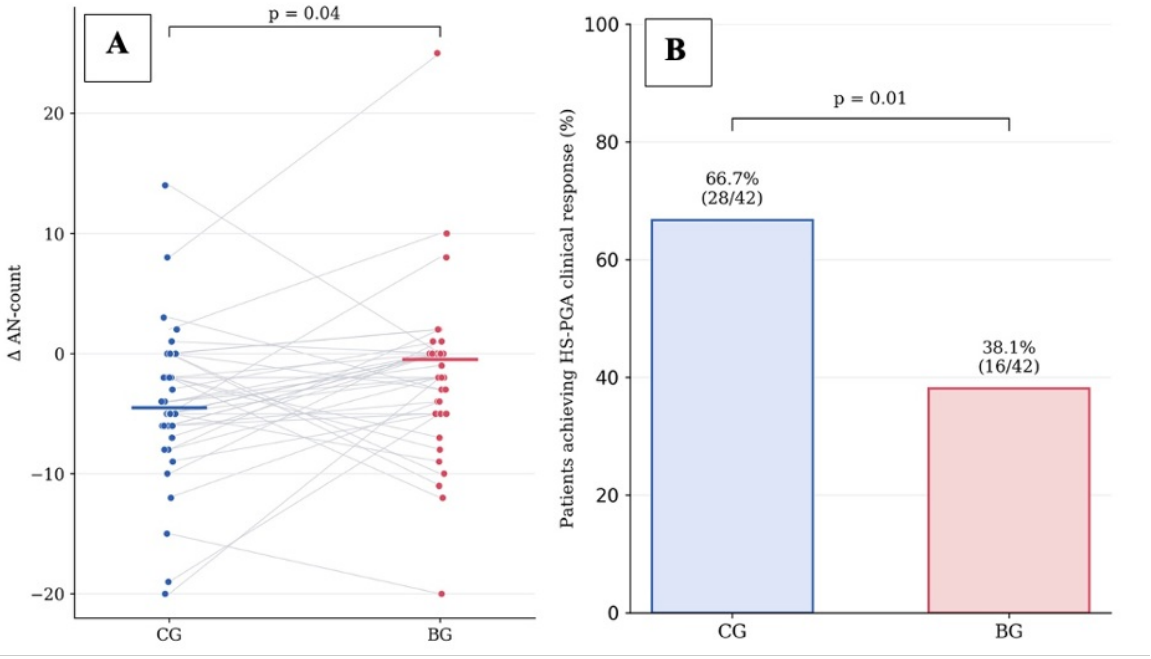
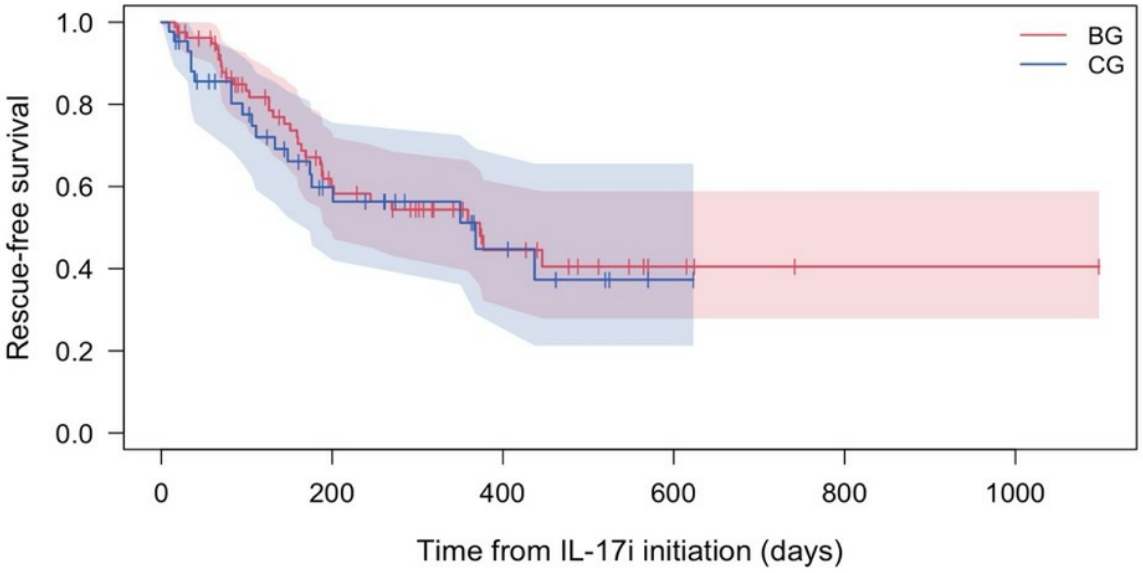


Figure 1. (A) Paired plot of Δ AN-count from IL-17i initiation to last follow-up in the propensity score-matched cohort (n = 84; 42 pairs). Each grey line represents one matched pair between the CG and BG, and corresponding Δ AN-counts are shown. Horizontal bars indicate median Δ AN-count for each group. The CG demonstrated a significantly greater reduction in AN-count than the BG (p = 0.04). (B) Proportion of matched patients achieving HS-PGA clinical response at follow-up. Response was observed in 66.7% (28/42) of patients in the CG and 38.1% (16/42) of patients in the BG (p = 0.01). Abbreviations: AN, abscess and inflammatory nodule; BG, biologic-only group; CG, combined group; HS-PGA, Hidradenitis Suppurativa Physician Global Assessment.

Conclusions

IL-17i with adjunctive deroofing may be associated with greater long term disease control, no significant increase in TEAE burden, though no earlier onset of clinical benefit (Figure 2), than treatment with IL-17i monotherapy. Deroofing-related complications were infrequent overall and were generally within the range reported in the existing HS surgical literature. These findings support the use of IL-17i and adjunctive deroofing as a safe and effective management strategy for patients with moderate to severe HS.



BG						
At risk	80	33	13	4	1	1
Censored	0	21	35	43	46	46
Events	0	26	32	33	33	33
CG						
At risk	43	17	7	1	0	0
Censored	0	11	18	23	24	24
Events	0	15	18	19	19	19

Figure 2. Time to event (Kaplan-Meier) plots of time to first rescue treatment in patients treated with deroofing plus IL-17i (CG) versus IL-17i alone (BG). Shaded bands represent 95% CI. There was no statistically significant difference in rescue-treatment-free survival between groups by log-rank testing ($p = 0.66$). Abbreviations: BG, biologic group; CG, combined group.

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Abstract N°: 2120

Long-term effects on quality of life and complications of CO_2 laser in Hidradenitis Suppurativa

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Introduction
Hidradenitis Suppurativa (HS) is challenging to manage, particularly in patients with recurring disease. CO_2-laser treatment offers an option for persistent HS lesions, either alone or in combination with systemic therapy. Evidence on efficacy and post-operative complications in larger cohorts of HS-patients is however sparse.
The objective of our article was to evaluate long-term effects on QoL, physician-assessed disease severity, and complications following CO_2-laser treatment in a regional cohort of Danish HS patients.

Materials and Methods
We performed a prospective cohort study: HS patients ≥18 years scheduled for CO_2-laser excision of a single lesion at a tertiary dermatology center were included (from September 2022–September 2023). Of 55 enrolled patients, 52 completed the full 2-year follow-up (FU) programme.

We collected preoperative interviews prior to CO_2-laser treatment, with FU at approximately week 2, 6 and 12 and 1-year-post-procedure. A consultation was conducted as the final in-person 2-year FU.

Results
Patients were predominantly Hurley stage II–III, and improvements were greatest in these groups.

DLQI and HiSQOL improved significantly from baseline to the 1-year FU (DLQI: $z = 5.26$, $p<0.0001$; HiSQOL: $z = 4.98$, $p<0.0001$), with the majority of patients showing improvement.
Similarly, both DLQI and HiSQOL improved significantly from baseline to 2-year FU (DLQI: 11.35 to 4.27, $z = 6.02$, $p<0.0001$; HiSQOL: 22.82 to 7.90, $z = 6.08$, $p<0.0001$), with most patients showing improvement.

IHS4 scores improved from 7.6 to 3.0 ($z = 5.70$, $p<0.0001$), corresponding to a cohort-level shift from moderate to mild disease activity.

At 2-year FU, 10% showed recurrence at the treated site. 25% reported mild sensory disturbances, 6% reported skin tightness, and 4% were dissatisfied with the cosmetic result. Almost all patients (98%) would choose the CO_2-laser treatment again if relevant.

Conclusions
CO_2-laser treatment provided significant and persistent improvements in QoL and disease severity over 2 years, with few long-term complications and high patient satisfaction. These findings support CO_2-laser as an effective long-term option for selected HS patients.

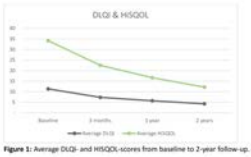

Figure 1: Average DLQI- and HISQOL-scores from baseline to 2-year follow-up.

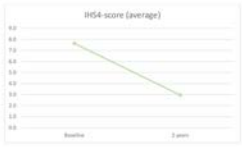

Figure 2: Average IHS4-scores from baseline to 2-year follow-up.

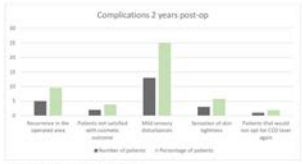

Figure 3: Complications at 2-year follow-up.

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Abstract N°: 2139

Real-world evidence of the patient journey in hidradenitis suppurativa: A medical assessment and a patient survey in Germany

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Introduction

Hidradenitis suppurativa (HS) is a chronic-recurrent inflammatory skin disease of the hair follicle that primarily affects apocrine gland–rich intertriginous areas. It is characterized by painful nodules, abscesses, draining sinus tracts, and scarring, most commonly in the axillary, inguinal, and anogenital regions. Despite its prevalence and substantial disease burden, HS remains underdiagnosed, with an average diagnostic delay of 7–10 years. During this period, patients frequently experience misdiagnoses, consult multiple physicians, and often lack continuity of specialized care. This cross-sectional study aims to evaluate real-world patient care patterns and characterize the HS patient journey from symptom onset to diagnosis and treatment.

Materials and Methods

In this single-center cross-sectional study, patients with physician-diagnosed HS were included in the dermatologic department of a German university medical center. Data was collected between 02/2022 and 06/2023.

Results

In total, 62 patients were included. The worst affected body areas were axillary (40.3%), inguinal or genital (45.2%), and inguinal region (14.5%). The mean IHS4 score was 13.0. Half of the patients were classified as Hurley stage II, and 22.6% and 27% as Hurley stage I and III, respectivley. Most patients were diagnosed with HS by dermatologists (66.1%) and general practitioners (25.8%), and diagnosis was delayed by 8.8 years on average. Half of patients reported chronic and continuous course of disease (51.6%). Most patients were former or current smokers (90.3%), and approximately half of patients were obese (51.6%). The most common comorbidities were depression (25.8%), arterial hypertension (22.6%), thyroid disease (21.0%), and anxiety disorder (14.5%).

Previous therapies comprised antibiotic-containing (67.7%) and antiseptic (61.3%) topical therapy, short-term (64.5%) and long-term (58.1%) antibiotic-tablet therapy, IV antibiotic therapy (46.8%), subcutaneous therapy with adalimumab and oral therapy with retinoids (17.7%, respectively), zinc tablets (14.5%), oral hormone preparations (9.7%), abscess drainage (71.0%), operation with secondary intention healing (69.4%) and with primary closure (24.2%) and with skin grafting (6.5%).

At the time of study inclusion, most patients reported a DLQI score of 11 (39; 63%; mean: 13.5; SD: 9.0). The mean HADS scores were 7.2 (SD: 3.9) for anxiety and 6.0 (SD: 4.0) for depression.

Conclusions

In this real-world setting of patients with HS in Germany, we found a high impact of the disease on the patients' quality of life and a substantial psychiatric comorbidity. The time to diagnosis was long, and diagnosis was made most frequently by dermatologists. Our observations will contribute to a better understanding of the medical care and need of HS patients in Germany. However, longer term data are needed.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2148

Real-world effectiveness and safety of bimekizumab in moderate-to-severe hidradenitis suppurativa: Primary outcomes at 52 weeks with extended follow-up to 104 weeks.

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[13] Hospital Universitari Son Espases, Palma de Mallorca, Spain
[14] Hospital Universitario Lucus Augusti, Lugo, Spain
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Introduction

Hidradenitis suppurativa (HS) is a debilitating, chronic inflammatory skin disease that severely impacts patients' quality of life. Bimekizumab, the first dual inhibitor of interleukin (IL)-17A and IL-17F, has shown efficacy in phase 3 clinical trials and is currently approved for moderate-to-severe HS. However, long-term data in real-world clinical settings are lacking. However, long-term real-world evidence remains limited. This study aimed to assess the mid- and long-term effectiveness and safety of bimekizumab in routine clinical practice.

Materials and Methods
We conducted a multicenter, retrospective, observational study including patients with moderate-to-severe HS treated with bimekizumab. Effectiveness was evaluated using IHS4-55, IHS4-75, IHS4-90, and IHS4-100 response rates through week 52, with extended follow-up at week 104. Safety outcomes and treatment modifications were also assessed.

Results
A total of 104 patients were included. The mean age was 47.9 years (SD 13.5), and 69.2% (72/104) were male. Patients had a long-standing disease, with a mean duration of 22.75 years (SD 12.82). At baseline, 70.2% (73/104) presented Hurley stage III disease, with a high inflammatory burden reflected by a mean IHS4 of 26.8 (SD 16.5). Most patients had previously received advanced therapy (92.3%, 96/104), and 39.4% (41/104) had a high therapeutic burden (>10 prior therapeutic interventions). At week 52, IHS4-55, IHS4-75, IHS4-90, and IHS4-100 response rates were 74.0% (77/104), 47.1% (49/104), 26.9% (28/104), and 18.3% (19/104), respectively. At week 104 (n=36), corresponding response rates were 69.4% (25/36), 55.6% (20/36), 38.9% (14/36), and 25% (9/36), respectively. Combination therapy (medical and/or surgical) was required in 27.9% (29/104) of patients at week 52 and 19.4% (7/36) at week 104. During follow-up, 14/104 patients (13.5%) discontinued treatment, primarily because of adverse events (6/14, 42.9%). Adverse events were reported in 63.5% (66/104) of patients, predominantly mild-to-moderate candidiasis (29.8%, 31/104) and eczematous reactions (10.6%, 11/104).

Conclusions
Bimekizumab showed meaningful effectiveness at 52 weeks, with sustained responses up to 104 weeks and an acceptable safety profile in severe, treatment-refractory HS, although combination therapies were often required. These findings support its role as a long-term treatment option in real-world HS.

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Abstract N°: 2152

Stigmatization of Acne: Perceptions and Attitudes in the General Population.

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Introduction
Acne is a highly prevalent dermatological condition with well-documented physical and psychosocial consequences. However, it remains associated with significant misconceptions and social stigma in the general population.

Understanding public perceptions and attitudes toward acne is crucial to evaluate its social impact and to develop prevention strategies.

Materials and Methods
A cross-sectional study was conducted between January and April 2026 using a structured, self-administered questionnaire designed via Google Forms and disseminated through social media platforms. The study targeted the general population, including individuals with and without acne.

All respondents from the general population were eligible for inclusion, with no specific exclusion criteria applied.

Data were collected and subsequently analyzed using Microsoft Excel.

Results
A total of 200 participants were included in the study. The majority of respondents were young adults, with 85% aged between 19 and 35 years, followed by 10% adolescents (15–18 years). Only 2.5% were older than 50 years, and 2.5% were between 36 and 50 years. The female-to-male sex ratio was 3:1. Most participants had a middle socioeconomic status (79%). Overall, 47.3% reported having acne.

Regarding sources of information about acne, the leading sources were the internet and social media (70%), followed by doctors (51%), and print media (2%). A large majority (95.1%) considered acne to be highly prevalent in the general population. Furthermore, 58.5% believed acne to be a hereditary condition, while 7.5% considered it to be contagious.

A history of acne in the social environment (family or friends) was reported by 92.7% of participants. Concerning aggravating factors, 93.6% identified psychological factors and stress, 87.8% dietary habits, 73.2% cosmetic products, and 46.3% pregnancy.

More than half of respondents (58.5%) believed that individuals with acne suffer from social discrimination. The vast majority (93%) expressed the need for public awareness campaigns. In terms of attitudes toward individuals with acne, 88% reported a natural attitude, while 7.5% expressed dissatisfaction, and 4.5% reported feelings of discomfort or stress.

Regarding the psychosocial impact, 76.7% believed that acne negatively affects patients' quality of life, and 92.7% considered that this impact is more pronounced in women than in men. Additionally, 92.7% agreed that patients with acne require psychological support, and 90.3% believed that acne significantly impairs self confidence. Notably, only 42% of respondents considered that healthcare professionals have sufficient knowledge about acne.

Conclusions

This study highlights a high level of awareness regarding acne among the general population, particularly in terms of its perceived prevalence and psychosocial impact. The findings also emphasize the significant role of social media as a primary source of information.

EA DV CONGRESS
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Abstract N°: 2160

Acne in Early Adolescence and its Impact on Quality of Life: A Cross-Sectional Analysis of a Multi-Ethnic Asian Cohort

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Introduction
Acne vulgaris is one of the most common dermatoses in adolescence and is associated with significant quality of life (QoL) impairment. While disease severity may affect QoL, other factors may also contribute independently. This study aims to evaluate the association between acne and QoL in a multi-ethnic Asian adolescent cohort.

Materials and Methods
We conducted a cross-sectional analysis nested within the GUSTO (Growing Up in Singapore Towards Healthy Outcomes) study, a prospective, population-based birth cohort at their 14th year of follow-up. Facial and truncal acne severity were objectively assessed using the Global Acne Severity Scale (GEA) and Comprehensive Acne Severity Scale (CASS) respectively. QoL was measured using the Cardiff Acne Disability Index (CADI) and Teenager's Quality of Life Index (T-QoL). Multivariate linear regression models examined associations between QoL and demographic, clinical, and psychosocial factors, while adjusting for potential confounders.

Results
A total of 494 adolescents (50.8% male), approximately 14 years of age, were included. Acne was highly prevalent and present in 98.0%. Moderate-to-severe facial acne (GEA grades 3–5) was observed in 26.7%, but only 2.8% received prescription treatment. The mean CADI score was 2.49 ± 2.48, indicating mild QoL impairment, but 17.8% had moderate or severe QoL impairment. Using T-QoL, the mean total score was 4.72 ± 6.08, with self-image most affected. Poorer QoL was independently associated with female sex, darker skin phototype, moderate-to-severe facial acne, cheek involvement, use of over-the-counter (OTC) acne treatments, and psychological distress.

Conclusions
Acne vulgaris is highly prevalent in early adolescence, and almost one in five experience moderate or severe QoL impairment. However, treatment utilisation is comparatively low. Several factors, including sex, skin phototype, facial acne severity and distribution, OTC treatment use and psychological distress, were associated with QoL

impairment. Comprehensive acne management that combines early, effective acne treatment with psychological screening and support for high-risk adolescents is critical.

EADV CONGRESS
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Abstract N°: 2170

Palliative and Supportive Care Needs in Advanced Hidradenitis Suppurativa: A Systematic Review

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin condition associated with severe symptom burden, high psychiatric comorbidity, and profound impairment in health-related quality of life (HRQoL). Despite the disease burden, no systematic synthesis has characterized the palliative and supportive care needs of this population. This review aimed to synthesize evidence on the palliative and supportive care needs of adults with advanced HS; to evaluate validated patient-reported outcome measures applicable to this domain; and to characterize unmet needs and barriers to care.

Materials and Methods
This systematic review was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020 guidelines) and registered on the International Prospective Register of Systematic Reviews (PROSPERO). Studies reporting palliative care-relevant outcomes in adults with HS were included. Quality was appraised using the Joanna Briggs Institute (JBI) Prevalence Checklists, the Newcastle-Ottawa Scale, and the Critical Appraisal Skills Programme (CASP) tools.

Results
Seven studies (sample sizes ranging from n = 77 to n = 1,787; conducted across 27 countries; published between 2020 and 2025) were included. Across the included studies, 61.4% (n = 798/1,299) of patients experienced moderate-to-severe pain, while drainage and fatigue were reported by 71.8% (n = 933/1,299) and 61.0% (n = 793/1,299), respectively. Depression was present in 30.3-35.8% of participants (n = 154/508 to n = 465/1,299) and anxiety in 36.2-57.5% (n = 470/1,299 to n = 292/508); suicidal ideation was reported by 7.9% (n = 103/1,299) and suicidal attempt by 4.2% (n = 55/1,299). Sexual dysfunction affected 60.8% (n = 45/74), and hindered sexuality 61.8% (n = 47/76). Only 4.5% (n = 24/529) of adults achieved complete disease control despite active dermatologist treatment. Emotional burden consistently exceeded physical symptom burden. Caregiver needs, spiritual concerns, and advance care planning remain unstudied.

Conclusions
Adults with advanced HS carry a multidimensional, unmet palliative and supportive care burden, underscoring the importance of integration of psychological screening, sexual health assessment, and pain management protocols.

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Abstract N°: 2194

Application of Salicylic Acid Mild Rejuvenation and Repair Technology in Anti-Acne, Soothing and Post-Acne Mark Reduction- A Self-Controlled Study of 32 Subjects

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Introduction

To evaluate the clinical efficacy and safety of **supramolecular salicylic acid** mild rejuvenation and repair technology in improving mild to moderate acne, relieving inflammatory redness, fading post-acne marks, smoothing skin texture and enhancing skin gloss, so as to provide a safe and non-invasive daily care solution for acne-prone and sensitive skin.

Materials and Methods

A self-controlled before-and-after study was conducted. Thirty-two Asian subjects aged 18–44 years with facial acne, inflammatory redness and post-acne marks were enrolled. A test formulation containing **supramolecular salicylic acid** was applied topically 3 times per week (every Tuesday, Thursday and Saturday) for 28 consecutive days. Objective indicators including facial acne count, a* value and red area ratio in acne lesions, melanin index in post-acne mark areas, skin gloss, roughness (Ra, Rq) and pore parameters were measured at baseline (Day 0), Day 14 and Day 28 using professional instruments. Comprehensive evaluation was performed combining dermatologist visual assessment and subject self-assessment. Statistical analysis was performed using SPSS 25.0 software, with $P<0.05$ as statistically significant and $P<0.01$ as highly statistically significant.

Results

All 32 subjects completed the study with no treatment-related adverse events, demonstrating excellent safety and mildness of **supramolecular salicylic acid** rejuvenation technology. Compared with baseline, facial acne count was significantly reduced by 21.86% at Day 14 and 26.85% at Day 28 (both $P<0.001$). In acne lesions, a* value was decreased by 3.05% ($P<0.05$) and 7.27% ($P<0.001$), and red area ratio was reduced by 47.88% and 78.42% at Day 14 and Day 28, respectively (both $P<0.001$). Melanin index in post-acne mark areas was significantly lowered by 5.89% and 5.17% at the two time points (both $P<0.001$). Skin gloss was significantly increased by 11.69% ($P<0.001$), while skin roughness Ra and Rq were markedly reduced by 14.75% and 15.65% at Day 28 (both $P<0.001$). No significant changes were observed in pore density and area ratio ($P>0.05$). Both clinician and subject assessments showed highly significant improvements in acne severity, redness, post-acne mark darkness and skin smoothness, with the subjective approval rate for efficacy and mildness ranging from 90.63% to 100%.

Conclusions

Supramolecular salicylic acid mild rejuvenation and repair technology exhibits outstanding safety and tolerability, and exerts comprehensive beneficial effects including effective anti-acne action, significant inflammatory redness relief, visible post-acne mark fading, skin smoothing and gloss enhancement. It provides a gentle, reliable and practical daily care strategy for acne-prone and sensitive skin, with high clinical application value in the management of acne-related skin conditions.

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Abstract N°: 2206

Targeting Acne-Related Inflammation: Synergistic Inhibition of IL-1β Responses by a Lysine-Based Dendritic Polymer and Niacinamide in Human Keratinocytes

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Introduction
Acne is a chronic inflammatory disorder of the pilosebaceous unit in which the IL-1β–driven cascade plays a central role in keratinocyte activation and cytokine release. Among downstream mediators, IL-8 is a key chemokine driving neutrophil recruitment and amplification of local inflammation. Modulating this pathway represents a relevant strategy to control early inflammatory events in acne. This study aimed to evaluate the anti-inflammatory activity and potential synergy of a patented combination of a lysine-based dendritic polymer (Dendriclear®) and niacinamide on IL-1β–induced responses in human keratinocytes.

Case Presentation
Materials and Methods
Normal human epidermal keratinocytes (NHEK) were pre-treated for 24 h with the lysine-based dendritic polymer, niacinamide, or their combination, followed by stimulation with IL-1β for 48 h. IL-8 release into culture supernatants was quantified by ELISA. Normal human epidermal keratinocytes (NHEK) were pre-treated for 24 h with the lysine-based dendritic polymer, niacinamide, or their combination, followed by stimulation with IL-1β for 48 h. IL-8 release into culture supernatants was quantified by ELISA. Cytotoxicity was evaluated using a WST-8 cell viability assay, complemented by morphological observations.
Two non-cytotoxic concentrations were tested (0.123% and 0.37% for the dendritic polymer; 0.367 and 1.1 mg/mL for niacinamide), alone and in 1:1 combination.

Results:
IL-1β significantly increased IL-8 secretion compared to untreated cells, confirming robust induction of an inflammatory response. The lysine-based dendritic polymer alone reduced IL-8 production at both tested concentrations (28–46% inhibition), suggesting a direct modulatory effect on keratinocyte activation and/or cytokine signaling. In contrast, niacinamide alone showed limited activity under these experimental conditions (up to 33% inhibition). Notably, the combination of both actives resulted in a markedly greater inhibition than either compound alone (53% at low dose and up to 91% inhibition, approaching baseline levels), indicating a synergistic or at least additive interaction.

Conclusion

The combination of a lysine-based dendritic polymer and niacinamide suggests a synergistic inhibition of IL-1β–induced IL-8 production in human keratinocytes. These findings highlight a targeted and complementary modulation of the IL-1β–NF-κB–IL-8 axis and support the potential of this combination to regulate a key inflammatory hub in acne pathophysiology. This approach may offer a promising strategy for improved management of acne-related inflammation.

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Abstract N°: 2214

Efficacy of novel topical metformin mask in treating acne vulgaris and comparing responses in adult vs adolescent females: a split face placebo controlled study

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Introduction

Background:

Metformin exerts effects with variable mechanisms according to the routes used. Topical metformin was studied in human subject with promising results in several cutaneous conditions such as acne, melasma and central centrifugal cicatricial alopecia. Topical metformin was also studied in experimental animals, and was effective in the treatment of wounds, skin cancer, ultraviolet cutaneous injury. Adult female acne is characterized by a relapsing eruption of acne in individuals who are 25 years or older. It usually shows slower response to the traditional adolescent acne treatments.

Objective: This split face study was conducted to evaluate the efficacy and safety of a weekly applied topical metformin 30% peel off mask in comparison to a placebo mask in the treatment of female patients suffering from acne. With a secondary objective to compare the response in adult and adolescent groups.

Materials and Methods

Methodology: forty female patients with acne were recruited for application of a metformin peel-off mask and placebo mask to either side of the face once weekly for 12 weeks and a final follow up visit at week 16. Twenty patients had adolescent acne (18-25 years) and 20 had adult acne (> 25 years).

Results

Results: At the baseline, all patients had matching number of comedones on both sides 16.78 ± 5.01and 16.15± 5.56 (P = 0.753), while the metformin side had significantly higher umbers of papules 5.93 ±3.17 and 4.85±3.34 (p = 0.021) as well as pustules 1.98 ±2.01 and 1.10 ±1.24 (p= 0.003)

At the end of active treatment (week 12) there was a significant reduction on the metformin side compared to the placebo side in the number of comedones (10.70 ±3.44 vs 16.38 ±4.63, p <0.001), papules (1.85 ±1.48 vs 5.05 ±2.86, p <0.001) and pustules 0.30 ±0.69 vs 1.53 ±1.74, p <0.001)

The improvement in either types of lesions more significant on the follow up at week 16,

On the metformin side; adult group showed significantly more percentile change at week 12 in papules (-75.0% vs -61.9%) and pustules (- 94.3% vs -77.3%) while the adolescent group showed better improvement in comedones (36.5% vs 35.9%)

Conclusions

Conclusion: weekly metformin loaded mask showed efficacy in treating acne compared to placebo.Moreover, patients with adult acne were better responders in inflammatory lesions (papules and pustules) while adolescent patients showed better response in non-inflammatory comedones

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Abstract N°: 2265

Shift from surgery to biologics? A real-world comparison of HS management in 2014 vs 2024

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Introduction

Therapeutic management of hidradenitis suppurativa (HS) has changed substantially in recent years, particularly through the integration of biologic therapies.

However, real-world data on how biologic availability has altered everyday treatment algorithms and surgical decision-making are limited.

This study aimed to evaluate changes in HS management between 2014 and 2024 and to identify independent predictors of biologic use and surgical decision-making over time.

Materials and Methods

A retrospective cohort analysis was conducted including patients with a confirmed diagnosis of HS treated in 2014 and 2024 (n=55 in 2014; n=158 in 2024). Clinical and therapeutic parameters were systematically assessed, focusing on systemic therapy exposure, biologic use and surgical interventions across the two periods. Multivariable logistic regression analyses were performed to determine independent predictors.

Results

Systemic therapy use was significantly higher in 2024 (77.8% vs 61.8%; OR 2.17; 95% CI 1.12-4.20). In contrast, surgical recommendations decreased markedly (11.4% vs 38.2%; OR 0.21; 95% CI 0.10-0.43), while the reduction in surgical procedures did not reach statistical significance (20.3% vs 32.7%; OR 0.52; 95% CI 0.26-1.03).

In multivariable analysis, treatment in 2024 was strongly and independently associated with biologic use (OR 11.54; 95% CI 3.42-38.90).

Notably, baseline inflammatory severity (IHS4) was not independently associated with surgical decision-making.

Conclusions

The comparison of two treatment periods suggests a paradigm shift in the management of hidradenitis suppurativa, characterised by a marked increase in biologic use and a reduced reliance on surgical recommendations. While earlier therapeutic approaches were primarily antibiotic-based and surgically oriented, biologic therapies have become firmly integrated into routine care. Notably, surgical decision-making appears to be influenced more by evolving treatment paradigms than by baseline inflammatory severity. This reflects a fundamental change in therapeutic priorities away from predominantly surgical management.

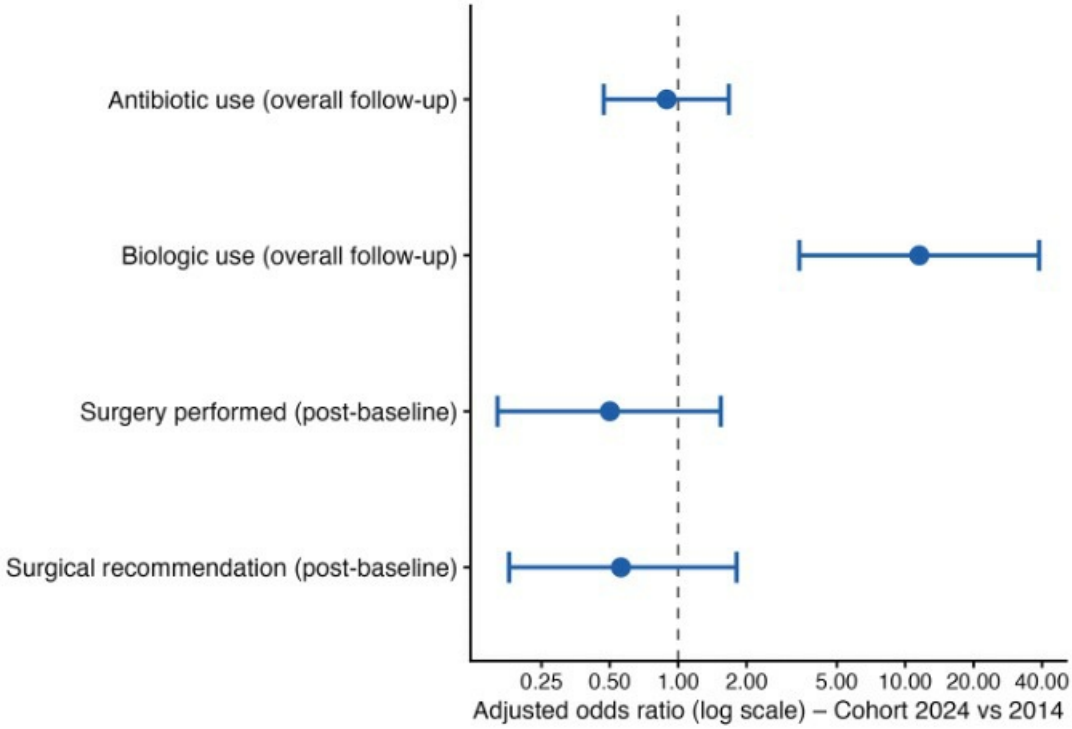

Figure 1. Multivariable logistic regression analysis of treatment and surgical outcomes Adjusted odds ratios (ORs) with 95% confidence intervals for cohort affiliation (2024 vs. 2014). Models were adjusted for baseline age and sex (biologic and antibiotic use) and for baseline IHS4 score (surgical outcomes).

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Abstract N°: 2279

Azelaic Acid: Efficacy and Tolerability in Mild to Moderate Acne

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Introduction
Acne vulgaris is a common inflammatory disorder of the pilosebaceous unit, mainly affecting adolescents and young adults. Topical treatments are the cornerstone of management in mild to moderate forms. Azelaic acid has antibacterial, anti-inflammatory, and depigmenting properties, making it an interesting therapeutic option.

Materials and Methods
A retrospective, descriptive, and analytical study was conducted from January 2022 to March 2026. Clinical evaluation was performed at 3 and 6 months using the Global Acne Evaluation (GEA) scale. Azelaic acid was used at a concentration of 15% applied twice daily.

Results
A total of 150 patients with mild to moderate acne vulgaris meeting inclusion criteria were included and divided into three groups of 50 patients each. The first group received azelaic acid 15% as monotherapy, the second received adapalene–benzoyl peroxide, and the third received a combination of azelaic acid with adapalene–benzoyl peroxide. Treatment outcomes were assessed at 3 and 6 months.The mean age was 25.8 ± 6.5 years, with a female predominance (137 females, 13 males). According to the Fitzpatrick classification, 112 patients had phototype III, 36 phototype IV, and 2 phototype V. Based on the GEA scale, 133 patients had moderate acne and 17 had mild acne. Retentional lesions were present in 129 patients, inflammatory lesions in 136, erythematous macules in 105, and post-inflammatory hyperpigmented macules in 120 patients.Under azelaic acid treatment, tolerability was excellent. At 3 months, improvement was observed in retentional lesions in 57% of patients ($p = 0.003$), inflammatory lesions in 13% ($p < 0.001$), erythematous macules in 90% ($p < 0.001$), and pigmented macules in 89% ($p < 0.001$). At 6 months, improvement was noted in retentional lesions in 60% ($p < 0.001$), inflammatory lesions in 35% ($p < 0.001$), erythematous macules in 90% ($p = 0.001$), and pigmented macules in 91% ($p < 0.001$).For adapalene–benzoyl peroxide, tolerability was good in 47 patients at 3 months. Improvement at 3 months was observed in retentional lesions in 49% ($p = 0.260$), inflammatory lesions in 76% ($p = 0.023$), erythematous macules in 29%, and pigmented macules in 23%. At 6 months, improvement was observed in retentional lesions in 87% ($p = 0.091$), inflammatory lesions in 87% ($p = 0.003$), erythematous macules in 29% ($p < 0.001$), and pigmented macules in 29% ($p < 0.001$).In the combination group (azelaic acid + adapalene–benzoyl peroxide), tolerability was excellent. At 3 months, improvement was observed in retentional lesions in 82% ($p = 0.081$), inflammatory lesions in 77% ($p = 0.016$), erythematous macules in 83% ($p = 0.023$), and pigmented macules in 91% ($p < 0.001$). At 6 months, improvement was observed in retentional lesions in 87% ($p = 0.091$), inflammatory lesions

in 87% (p = 0.011), erythematous macules in 92% (p = 0.001), and pigmented macules in 89% (p = 0.001).Overall, improvement in retentional lesions was greater with adapalene–benzoyl peroxide and with the combination therapy (42/50 patients improved in each group), with a significant association (p = 0.002). Improvement in inflammatory lesions was highest with adapalene–benzoyl peroxide (41/50; p < 0.001). Azelaic acid showed significant efficacy in treating pigmented macules (34/50; p < 0.001) and erythematous macules (39/50; p < 0.001).

Conclusions

Azelaic acid is an effective and well-tolerated treatment for mild to moderate acne vulgaris, with particular benefit on pigmentary sequelae. Its use, alone or in combination with adapalene–benzoyl peroxide, represents a valuable therapeutic strategy.

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Abstract N°: 2298

When Acne Is Not Acne: Steatocystoma Multiplex as a Diagnostic Pitfall

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Introduction

Steatocystoma multiplex (SM) is an uncommon benign disorder of the pilosebaceous unit characterized by the development of numerous sebum-containing intradermal cysts. The classification of SM includes localized, generalized, facial, flexural, acral, syndromal, and suppurative types. Although benign, patients affected with SM often experience significant psychological distress, leading them to seek treatment.

Case Presentation

A 29-year-old male patient presented with a 3-year history of multiple asymptomatic skin-colored lesions involving the trunk. His medical history was unremarkable and there was no family history of similar lesions. Apart from the unpleasant cosmetic impact, the patient reported occasional episodes of pain, erythema, swelling and spontaneous discharge of the lesions. Physical examination revealed multiple firm dark blue and skin-colored papulo-nodules of 2 to 20-mm in diameter scattered over the trunk, particularly the pre-sternal region. The overlying surface was smooth with no central punctum. No sign of infection or inflammation was seen. In addition, the patient presented with comedonal acne on the face, with both open and closed comedones. There was no nail changes, keratoderma or or any feature of ectodermal dysplasia. Biopsy was performed, revealing dermal cysts lined by flattened, stratified, squamous epithelium without a granular layer and sebaceous gland lobules were lying close to the cyst wall. These findings confirmed the diagnosis of SM. The patient was treated with oral isotretinoin (0.5mg/kg daily) for 12 weeks, but showed no clinical improvement, he developed intolerance with marked dryness leading to discontinuation of the treatment. The patient understood that this condition posed no real medical issues and declined further treatment.

Conclusion

SM is common in adolescence or early adulthood suggesting a possible hormonal trigger, as sebaceous glands increase during puberty. It is a genetic disorder that is more commonly sporadic, however, familial presentations are well-documented in literature with an autosomal dominant pattern of inheritance. Based on absence of family history and any feature of ectodermal dysplasia, we consider that our case is the product of a sporadic mutation. Clinically, SM presents as asymptomatic, uniform, round, smooth, elastic to firm, mobile, cystic papules, and nodules. The overlying epidermal skin is often normal, with no central punctum, which made the diagnosis challenging in our case, and suggested that the truncal lesions were acneiform at first look. SM can occur anywhere in the body but is more frequently seen in areas rich in pilosebaceous units such as the trunk, neck, scalp, axilla, inguinal region, scrotum and more rarely the face. SM can transform into SM suppurativum at any point in time during its natural course, also known as SM conglobatum, which is severe inflammatory variant, with associated pain, pruritus, and pyrexia.There is no specific gold standard treatment option, and the treatment response is often disappointing. Aspiration is not suitable for bigger and calcified cysts in addition to the high rate of recurrence. Cryotherapy has been used in the past but pain and residual scarring is a limitation. Traditionnel surgical excision is impractical and time-consuming for widespread lesions. Recent procedures include the use of

radiofrequency to make mini bloodless incisions and express the contents of cyst. Tricarboxylic acid or 5-fluorouracil treatment of the cyst walls can be administered after extraction of contents to reduce recurrence. Lasers are advantageous as they are minimally invasive, allow treatment of multiple lesions during a single treatment session, cause minimal scarring. Inflamed lesions can be injected with intralesional glucocorticoids, or incised and drained. Isotretinoin have been used with limited success, as it does not eradicate the condition, but may be used to decrease the size of suppurative lesions reflecting its anti-inflammatory effect.

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Abstract N°: 2326

Patient-Reported Outcomes with a Ceramide-Based Moisturizer (SPF 50+) in Acne-Related Post-Procedural Care: A Real-World Multicentre Observational Study

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Introduction

Post-procedural skin barrier disruption following acne treatments causes significant patient discomfort and heightens ultraviolet (UV) sensitivity. Ceramide-based formulations with broad-spectrum SPF 50+ photoprotection address barrier repair and sun protection simultaneously[1,2]; however, patient-reported evidence supporting their use in this setting remains limited.

Materials and Methods

Objective of this study was to evaluate the effectiveness and tolerability of a ceramide-based moisturizer with SPF 50+ using patient-reported outcome measures (PROMs) in patients undergoing acne-related post-procedural care. A retrospective, multicentre, cross-sectional study was conducted across 477 dermatology centres in India. Patients aged 18–45 years who were prescribed ceramide-based moisturizer (SPF 50+) for at least 7 days following acne-related dermatological procedures were included. medical records with key missing data were excluded. Post-procedural skin barrier disruption was classified into four levels (none/minimal, mild, moderate, severe) based on procedure type [3] (Table 1). PROMs were assessed at Day 7 using 10-point Likert scale for dryness reduction, burning/stinging sensation reduction, skin itching reduction, skin redness reduction, soothing effect, acne worsening, overall satisfaction, & willingness to continue use and for future procedures. All 10-point scales were categorized as complete resolution/high (9-10), moderate (6-8), mild (3-5), none (1-2); acne worsening was scored inversely, where 1-2 indicated no worsening (favourable outcome).

Results

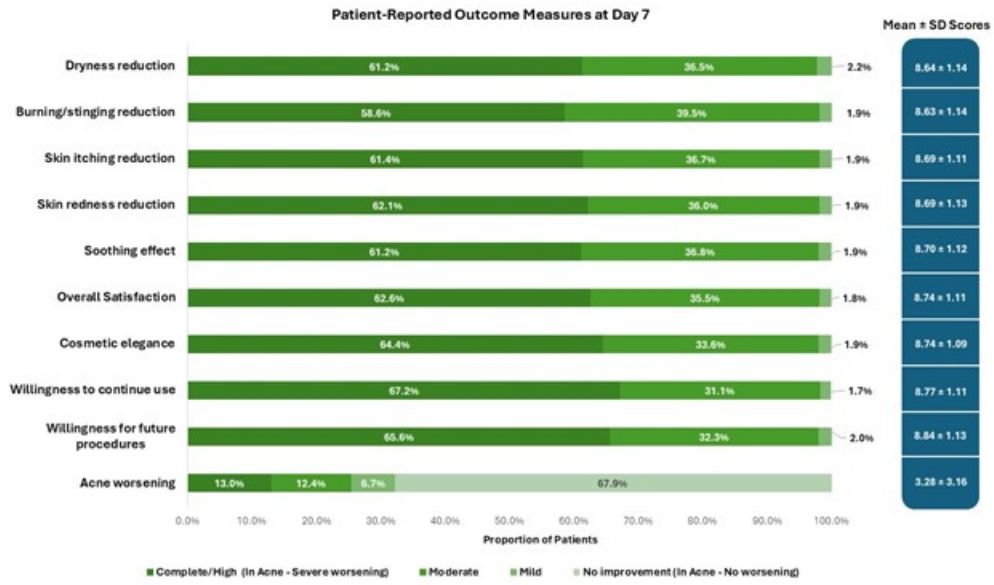
Data of 2,066 patients (55.3% female; mean age ~28 years) was analysed. The top three procedures were chemical peel (56.7%), Q-switched laser toning (10.9%), and microneedling (8.9%). Post-procedural skin barrier disruption was predominantly moderate (56.7%), with severe disruption in 10.8% of patients prior to start moisturizer.

At Day 7, complete improvement was reported by 61.2% of patients for dryness and 58.6% for burning/stinging sensation. complete improvement rates were skin itching 61.4%, skin redness 62.1%, and soothing effect 61.2%. Overall extreme satisfaction was reported by 62.6%, very high willingness to continue use by 67.2%, and very high willingness for future procedures by 65.6%. Acne non-worsening was reported by 67.9% of patients (Figure 1). The product was well-tolerated, and no adverse effects were reported.

Table 1. Post-Procedural Skin Barrier Disruption Classification by Procedure Type

Barrier Disruption Level	Procedures
None / Minimal	Q-switched laser toning (low energy), Intense pulsed light (IPL), Light emitting diode (LED) therapy
Mild	High-intensity focused ultrasound (HIFU), RF microneedling, Picosecond laser, Non-ablative fractional laser (1927 nm, low-energy density)
Moderate	Chemical peel (salicylic/glycolic)†, Non-ablative fractional laser (1927 nm, high-energy density), Ablative radiofrequency, Fractional ablative lasers
Severe	Fractional / full-field ablative resurfacing (Er:YAG, CO_2, YSGG)

†Chemical peels are not energy-based devices; classified by clinical convention. Adapted from Goodman et al. 2025[3].



Conclusions

While the benefits of ceramide creams and sunscreens are well documented in a post-procedure setting [4,5], there is a paucity of literature studying the benefit of combination of the two in this setting. In our study, adding a ceramide-based moisturizer with SPF 50+ demonstrated substantial patient-reported symptom relief, high satisfaction, and minimal acne worsening across a diverse range of acne-related dermatological procedures. These findings support its routine inclusion in post-procedural skincare regimens. Prospective controlled studies can further validate these outcomes.

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Abstract N°: 2333

Impact of Lutikizumab on Symptom Burden in Biologic-Naive Patients With Moderate-to-Severe Hidradenitis Suppurativa: Results From a Phase 2, Multicenter, Single-Arm, Open-Label Study

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Introduction

Hidradenitis suppurativa (HS)—an inflammatory, debilitating skin disease characterized by painful nodules and abscesses, malodorous discharge, swelling, and skin induration—substantially impairs quality of life. There is an unmet need for treatments that meaningfully reduce the multidimensional symptom burden of moderate-to-severe HS. Lutikizumab, a dual-variable domain immunoglobulin which specifically neutralizes interleukin (IL)-1α and IL-1β without interfering with IL-1 receptor antagonist–mediated regulatory functions in the IL-1 pathway, reduced disease activity in biologic-naive patients with moderate-to-severe HS in a phase 2, open-label, proof-of-concept study. Given the profound symptom burden of HS, evaluating treatment effects on patient-reported outcomes is important and helps elevate patient perspectives during drug development. Herein, we report changes in patient-reported HS symptoms in biologic-naive adults with moderate-to-severe HS treated with lutikizumab.

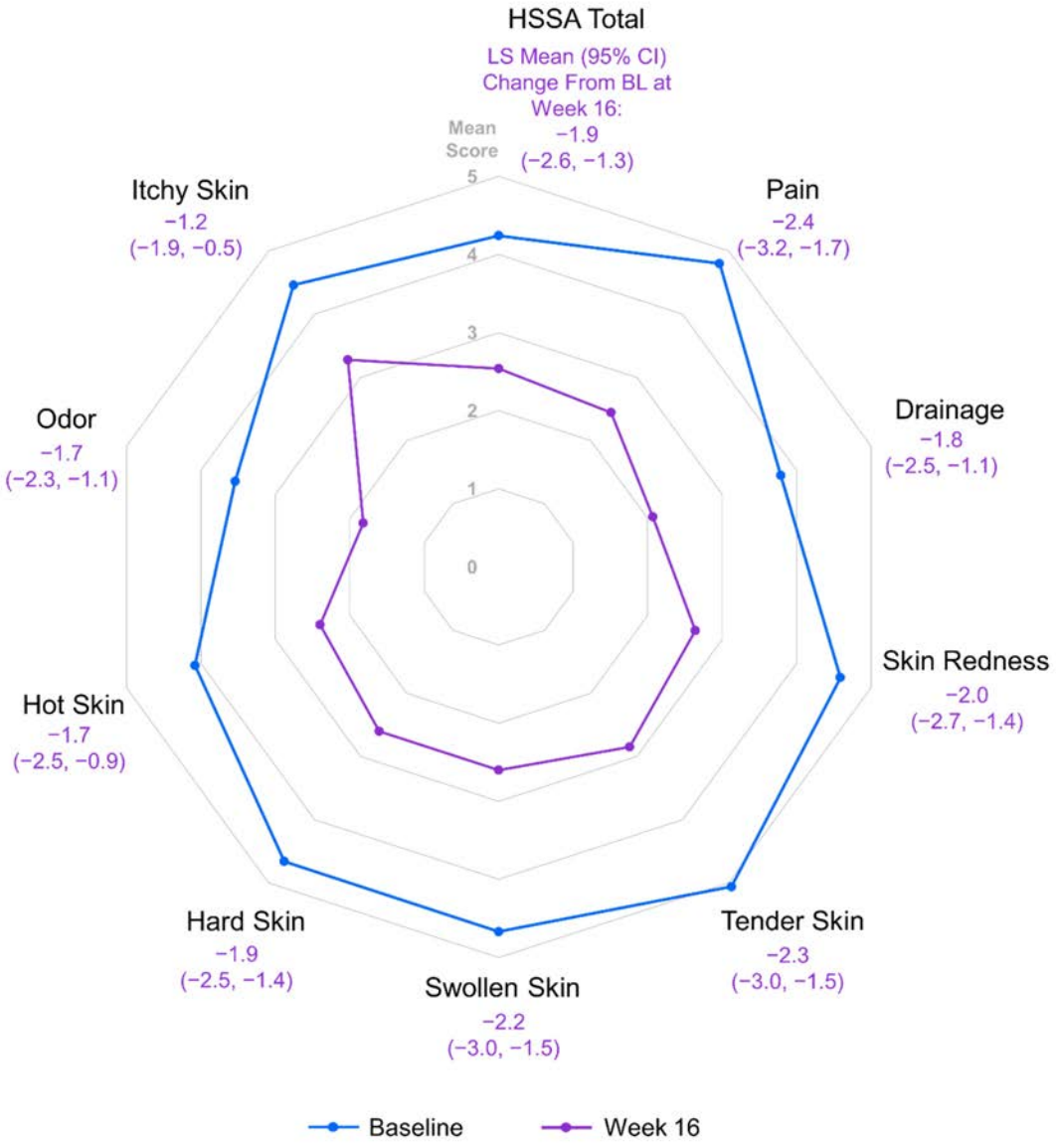
Materials and Methods

This phase 2, multicenter, single-arm, open-label, proof-of-concept study (NCT05139602) enrolled adults with moderate-to-severe HS who were naive to biologic therapy for the treatment of HS. Patients received open-label lutikizumab 300 mg subcutaneously once weekly for 16 weeks. Patient-reported outcomes included the change from baseline to week 16 in Patient Global Assessment of skin pain, evaluated using the numeric rating scale (NRS) among patients with baseline NRS ≥ 3, and change from baseline to week 16 in Hidradenitis Suppurativa Symptom Assessment (HSSA) total and individual symptom scores. The HSSA is a 9-item questionnaire that assesses HS symptoms (pain, drainage, skin redness, tender skin, swollen skin, hard skin, hot skin, odor, and itchy skin). Each item score ranges from 0–10, with higher scores indicating greater symptom severity. Change from baseline was analyzed using a mixed-effects model for repeated measures in patients with available baseline data and ≥ 1 post-baseline assessment.

Results

A total of 47 patients (70.2% female; mean [SD] age, 34.4 [9.1] years) were enrolled. At baseline, the mean (SD) duration of HS was 8.8 (7.5) years, the mean (SD) skin pain NRS score was 5.0 (2.2), the mean (SD) HSSA total symptom score was 4.6 (2.1), the mean (SD) HSSA odor score was 3.5 (2.4), and the mean (SD) HSSA drainage score was 4.0 (2.4). At week 16, patients who had baseline NRS ≥ 3 (n = 24) experienced a least squares (LS) mean (95% CI) percentage improvement from baseline of −39.4% (−60.2%, −18.7%) with lutikizumab treatment. With lutikizumab treatment, patients also experienced an improvement from baseline in HSSA total symptom score at week 16 (LS mean [95% CI]: −2.0 [−2.6, −1.3]; n = 31). Lutikizumab treatment also led to improvements from baseline in HSSA individual symptom scores at week 16, including odor (LS mean [95% CI]: −1.7 [−2.3, −1.1]; n = 31) and drainage (−1.8 [−2.5, −1.1]; n = 31) (**Figure**).

Figure. Improvements in HSSA Symptom Scores With 16 Weeks of Lutikizumab Treatment in Biologic-Naive Patients With HS



BL, baseline; HS, hidradenitis suppurativa; HSSA, Hidradenitis Suppurativa Symptom Assessment; LS, least squares.
N=31.
Changes from baseline were analyzed using a mixed-effects model for repeated measures in patients with available baseline data and ≥ 1 post-baseline assessment.

Conclusions

Biologic-naive adults with moderate-to-severe HS treated with lutikizumab 300 mg once weekly experienced improvements in patient-reported symptoms at week 16, including reductions in skin pain and in symptom burden. These findings highlight the potential of lutikizumab to meaningfully address the multidimensional symptom burden of HS and support its therapeutic relevance in biologic-naive patients.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2399

Patient-Reported Quality of Life and Disease Burden in Biologic-Naive Adults With Moderate-to-Severe Hidradenitis Suppurativa Treated with Lutikizumab: A Single-Arm, Open-Label, Phase 2 Study

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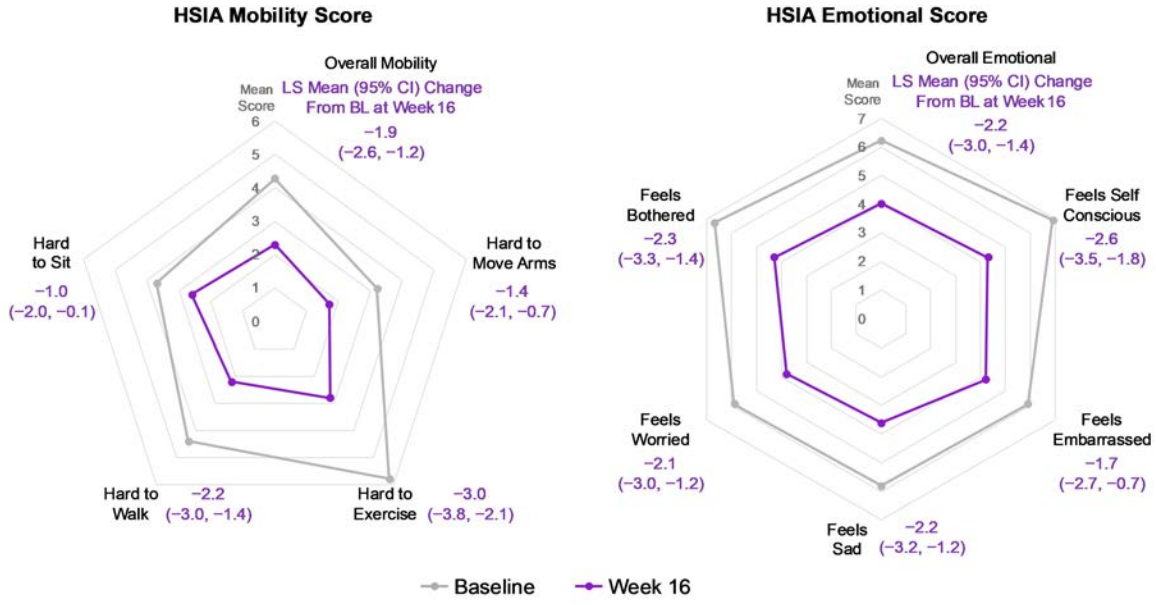
Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory disease associated with a profound physical and psychological burden and reduced quality of life. Patients with HS often experience feelings of embarrassment, anxiety, and depression; while disfigurement, scarring, and pain may further impair patients' mobility. Lutikizumab is a dual-variable domain immunoglobulin which specifically neutralizes interleukin (IL)-1α and IL-1β without interfering with IL-1 receptor antagonist–mediated regulatory functions. We report the impact of lutikizumab treatment on quality of life and disease burden in biologic-naive adults with moderate-to-severe HS.

Materials and Methods
In a single-arm, proof-of-concept, multicenter, phase 2 study, adults (aged ≥ 18 years) with moderate-to-severe HS who were naive to biologic therapy for HS received open-label lutikizumab 300 mg subcutaneously once weekly for 16 weeks (NCT05139602). Patient-reported outcomes included the Dermatology Life Quality Index (DLQI) and HS Impact Assessment (HSIA). The HSIA measured the impact of HS on mobility, emotions, discomfort from clothing, desire to be around others, ability to complete household activities, and sexual desire and ability (together representing the HSIA overall score); additionally work/school absenteeism, treatment satisfaction, and feeling bothered by scars were also evaluated. The HSIA overall, mobility, and emotional scores were reported on an 11-point scale (range: 0–10), with higher scores indicating a greater HS impact. Change from baseline to week 16 in DLQI and HSIA was evaluated using a mixed-effects model for repeated measures in patients with non-missing baseline values and at least 1 postbaseline value. Achievement of a ≥ 4-point reduction (improvement) in DLQI score from baseline was evaluated at week 16 among patients with baseline DLQI scores ≥ 4, with missing data handled using nonresponder imputation.

Results
In total, 47 patients were enrolled in the reported study. The mean (SD) age was 34.4 (9.1) years, and patients were predominantly female (70.2%). The average (SD) HS duration was 8.8 (7.5) years. At baseline, the mean (SD) DLQI score was 14.5 (7.8); and HSIA overall, mobility, and emotional scores were 5.8 (2.3), 4.5 (2.7), and 6.5 (3.0), respectively. At week 16, patients reported improved DLQI scores compared with baseline (LS mean change [95%

CI]: −4.5 [−6.5, −2.5]; n = 34). Additionally, 54.3% (95% CI: 37.8%, 70.8%) of patients experienced clinically meaningful improvements in quality of life with lutikizumab (≥ 4-point reduction [improvement] in DLQI score from baseline among patients with baseline DLQI scores ≥ 4; n = 35). Patients who received lutikizumab treatment had improvements from baseline in HSIA overall, HSIA mobility, and HSIA emotional scores at week 16 (LS mean change [95% CI]: overall, −2.3 [−2.9, −1.6]; mobility, −1.9 [−2.6, −1.2]; emotional, −2.2 [−3.0, −1.4]; n = 35; **Figure**). A limitation of this open-label proof-of-concept study is the lack of a placebo control group.

Figure. Improvements in HSIA Mobility and Emotional Domain Scores With Lutikizumab Treatment at Week 16 in Biologic-Naive Patients With HS.



BL, baseline; HSIA, Hidradenitis Suppurativa Impact Assessment; LS, least squares.
N = 35.
Changes from baseline were analyzed using a mixed-effects model for repeated measures; patients with non-missing baseline values and at least 1 postbaseline value were included in the analysis.

Conclusions

For biologic-naive adults with moderate-to-severe HS, clinically meaningful improvements in quality of life and in HS-related mobility and emotional impacts were observed with open-label lutikizumab treatment at week 16. Results from this proof-of-concept study support the continued investigation of lutikizumab for HS.

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30 SEP - 3 OCT 2026

Abstract N°: 2414

HSPlus: an Integrated Practice Unit for hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) imposes a substantial and often underestimated burden on patients and healthcare systems. Its strong association with multiple comorbidities contributes to significant morbidity, reduced quality of life, and increased disease severity (Daoud et al., 2024; Garg et al., 2022; Midgette & Garg, 2025), which is inadequately supported by traditional fee-for-service reimbursement models. Value-based healthcare (VBHC) offers a framework to address these challenges by emphasizing patient-relevant outcomes relative to costs and promoting integrated, patient-centred care (Porter & School, 2006), therefore, enabling the prevention of complications, reduced disease burden, and improved cost-efficiency.

Materials and Methods

Integrated Practice Units (IPUs) provide a practical method to implement VBHC through multidisciplinary collaboration addressing a specific medical condition across the full cycle of care (Porter & School, 2006). Following the successful establishment of an IPU for psoriasis, called PsoPlus (Hilhorst et al., 2023), we developed an IPU for HS, called HSPlus. This IPU integrates expertise from multiple disciplines to manage HS and its comorbidities, while continuous improvement cycles aim to enhance value creation.

Results

The HSPlus partners are shown in Figure 1. Patients are systematically screened for 13 comorbidities: hypertension, dyslipidaemia, diabetes, arthritis, obesity, metabolic syndrome, NAFLD/NASH, IBD, kidney disease, anxiety and depression, substance abuse, malignancies, and PCOS.

To tailor care to the needs of the patient, a provisional outcome set was created, based on PsoPlus and relevant literature. Information technology systems are used to collect patient-relevant outcomes and relevant demographic information through questionnaires, prior to the consultation. These outcomes include disease-specific quality of life, treatment effectiveness, work productivity, mental health impact, shared decision-making. In addition to the questionnaires which are assessed biannually, blood tests are performed annually for the evaluation of comorbidities. Disease severity is assessed during the consultation using different scoring systems; however, consensus on optimal scoring systems is lacking.

The care pathway includes pre-visit questionnaires, followed by a nurse-led anamnesis, comorbidity screening, review of the patient-relevant outcomes and assessment of disease knowledge and awareness of available therapeutic options. The patient then consults with a dermatology resident who discusses treatment options, supports shared decision-making, assesses disease severity and coordinates referrals within the IPU under

supervision of a dermatologist specialized in HS.

HSPlus is currently implemented in two hospitals to support benchmarking, with ongoing data collecting to evaluate value creation per cost. The first results are expected in the second half of 2026.
Preliminary findings reflect known barriers in these HSPlus units, including low socioeconomic status, low employment rate, high comorbidity burden, limited disease and treatment literacy, and a strong need for lifestyle support (Deckers et al., 2016; Ingram, 2020). Several IPU features, such as colocation, a dedicated multidisciplinary structure and joint accountability, are still constrained by infrastructural, financial and cultural barriers. Education is essential to facilitate the transition toward a value-based healthcare mindset, while system-level evaluation is required to identify opportunities and barriers for the effective implementation and sustainability of the IPU model.



Figure 1: Different partners of the HSPlus team

Conclusions

According to the principles of VBHC, an IPU was established for HS. While further validation and optimization are required to assess value creation in terms of patient outcomes relative to costs, this framework provides a practical blueprint for other centres seeking to redesign their care models.

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30 SEP - 3 OCT 2026

Abstract N°: 2430

Unveiling the Hidden Architecture of Hidradenitis Suppurativa: Correlating Real-Time Ultrasound with the Immune–Fibrotic Landscape of Surgical Tunnels (encore)

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Introduction

The formation of tunnels is a hallmark of advanced hidradenitis suppurativa (HS), yet the correlation between clinical appearance, bedside imaging and the underlying histopathological architecture remains poorly understood. This study aims to bridge the gap between clinical practice and pathology by investigating the relationship between ultrasound (US) findings and the immune–fibrotic organisation within surgical tunnel specimens.

Materials and Methods

Surgical biopsies from **50 tunnels** (biologic-naïve patients) were analyzed using H&E staining. Histopathological assessment included semi-quantitative scoring of inflammatory infiltrate severity, tendril formation, epithelialization (epithelialized vs non-epithelialized sinus tracts), vascularization, and cellular profiles (plasma cells vs lymphocytes). These findings were correlated with demographic data, clinical severity (IHS4), and preoperative US features (fibrosis and Power Doppler signal). Statistical significance was determined using chi-square tests (**$p < 0.05$**).

Results

A novel and significant correlation was established between non-invasive US imaging and microscopic niche organization. **High US Doppler signals** were found to be reliable indicators of **immune-organized inflammation**, specifically reflecting areas of **plasma cell–predominant infiltration** and active angiogenesis. Conversely, **increased US fibrosis** scores accurately predicted **microscopic tendril formation** and chronic tissue remodeling.

Demographic factors also shaped these niches: female patients and those with higher IHS4 scores exhibited significantly larger inflammatory infiltrates and increased vascularization. Lifestyle factors, notably smoking and higher BMI, were significantly associated with increased sinus tract epithelialization. Longer disease duration was linked to a transition from acute inflammation to chronic remodeling, evidenced by smaller infiltrates but a higher prevalence of internal root sheath (IRS) remnants within the tunnels.

Conclusions

Our findings demonstrate that ultrasound is more than a mapping tool; it serves as a "living biopsy" that reflects the specific immune and fibrotic state of HS tunnels. The correlation between Doppler signal/fibrosis and plasma cell infiltration/tendril formation provides clinicians with a powerful means to assess the biological activity of a tunnel non-invasively. These results suggest that integrating US–histopathological correlates into routine assessment could significantly refine surgical planning and personalized therapeutic strategies by identifying the dominant niche—whether purely inflammatory or deeply fibrotic—within each patient's disease.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2454

Secukinumab combined with surgery improves mid-term disease control and treatment persistence in hidradenitis suppurativa: a multicenter real-world cohort (n=357) (encore)

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Introduction

Moderate-to-severe hidradenitis suppurativa (HS) frequently presents with tunnels and irreversible scarring that require surgery in addition to systemic anti-inflammatory control. Evidence on combining secukinumab with surgery in routine practice remains limited. We evaluated effectiveness and safety of secukinumab plus surgery versus secukinumab alone in a large multicenter real-world cohort.

Materials and Methods
Retrospective multicenter cohort study including adult HS patients treated with secukinumab. Patients were analyzed as secukinumab monotherapy versus secukinumab + surgery. Outcomes included disease severity (International Hidradenitis Suppurativa Severity Score System, IHS4) as continuous values and responder thresholds (IHS4-55/75/90) at weeks 16/24/52, treatment discontinuation at week 52, and surgical characteristics (technique, healing time, satisfaction, recurrence, surgical adverse events). Multivariable logistic regression evaluated responder differences; Cox regression explored baseline predictors of time to first surgery.

Results
We included 357 patients (255 secukinumab only; 102 secukinumab + surgery; 129 procedures), mean follow-up 21.35 ± 12.41 months. Baseline severity was high (mean IHS4 19.8 ± 12.9; Hurley III 55.4%; severe IHS4 ≥11 in 76.6%). The surgery group showed shorter disease duration (18.4 ± 11.1 vs 21.7 ± 13.1 years; p=0.026), higher speed of progression (median [IQR] 2.23 [1.15–4.95] vs 0.89 [0.48–1.86]; p<0.001), higher baseline pain VAS (7.27 ± 1.55 vs 6.6 ± 2.4; p=0.039) and more recent flares. Continuous IHS4 improved in both groups; at week 24 and 52 values were lower with combined care (week 24: 6.07 ± 6.22 vs 10.52 ± 10.52, p=0.001; week 52: 5.19 ± 5.36 vs 8.86 ± 9.44, p=0.012). Unadjusted responder rates favored combination from week 24 onward (IHS4-55 at week 24: 77.6% vs 52.1%, p<0.001; week 52: 84.2% vs 63.3%, p=0.010; IHS4-75 at week 52: 63.2% vs 37.8%, p=0.004). In adjusted analyses, group differences were attenuated; week-24 continuous IHS4 remained significantly lower in the surgery group (beta −3.48; p=0.017). Discontinuation at week 52 was lower with combination therapy (13.0% vs 34.8%; p=0.002). In the surgery group, mean IHS4 decreased from 10.5 ± 7.2 pre-surgery to 5.2 ± 6.1 post-surgery (p<0.001). Wide excision (44.2%) and deroofing (37.2%) were most frequent; mean healing time was 33.9 ± 18.9 days and satisfaction VAS 7.6 ± 2.7. Recurrence occurred in 10.4% of interventions. Surgical adverse events were reported in 17.1% of procedures, all mild, with no secukinumab discontinuations.

Conclusions
In routine clinical practice, secukinumab combined with surgery was feasible and well tolerated, with improved mid-term disease control (notably at week 24) and markedly better treatment persistence at week 52 versus secukinumab alone. These real-world data support integrated medical–surgical management in selected HS patients and inform timing and sequencing strategies under IL-17A inhibition.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2469

Bimekizumab 3-year maintenance of response in Year 1 responders: Clinician-reported IHS4 scores and health-related quality of life outcomes from BE HEARD EXT

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Introduction

Hidradenitis suppurativa (HS) is a chronic, progressive inflammatory skin disease with a substantial cumulative disease burden, leading to impairment of patients' health-related quality of life (HRQoL).[1,2]

Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A and has demonstrated efficacy in phase 3 clinical trials.[3,4] Assessing the long-term maintenance of clinical response to BKZ is essential to establish treatment durability, guide ongoing management decisions, and optimise patient symptoms and outcomes over time.

Here, long-term maintenance of efficacy and HRQoL responses are reported over 3 years (148 weeks) for patients who demonstrated high levels of response to BKZ after 1 year (48 weeks) of treatment.

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and their open-label extension, BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[4,5] Data are reported for patients randomised to BKZ 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT and continued to receive BKZ (BKZ Total).

Here, we report efficacy outcomes by maintenance of International Hidradenitis Suppurativa Severity Score

System (IHS4)-55/75/90/100, defined as an improvement of ≥55%/75%/90%/100% in IHS4 from baseline through 3 years of treatment in BE HEARD I&II Year 1 IHS4-55/75/90/100 responders.

HRQoL outcomes are reported by maintenance of Hidradenitis Suppurativa Quality of Life (HiSQOL) response (total score ≤4: no impact of HS on HRQoL; total score ≤14: no to mild impact of HS on HRQoL), as well as Dermatology Life Quality Index (DLQI) 0–5 (HS has no/small effect on a patient's life) response and DLQI 0/1 (HS has no effect on patient's life) through 3 years of treatment in BE HEARD I&II Year 1 HiSQOL responders and Year 1 DLQI responders, respectively. Maintenance of skin pain response (at least 30% reduction and a 1-point decrease from baseline in the Hidradenitis Suppurativa Symptom Questionnaire [HSSQ] skin pain score) was evaluated through 3 years of treatment in BE HEARD I&II Year 1 HSSQ skin pain responders.

Data are reported as observed case (OC).

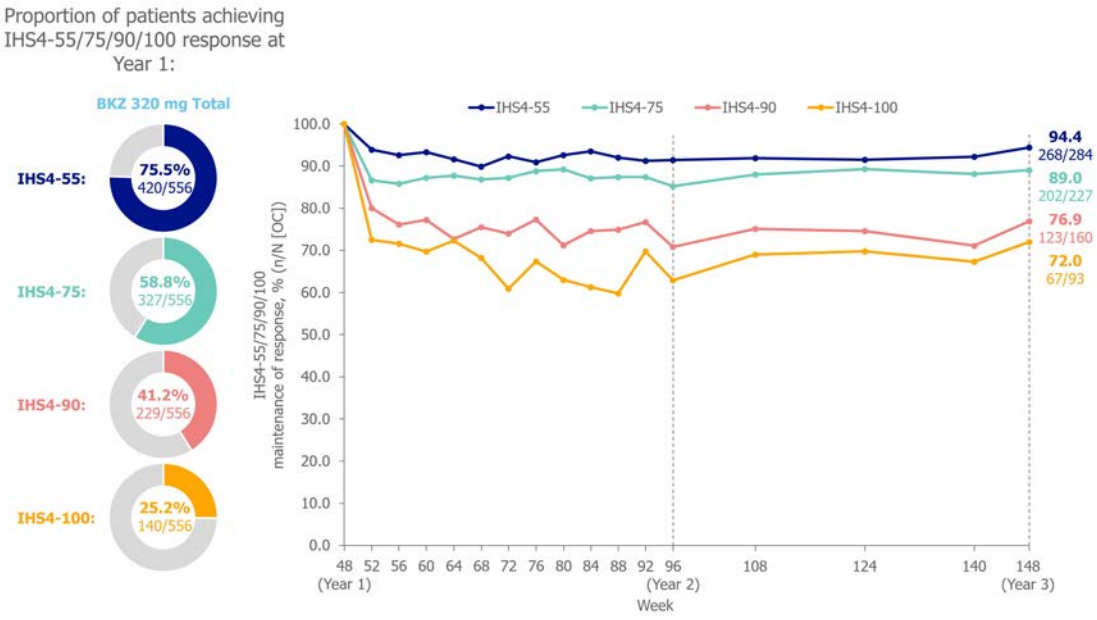
Results

Of the 1,014 patients in the BE HEARD I&II trials, 868 were randomised to BKZ at baseline. Of those, 556 patients completed Year 1 and entered BE HEARD EXT (BKZ Total).

At Year 1, 75.5%, 58.8%, 41.2% and 25.2% of patients achieved IHS4-55/75/90/100, respectively (**Figure**). At Year 3, over 90% of patients who achieved IHS4-55 at Year 1 maintained response; likewise, high proportions of patients maintained IHS4-75 response to Year 3. Among patients who achieved IHS4-90 and IHS4-100 (total resolution of inflammatory lesions) at Year 1, over 70% maintained their response to Year 3.

Of the 33.3% of patients with no impact of HS on HRQoL (HiSQOL total score ≤4) and 72.8% patients with no/mild impact (HiSQOL total score ≤14) at Year 1, 73.0% and 87.5% maintained their response at Year 3, respectively. At Year 1, 68.2% of patients reported DLQI 0–5, 86.3% of these patients maintained DLQI response at Year 3. Of the 27.4% of patients with DLQI 0/1 at Year 1, 70.3% maintained this response at Year 3. Of the 72.2% Year 1 HSSQ skin pain responders, most patients (91.8%) maintained their skin pain response to Year 3.

Figure. Maintenance of efficacy responses in Year 1 responders (IHS4-55/75/90/100) to 3 years



OLE set; BKZ Total group (N=556) which comprised patients randomised to BKZ 320 mg from baseline in BE HEARD I&II who completed Year 1 and entered BE HEARD EXT. Data are reported for patients who achieved IHS4-55/75/90/100 at Year 1 of BE HEARD I&II. OC, n/N: denominator represents number of patients with a non-missing lesion count assessment in the given week and percentages are calculated accordingly; changes to the denominator are due to missing visits and/or discontinuation from BE HEARD EXT. BKZ: bimekizumab; IHS4-55/75/90/100: International Hidradenitis Suppurativa Severity Score System-55/75/90/100; OC: observed case; OLE: open-label extension.

Conclusions

The high-level responses achieved with bimekizumab at Year 1 were sustained to Year 3 across lesion-based and patient-reported outcome measures, supporting the long-term benefit of bimekizumab in patients with HS.

References

1. Kaur AP. Skin Health Dis 2023;3:e214; **2.** Montero-Vilchez T. Int J Environ Res Public Health 2021;18:6709; **3.** Adams R. Front Immunol 2020;11:1894; **4.** Kimball AB. Lancet 2024;403:2504–19; **5.** BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2487

Therapeutic Potential of GLP-1–Based Therapies in Hidradenitis Suppurativa: A Systematic Review and Meta-Analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing immune-mediated inflammatory skin disease (IMID) characterized by painful nodules, abscesses, and draining tunnels in intertriginous areas, leading to substantial morbidity and impaired quality of life. Obesity and metabolic dysfunction (including insulin resistance and hyperglycemia) are common in HS and are associated with greater disease burden. Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and dual Glucose-dependent Insulinotropic Polypeptide (GIP) /GLP-1 RAs improve weight and glycemic control and may exert anti-inflammatory effects, making them plausible adjunctive therapies in HS. We conducted a systematic review and meta-analysis to evaluate the efficacy and safety of GLP-1–based therapies in HS.

Materials and Methods
This systematic review and meta-analysis followed PRISMA 2020 and Cochrane guidance and was registered prospectively (PROSPERO: CRD420251156865). MEDLINE (PubMed), Embase, Web of Science Core Collection, Scopus, and Cochrane CENTRAL were searched on December 13, 2025. We included randomized and nonrandomized studies (including case reports/series and conference abstracts with extractable data) enrolling HS patients treated with GLP-1 RAs or dual GIP/GLP-1 RAs, with or without comparators. Outcomes included disease activity improvement, Dermatology Life Quality Index (DLQI), pain score, changes in weight and body mass index (BMI), metabolic/inflammatory markers, and adverse events.

Results
Seventeen studies were included in qualitative synthesis and nine contributed to quantitative analyses. GLP-1–based therapy was associated with disease activity improvement, with a pooled proportion of 60% (95% CI, 0.50–0.70). Four studies (n=126) reported DLQI: in the primary analysis, DLQI decreased by 5.90 points (95% CI, −12.98 to 1.17). In sensitivity analysis excluding the dual GIP/GLP-1 study, DLQI improved by 4.00 points (95% CI, −6.02 to −1.98), representing a statistically significant and clinically meaningful reduction. Pain outcomes (4 studies, n=136) showed a similar pattern, becoming statistically significant after excluding the same study (−1.87; 95% CI, −3.06 to −0.68). Weight, BMI, and metabolic and inflammatory markers (including HbA1c and CRP) generally improved. Safety reporting was sparse; only one study reported treatment-emergent adverse events quantitatively (5% constipation).

Conclusions

GLP-1–based therapies were associated with improvements in HS disease activity, pain, quality of life, body weight, BMI, and HbA1c; however, the predominantly uncontrolled evidence base and very low certainty of evidence require confirmation in prospective controlled trials.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2505

Facial hidradenitis suppurativa in skin of colour utilizing artificial intelligence-based infrared thermography for point-of-care inflammation assessment

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Introduction

Facial hidradenitis suppurativa (HS) is a rarely reported and underrecognised phenotype, with even fewer descriptions in individuals with skin of colour. Facial HS can be difficult to diagnose and distinguish from acne vulgaris, and in darker pigmented skin, post-inflammatory hyperpigmentation, extensive scarring, and the absence of visible erythema, it is particularly challenging to delineate active inflammatory disease from chronic post-inflammatory change. Infrared thermography (IRT) offers a non-invasive means of quantifying cutaneous inflammation through skin surface temperature mapping, irrespective of skin colour. A handheld artificial intelligence (AI)-based IRT device, attachable to a standard smartphone, enables point-of-care quantification of HS-affected area and thermal patterns to guide clinical assessment and track real-time inflammatory changes over follow-up.

Case Presentation

A 44-year-old female, Fitzpatrick skin type V, with a 15-year history of HS presented with marked cribriform scarring across the mental and right perioral region. Violaceous borders at the margins of facial lesions suggested active perilesional inflammation. A diagnosis of facial HS was supported on clinical grounds by the characteristic cribriform scar morphology, distribution, and established prior diagnosis of HS. Biopsy was deferred due to a history of keloid scarring. Full skin examination identified several inframammary nodules and minimal active disease at axillary, groin, and gluteal sites. The patient had been taking metformin for type 2 diabetes mellitus for more than 6 months prior to initial assessment. Tazarotene 0.045% lotion was initiated at the first visit, titrated up to daily application to the face. The patient declined oral antibiotics, expressing a preference for exclusively topical treatment at this time. Written informed consent was obtained from the patient for publication.

Facial HS was assessed with AI-based IRT imaging at the initial visit and at 15-week follow-up. Quantitative outputs included HS-affected skin area (AI-HS-Area, cm^2), generated from an AI algorithm based on user-guided lesion tracing, thermally active inflammatory area (cm^2), defined as area exceeding 1.5 °C above adjacent unaffected control skin, and maximum temperature differential from control skin temperature (°C). At the initial visit, thermally active area measured 2.58 cm^2, with a maximum temperature differential of 2.55 °C localized to the violaceous borders at the lesion margins, mapping to the area of clinically suspected active inflammation. At 15-week follow up, the thermally active area on IRT had fully resolved. Clinically, the patient reported marked subjective improvement including reduced pore congestion and improved skin texture. Regression of violaceous borders was observed on clinical examination, consistent with reduced perilesional inflammatory activity, and IRT

findings corroborated this improvement.

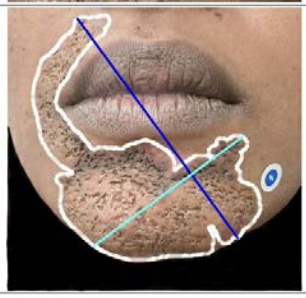
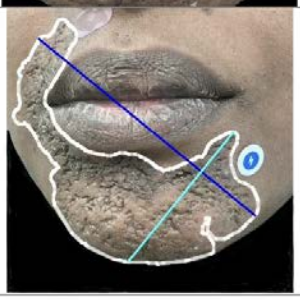
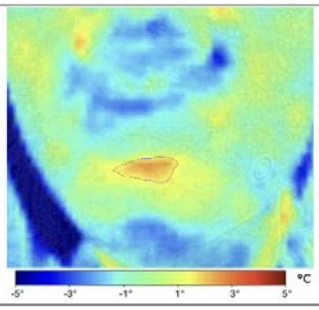
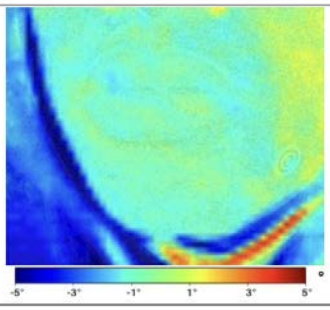
	Baseline (Week 0)	Week 15 Post treatment with Tazarotene 0.045% lotion
Facial HS Lesion Morphology		
AI-Trace		
AI-HS-Area (cm^2)	26.3	22.1
IRT Image		
Thermally Active Area (cm^2)	2.58	0
Max Temp Difference from Control (°C)	2.55	1.30

Figure 1. Changes in facial hidradenitis suppurativa (HS) over 15 weeks following treatment with topical tazarotene 0.045% lotion. Clinical photographs demonstrate regression of violaceous borders at follow-up, consistent with reduced perilesional inflammatory activity, supported by reduction in skin temperature on infrared thermography (IRT). Thermal images were acquired using the Swift Ray 1 hyperspectral imaging device paired with the Swift Skin and Wound smartphone application (Swift Medical, Toronto, ON, Canada). HS-affected skin area (AI-HS-Area) was defined as lesion area traced on the smartphone application with automated area calculation. Thermally active area was defined as regions with surface temperatures ≥1.5°C above the control temperature measured on adjacent unaffected skin.

Conclusion

This case report provides proof-of-concept for handheld AI-based IRT as an objective, point-of-care adjunctive tool for monitoring inflammatory activity and treatment response in facial HS. IRT offers quantitative, reproducible outputs that complement visual assessment, with particular utility in individuals with darker skin phototypes where erythema-based assessment may be unreliable. The demonstration of violaceous border regression alongside objective thermal normalization highlights the potential of IRT to help capture clinically meaningful change in pigmented skin.

EA DV CONGRESS
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Abstract N°: 2515

Insulin Resistance in Hidradenitis Suppurativa Is Primarily Associated with Overweight and Obesity: A Case–Control Study

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with significant systemic comorbidities, particularly obesity and metabolic syndrome. Insulin resistance (IR) has been proposed as a potential link between HS and metabolic dysfunction, although it remains unclear whether IR is independently related to HS or primarily driven by associated metabolic factors. This study aimed to evaluate the prevalence of IR in HS patients compared to matched controls and to investigate its association with obesity and metabolic syndrome.

Materials and Methods
A retrospective observational case–control study was conducted at a tertiary dermatology referral center between March 2020 and December 2022. Patients aged ≥15 years with clinically diagnosed HS, defined by established criteria including typical lesions, characteristic locations, and chronicity, were included. Controls without immune-mediated inflammatory diseases were selected and matched for age, sex, and body mass index (BMI). Data were obtained through electronic medical record review, including clinical, anthropometric, and laboratory variables. Disease severity was assessed using Hurley staging and the International Hidradenitis Suppurativa Severity Score System (IHS4). Metabolic parameters included fasting glucose, insulin, glycated hemoglobin (HbA1c), erythrocyte sedimentation rate (ESR), and C-reactive protein (CRP). Insulin resistance was defined as HOMA-IR >2.71, based on validated cutoffs for the Brazilian population. Statistical analysis included descriptive statistics and association measures using odds ratios (OR) with 95% confidence intervals (CI), with significance set at $p<0.05$.

Results
A total of 70 individuals were included (37 HS patients and 33 controls), with adequate matching between groups. HS patients exhibited a prolonged diagnostic delay, with a mean interval of 11 years between symptom onset and diagnosis. The cohort demonstrated predominantly moderate-to-severe disease, with a mean IHS4 score of 13 and 48.6% classified as Hurley stage III. The mean BMI among HS patients was 30.29 kg/m^2, with only five individuals having normal weight, while 45% were overweight and 40% obese. Metabolic syndrome was identified in 48.6% of HS patients. Comorbidities were present in 61% of cases, and 35.1% were active smokers.
Mean HOMA-IR values were higher in HS patients (3.80) compared to controls (3.04), and IR prevalence was greater in the HS group (54.1% vs. 33.3%), showing a positive trend but without statistical significance (OR 1.62; $p=0.09$). In contrast, strong associations were observed between IR and obesity (OR 2.68; $p<0.0001$) and metabolic syndrome (OR 2.90; $p<0.0001$). Importantly, none of the normal-weight HS patients presented IR or metabolic syndrome. Additionally, HS patients exhibited significantly higher levels of inflammatory markers, including ESR and CRP, reinforcing the presence of systemic inflammation.

Conclusions
Although insulin resistance was more prevalent among patients with hidradenitis suppurativa, it was not

independently associated with the disease. Instead, IR appears to be primarily driven by obesity and metabolic syndrome, which are highly prevalent in this population. These findings suggest that metabolic dysfunction plays a central role in the systemic profile of HS and reinforce the importance of comprehensive metabolic evaluation in affected patients. Routine screening for metabolic syndrome and insulin resistance should be considered, particularly in overweight and obese individuals. Furthermore, weight management strategies and multidisciplinary care may represent key components in improving overall outcomes. Future studies focusing on HS patients with normal BMI are warranted to clarify whether HS alone contributes to insulin resistance.

EA DV CONGRESS
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Abstract N°: 2522

Multi-marker serum signature of intestinal barrier alteration in rosacea: severity-independent D-lactate and claudin-3 elevation along the gut–skin axis

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Introduction
Gastrointestinal comorbidities are increasingly recognized in rosacea, but whether this association reflects measurable intestinal barrier alteration remains unclear. Existing evidence is limited by single-marker approaches that capture only one aspect of barrier biology at a time.

To concurrently evaluate four serum biomarkers reflecting distinct aspects of intestinal barrier function (D-lactate, claudin-3, intestinal fatty acid–binding protein [I-FABP], and zonulin family peptides [ZFPs]) in patients with rosacea and age- and sex-matched healthy controls, and to examine their relationships with cutaneous severity, gastrointestinal symptom burden, and quality of life.

Materials and Methods
This prospective case–control study enrolled 44 patients with rosacea diagnosed per the 2017 National Rosacea Society Expert Committee phenotype-based criteria and 44 age- and sex-matched healthy controls. Exclusion criteria for both groups included autoimmune or inflammatory skin disease, malignancy, active infection, immunosuppressive therapy, and known gastrointestinal disease (inflammatory bowel disease, celiac disease, irritable bowel syndrome). Body mass index, dietary intake (assessed by food frequency questionnaire), and Empirical Dietary Inflammatory Index (eDII) not differ significantly between groups, mitigating major confounders. Severity was graded by Investigator Global Assessment (IGA) and Rosacea Symptom Score (RSS); quality of life by RosaQoL; gastrointestinal symptom burden by a structured composite questionnaire. Serum D-lactate was measured by colorimetric enzymatic assay; claudin-3, I-FABP, and ZFPs were quantified by sandwich ELISA. These markers were selected to represent complementary domains of barrier biology: bacterial translocation, tight-junction structural integrity, enterocyte injury, and permeability regulation. Group comparisons used Mann–Whitney U tests, associations Spearman correlation, and independent factors were identified by multivariable logistic regression.

Results
Rosacea patients exhibited markedly elevated D-lactate (median 0.85 vs 0.36 mmol/L; $p<0.001$; Cohen's $d=1.43$), claudin-3 (6.02 vs 3.94 ng/mL; $p<0.001$; $d=0.66$), and ZFPs (18.19 vs 10.59 ng/mL; $p=0.013$; $d=0.56$), whereas I-FABP did not differ between groups ($p=0.078$; post-hoc power 26%). Biomarker levels were independent of cutaneous severity, with no correlations with IGA or RSS and no differences across IGA strata. In multivariable logistic regression, D-lactate was the only biomarker independently associated with rosacea group membership (OR 4.93, 95% CI 1.35–18.08; $p=0.016$). Within the rosacea group, ZFPs uniquely correlated with both gastrointestinal symptom burden ($r=0.35$; $p=0.018$) and RosaQoL total score ($r=0.36$; $p=0.016$); D-lactate and claudin-3 showed no such associations.

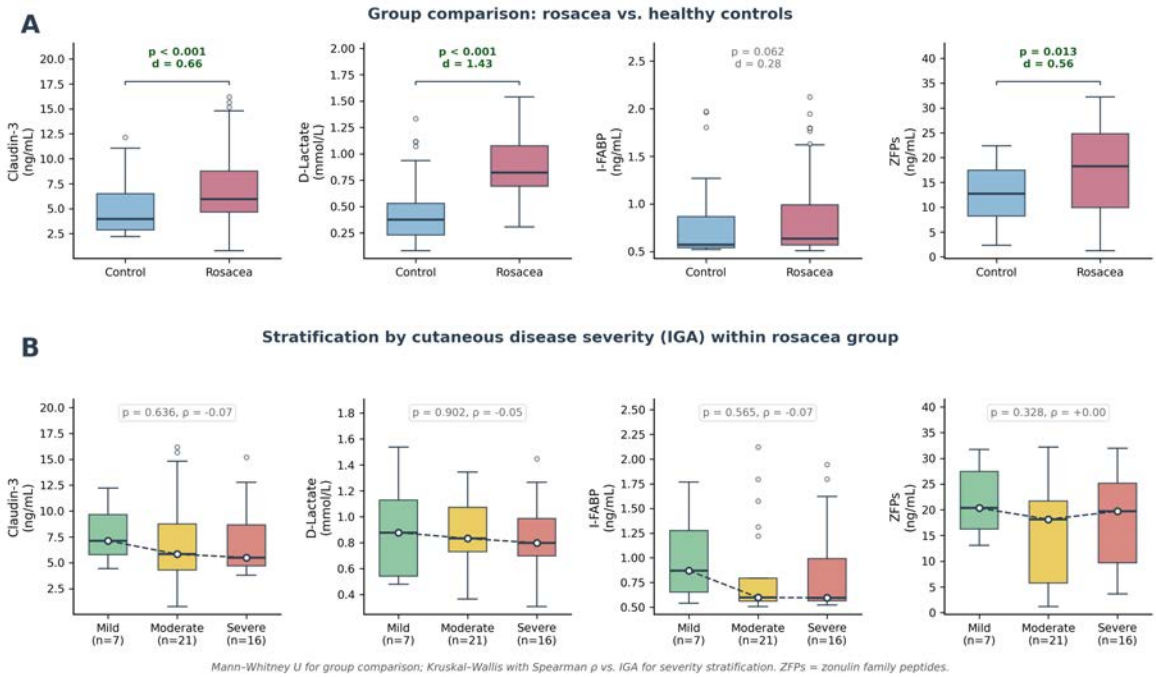

Figure 1. Composite display of intestinal barrier biomarker behaviour in rosacea. (A) Group comparison between healthy controls (n=44) and rosacea patients (n=44) for serum claudin-3, D-lactate, I-FABP and zonulin family peptides (ZFPs); p-values from Mann–Whitney U; Cohen's d shown for each comparison. (B) Stratification of biomarker levels within the rosacea group by cutaneous severity (Investigator Global Assessment; Mild IGA=1, Moderate IGA=2, Severe IGA≥3); Kruskal–Wallis p-values and Spearman ρ vs. continuous IGA shown for each marker.

Conclusions

Rosacea patients displayed a heterogeneous, severity-independent serum signature of intestinal barrier alteration: D-lactate—measured by an antibody-independent assay—was the strongest and only independently associated signal, while ZFPs uniquely linked gastrointestinal symptoms and quality of life. The absence of I-FABP elevation, given limited statistical power, leaves the question of histological enterocyte injury open. These findings highlight intestinal barrier-related serum alterations in rosacea as a potential complementary disease dimension, warranting longitudinal and mechanistic investigation.

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Abstract N°: 2559

A Multi-view Elastic-Net Regularised Logistic Regression Framework for Predicting 52-Week Drug Survival of Patients with Hidradenitis Suppurativa Receiving Adalimumab

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Introduction
Predicting long-term drug survival in patients with hidradenitis suppurativa (HS) receiving adalimumab remains challenging, particularly in real-world cohorts with limited sample sizes and heterogeneous baseline phenotypes. We aim to develop a machine learning baseline prediction model for 52-week drug survival in HS patients starting adalimumab using routinely available clinical and laboratory variables.

Materials and Methods
In this single-centre, retrospective study, patients with moderate-to-severe HS receiving standard-dose adalimumab were enrolled. Patients were excluded if they had incomplete baseline data, received high-dose adalimumab, required concomitant immunosuppressive therapy, or discontinued treatment before response could be assessed. The primary outcome was 52-week drug survival. We developed a multiview elastic-net regularized logistic regression framework (HS-MV-ENLR) integrating four complementary baseline views: (1) disease severity —Hurley stage and involved anatomical regions; (2) inflammatory and metabolic profile—C reactive protein, erythrocyte sedimentation rate, and complete blood count–derived systemic inflammation indices (neutrophil-to-lymphocyte ratio, platelet-to-lymphocyte ratio, monocyte-to-lymphocyte ratio, pan-immune-inflammation value), together with fasting glucose, LDL cholesterol, and triglycerides; (3) demographic and lifestyle factors—age, sex, body mass index, and smoking history; and (4) disease and treatment history—diagnostic delay, treatment interval, prior systemic therapies (isotretinoin, acitretin, cyclosporine, systemic corticosteroids, prior biologics), concurrent medications during adalimumab therapy, HS-related surgical history, and comorbidities (inflammatory bowel disease, spondyloarthritis, diabetes mellitus, hypertension, dyslipidaemia, pyoderma gangrenosum, psychiatric diagnoses). View-specific probabilities were combined through a second-stage elastic-net meta-calibrator with local-similarity augmentation. Model development was performed on the training cohort using repeated nested cross-validation. Final model performance was then explored on previously unseen independent test cases.

Results
The final cohort comprised 65 patients (46 male, 70.8%), with a mean age of 41.6 ± 15.1 years. Hurley stage II was present in 55.4% of patients and Hurley stage III in 44.6%. The 52-week drug survival rate was 46.2%. The model was trained on 59 patients and validated on an independent test set of 6 patients. During repeated nested cross-validation on the training cohort, the model achieved a mean ROC-AUC of 0.564 ± 0.083, balanced accuracy of 0.569 ± 0.038, sensitivity of 0.537 ± 0.180, specificity of 0.600 ± 0.210, F1-score of 0.533 ± 0.106, Matthews correlation coefficient of 0.160 ± 0.111, and Brier score of 0.298 ± 0.047. In the independent verification on 6 previously unseen patients, 5 of 6 cases were correctly classified (accuracy 0.833), with sensitivity

1.000, specificity 0.800, balanced accuracy 0.900, Matthews correlation coefficient 0.632, ROC-AUC 0.800, and Brier score 0.189.

Conclusions

This study shows that baseline demographic, clinical and laboratory data can be combined into a structured prediction model for 52-week adalimumab drug survival in HS. Given the small sample size, binary endpoint, and clinical heterogeneity of HS, these values should be interpreted as exploratory model development results rather than definitive performance estimates. Discrimination remained modest in training-cohort internal validation, whereas independent verification on six unseen test cases yielded stronger case-level classification performance. These findings suggest that elastic-net-based multiview modelling is a reasonable methodological foundation for small HS datasets. However, further refinement of feature selection, thresholding strategy, and validation in larger pretreatment cohorts is required before clinical use.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2562

Histological Evaluation of Architectural Alterations in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disorder that typically affects intertriginous areas. Clinically, it is characterized by recurrent inflammatory lesions, including nodules, abscesses, and drainage, accompanied by progressive structural remodeling that ultimately results in rope-like scar formation. Current systemic therapies, such as tumor necrosis factor (TNF)-α and interleukin (IL)-17 inhibitors, primarily target the inflammatory component of the disease. However, the management of the resulting structural alterations remains challenging, with surgical intervention representing the most commonly employed treatment approach. In this study, we characterize the architectural alterations observed in HS histopathology to identify potential therapeutic targets.

Materials and Methods

In this retrospective cohort study, we assessed H&E-stained histologic specimens of 150 HS lesions. Assessed variables include presence of cystically dilated follicles, sinus tracts, necrosis, granulation tissue, and sebaceous gland changes. Additionally, the area of fibrosis and average hair count per mm were evaluated. Based on overall architectural changes, structural damage (“stage”) was graded as mild, moderate, or severe.

Results

Of 150 HS slides assessed, structural damage was mild, moderate, and severe in 16 (10.7%), 42 (28.05), and 91 (60.7%) cases, respectively. One case (0.7%) showed no signs of structural alteration and was excluded from further analysis. In mild disease states (n=16), the inflammatory grade was predominantly mild (n=8, 50.0%). In contrast, moderate stages (n=42) showed moderate (n=19, 45.2%) or (n=13, 31.0%) severe inflammation, while severe stages (n=91) were characterized mainly by severe inflammation (n=49, 64.8%). The predominant cell type across all grades were lymphocytes or plasma cells. Although mild lesions showed occasional cystically dilated follicles (n=6, 37.5%), sinus tracts (n=5, 31.3%), and rupture (n=6, 37.5%), sebaceous gland loss (n=9, 56.3%) reflecting ongoing fibrotic processes was already a common feature in early disease. Compared with mild stages, moderate and severe HS stages demonstrated a higher prevalence of cystically dilated follicles (n=28, 66.7%; n=58, 63.7%), sinus tract formation (n=22, 52.4%; n=75, 82.4%), and rupture (n=17, 40.5%; n=68, 74.7%). The prevalence of necrosis and granulation tissue increased progressively from mild to moderate to severe stages (n=2, 12.5%; n=9, 21.4%; n=44; 48.4% and n=1, 6.3%; n=9, 21.4%, n=33; 36.3%). Similarly, the relative area of fibrosis increased (23.0% [10.4-38.9%]; 41.9% [28.7-66.7%]; 76.9% [56.3-100.0%]), while the median number of hair follicles per mm decreased (0.2 [0.1-0.5], 0.2 [0.1-0.4], 0.1 [0.0-0.2]).

Conclusions

Histologic assessment of HS lesion architecture revealed that even mild disease stages show early structural changes, including cystically dilated follicles, sinus tracts and fibrosis, with increasing prevalence or extent across

more advanced disease. Consequently, patients with HS may benefit from therapies targeting follicular occlusion and fibrosis, even from the earliest stages of disease onward.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2577

ACNE IN DARK PHOTOTYPES: A STUDY OF 146 PATIENTS

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Introduction

Acne is a common dermatological condition that may present specific features in dark phototypes (Fitzpatrick IV–VI). These patients are particularly prone to post-inflammatory hyperpigmentation (PIH), often more distressing than active lesions. Data on acne characteristics in this population remain limited. This study aimed to compare clinical, therapeutic, and outcome features of acne according to phototype.

Materials and Methods

We conducted a retrospective observational and comparative study over 4 years (2022–2026) including 146 patients with clinically confirmed acne and defined phototype. Patients were divided into light phototypes (I–III) and dark phototypes (IV–VI). Clinical severity (GEA grading), lesion types, distribution, PIH, scarring patterns, treatments, and quality of life (DLQI) were analyzed.

Results

The mean age was 24 years (range 9–48), with female predominance (72.6%). Most patients had phototype III (69.9%), followed by IV (19.2%) and V–II (5.5%); no phototypes I or VI were recorded. Acne duration exceeded 1 year in 45.1% of cases. Main triggers included stress and diet (10.3%), PCOS (2.8%), menstrual disorders (11.3%), and cosmetic use (4.8%). Inflammatory acne predominated (50.7%), followed by mixed inflammatory (22.6%), mixed comedonal (11%), and comedonal (11%). Severe forms were rare (acne keloidalis 2.7%, fulminans 1.4%, conglobata 0.7%). In dark phototypes, inflammatory (48.6%) and mixed inflammatory forms (32.4%) were most frequent. Severe forms (keloidalis 5.4%, fulminans 2.7%, conglobata 2.7%) were more common than in light phototypes. Lesions involved mainly the face (96%), especially cheeks (82.9%) and forehead (74%), with frequent trunk involvement (38.4%). Moderate to severe acne (GEA 3–5) was present in 72.5% before treatment, improving after therapy, with 73.8% reaching GEA 0–1. PIH was observed in 62.3% overall, significantly more frequent in dark phototypes (75.7% vs 58.7% in light phototypes). It was mostly facial (89%) and ranged from mild to severe in 55.1% of cases. Scarring was present in 83.3% of patients. Pigmented scars were the most frequent type (90%). In dark phototypes, hyperpigmented scars were more common (81.1% vs 72.5%), followed by ice-pick scars (59.5%). Keloid scars were also more frequent in dark phototypes (5.4% vs 1.8%). Treatments included topical retinoids and benzoyl peroxide (60.3%), oral antibiotics (56.2%), isotretinoin (27.4%), hormonal therapy (19%), and procedural treatments (7%). Quality of life was significantly impaired at baseline (mean DLQI 15.13), with body image disturbance in 78.8% of patients. After treatment, DLQI improved to 7.6, reflecting significant quality-of-life improvement.

Conclusions

Acne in dark phototypes is characterized by a predominance of inflammatory forms and a significantly higher risk of post-inflammatory hyperpigmentation and pigmentary scarring. These patients also show greater psychological impact. Early and tailored management is essential to reduce cutaneous and psychosocial sequelae, emphasizing phototype-adapted therapeutic strategies.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2578

Frequency of Lipid Profile and Liver Enzyme Abnormalities in Patients Treated with Oral Isotretinoin for Acne: A Study of 40 Patients

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Introduction
Oral isotretinoin is the gold standard treatment for severe acne due to its efficacy in reducing inflammatory lesions and preventing scarring. However, it may induce hepatic and lipid abnormalities, the frequency, severity, and associated factors of which remain variable across studies. Assessing these abnormalities and their reversibility is essential to optimize biological monitoring and ensure treatment safety.

Materials and Methods
We conducted a retrospective, observational, longitudinal study including adult patients treated with oral isotretinoin for acne between January 2022 and January 2026. The primary objective was to determine the frequency of hepatic and lipid abnormalities in patients treated with isotretinoin. Inclusion criteria were adult patients with complete medical records, without pre-existing liver disease or exposure to hepatotoxic drugs. Patients treated for other indications or who discontinued treatment before three months were excluded.

Biological monitoring included liver enzymes (ALT, AST) and lipid profile (triglycerides, total cholesterol), graded from 0 to 4 according to severity. Grade 0 corresponded to normal values, while grade 4 indicated severe elevation. An abnormality was defined as grade ≥1. Therapeutic adjustments and reversibility of abnormalities were recorded.

Results
The study included 40 patients receiving oral isotretinoin. The mean age was 22.7 years (range: 16–48), reflecting a predominantly young population of adolescents and young adults. Sex distribution was equal (50% female, 50% male).

Regarding phototype, type III was predominant (75%), followed by types IV (15%), V (5%), and II (5%). Overall, light phototypes (II–III) accounted for 80% of the cohort, while dark phototypes (IV–V) represented 20%. The mean body weight was 68.15 kg (range: 48–102 kg), with most patients between 50 and 75 kg, indicating a non-obese young population.

Acne was predominantly severe to very severe according to the GEA score, with 45% grade 5 and 32.5% grade 4. Moderate acne (grade 3) accounted for 22.5%. Thus, 77.5% of patients had severe to very severe acne (GEA ≥4), justifying isotretinoin use. Indications were mainly severe acne (77.5%), high scarring risk (10%), and failure of conventional therapy (mainly tetracyclines) in 32.5%.

Mean treatment duration was 7.8 months (range: 2–12 months), with individualized dosing based on severity and

tolerance. The initial daily dose was 20 mg/day in 87.5% and 10 mg/day in 12.5%. The cumulative dose ranged from 2,430 to 12,900 mg, with a median of 7,560 mg.

All patients had normal baseline biological values (grade 0). Regarding hepatic parameters, ALT elevation occurred in 2.5% at month 1 (grade 1) and in 5% at month 3 (grade 2). At the end of treatment, only 2.5% still had grade 1 elevation. AST elevation was observed in 2.5% at month 1 only, with no further abnormalities.

Regarding lipids, hypertriglyceridemia was observed in 5% at month 1 (grade 1), and in 5% at month 3 (grades 1–2), with complete normalization at treatment end. Hypercholesterolemia occurred in 7.5% at month 1 (grade 1), and in 5% at month 3 (grades 1–2), with full recovery thereafter.

Overall, biological abnormalities were rare, mostly grade 1, occasionally grade 2, and no grade ≥3 toxicity was recorded. Treatment was continued without modification in 92.5% of patients, while 7.5% required dose reduction only. All abnormalities were fully reversible in 100% of cases within 2–3 months.

Conclusions

In our cohort, hepatic and lipid abnormalities during oral isotretinoin therapy were rare, mild, and transient, with complete reversibility within 2–3 months. Most patients continued treatment without modification, and dose adjustment was sufficient in a minority of cases. These findings confirm that oral isotretinoin is effective, well tolerated, and safe when appropriate biological monitoring is implemented.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2581

Drug-target Mendelian randomization provides genetic evidence for protective effects of GLP1R agonism against hidradenitis suppurativa and psoriasis

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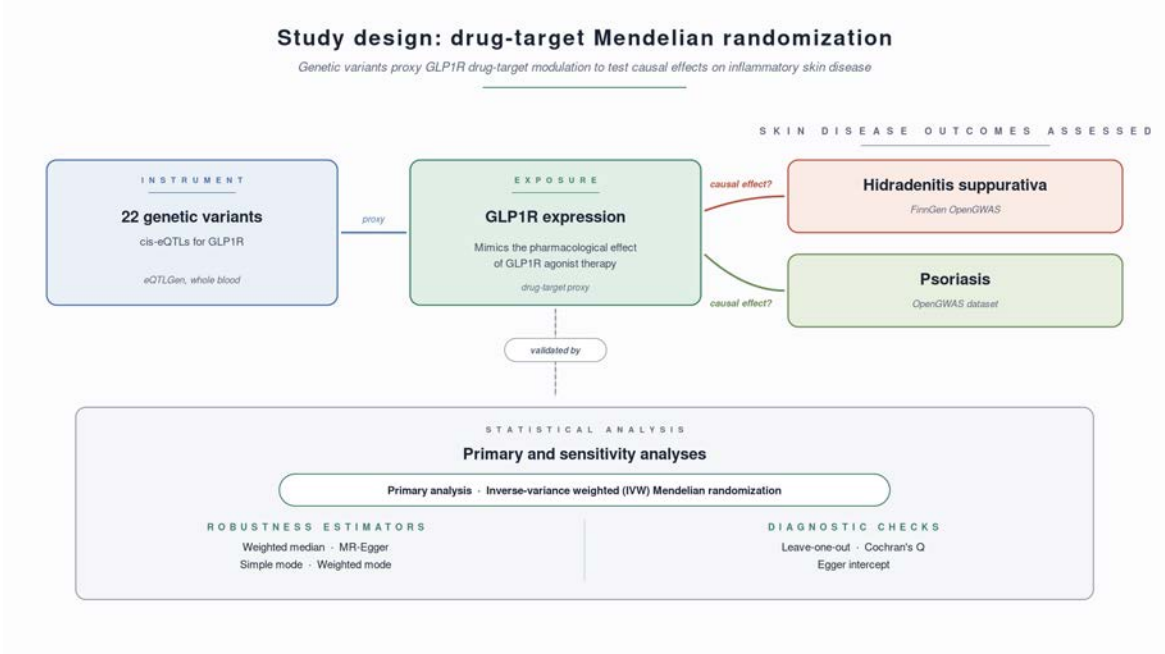
Introduction

Hidradenitis suppurativa (HS) and psoriasis are chronic inflammatory skin diseases with strong links to obesity, insulin resistance, and the metabolic syndrome. Glucagon-like peptide-1 receptor (GLP1R) agonists are established treatments for type 2 diabetes and obesity, and have recently attracted growing dermatological interest. However, human genetic evidence supporting GLP1R as a therapeutic target in inflammatory skin disease remains limited. Drug-target Mendelian randomization (MR) uses genetic variants regulating a drug target's expression to estimate the causal effect of target modulation on disease. It provides human genetic evidence for drug repurposing, robust to confounding and reverse causation. We applied drug-target MR to test whether genetically proxied GLP1R agonism modulates the risk of HS and psoriasis.

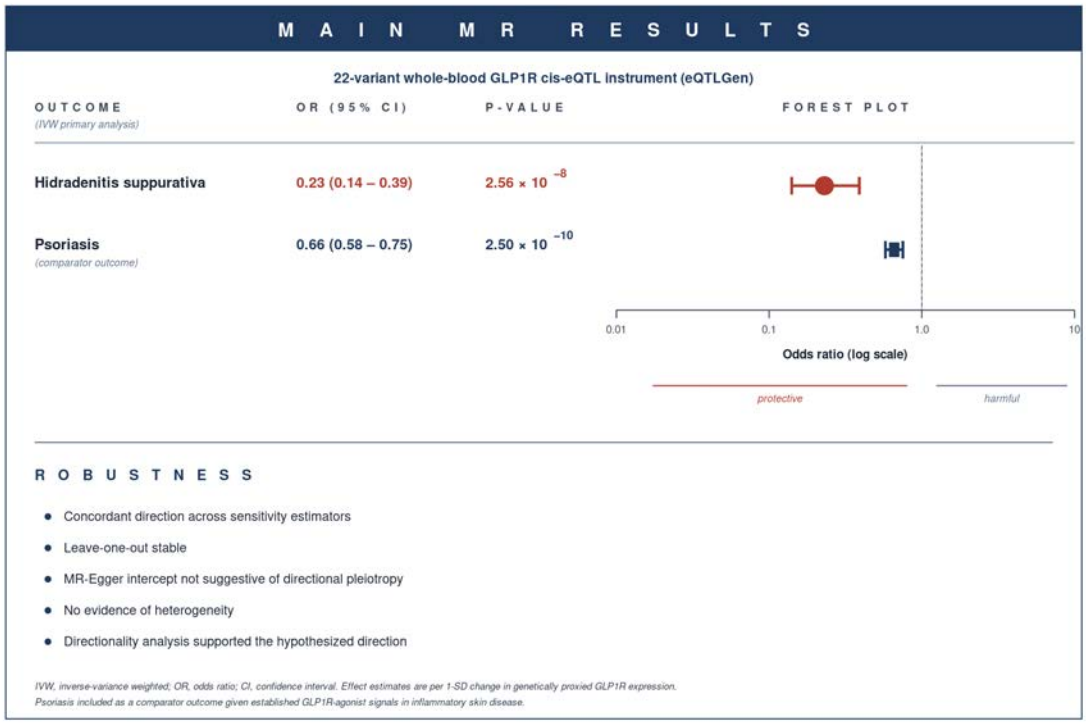
Materials and Methods

We performed two-sample drug-target Mendelian randomization using a previously published 22-variant whole-blood cis-eQTL instrument for GLP1R expression based on eQTLGen summary statistics (n=31,684). Outcomes were hidradenitis suppurativa from FinnGen and psoriasis (dataset ebi-a-GCST90019017), both accessed via OpenGWAS. The primary analysis used inverse-variance weighted (IVW) Mendelian randomization. Robustness was assessed using weighted median, MR-Egger, simple mode, and weighted mode estimators, with leave-one-out analysis, Cochran's Q heterogeneity test, and MR-Egger intercept pleiotropy test. All 22 variants showed strong instrument strength (F-statistics 47.2–52.9; mean F = 51.1), well above the conventional threshold of 10.



Results

Higher genetically proxied GLP1R expression predicted a lower risk of both inflammatory skin diseases. For HS, the IVW estimate showed 77% lower odds (OR 0.23, 95% CI 0.14–0.39; $p=2.56\times10^{-8}$). For psoriasis, a 34% reduction was observed (IVW OR 0.66, 95% CI 0.58–0.75; $p=2.50\times10^{-10}$). Sensitivity analyses were directionally concordant for both outcomes, with no evidence of directional pleiotropy or heterogeneity, and leave-one-out analysis showed no single variant drove either result. The magnitude of protection was notably stronger for HS than for psoriasis with non-overlapping confidence intervals.



Conclusions

This study provides human genetic evidence that GLP1R agonism is causally linked to lower risk of both HS and psoriasis, with robust and consistent signals across multiple analytical approaches. The protective effect was particularly pronounced for HS, supporting GLP1R as a novel therapeutic target in this disease. These findings support clinical evaluation of GLP1R agonists in inflammatory skin disease, particularly hidradenitis suppurativa.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2589

GLP-1 RECEPTOR AGONISTS AND GLP-1/GIP AGONISTS ARE ASSOCIATED WITH REDUCED MORTALITY, CARDIOMETABOLIC AND PSYCHIATRIC RISK IN HIDRADENITIS SUPPURATIVA: A LARGE-SCALE REAL-WORLD COHORT STUDY

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease strongly associated with obesity, type 2 diabetes mellitus (T2D), and systemic comorbidities, contributing to increased morbidity and mortality. GLP-1 receptor agonists (GLP-1RAs) and dual GLP-1/GIP agonists are widely used for metabolic disease, but their systemic effects beyond metabolic control in HS remain unclear. This study aims to compare all-cause mortality, cardiovascular, rheumatologic, metabolic, psychiatric, and non-communicable inflammatory outcomes in HS patients with T2D or obesity treated with GLP-1RAs/tirzepatide versus alternative metabolic medications.

Materials and Methods

This retrospective cohort study used the US TriNetX Collaborative Network. Adults (≥18 years) with HS and T2D or obesity (ICD-10 codes E65–E68) were included and stratified by exposure to GLP-1RAs or tirzepatide (≥1 year) versus alternative antidiabetic or anti-obesity therapies. Patients with prior bariatric surgery were excluded. Propensity score matching (PSM) (1:1) was performed. Outcomes were assessed over 2 years and included mortality and cardiovascular, rheumatologic, metabolic, psychiatric, and inflammatory events. Hazard ratios (HRs) with 95% confidence intervals (CI) were estimated using Cox proportional hazards models. Sensitivity analyses and benchmark analyses were conducted.

Results

A total of 14,863 patients were included in the primary analysis, comprising 8,564 GLP-1RA/tirzepatide users and 6,299 controls. After PSM, GLP-1RA/tirzepatide treatment was associated with significantly reduced all-cause mortality (HR 0.240, 95% CI 0.145–0.395, p<0.0001). Cardiovascular risk was significantly reduced, including major adverse cardiovascular events (MACE) (HR 0.612, 95% CI 0.500–0.749; p<0.0001), myocardial infarction (HR 0.661, 95% CI 0.489–0.894; p=0.0068), stroke (HR 0.631, 95% CI 0.451–0.884; p=0.0069), heart failure (HR 0.505, 95% CI 0.395–0.645; p<0.0001), ischemic heart disease (HR 0.748, 95% CI 0.606-0.922, p=0.0063), and conduction disorders (HR 0.725, 95% CI 0.556-0.945, p=0.0170).

Psychiatric outcomes were also significantly reduced, including suicidal ideation (HR 0.379, 95% CI 0.249–0.578; p<0.0001), substance use disorder (HR 0.578, 95% CI 0.455–0.733; p<0.0001), and depression (HR 0.779, 95% CI 0.670–0.906; p=0.0012).

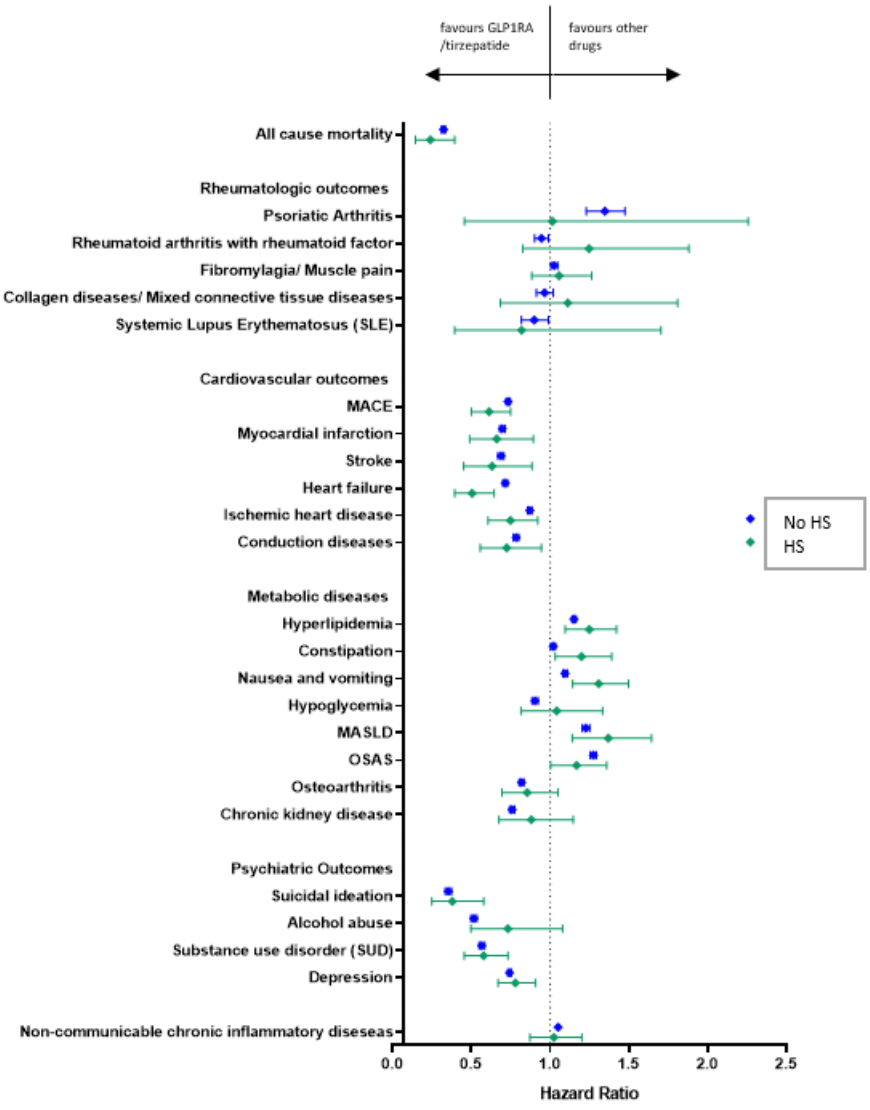
No significant differences were observed for rheumatologic or inflammatory outcomes. Metabolic adverse events included increased risks of hyperlipidemia (HR 1.248), metabolic dysfunction-associated steatotic liver disease (HR

1.369), and nausea/vomiting (HR 1.308). Findings remained robust across sensitivity analyses.

In non-HS cohorts, significant reductions were observed in mortality as well as cardiometabolic and psychiatric outcomes; however, effect sizes were larger in HS cohorts for all-cause mortality and cardiovascular outcomes.

Conclusions

In patients with HS and obesity or T2D, GLP-1RAs and tirzepatide are associated with reduced mortality, cardiovascular and psychiatric risk without increasing inflammatory or rheumatologic outcomes. These findings suggest potential systemic benefits of incretin-based therapies beyond metabolic control and support their relevance in the management of HS.



Forest plot of hazard ratios for all outcomes in patients with hidradenitis suppurativa (HS) and without HS receiving GLP-1RA/tirzepatide versus alternative metabolic therapies

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2592

Dermocosmetics as the complemetary treatment in moderate and severe acne vulgaris – multicentre observational study

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Introduction

Acne vulgaris, a common and chronic disorder of the pilosebaceous unit, affects up to 85% of adolescent and young adults. The pathogenesis of acne is multifactorial, based on four distinct processes: increased sebum production, alteration of keratinization processes leading to comedone formation, follicular colonization by Cutibacterium acnes (C. acnes) and inflammatory mediators around pilosebaceous unit. Topical (benzylperoxide, retinoids, azelaic acid etc) and oral (isotretinoin) medications can cause some side effects like dryness, irritation and erythema. The correct choice and use of topical dermocosmetics are fundamental in the management of acne patients. Daily use of moisturizers, cleansers and sunscreens can reduce both inflammatory and non-inflammatory acne lesion counts and may be helpful for acne treatment if combined with specific drugs

Materials and Methods

The total 253 patients over 13 yearrs of age with moderate and severe acne were included in the study. Group 1 : 103 patients with moderate acne treated with topical combination of adapalen and benzyl peroxide were selected for skin care routine 1 (cleansing gel and moisturizing cream containing ceramides) while Group 2: Group 150 patients with severe acne treated with oral isotretinoin were selected for skin care routine 2 (cleansing emulsion and moisturizing cream containing ceramides). These skin care routines were applied twice daily for 12 weeks. The efficacy was evatuated by survey questionnaires comleted by the doctors and patients respectively

Results

After 12 weeks of combined treatment the intensity of acne decreased significantly in both groups (Group 1- 11% , Group 2 – 44%) as well as postinflammatory erythema and hyperpigmentations . 93% of patients were satisfied with skin care routineas and 98% of physicians admitted their positive support on the effects of treatment

Conclusions

Dermocosmetics are useful treatment adjuncts for acne and have been shown to improve the clinical signs of acne, reduce transepidermal water loss and modify sebum production. Dermocosmetics have also been associated with reducing side effects of pharmacological treatments, high levels of patient satisfaction and increased adherence to treatment regimens.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2599

Tolerance and efficacy of an anti-blemish 360° soothing spray in individuals with truncal acne: results from a controlled study

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Introduction

Truncal acne is a frequent but under-recognized form of acne vulgaris affecting the back, chest, and shoulders, and can cause discomfort and psychosocial impact. Lesions include inflammatory papules and pustules, as well as non-inflammatory comedones, and treatment is often challenging due to thicker skin and difficulty of topical application. Given these specificities, suitable and well-tolerated formulations, easy to apply, especially in inaccessible areas, are essential to ensure adherence and long-term control of the condition.

The objective of this study was to evaluate the tolerance and efficacy of an anti-blemish soothing 360° spray in subjects with mild to moderate truncal acne on the back, shoulders and neckline.

Woo, Y.R.; Kim, H.S. Truncal Acne: An Overview. J. Clin. Med. **2022**, 11, 3660. https:// doi.org/10.3390/jcm11133660

Materials and Methods

This intra-individual controlled study took place in Brazil with panel consisted of 34 valid cases of teenagers and adults of both genders with mild to moderate acne severity on the face and trunc. Subjects acclimatized for at least 20 minutes at each visit (D0, D7, D14, D28, D56). At each visit, a dermatologist evaluated tolerance (erythema, oedema, dryness, desquamation, stinging, burning, tingling, itching, tightness), counted inflammatory and non-inflammatory lesions on the back (papules, pustules, nodules, open and closed comedones), assessed severity using Comprehensive Acne Severity Scale (CASS) and Truncal Acne Severity Scale (TRASS), scored post-inflammatory marks (Post-Inflammatory Hyperpigmentation PIH, Post-Inflammatory Erythema PIE) on a 10-point scale, and took standardized back photographs. The Cardiff Acne Disability Index (CADI) and self-assessment questionnaires (efficacy and cosmeticity) were completed at each visit. Compliance was checked by verifying the daily log and remaining or returned investigational product at each visit and adverse events were recorded at each visit.

Results

Data from 34 subjects aged between 14 to 33 years old were analyzed in this study.

After 56 days of twice-daily use, the anti-blemish soothing spray induced a progressive and significant improvement in PIH, PIE and global acne severity (CASS and TRASS), with mean reductions up to -38.5% *($p<0.001$, Wilcoxon test)* for CASS and -21.8% *($p<0.001$, Wilcoxon test)* for TRASS at D56.

All acne lesions (retentional and inflammatory lesions, comedones, papules and pustules) decreased significantly

from D7 to D56; at D56, reductions ranged from about -55% to -100%, with the largest decreases in open comedones (-100%; *p<0.001, Wilcoxon test*) and total lesions (-70%; *p<0.001, Wilcoxon test*).

Visual Analogue Scale (VAS) scores showed a progressive reduction in perceived severity, marks and discomfort, with the sum of scores decreasing by -33.1% *(p<0.001, Wilcoxon test)* at D56. CADI indicated a marked improvement in quality of life, with total-score reduction up to -48.1% *(p<0.001, Wilcoxon test)* at D56. After 56 days of product use, most subjects (>60%) agreed or somewhat agreed with all benefit-related statements, with particularly high agreement (>73.5% to 97.1%; *mean value calculation*) for reduction of imperfections, soothing effects, improved quality of life, and cosmetic properties of the product.

Cutaneous tolerance was rated good, with no significant worsening of any objective or subjective sign over time.

The product is easy to apply and distributed evenly over all areas of the body, even the hard-to-reach ones for respectively 97% and 79% of the subjects.

Conclusions

After 56 days of twice-daily use, the anti-blemish soothing spray demonstrated clear efficacy on mild to moderate truncal acne, with progressive improvement in post-inflammatory marks, global severity and most lesion types. The product showed very good tolerance and strong subject-reported satisfaction and improvement in quality of life, supporting its use as a well-tolerated and effective option for managing mild to moderate truncal acne.

EADV CONGRESS
VIENNA
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Abstract N°: 2603

Combined secukinumab and Nd:YAG laser therapy for moderate hidradenitis suppurativa: a clinical case

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Introduction

Hidradenitis suppurativa is a chronic, recurrent inflammatory skin disease characterized by painful nodules, abscesses, sinus tracts and scarring, most commonly affecting intertriginous areas. The disease is associated with pain, frequent relapses and a significant negative impact on quality of life. In patients with an insufficient response to conventional therapy, combined approaches including biologic treatment and laser-based methods may help reduce inflammatory activity and improve disease control.



Clinical manifestations of hidradenitis suppurativa in the axillary region before initiation of therapy.

Case Presentation

A 22-year-old female patient with an established diagnosis of Hurley stage II hidradenitis suppurativa was observed due to the chronic relapsing course of the disease. The main clinical manifestations included painful inflammatory nodules and infiltrative lesions in the axillary region, accompanied by significant discomfort and impaired quality of life.

The patient had a history of insufficient and unstable clinical response to previously administered conventional therapy, which served as the basis for selecting a combined therapeutic approach. Physical examination revealed inflammatory nodules, soft tissue infiltration and signs of chronic localized inflammation without clinical evidence of an acute systemic infectious process.

Considering the stage of the disease, recurrent clinical course and insufficient effectiveness of previous treatment, combined therapy with secukinumab and Nd:YAG laser was initiated. Secukinumab was administered subcutaneously at a dose of 300 mg according to the standard therapeutic regimen. Additionally, two sessions of Nd:YAG laser therapy (1064 nm) were performed with targeted treatment of inflammatory infiltrates and sinus tract areas.

After 6 weeks of combined treatment, marked positive clinical dynamics were observed, including reduction in the number and size of inflammatory nodules, decreased pain intensity, regression of infiltrative lesions and absence of newly developed inflammatory foci. The therapy was well tolerated, and no serious adverse events or treatment-related complications were registered.



Clinical improvement after 6 weeks of combined treatment with secukinumab and Nd:YAG laser therapy, demonstrating reduction of inflammatory lesions and regression of active disease manifestations.

Conclusion

Combined therapy with secukinumab and Nd:YAG laser showed favorable clinical efficacy in a patient with moderate hidradenitis suppurativa. This approach contributed to reduced inflammatory activity, regression of active lesions and improved disease control. Combined biologic and laser therapy may be considered a promising treatment option for selected patients with refractory forms of hidradenitis suppurativa.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2620

Pre-operative Ultrasound for Hidradenitis Suppurativa: Clinical, Sonographic, and Laboratory Correlations

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Introduction

Hidradenitis suppurativa (HS) is a chronic autoinflammatory disorder characterized by recurrent nodules, abscesses, and sinus tracts. Beyond its cutaneous manifestations, HS also has significant cardiometabolic comorbidity, and elevated inflammatory markers have been correlated with disease severity and treatment response. The role of cutaneous ultrasound in quantifying inflammatory burden and informing surgical planning has not been well characterized with newer sonographic scoring systems such as the modified Sonographic Scoring of HS (mSOS-HS) and the Ultrasound HS Activity (US-HSA) score. This study aimed to assess the concordance of newer sonographic and clinical markers of disease severity and inflammation, and investigate the impact of cutaneous ultrasound on surgical deroofing planning and early postoperative outcomes in patients with HS.

Materials and Methods

This Research Ethics Board (REB)-approved (Pro00161543) retrospective review examined records from patients seen by a single dermatologist with a high-volume HS practice. Patients who underwent pre-operative ultrasound (Esaote MyLab A70 ultrasound system, variable-frequency probe L8-24 MHz) and deroofing between January 1, 2025, and February 23, 2026, were included.

Results

A total of 9 patients met inclusion criteria. All patients underwent sonographic ultrasound assessment on the same day as deroofing. The mean age at deroofing was 36.1 ± 8.5 years, 55.6% (5/9) were female, 44.4% (4/9) were current or former smokers, and 11.1% (1/9) reported a family history of HS. The mean duration of HS prior to deroofing was 8.9 ± 7.9 years. Baseline cardiometabolic comorbidities were notable, with obesity reported in 66.7% (6/9), dyslipidemia in 66.7% (6/9), type 2 diabetes in 11.1% (1/9), and hypertension in 11.1% (1/9). Concordance between Hurley staging and mSOS-HS was 77.8% (weighted $\kappa = 0.64$), and the mean baseline US-HSA score was 9.0 ± 2.5. Platelet count, but not any other laboratory parameter, correlated with Doppler vascularity ($\rho = 0.731$, $p = 0.025$). Ultrasound altered care in 55.6% of patients with HS. Over a mean follow-up of 7.7 ± 3.4 months, delayed wound healing occurred in 11.1% and no recurrences were reported.

Conclusions

In this small retrospective surgical HS cohort, baseline Hurley staging and mSOS-HS showed moderate

concordance, and US-HSA demonstrated substantial pre-operative inflammatory burden. Pre-operative mapping with ultrasound influenced HS care in most patients, including disease staging, surgical planning, and potentially recurrence outcomes. These findings support incorporation of ultrasound into pre-operative mapping for patients with HS, particularly for patients with a history of post-deroofing recurrences, or when disease activity is uncertain on clinical exam.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2671

Brivekimig demonstrated draining tunnel resolution and improvements in International Hidradenitis Suppurativa Severity Score System (IHS4) in adults with moderate-to-severe hidradenitis suppurativa: Results from the HS-OBTAIN trial

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Introduction

Hidradenitis suppurativa (HS) is a chronic, complex, debilitating inflammatory skin disease with painful cutaneous nodules, abscesses, and draining tunnels that predominantly affects intertriginous areas of the skin. These manifestations are associated with substantial disease burden, including pain, drainage, impaired mobility, and reduced quality of life. Draining tunnels substantially contribute to disease severity and patient burden. The International Hidradenitis Suppurativa Severity Score System (IHS4) is a validated instrument that quantifies disease severity based on inflammatory lesion counts, with draining tunnels heavily weighted in the scoring. Given the substantial impact of draining tunnels on patient burden and disease severity, evaluation of tunnel resolution and comprehensive disease improvement through IHS4-related outcomes provides important clinical insights. Here, we report efficacy results for draining tunnel resolution and IHS4-related outcomes from the randomised, double-blind phase 2a trial HS OBTAIN (NCT05849922), which evaluated brivekimig (SAR442970)—a dual-target NANOBODY®-based biologic that blocks both tumour necrosis factor (TNF) and OX40 ligand (OX40L)—in adults with moderate-to-severe HS.

Materials and Methods

Adult participants were randomised 2:1 to receive brivekimig 150 mg or placebo subcutaneously every-2-weeks (Q2W) for 16 weeks. The primary analysis population assessed for efficacy was restricted to biologic- and small-

molecule immunosuppressive-naive participants. Prespecified endpoints included change from baseline in IHS4 and draining tunnel count at Week 16. Additional post hoc analyses were conducted to further characterise the effect of brivekimig on draining tunnel resolution and IHS4-related outcomes. For binary endpoints, treatment effects of brivekimig vs placebo were estimated via the Mantel-Haenszel risk difference, stratified by Hurley stage.

Results

A total of 71 biologic- and small-molecule immunosuppressive-naive adult participants were enrolled, with 48 randomised to brivekimig and 23 randomised to placebo. At Week 16, brivekimig demonstrated consistent improvements across draining tunnel and IHS4 outcomes compared with placebo. Among participants with ≥1 draining tunnel at baseline, complete tunnel resolution (draining tunnel count = 0) was achieved in 39% of brivekimig-treated participants vs 16% of placebo-treated participants (Mantel-Haenszel risk difference: 20%; 90% confidence interval [CI]: 1% to 39%). IHS4-75, IHS4-90, and IHS4-100 responses (defined as ≥75%, ≥90%, and 100% reduction from baseline IHS4 score, respectively) were achieved by 50% vs 26%, 33% vs 9%, and 19% vs 9% of participants with brivekimig compared with placebo. Mild disease (IHS4 ≤3) was attained by 38% of brivekimig-treated participants vs 17% of placebo-treated participants (Mantel-Haenszel risk difference: 17%; 90% CI: 0% to 34%). Greater improvements in IHS4 severity were observed as early as Week 2 in brivekimig-treated participants compared with placebo. These improvements continued throughout the 16-week double-blind treatment period.

Conclusions

Brivekimig 150 mg Q2W demonstrated clinically meaningful improvements in draining tunnel resolution and IHS4-related outcomes in adults with moderate-to-severe HS. These improvements in physical burden and disease status as measured by IHS4 comprehensively capture impact beyond inflammatory nodule and abscess counts. Together, these findings suggest that the dual targeting approach of brivekimig on TNF and OX40L pathways may represent a potential therapeutic approach to address the underlying inflammatory pathology of HS.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2677

Personalized Ceramide-Containing Skincare Regimens Improves Acne Treatment Tolerance: Results from a Global Observational Study

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Introduction
Acne is an inflammatory skin condition associated with skin barrier disruption, reduced ceramides, and elevated transepidermal water loss (TEWL). Acne treatments could lead to barrier disruption and side effects resulting in poor adherence. Ceramide-containing skincare is shown to improve skin barrier function and reduce irritation. This global observational study evaluated how personalized ceramide-containing skincare regimens affect tolerance to acne treatment and quality of life (QOL).

Materials and Methods
Physicians assessed patients with clear to severe acne and prescribed treatments with medication and ceramide-containing adjunctive skincare selected based on the medication and patient characteristics. Change in acne severity, QOL, overall skin condition improvement, and satisfaction were assessed at W4 and W8.

Ten countries recruited 2407 participants across acne severities (none/hardly any lesions,13%; mild,36%; moderate,39%; severe/very severe,12%).

All participants were recommended skincare including ceramide-containing cleansers, moisturisers, facial sunscreens and/or salicylic acid treatment products. Additionally, 72% were prescribed acne medications.

Results
At W8, physicians and participants agreed ceramide-containing regimens helped improve tolerance to acne treatment (84% and 81%) and were preferred over the previous regimen (87% and 85%). 96% of physicians would recommend continuing a ceramide-containing regimen.

At W8, participants agreed that ceramide-containing regimens felt gentle on the skin (94%), don’t leave the skin looking flaky (93%), and left the skin feeling comfortable (92%).

At W8, more participants saw improvement in acne interference with daily life, acne severity, and concern over appearance ($P<.05$).

Conclusions
Ceramide-containing regimens help participants better tolerate acne treatment, preferred by physicians and participants, and associated with significant improvements in QOL for all acne severities.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2689

SAPHO Syndrome: Clinical Heterogeneity and Diagnostic Challenges in Two Cases

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Introduction

SAPHO syndrome (synovitis, acne, pustulosis, hyperostosis, and osteitis) is a rare autoinflammatory disorder characterized by the simultaneous occurrence of cutaneous and osteoarticular manifestations. Its pathogenesis remains uncertain, although recent evidence suggests innate immune dysregulation and activation of the Th17 axis, leading to increased expression of proinflammatory cytokines, including tumor necrosis factor-alpha (TNF-α), interleukin (IL)-1β, IL-8, and IL-17. This inflammatory cascade promotes neutrophilic inflammation and aberrant bone remodeling. We report two cases, describing their clinical, radiological, and therapeutic profiles.

Case Presentation

Case 1: A 37-year-old male patient was referred from Rheumatology for severe hidradenitis suppurativa (Hurley stage III) associated with inflammatory-pattern arthralgia involving peripheral joints and the anterior chest wall. Magnetic resonance imaging demonstrated bone marrow edema at the entheses and sacroiliac joints. Laboratory findings showed no specific abnormalities except for mildly elevated C-reactive protein (CRP) levels. Treatment with infliximab resulted in clinical and radiological improvement after dose optimization due to persistent inflammatory activity.

Case 2: A 35-year-old male patient presented with a history of progressive osteoarticular pain, later developing acne conglobata and psoriasis vulgaris. Imaging studies revealed multifocal bone marrow edema, while bone scintigraphy demonstrated markedly increased uptake in the sternoclavicular region and manubrium (“bull’s head sign”). Laboratory findings were nonspecific, and HLA-B27 testing was negative. Conventional treatment with isotretinoin, pregabalin, meloxicam, and famotidine provided a partial yet satisfactory response.

Conclusion

These cases highlight the clinical heterogeneity of SAPHO syndrome and underscore the importance of recognizing the interplay between neutrophilic dermatoses and osteoarticular involvement. Imaging studies are essential for diagnosis, whereas laboratory findings, as is commonly observed, tend to be nonspecific. The involvement of Th17-mediated pathways supports the use of targeted therapies, particularly anti-TNF agents, in cases refractory to standard treatment. Ultimately, early recognition and multidisciplinary follow-up are indispensable for improving the quality of life of patients affected by this syndrome.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2704

Efficacy and Tolerance of an acne-dedicated dermocosmetic routine used as monotherapy or adjunctive to local and/or systemic treatments: results from a large-scale real-world observational study

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Introduction

Acne vulgaris, irrespective of its severity, profoundly impacts patients' quality of life. While effective, topical and systemic acne medications often disrupt the skin barrier, causing dryness and irritation that may reduce adherence and compromise outcomes. Acne-dedicated dermocosmetics (DC) with active anti-acne properties are increasingly recommended as monotherapy for mild acne and as adjunctive therapy across all severity grades. To evaluate the tolerance and clinical outcomes of an acne-dedicated DC routine comprising a corrective cream containing *Punica Granatum* Pericarp extract (Phylobioma) — a microbiome-targeting active— alongside keratolytics (salicylic acid, lipo-hydroxy acid), soothing (niacinamide), combined with a purifying foaming cleansing gel, used as monotherapy or adjunctive to local and/or systemic antiacne drugs, we conducted a large-scale real-world observational study.

Materials and Methods

A prospective, open-label, multicentric observational study was conducted in dermatologist offices across 20 countries. Patients with acne of varying severity — including facial acne (95.8%), truncal acne (33.3%), and/or buttocks folliculitis (10.8%) were enrolled at baseline and assessed at a final visit after an average follow-up of 3 months. The DC routine was applied at least once daily and prescribed as monotherapy (53.4%) or adjunctive to topical (retinoids, benzoyl peroxide, antibiotics) and/or systemic treatments (cyclins, antiandrogens, contraceptive pill). Tolerance was assessed in the full safety population (N=6,136); efficacy in the per-protocol population (N=5,951). Primary outcomes were tolerance and clinical efficacy. Secondary outcomes included patient satisfaction, skin discomforts, and PUSH-D stigmatization score.

Results

A total of 6,136 patients (65.1% female, mean age 22.8±7.6 years, phototypes I–VI) were included. Tolerance was rated "high or excellent" by 88.6% of dermatologists and 86.8% of patients. Statistically significant clinical improvements ($p<0.001$) were observed across all efficacy outcomes. Facial acne Global Evaluation of Acne (GEA) response rate was 77.5%; 97.3% of patients achieved at least slight improvement per dermatologist assessment, with 53.4% rated as significantly improved and 28.7% as moderately improved. The proportion with no lesions or hardly any lesions increased from 15.5% at baseline to 67.2% at final visit, while moderate-to-very-severe grades decreased from 39.8% to 7.3%. Truncal acne response rate was 70.6% (clear/almost clear: 24.4% to 67.2%); buttocks folliculitis improved in 72.6% of patients. Acne-induced hyperpigmentation (AIH) and erythema (AIE) — affecting 59.2% and 70.3% at inclusion respectively — showed response rates of 81.4% and 84.0%. Mean seborrhoea was reduced by 46.4%. Improvements were also observed in desquamation (71.6%) and dryness (62.1%). Patient-reported skin discomforts improved significantly ($p<0.001$): 83.9% reported reduced pain, 74.6% burning, 75.0% tingling, and 72.2% itching. The PUSH-D stigmatization score decreased by 65.4% ($p<0.001$). Overall satisfaction reached 92.1% among dermatologists and 90.3% among patients.

Conclusions

This large-scale real-world study demonstrates the excellent tolerance of an active anti-acne DC routine across all acne severity grades and phototypes, whether used as monotherapy or adjunctive to local and/or systemic antiacne treatments. Comprehensive clinical improvements were observed across all anatomical locations and acne-related complications, including AIH, AIE, and seborrhoea, alongside significant reductions in skin discomfort and perceived stigmatization. High satisfaction rates were reported by both patients and dermatologists, although the open-label, non-controlled design and heterogeneity of treatment groups inherent to real-world studies should be considered when interpreting these results.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2714

The Hidden Burden of Hidradenitis Suppurativa: Qualitative Insights into Impacts on Sexual Interest and Intimacy

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory disease characterized by recurrent, painful tunnels and abscesses that develop around hair follicles and predominantly located in intertriginous sites. This qualitative research aims to describe how HS impacts patients' intimacy and sexuality.

Materials and Methods
Semi-structured qualitative interviews were conducted (November 2023-February 2024) among US adults (n=24) with confirmed diagnosis of HS Hurley Stage II or III in two waves of interviews. Data were analyzed according to a prespecified qualitative analysis plan (QAP) using MAXQDA. An International Review Board approved the protocol and discussion guide.

Results
The 24 participants were all adults, aged 36±9 years old and included 3 males. All participants (24/24) reported that HS significantly impacted their intimacy, identifying it as one of the most bothersome disease consequences. The most frequently reported intimacy-related impacts included embarrassment or reluctance to show affected body parts (16/24, 67%), pain during sexual intercourse (16/24, 67%), and feelings of being unlovable or unattractive (14/24, 58%). Participants described emotional difficulties related to scarring in sensitive anatomical areas and pain-related interruptions during intimate moments. When ranking the top 5 most bothersome daily life impacts, 11/18 participants (61%) identified intimacy overall as a top concern, with 3/18 (17%) ranking it as their #1 most bothersome impact. Most probed participants (7/9, 78%) distinguished between 'interest in sex' and 'sexual intimacy', explaining that interest represents the desire to engage in sexual activity while intimacy involves actual engagement in physical sexual activity. Primary factors affecting sexual interest included pain from lesions (16/17, 94%), drainage from affected areas (15/17, 88%), embarrassment (13/17, 76%), smell (12/17, 71%), and skin appearance (10/17, 59%). Fatigue was also mentioned by some participants (2/17, 12%) as contributing to reduced sexual interest. All participants (12/12) expected that improvement in sexual interest would follow if HS symptoms improved. Twenty of 21 participants (95%) reported HS impacts on sexual intimacy with partners. Key factors affecting sexual intimacy included drainage (15/19, 79%) and pain from lesions (15/19, 79%), followed by smell/odor (11/19, 58%), embarrassment (11/19, 58%), and skin appearance (10/19, 53%). Participants described practical challenges related to wound care during intimacy and pain triggered by physical contact or pressure on affected areas. Nearly all participants (15/16, 94%) expected sexual intimacy improvement with symptom resolution, though one participant expressed concern about disease recurrence despite previous improvement.

Conclusions
HS profoundly impacts multiple dimensions of intimacy through physical symptoms and psychological

consequences. Given the high prevalence and severity of intimacy-related impacts reported by participants, assessment of intimacy outcomes should be considered a critical component when developing new therapeutic interventions for HS patients to ensure comprehensive evaluation of treatment benefits beyond traditional clinical measures.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2719

Characterising the Patient Experience of Flares in Hidradenitis Suppurativa: A Qualitative Study Exploring the Patient-Reported Signs, Symptoms, Triggers, Duration, and Frequency of flare

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent, painful tunnels and abscesses that develop around hair follicles and predominantly located in intertriginous sites. Patients typically experience periods of flares where their symptoms are worsening in one or more areas. Despite the recurrent nature of HS and its high HRQoL burden, the patient experience of flares remains insufficiently characterised.

This qualitative research explores the patient perspective on flares including the characterisation of signs/symptoms, duration and triggers as well as changes due to flares. Patients typically experience periods of flares where their symptoms are worsening in one or more areas.

Materials and Methods

Semi-structured qualitative concept elicitation interviews were conducted between November 2023 and February 2024 among US adults (n=24) and adolescents (n=4) with a confirmed diagnosis of HS Hurley Stage II or III. Data were analysed according to a prespecified qualitative analysis plan (QAP) using MAXQA. The study was conducted across two interview waves and was approved by an International Review Board.

Results

Mean age of patients was 36 years for adults, 15 years for adolescents. The sample was diverse, including both female and male participants, 9 African American and 9 Hispanic patients, with varied educational and employment backgrounds.

Patients demonstrated a clear understanding of HS flares, defining them as periods of active inflammation, worsening of existing lesions, or the onset of new painful nodules, abscesses, or cysts. Pain, particularly worsening intensity, was identified as the primary indicator of being in a flare, followed by inflammation, redness, swelling, heat, itchiness, fatigue, and impaired mobility. Early signs included localized tenderness, heat and itching, and a pressure-like sensation, while flare resolution was typically marked by lesion drainage, pain reduction, and return to normal skin appearance.

Flare triggers were reported by 22 of 28 participants, with sweating (10/22) being most frequently cited, linked to hot weather, humidity, and physical activity. Stress (8/22), tight or layered clothing (6/22), and dietary factors

(6/22) were also commonly reported. Four of the female participants highlighted a connection between their menstrual cycle and flare onset, highlighting a potential hormonal dimension to disease activity.

The frequency of flares was considerably variable across participants, ranging from daily occurrence or a constant feeling, to once every few months. When asked about flare patterns, 12 of 20 participants reported recurrent flares, while the others described being in a constant state of active disease. The majority (10/18) reported experiencing residual symptoms between flares, including itchiness, mild pain, and persistent inflammation.

Conclusions

These findings provide rich, patient-derived insights into the multidimensional patient experience of HS flares across a diverse population. The results highlight the importance of flares to patients with HS given their unpredictable, pervasive nature, underscoring the burden of flares on HRQoL and overall impact of HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2729

Microbiome and mycobiome profiling on different anatomical sites reveal difference between facial and truncal acne

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Introduction

Acne vulgaris is a common chronic inflammatory disease of the pilosebaceous unit affecting multiple anatomical areas, including the face and trunk. Truncal skin is characterized by high-density follicular units, comparatively lower sebum production than facial skin, limited ventilation, and frequent mechanical occlusion from clothing—factors that collectively exacerbate the severity and persistence of lesions. In individuals with acne vulgaris, these features create a cutaneous environment that differs from facial skin and may foster distinct microbial and fungal communities. This study aimed to evaluate differences in the bacterial and fungal populations between samples obtained from the cheek and upper back, including both lesional and adjacent non-lesional areas of acne patients.

Materials and Methods

This exploratory clinical study was conducted in Brazil and included 63 subjects with mild to moderate acne on face and trunk. Microbiome samples were collected from lesional and adjacent non-lesional areas at two anatomical sites (cheek and upper back). Microbiome swabs samples were analyzed using qPCR and amplicon sequencing.

Results

51 subjects completed the study (mean aye 24 ±1 y.o; 62% female). All subjects presented facial acne (53% GEA 2; 47% GEA 3) with 20.3 ± 12.0 inflammatory lesions and 42.5 ± 26.7 non-inflammatory lesions at baseline. 34 subjects also had truncal acne (80% IGA; 20% IGA 3) with 21.8 ± 17.2 inflammatory lesions and 30.9 ± 16.9 non-inflammatory lesions at baseline. Bacterial alpha and beta diversity differed significantly between the cheek and upper back, with a significantly higher Shannon index observed on the cheek in lesional and non-lesional sites. According to the 16S analysis, this difference was primarily linked to dominant genera such as *Staphylococcus*, *Corynebacterium*, *Lawsonella*, and *Micrococcus* in the acne microbiome of the subjects. According to qPCR quantification, a significantly higher abundance of *C. acnes* and *S. epidermidis* was observed on the cheek compared to the upper back on both the lesional and non-lesional area. In addition, a significantly higher load of *Malassezia spp.* was observed on the cheek compared to the back on the lesional area. Amplicon sequencing of the fungal community revealed a dominance of *Malassezia* genus in both body sites and a significantly higher fungal Shannon index on the back compared to the cheek, along with significant differences in beta diversity. While *M. restricta* dominates the facial mycobiome, *M. globosa* dominates on the truncal site suggesting a different niche for fungal species .

Conclusions

These findings demonstrate distinct bacterial and fungal community structures between facial and truncal acne sites. More importantly, this study shows that mycobiome, which is usually overlooked in acne, might be an important actor alongside well known bacteriome in both facial and truncal acne. Although body site influence on the microbiome composition was known for healthy skin, the study highlights the influence of anatomical and environmental factors on skin microbiome in acne and identifies marked differences in the fungal microbiome associated to each lesional area. This site-specific variability may have implications for understanding acne pathophysiology and for developing targeted therapeutic strategies.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2732

Isotretinoin-Induced Acne Fulminans in an Adolescent Male: A Case Report

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Introduction

Acne Fulminans (AF) is a severe inflammatory form of acne primarily affecting adolescent males, characterized by sudden onset of painful nodules that may progress to ulcerative, necrotic, and hemorrhagic lesions [1]. Unlike typical acne, AF may present with extracutaneous symptoms such as fever, arthralgias and myalgia. Oral isotretinoin is a recognized trigger that can induce extensive inflammatory reactions in predisposed individuals. Due to its rarity, there is a significant risk of delayed diagnosis, contributing to increased morbidity and scarring [2].

Case Presentation

A 16-year-old male patient presented with progressive Acne Conglobata characterized by inflammatory nodules, purulent discharge, crusting and significant facial pain. Initial treatment included oral isotretinoin followed by doxycycline and topical therapy. Within 2-3 weeks, the patient developed recurrent febrile episodes accompanied by musculoskeletal pain involving the jaw, sternoclavicular region, chest, lower back, hips and lower extremities. Laboratory investigations demonstrated elevated inflammatory markers, erythrocyte sedimentation rate, and neutrophilic leukocytosis, but negative viral testing. Due to worsening systemic symptoms, pyoderma and abscess formation, the patient was hospitalized. Clinical examination revealed confluent erythematous nodules, erosions with hemorrhagic crusts, pustules, post-inflammatory hyperpigmentation and scarring of the face. The patient rated pain severity as 7/10 on the visual analogue scale. Ultrasound examination demonstrated residual subcutaneous fluid collections and soft tissue edema bilaterally. Repeated bacterial cultures obtained from pustules and drained abscesses yielded no pathogenic bacterial growth, supporting a sterile inflammatory etiology. Isotretinoin was discontinued, and further management included systemic corticosteroids, topical antiseptics, local wound care, and repeated facial abscess drainage. Multidisciplinary evaluation involving dermatology, surgery, rheumatology, neurology and clinical pharmacology specialists was performed. SAPHO syndrome was considered because of the prominent musculoskeletal symptoms; however, imaging studies and rheumatologic assessment did not fulfill diagnostic criteria. Clinical improvement was observed during hospitalization, with reduction of facial erythema, edema, infiltration, and pain severity from 7/10 to 3/10. Abscess fluctuation resolved, inflammatory lesions regressed, and the patient was discharged in stable condition with continuation of systemic corticosteroid therapy, low-dose isotretinoin, topical antiseptic treatment, and close dermatologic follow-up.

Conclusion

AF is a rare dermatologic emergency associated with inflammatory and systemic manifestations. Although isotretinoin remains the mainstay therapy for severe acne, it may act as a trigger in susceptible individuals through dysregulation of the inflammatory response [3]. Sterile cultures and clinical response to corticosteroids supported an inflammatory rather than infectious etiology. Multidisciplinary approach and gradual reintroduction of isotretinoin were essential for disease stabilization and prevention of further complications. AF should be suspected in patients who develop systemic symptoms following isotretinoin therapy for pronounced acne. Early recognition, careful dose titration of isotretinoin, anti-inflammatory therapy and a multidisciplinary approach are essential to minimize morbidity and permanent scarring.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2744

Progressive skin microbiome changes are linked to acne severity

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Introduction
The composition of the skin microbiome differs between acne and healthy skin. Adult acne skin harbours a microbiome dominated by specific strains of *Cutibacterium (C.) acnes*, named "SLST types" and *Staphylococcus spp.*. However, the precise skin microbiome evolution and the shift to virulent *C. acnes* strain composition depending across varying acne severities remains elusive due to limitations in current research methodologies used. We performed a cross-sectional observational study in an adult population to better characterize the compositional and functional facial skin microbiome in mild, moderate and severe acne grades compared to subjects without acne. Our primary aim was to determine whether a discting microbiome appears in subjects at each severity grade.

Materials and Methods
The study included 130 adult women, ages 16–25 years, classified as either healthy (n=33) or with varying severity of acne: mild (n=33), moderate (n=35), or severe (n=29), as assessed by the Global Evaluation of Acne (GEA) scale. Cheek swabs were collected to analyze the skin microbiome using complementary molecular techniques: species specific qPCR to quantify *C. acnes*, *S. epidermidis* and *Malassezia spp.* loads ; Single Locus Sequence Typing (SLST) amplicon sequencing for *C. acnes* phylotypes profiling, and whole metagenome shotgun sequencing (WMGS) for microbial species and their functional potential profiling.

Results
q-PCR quantifications showed statistically higher loads of *C. acnes* and *S. epidermidis* in mild and moderate acne compared to healthy subjects; while severe acne showed a distinct microbial signature, with a lower *C. acnes*-to-*S. epidermidis* ratio compared to mild acne and healthy control groups. Beyond absolute bacterial increases, SLST profiling revealed a strain-level shift associated with disease severity. In moderate and severe acne groups, the skin exhibited a *C. acnes* phylotype signature enriched in *C. acnes* A1 and F4 phylotypes, coupled with a lower abundance of D1, H1, K1, and K2 types when compared to healthy control group. This particular *C. acnes* strain composition was associated with modifications in the predicted functions of the microbiome : increased porphyrin production, known to contibute to skin inflammation, as well as altered succinic and pantothenic acids biosynthesis, which may contibute to impaired skin barrier. Mycobiome analysis also revealed grade-specific

alterations, where total *Malassezia* load increased in mild acne, whereas *M. globosa* relative abundance decreased in severe acne compared to healthy control group.

Conclusions

Our microbiome data revealed that acne is not a uniform condition; rather, specific compositional and functional microbiome shifts correlate with disease severity. The results demonstrate increased *C. acnes* load in mild and moderate acne, increased *S. epidermidis* load in all acne grades and a specific signature of *C. acnes* phylotypes in moderate and severe acne skin. Fungal population was changed at different degree in mild and severe acne. These findings highlight specific microbiome characteristics associated with varying degrees of acne severity, and their potential contribution to inflammation and barrier function. These variations based on acne severity support the development of targetted strategies to improve acne in each grades.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2747

Prepubertal Acne March: Prevalence, Severity, and Associated Factors in a 24-Month Prospective Cohort (ADOS)

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Introduction
Prepubertal acne is an early marker of androgen activation, with increasing incidence and female predominance at ages 7–12 years. The temporal dynamics of this "acne march" and its relationship with BMI and family history remain poorly characterized. This study assessed prevalence, severity, temporal dynamics, and predictive factors of prepubertal acne in a prospective longitudinal cohort.

Materials and Methods
The ADOS cohort included 167 preadolescents aged 9–12 years without acne at baseline (90 boys, 77 girls) followed monthly for 24 months, yielding 2,385 observations. The PHB score, collected via mobile application, comprised four stages: no lesions (PHB=1), comedonal (PHB=2), mixed (PHB=3), and predominantly inflammatory acne (PHB=4). Acne was defined as PHB≥2 for ≥2 consecutive months. Monthly prevalence, severity, and temporal dynamics were compared between sexes. Transitions were modeled using first-order Markov matrices. BMI and family history were analyzed as predictive factors. GEE logistic regression with exchangeable correlation structure accounted for repeated measures.

Results
Boys and girls were comparable at baseline (age: 11.11 vs 11.07 years, p=0.446; family history: 60.0% vs 67.5%, p=0.397; BMI: 17.64 vs 17.90, p=0.837). Monthly acne prevalence was significantly higher in girls (56.2% vs 40.2%; Δ=+16.0%; GEE p=0.019), consistent in Year 1 (Δ=+15.2%) and Year 2 (Δ=+18.2%). Severe acne (PHB≥3) was more frequent in girls (9.21% vs 4.12%; GEE p=0.026), with marked Year 2 divergence (14.11% vs 4.88%; ×2.9). Markov analysis (n=2,218 transitions) showed girls had higher monthly acne onset probability (19.59% vs 16.03%; GEE p=0.256, NS) but significantly lower spontaneous resolution (12.82% vs 20.66%; GEE OR=0.457, p=0.006). Family history showed sex-specific maternal transmission: daughters of mothers with acne history had higher prevalence (71.1% vs 46.0%; GEE OR=2.311 [1.13–4.74], p=0.022), while paternal history showed no effect. BMI was significantly associated with severity (dose–response: 2.33% to 8.43%; GEE p<0.001; r=0.215, p=0.005). Participants with BMI≥P75 (≥19.1 kg/m²) had 2.8-fold higher severity (10.19% vs 3.70%; GEE p=0.011), stronger in boys (GEE OR=1.341, p<0.001).

Conclusions
Female predominance (55.8% vs 39.4%; GEE p=0.019) supports earlier acne expression in girls. Markov modeling reveals lower spontaneous resolution in girls (OR=0.457, p=0.006), explaining higher prevalence through greater persistence. Maternal-to-daughter transmission suggests shared hormonal susceptibility. BMI shows dose–response relationship with severity, sex-specific and more pronounced in boys. The prospective monthly design

enables unprecedented dynamic characterization

Prepubertal acne follows a sex-specific march with earlier onset, higher prevalence, and greater severity in girls. BMI emerges as a major modifiable predictor. These findings support early preventive strategies tailored to high-risk profiles.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2753

Bispecific tumour necrosis factor (TNF) and OX40 ligand (OX40L) blockade demonstrates additive suppression of inflammatory biomarkers in hidradenitis suppurativa tunnel explants

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Introduction

Hidradenitis suppurativa (HS) is an underdiagnosed chronic, complex, and heterogeneous inflammatory skin disease. It is characterised by recurrent painful nodules, abscesses, and draining tunnels. The pathogenesis of these lesions reflects complex patterns of disrupted inflammatory signalling, immune dysregulation, and irreversible tissue remodelling. In particular, the cellular and molecular mechanisms underlying tunnel formation remain only partially understood. Translational research is essential to investigate disease-modifying therapies that not only suppress inflammation in nodules and tunnels but also interrupt disease progression and drive durable remission. This study assessed the effect of bispecific blockade of tumour necrosis factor (TNF) and OX40 ligand (OX40L), compared to individual monospecific blockade, on inflammatory biomarkers across different HS skin lesions.

Materials and Methods

Full thickness lesional nodular and tunnel skin biopsies, as well as perilesional skin biopsies (3 or 4 biopsies/region/individual), were obtained from 8 to 12 HS participants with mixed gender and known disease history and severity (Hurley II/III). Skin biopsy punches from each individual/region were separately treated with a bispecific anti-TNF/OX40L NANOBODY® (n=12), a negative control NANOBODY® (n=12), and monospecific NANOBODY® molecules: anti-TNF NANOBODY® (n=8) and anti-OX40L NANOBODY® (n=8) ex vivo for 24 hours in air-liquid interface organ culture. Proteomic analyses were performed on the supernatant of the HS skin explant cultures, using NULISA™ and Olink®-based multiplex panels.

Results

Nodules and tunnels showed significantly increased protein expression (fold change >1.5; $P < 0.05$) in the supernatants compared to perilesional tissue, with upregulation of cytokines/chemokines, TNF-associated proteins, and proteins involved in angiogenesis or tissue remodelling. Notably, tunnels exhibited more pronounced protein dysregulation signatures than nodules, suggesting that different inflammatory disease pathways are implicated in distinct HS lesions. After 24 hours of treatment ex vivo, monospecific OX40L blockade exerted broad anti-inflammatory effects in tunnels, downregulating the secretion of IL-19, OSM, IL-17A/C, CXCL9, TREM1, TNFSF14/15, CD40, and tissue-remodelling proteins such as MMP3/12. These changes were smaller in magnitude or absent with monospecific TNF blockade. Compared to the individual monospecific anti-TNF and anti-OX40L agents, a trend toward an additive effect was observed with the bispecific anti-TNF/OX40L

NANOBODY® molecule in tunnels, with the downregulation of multiple proteins, including cytokines (IL-18, IL-19, OSM, IL-1RN), inflammatory proteins (HGF), and tissue-remodelling proteins (MMP8/12). This suggests a broad effect of combined bispecific anti-TNF/OX40L molecules across multiple cell types involved in HS pathophysiology, including T cells, B cells, keratinocytes, and fibroblasts.

Conclusions

HS skin explant culture represents a valuable model to examine the distinct effect of HS therapies in nodular and tunnel lesional tissues, which appear to implicate different inflammatory secretory pathways. Our results provide evidence that OX40L/OX40 signalling plays an important role in HS pathophysiology, and that OX40L inhibition can potentiate the effect of anti-TNF treatment by altering the T-cell circuitry that maintains chronic skin inflammation. This may lead to restoration of regulatory balance and control tissue remodelling affected in advanced HS disease. Dual inhibition of TNF and OX40L may therefore offer a more holistic therapeutic approach in HS, with potential to address both inflammatory nodules and established tunnels while supporting improved symptom control and long-term disease burden for individuals with HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2756

Development of a Global Facial Acne Severity Photo Scale Across Skin Phototypes

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Introduction

Clinical acne severity is assessed using both lesion counts and global severity scores. The Global Evaluation Acne (GEA) Scale has been used in clinical studies but lacks inclusion of photos or clinical descriptions of acne in darkly pigmented skin types. To address this limitation, we developed a photo scale inclusive of all skin phototypes, accompanied by practical recommendations for investigators and clinicians to ensure consistent use across diverse patient populations.

Materials and Methods

A review of clinical images from internal clinical studies was conducted. All photographs were acquired using standardized photography systems to produce high-resolution images. Representative images corresponding to each facial GEA severity category were selected across all skin phototypes by 7 dermatologists through a consensus-based process.

Results

More than 4,000 clinical photographs were reviewed. Images were selected for each severity level and phototype based on achieving a 75% consensus threshold. A single atlas was developed covering 5 GEA severity grades (almost clear, mild, moderate, severe, and very severe) across skin phototypes (I–VI). Specific considerations for severity assessment in lighter versus darker skin phototypes are highlighted, as the GEA, which evaluates active acne lesions, does not account for acne-induced erythema (AIE) commonly observed in lighter skin types, acne-induced hyperpigmentation (AIH) frequently seen in darker skin types, or scars, hypertrophic and atrophic. Importantly, in darker skin phototypes, inflammatory acne lesions may appear more pigmented than erythematous. Nevertheless, for darker phototypes these lesions are still considered as active acne lesions for GEA classification.

Conclusions

We developed a comprehensive photographic atlas of facial acne and updated descriptive language to facilitate implementation of the GEA scale in clinical trials and clinical practice in diverse populations, including patients with darker phototypes.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2778

Acne-related burden and unmet need persist despite treatment use among United States adults of varying acne severity

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Introduction

Although the impact of acne on quality of life has been documented, additional research is needed to understand real-world experiences and burdens even with treatment. This analysis characterizes quality of life, unmet need, and experience with acne treatment among US adults.

Materials and Methods

In April 2026, 874 members of an online health community with self-reported history or active acne and use of over the counter (OTC) and prescription acne treatments were invited to answer questions about quality of life, as assessed by the Cardiff Acne Disability Index (CADI), frustrations with having and treating acne, and treatment satisfaction. Higher CADI scores indicate greater impairment. Responses are summarized descriptively across CADI scores and self-rated acne severity.

Results

664 individuals completed the survey (58% female, mean age = 32.7 years, 75% White). 521 (78%) had active acne (almost clear = 45%, mild = 26%, moderate/severe = 8%). Overall, 76% first had acne between 12-17 years old and 39% have had active lesions for more than 10 years. Based on CADI scores (possible range 0-15), 17% had scores ≧6, suggesting moderate to high impairment. Higher scores were observed among females 25 and younger (22% vs. 13% of females over 25), Black and Hispanic individuals (43% and 34% vs. 11% of White individuals), and those with both hyperpigmentation and scarring (21% vs. 6% of neither). Even though respondents with higher CADI scores reported using more OTC and prescription medications than those with lower CADI scores, they experienced more stress, greater perceived judgement, and lower self-confidence due to acne.

Even among those with low acne severity, respondents were frustrated with the trial and error of identifying effective treatment (56%), worrying about their appearance (51%), side effects of treatments (43%), and existing hyperpigmentation/scarring (37%). Among those with mild acne, frustration with relapse was more common relative to the overall group (59% vs. 45%). Among those with moderate to severe acne, 40% reported low confidence in their ability to manage acne and were more frequently frustrated with the cost of products to conceal acne (38%); 32% of these individuals experienced financial burden related to acne treatments.

Regarding prescription treatments, 65% of all individuals had ever used topical retinoids; however, only 21% were currently using them. Aside from isotretinoin, topical retinoids were associated with the most side effects (i.e., dry skin affecting 65 to 71%). Compared to individuals with lower severity acne, those with moderate to severe acne were dissatisfied with almost all presented treatment options, largely because of lack of effectiveness.

Conclusions

Even among individuals who have sought treatment, there is persistent acne-related psychological, emotion, and financial burden. Unmet needs identified across varying levels of acne severity underscore the need for novel and more efficacious therapies with less side effects.

Funding

This study was sponsored by Sanofi.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2782

Treatment Success and Clinical Improvement Outcomes with Low-Dose Micronized Isotretinoin in Severe Recalcitrant Nodular Facial Acne: A Post Hoc Analysis of a Real-World Retrospective Electronic Medical Record-based Study

Byalakere Chandrashekar[1], Maya Vedamurthy[2], Seetharamanjaneyulu Kolalapudi[3], Vijaya Mallela[4], Shahnaz Arsiwala[5], Anil Ganjoo[6], Abir Saraswat[7], Farida Modi[8], Sowmya Sujatha[9], Satish Udare[10], Surojit Gorai[11], Bhavesh Lalan*[12], Aditi Jain[13], Shruti Dharmadhikari[13], Chintan Khandhedia[13], Prashant Devkare[12], Amey Mane[13], Suyog Mehta[13]

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Introduction
Isotretinoin is the standard of care for severe recalcitrant nodular acne. Low-dose micronized-isotretinoin, a novel formulation developed with an optimized micronization technology, can be administered independent of meals. A real-world study was conducted to evaluate the effectiveness and tolerability of low-dose micronized-isotretinoin in patients with severe recalcitrant nodular facial acne. This post hoc analysis evaluated the effectiveness outcomes based on Investigator's Global Assessment (IGA) score in patients with moderate and severe acne and the nodular facial lesion count.

Materials and Methods
This is a post hoc analysis of a real-world, retrospective, observational, single-arm, electronic medical records (EMR)-based study (Ehtics Committee approved with Clinical Trial Registry - India Number CTRI/2024/07/070813) including patients aged ≥12 years, diagnosed with severe recalcitrant nodular facial acne who were prescribed low-dose micronized-isotretinoin 8/16/24mg. Post hoc analysis included treatment success rate defined as at least a 2-point reduction in IGA score (0=clear, 1=almost clear, 2=mild, 3=moderate, 4=severe) from baseline, patients achieving an IGA score of 0 or 1, post baseline, improvement in acne severity assessed as ≥1-point and ≥2-point reduction in IGA score from baseline, and proportion of patients with at least 90% reduction in nodular facial lesion count from baseline to end of treatment.

Results
Aggregated and anonymized EMR data of 305 eligible patients from 11 centres across India were included

(Age[mean±SD]: 24.15±7.07 years, 63.93% females), comprising 182 (59.67%) moderate and 123 (40.33%) severe acne patients as per IGA score at baseline. The mean duration of treatment was 16.11 ± 1.48 weeks. Proportion of patients achieving treatment success increased over the treatment period in both groups. For moderate acne patients from baseline, treatment success was 24.73%, 76.92%, and 96.70% at 8±2 weeks, 12±2 weeks, and 16±2 weeks, respectively. Similarly, for severe acne patients, the corresponding treatment success rates were 12.20%, 52.03%, and 84.55%, respectively. Overall, 19.67%, 66.89%, and 91.80% patients achieved treatment success at 8±2 weeks, 12±2 weeks, and 16±2 weeks, respectively (Table 1). Additionally, improvement in acne severity was observed in both patient groups from baseline to 16±2 weeks. In patients with moderate acne, 100.00% patients achieved ≥1-point improvement, and 96.70% patients achieved ≥2-point improvement, by 16±2 weeks. Likewise, in the severe acne group, 99.19% patients achieved ≥1-point improvement, and 94.31% patients achieved ≥2-point improvement by 16±2 weeks. Overall, ≥1-point improvement was 88.85%, 97.38%, and 99.67% patients achieved ≥1-point improvement at 8±2 weeks, 12±2 weeks, and 16±2 weeks, respectively. While the corresponding proportion for ≥2-point improvement was 34.10%, 78.69%, and 95.74%, respectively (Table 1). Moreover, the proportion of patients with at least 90% reduction in nodular facial lesion count from baseline was 36.72% at 8±2 weeks and increased significantly to 57.70% at 12±2 weeks and 90.82% at 16±2 weeks ($p<0.001$ for both).

Treatment success rate (N=305), n (%)			
	Moderate acne at baseline (IGA score=3) (n=182)	**Severe acne at baseline (IGA score=4) (n=123)**	**Overall (N=305)**
8±2 weeks	45 (24.73%)	15 (12.20%)	60 (19.67%)
12±2 weeks	140 (76.92%)	64 (52.03%)	204 (66.89%)
16±2 weeks	176 (96.70%)	104 (84.55%)	280 (91.80%)
≥1-point improvement in IGA score (N=305), n (%)			
	Moderate acne at baseline (IGA score=3) (n=182)	**Severe acne at baseline (IGA score=4) (n=123)**	**Overall (N=305)**
8±2 weeks	154 (84.62%)	117 (95.12%)	271 (88.85%)
12±2 weeks	175 (96.15%)	122 (99.19%)	297 (97.38%)
16±2 weeks	182 (100.00%)	122 (99.19%)	304 (99.67%)
≥2-point improvement in IGA score (N=305), n (%)			
	Moderate acne at baseline (IGA score=3) (n=182)	**Severe acne at baseline (IGA score=4) (n=123)**	**Overall (N=305)**
8±2 weeks	45 (24.73%)	59 (47.97%)	104 (34.10%)
12±2 weeks	140 (76.92%)	100 (81.30%)	240 (78.69%)
16±2 weeks	176 (96.70%)	116 (94.31%)	292 (95.74%)

Table 1: Treatment Success Rate and Improvement in Acne Severity, based on Investigator's Global Assessment (IGA) score, from baseline to end of treatment

Conclusions

In this post-hoc analysis, low-dose micronized isotretinoin demonstrated rapid, progressive, and clinically meaningful improvements in IGA scores and nodular lesion counts in patients with moderate-to-severe acne, with > 90% achieving treatment success by ~16 weeks. Its food-independent administration and strong real-world effectiveness suggest it as a practical and effective therapeutic option in the management of acne.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2816

Efficacy and Tolerability of Combined Blue and Red LED Therapy in Mild to Moderate Acne: A Prospective Descriptive Study

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Introduction
Acne vulgaris is a common chronic inflammatory dermatosis. Conventional treatments may be limited by adverse effects and poor adherence. Light-emitting diode (LED) therapy represents a non-invasive alternative: blue light (~415 nm) exerts antibacterial effects, while red light (630–660 nm) has anti- inflammatory properties.

Objective: To evaluate the efficacy and tolerability of combined blue and red LED therapy in patients with mild to moderate inflammatory and/or comedonal acne.

Case Presentation
We conducted a prospective descriptive study over three months (November 2025–January 2026) in the Dermatology Department of Ibn Rochd University Hospital, Casablanca. Ten patients aged ≥15 years (mean age: 22 years) with mild to moderate inflammatory and/or comedonal acne were included. Exclusion criteria were severe acne, recent isotretinoin use, pregnancy, and photodermatoses. Patients received combined blue and red LED sessions twice weekly for 12 minutes over 8 weeks (total fluence: 46 J/cm2). Clinical outcomes included changes in inflammatory and non-inflammatory lesion counts, GAGS score, IGA grade, DLQI, and patient satisfaction.

A progressive and significant clinical improvement was observed after 8 weeks. Inflammatory lesions decreased by 55–65%, while comedonal lesions decreased by 45–55%. The GAGS score improved by 52%, and 70% of patients showed at least a one-grade improvement in IGA. Nine patients (90%) were considered responders, defined by a ≥50% reduction in GAGS score. Quality of life improved markedly, with mean DLQI decreasing from 9.2 to 3.4. The mean satisfaction score was 7.8/10. LED therapy was well tolerated, with only minor and transient adverse effects, mainly mild erythema and a transient sensation of warmth.

This study suggests that combined blue and red LED therapy is an effective and well-tolerated option for mild to moderate acne, with significant reductions in inflammatory and comedonal lesions and improvement in severity scores (GAGS, IGA), consistent with the known synergistic effects of blue light's antibacterial action against Cutibacterium acnes and red light's anti-inflammatory properties; the high responder rate and marked improvement in quality of life further support its clinical relevance, while the excellent tolerability profile represents an advantage over conventional treatments; however, the small sample size, lack of a control group, and short follow-up limit the strength of these findings, and larger randomized studies are needed to confirm its role in acne management.

Conclusion
Combined blue and red LED therapy appears to be an effective, well-tolerated, and non-invasive treatment option for mild to moderate inflammatory and comedonal acne, leading to significant clinical improvement and

enhanced quality of life. Larger randomized controlled trials are needed to confirm these findings and better define its role in therapeutic guidelines

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2831

Effectiveness and Tolerability of Low-Dose Micronized Isotretinoin in Severe Recalcitrant Nodular Facial Acne: A Severity-Stratified Analysis of a Real-World Retrospective Electronic Medical Record-based Study

Byalakere Chandrashekar[1], Maya Vedamurthy[2], Seetharamanjaneyulu Kolalapudi[3], Vijaya Mallela[4], Shahnaz Arsiwala[5], Anil Ganjoo[6], Abir Saraswat[7], Farida Modi[8], Sowmya Sujatha[9], Satish Udare[10], Surojit Gorai[11], Bhavesh Lalan*[12], Aditi Jain[13], Shruti Dharmadhikari[13], Chintan Khandhedia[13], Prashant Devkare[12], Amey Mane[13], Suyog Mehta[13]

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Introduction

Acne vulgaris affects an estimated 9.4% of the global population, making it one of the most common inflammatory skin disorders worldwide. Isotretinoin is the standard of care for severe recalcitrant nodular acne. Low-dose micronized isotretinoin, a novel formulation developed with an optimized micronization technology, can be administered independent of meals. A real-world study was conducted to evaluate the effectiveness and tolerability of low-dose micronized-isotretinoin in patients with severe recalcitrant nodular facial acne. This analysis evaluated the outcomes stratified by severity based on Investigator's Global Assessment (IGA) score at baseline.

Materials and Methods

This real-world, retrospective, observational, single-arm, electronic medical records (EMR)-based study (Ethics Committee approved with Clinical Trial Registry - India Number CTRI/2024/07/070813) included patients aged ≥12 years, diagnosed with severe recalcitrant nodular facial acne who were prescribed low-dose micronized-isotretinoin 8/16/24mg. This is a stratified analysis based on IGA score at baseline [moderate acne (IGA score 3) and severe acne (IGA score 4)]. Primary endpoint was the change in severity of acne based on the IGA scale (0=clear, 1=almost clear, 2=mild, 3=moderate, 4=severe) from baseline to the end of treatment. Secondary endpoints were change in total number of lesions and nodular lesions count, response to treatment as assessed and graded by investigator (>75% clearing=excellent, 50-75% clearing=good, 25-50% clearing=fair and <25% clearing=poor), response to treatment graded by patients (1=very good, 2=good, 3=average and 4=poor) and incidence of adverse events(AEs) from baseline to end of treatment was evaluated in patients.

Results

Aggregated and anonymized EMR data of 305 eligible patients from 11 centres across India were included (Age[mean±SD]: 24.15 ± 7.07 years, 63.93 % females) in this analysis, comprising 182 moderate and 123 severe acne patients as per IGA score at baseline. The mean duration of treatment was 16.11±1.48 weeks. The mean change ± SD (% change) in IGA score from baseline to 8 ± 2 weeks, 12 ± 2 weeks, and 16 ± 2 weeks was 1.12 ± 0.71 (37.33%), 1.87 ± 0.68 (62.33%), and 2.68 ± 0.54 (89.33%) [p<0.001 for all], respectively, in patients with moderate acne. Further, it was 1.55 ± 0.77 (38.75%), 2.44 ± 0.94 (61.00%), and 3.15 ± 0.85 (78.75%) [p<0.001 for all], respectively, in patients with severe acne. The mean change ± SD (% change) in total number of nodular lesions from baseline was 4.08 ± 2.88 (98.08%) [moderate acne patients] and 12.15 ± 21.56 (93.75%) [severe acne patients] [p<0.001 for both]. The mean change ± SD (% change) in total number of lesions from baseline was 20.52 ± 21.50 (94.91%) [moderate acne patients] and 43.49 ± 45.67 (90.64%) [severe acne patients] [p<0.001 for both]. By 16 ± 2 weeks, treatment response graded by investigator was 'Good' to 'Excellent' for 99.45% patients with moderate acne and 95.93% patients with severe acne (Table 1). Additionally, treatment response graded by the patient was 'Good' to 'Very Good' in 98.35% moderate and 95.94% severe acne patients, by 16±2 weeks (Table 1). A total of 8 adverse events (AEs) were reported in 6 patients, including dryness, headache, itching, mild acne, new lesions, and pain. All AEs occurred in patients with severe acne (4.88%), with no serious adverse events observed.

	N = 305	Moderate (n=182)	Severe (n=123)
Investigator-Grading			
8 ± 2 weeks	Excellent (>75% clearing)	38 (20.88%)	17 (13.82%)
	Good (50-75% clearing)	115 (63.19%)	64 (52.03%)
	Fair (25-50% clearing)	25 (13.74%)	38 (30.89%)
	Poor (<25% clearing)	4 (2.20%)	4 (3.25%)
12 ± 2 weeks	Excellent (>75% clearing)	88 (48.35%)	63 (51.22%)
	Good (50-75% clearing)	81 (44.51%)	45 (36.59%)
	Fair (25-50% clearing)	11 (6.04%)	14 (11.38%)
	Poor (<25% clearing)	2 (1.10%)	1 (0.81%)
16 ± 2 weeks	Excellent (>75% clearing)	113 (62.09%)	94 (76.42%)
	Good (50-75% clearing)	68 (37.36%)	24 (19.51%)
	Fair (25-50% clearing)	1 (0.55%)	4 (3.25%)
	Poor (<25% clearing)	0 (0.00%)	1 (0.81%)
Patient-Grading (1 – Very Good, 2 – Good, 3 – Average, 4 – Poor)			
8 ± 2 weeks	Very good	54 (29.67%)	24 (19.51%)
	Good	108 (59.34%)	74 (60.16%)
	Average	18 (9.89%)	23 (18.70%)
	Poor	2 (1.10%)	2 (1.63%)
12 ± 2 weeks	Very good	101 (55.49%)	55 (44.72%)
	Good	66 (36.26%)	56 (45.53%)
	Average	15 (8.24%)	10 (8.13%)
	Poor	0 (0.00%)	2 (1.63%)
16 ± 2 weeks	Very good	123 (67.58%)	76 (61.79%)
	Good	56 (30.77%)	42 (34.15%)
	Average	3 (1.65%)	4 (3.25%)
	Poor	0 (0.00%)	1 (0.81%)

Table 1: Response to treatment as assessed and graded by the investigator and patient from baseline to end of treatment

Conclusions

This severity-stratified analysis of an EMR-based, retrospective, first-of-its-kind study conducted in India demonstrated the effectiveness and tolerability of low-dose micronized-isotretinoin in patients with both moderate and severe acne as per IGA score.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2832

Beyond C. acnes: The Emerging Role of the Follicular Mycobiome in Truncal Acne Revealed by Scanning Electron Microscopy

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Introduction

The pathophysiology of acne vulgaris has been attributed primarily to *Cutibacterium acnes* (*C. acnes*) hyperproliferation and bacterial-driven inflammation. However, recent shifts in microbiome research highlight the follicular mycobiome as an important contributor to pilosebaceous dysbiosis. To translate metagenomic profiling into an anatomical context, this study utilised scanning electron microscopy (SEM) to directly visualise the spatial organisation, multi-kingdom interactions and biofilm architecture of bacterial and fungal species in truncal acne. Understanding the micro-niche preferences of these microbial players is essential for developing comprehensive, targeted treatment strategies.

Materials and Methods

An observational clinical study was conducted in New Delhi, India, enrolling a total cohort of 77 women (aged 18-25 years), comprising individuals with moderate facial and truncal acne (IGA 3) and matched healthy controls. To investigate the follicular microenvironment of truncal acne, dorsal skin biopsies were collected from healthy volunteers, alongside lesional and non-lesional samples from the acne group. High-resolution SEM was performed on a representative subset of 34 samples. This enabled a targeted, niche-based prevalence analysis to comprehensively evaluate the presence, spatial localisation, and biofilm architecture of resident bacterial and mycobiome communities.

Results

SEM imaging revealed distinct spatial segregation and niche-specific microbial colonisation. *C. acnes* was confirmed as the dominant coloniser of the deep follicular infundibulum, with over 50% of acne lesional samples displaying dense, deeply embedded biofilms. Importantly, the study highlighted a robust mycobiome component, with *Malassezia* species colonising the stratum corneum of half of the acne lesions, and 20% demonstrating follicular colonisation. In contrast, *Staphylococcus* biofilms were frequently visualised on the stratum corneum across sample types but were notably absent from deep lesional cross-sections. This architectural contrast indicates that while *C. acnes* and *Malassezia* actively penetrate the pilosebaceous unit, *Staphylococcus* is restricted to the surface and does not colonise the active inflammatory micro-niche.

Conclusions

This study provides unprecedented *in situ* visual evidence of microbial spatial distribution in truncal acne within an Indian demographic. While deep follicular colonisation by dense *C. acnes* biofilms confirms its core pathogenic role, the high prevalence of superficial and intrafollicular *Malassezia* strongly implicates the mycobiome as a critical, yet frequently overlooked, co-pathogen in truncal dysbiosis. These findings challenge the traditional bacteria-centric model, suggesting that strictly antibacterial approaches may be inadequate for refractory or pruritic truncal acne. Therefore, our results underscore the clinical necessity of targeting both deep-seated bacterial biofilms and the follicular mycobiome to optimise dermatological outcomes.

EA DV CONGRESS
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Abstract N°: 2839

Tamar E.C. Nijsten ,Willemijn C.A.M. Witkam, M. Moreau, A. Mathieu, L. Aguilar, S.E. Dal Belo,Luba M. Pardo

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Introduction

Acne vulgaris (AV) is a common skin condition affecting adolescents and young adults, with a substantial impact on well-being. In addition to modifiable environmental factors, AV is influenced by genetic variation and alterations in skin microbiota composition. However, it remains largely unexplored whether genetic predisposition interacts with the cutaneous microbiome in individuals with AV. We therefore examined multilevel interactions between genetic susceptibility—quantified using polygenic risk scores (PRS)—and facial skin microbiota composition in European adolescents.

Materials and Methods

We included 417 European adolescents from a population-based cohort (median age 13.5 years), comprising 187 individuals with moderate-to-severe acne and 230 controls. Acne severity was assessed using the Global Evaluation of Acne scale. PRS were constructed using genome-wide meta-regression summary statistics for acne susceptibility. Facial microbiota was profiled by 16S rRNA sequencing of forehead swabs. Microbiota data were filtered to retain 51 amplicon sequence variants (ASVs) with >=50% prevalence among the available samples and summarized into ten microbiota principal components (mPCs), explaining 54.4% of cumulative variance. Analyses accounted for sex, pubertal stage, maternal education, and weight. LASSO regression was used for variable selection, and interaction terms between PRS and each mPC were evaluated in multivariable logistic regression models.

Results

After LASSO selection, PRS and microbiota-related principal components were retained in the final models. PRS was significantly associated with moderate-to-severe acne (adjusted odds ratio [aOR] 1.83, 95% CI 1.27–2.63). Three mPCs (mPCs 1, 5, and 6) were positively associated with AV, while three (mPCs 2, 3, and 8) were negatively associated. The ASVs contributing most strongly to mPC1 were predominantly *Staphylococcus epidermidis* and *S. caprae/capitis*, which were more abundant in cases. mPC3 was largely driven by*Cutibacterium acnes* and *C. granulosum*, while *Staphylococcus* species showed higher relative abundance in controls. None of the interaction terms between PRS and microbiota principal components were statistically significant.

Conclusions

Our study suggests that genetic risk may promote acne via host biological pathways (e.g. stem cell lineage and

plasticity within the pilosebaceous unit, immune response, or androgen signalling) that are not mediated through microbiota composition, adding to our understanding in acne aetiology

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 2850

ALADIN: an AI-based acne lesion and density index for automated severity assessment

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Introduction
Acne is a highly prevalent chronic condition affecting up to 85% of adolescents and approximately 9.4% of the global population. Despite the existence of more than 25 severity grading systems, none has achieved widespread adoption due to limited practicality and significant interobserver variability. Lesion counting remains one of the most direct and reliable methods for severity assessment, although it is time-consuming. Advances in computer vision now enable automated approaches with high performance. This study aims to develop and validate an artificial intelligence (AI)-based system for automated acne severity assessment.

Materials and Methods
A neural network was trained to detect acne lesions in smartphone-acquired images. Based on lesion detection, acne density across affected areas was quantified as a surrogate marker of severity. A novel severity index, ALADIN (Acne Lesion And Density INdex), was developed by combining lesion count and density into a unified mathematical formulation.

ALADIN was evaluated against Investigator Global Assessment (IGA) and Global Acne Grading System (GAGS) scores provided by five expert dermatologists. Two datasets were used: one predominantly mild-to-moderate cohort from a private clinical setting (Legit.Health-AcneSeverity-V1), and one predominantly severe cohort from public atlases (Legit.Health-AcneSeverity-V2). Performance was assessed using correlation coefficients, Cohen's kappa, and mean absolute error (MAE).

Results
ALADIN demonstrated performance comparable to expert dermatologists in IGA assessment across both datasets. Agreement levels were consistent across severity ranges, with moderate-to-substantial concordance and low mean absolute error, supporting robust performance in both mild-to-moderate and severe acne cohorts.

In the mild-to-moderate dataset, ALADIN closely matched dermatologist assessments, while in the severe cohort it maintained stable agreement despite increased case complexity. Detailed performance metrics are presented in Table 1.

	Legit.Health-AcneSeverity-V1			Legit.Health-AcneSeverity-V2		
	Pearson	**Cohen's Kappa**	**MAE**	**Pearson**	**Cohen's Kappa**	**MAE**
ALADIN	0.57	0.51	0.64	0.63	0.62	0.68
Dermatologists	0.56	0.45	0.64	0.78	0.77	0.34

Table 1. *Comparison between the performance of ALADIN and that of expert dermatologists in measuring IGA for different datasets, Legit.Health-AcneSeverity-V1 and Legit.Health-AcneSeverity-V2. MAE: Mean Absolute Error.*

Conclusions

ALADIN achieves performance comparable to expert dermatologists, supporting its validity as a reliable tool for automated acne severity assessment. By combining lesion count and density into a simple and interpretable index, it offers a practical approach to standardizing severity grading while reducing interobserver variability. Its integration into digital tools may facilitate objective monitoring and longitudinal follow-up in both clinical practice and research settings.

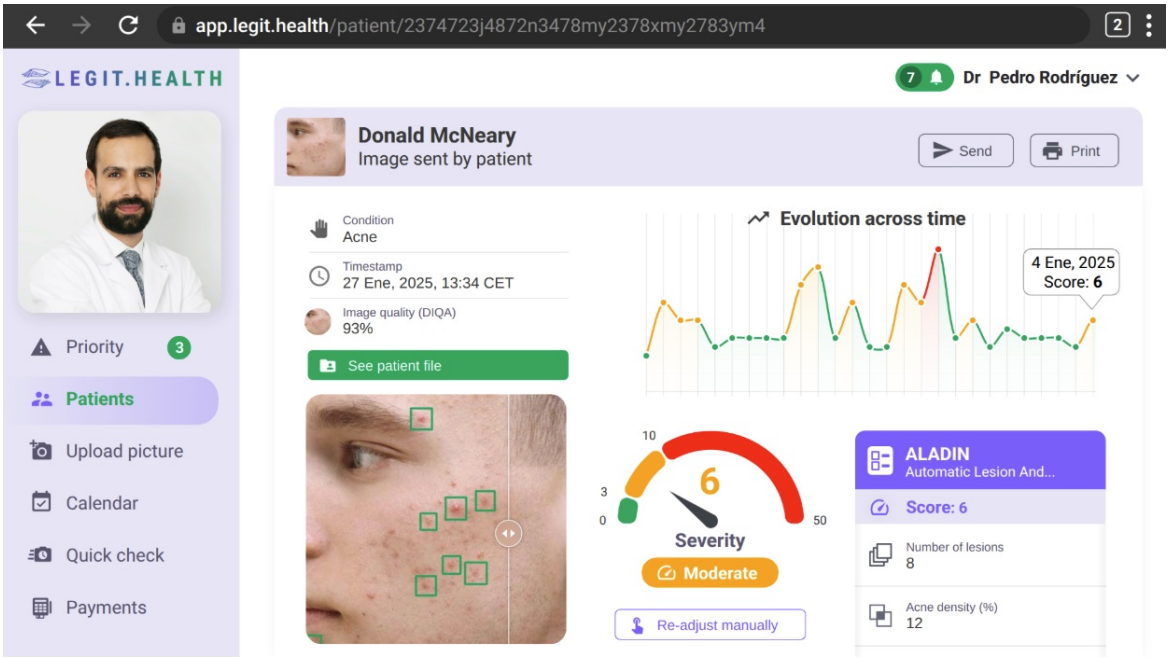

Fig 1. Example of use of ALADIN. Its integration into a medical device allows the counting of lesions and calculation of acne density, as well as the visualization of the severity of the current pathology and its evolution over time.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2875

Reproductive health and family planning in patients with hidradenitis suppurativa: a systematic review

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory dermatosis with onset often during reproductive years. It is associated with hormonal and psychosocial burden. While pregnancy-related outcomes have been studied, the impact of HS during the preconception period remains underexplored. Given the interplay between HS, hormonal dysfunction, comorbidities, and treatment limitations, patients may face challenges related to reproduction. This review evaluates both female and male reproductive health in HS, including menstrual health, fertility, and family planning experiences.

Materials and Methods
MEDLINE and Embase were searched and screened by two reviewers for studies on reproductive health in HS in accordance with PRISMA guidelines. Data were extracted, and descriptive analyses were performed across domains including menstrual health, contraception and hormonal therapy use, fertility, and family planning. Study quality was assessed using the Joanna Briggs Institute Appraisal tools.

Results
A total of 11,107 patients with HS were included (79.5% female; mean age 35.9±3.5 years; mean age of onset 20.5±1.8 years; mean BMI 32.0±3.6 kg/m^2). Obesity was the most prevalent comorbidity (49.9%). Many patients were current smokers (76.3%).

Regarding menstrual health, 34.2% of patients experienced cycle-related HS flares. More patients experienced regular menstrual cycles (13.2%) than irregular menstrual cycles (4.6%) in the subset reported. PCOS prevalence in this subgroup was 8.5%. Contraception use was reported in 32.1% of patients, including oral contraceptive pills (23.0%), hormonal intrauterine devices (7.0%), injectable contraceptives (2.3%), and subdermal implants (2.4%); some patients used multiple contraception. Hormonal therapies used included spironolactone (26.2%), finasteride (3.7%), and cyproterone acetate (0.7%). Spironolactone demonstrated the highest HS improvement rate (45.5%), followed by cyproterone acetate (44.4%) and finasteride (37.5%).

Family planning and sexual health outcomes revealed that 22.1% of patients reported current reproductive desires, while 9.4% experienced barriers to family planning, including concerns regarding disease burden, medication safety, and intimacy. Sexual impairment was reported in 45.8% of patients and included pain, reduced desire, embarrassment, and impaired relationships. Additionally, 12.6% of patients reported concerns regarding medication use during pregnancy or fears of changing HS medication when family planning, and 8.0% reported fears of transmitting HS to children. In male patients, 68.1% reported sexual impairment and 13.2% expressed fear of passing HS to their children.

In total, 14.5% of female patients used fertility assistance, including oral hormonal therapies (8.9%), injectable hormonal therapies (4.4%), and *in vitro* fertilization (4.4%). Most patients reported no impact of oral or injectable

fertility treatments on HS disease activity. In males, HS was associated with reduced semen parameters, including lower sperm count, concentration, and motility compared to controls.

Across studies, gaps in patient-provider counselling were noted. Most patients reported limited preconception provider guidance, difficulty discussing fertility concerns with their primary HS provider, and expressed a desire for more counselling on HS, sexual health, fertility, and pregnancy. Over one-third reported that family planning discussions had not occurred with their provider.

Conclusions

HS patients experience several barriers in their reproductive health. They experience menstrual-related flares, sexual and fertility impairment, unfulfilled reproductive desires, fears regarding HS and pregnancy, and a desire for preconception counselling. Multidisciplinary care integrating dermatologic and reproductive expertise may help address the needs of HS patients during their reproductive years.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 2906

Platform and positive sentiment are associated with higher engagement per view in isotretinoin-related videos: a cross-sectional analysis

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Introduction
Social media is an important source of isotretinoin information for adolescents and young people, yet it remains unclear which features of online videos are most strongly associated with engagement after being viewed. This is clinically relevant given recent MHRA safety reviews highlighting concerns around isotretinoin monitoring and patient education. Highly engaging content may shape treatment expectations and perceptions of risk, regardless of accuracy or clinical usefulness. This study aimed to evaluate the accuracy, sentiment, and communication quality of isotretinoin-related videos, and to examine their associations with engagement per view across TikTok, Instagram Reels, and YouTube.

Materials and Methods
A cross-sectional content analysis was conducted using publicly available English-language isotretinoin-related videos from TikTok, Instagram Reels, and YouTube. Videos were sampled in fixed display order using platform-appropriate search terms and recency sorting where available. A target sample of 300 videos was set, with 291 complete cases included in the final regression. Videos were coded for accuracy against current clinical guidance, sentiment (positive, neutral, negative), and communication quality using the Patient Education Materials Assessment Tool for Audiovisual Materials (PEMAT). Inaccurate content included misinformation relating to diet, treatment effects, and unverified therapeutic claims. Engagement was defined as the sum of likes and comments. Negative binomial regression with a log(views) offset was used to model engagement per view, with results reported as incidence rate ratios (IRRs).

Results
Engagement per view was associated more strongly with platform and sentiment than with accuracy or understandability. TikTok videos had significantly higher engagement per view than Instagram Reels (IRR 2.659, 95% CI 2.088–3.387; $p<0.001$), whereas YouTube did not differ significantly (IRR 0.852, 95% CI 0.629–1.156; $p=0.304$). Using neutral sentiment as the reference category, positive sentiment was associated with higher engagement per view (IRR 1.522, 95% CI 1.208–1.918; $p<0.001$), while negative sentiment was not significantly different from neutral (IRR 1.231, 95% CI 0.929–1.631; $p=0.148$). Accuracy was not significantly associated with engagement per view, and PEMAT understandability was also non-significant. Most videos were accurate (n=180), with 103 mixed and 17 inaccurate. Mean understandability was high (80.46%), whereas mean actionability was low (25.42%). Agreement between manual and automated sentiment classification was 60%.

Conclusions
Engagement with isotretinoin-related videos appears to be associated more strongly with platform and positive sentiment than with accuracy. TikTok may therefore represent a key platform for dermatology communication targeting young people. Although videos were generally understandable, they rarely provided actionable guidance, highlighting a gap between engagement and practical patient education. Automated sentiment classification showed only moderate agreement with manual coding, suggesting limited reliability for nuanced health-related content. The small number of inaccurate videos may have limited the power to detect differences

by accuracy category. Dermatology communication on social media should not only be accurate and engaging, but also actionable, helping young people translate understandable content into safer treatment decisions.

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Abstract N°: 2917

Hidradenitis Suppurativa in Black Patients: A Systematic Review

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory follicular skin disease characterized by recurrent nodules, abscesses, and sinus tracts in intertriginous areas, significantly impairing quality of life. Although HS affects approximately 1% of the global population, Black individuals bear a disproportionate burden, with prevalence rates of 1.3% compared to 0.75% in Caucasians and 0.07% in Hispanic/Latino populations. This systematic review aims to characterize HS clinical and epidemiological profiles in Black patients to promote equitable, evidence-based management.

Materials and Methods

Following PRISMA guidelines, a systematic review was conducted across PubMed, Embase, and the Cochrane Library to identify studies addressing HS in Black patients of all age groups, with white cohorts serving as the primary reference group. Eligible studies reported epidemiological data, clinical characteristics, disease severity, or racial and ethnic disparities in access to care and treatment. No restrictions were applied regarding study design. Data were synthesized qualitatively using a predefined thematic framework. The review protocol was registered in PROSPERO (CRD420261333719).

Results

Across 17 included studies (26,321 Black and 31,877 White patients), Black populations faced a disproportionate HS burden, characterized by a 2.5-fold higher incidence, female predominance, and significantly earlier diagnosis (mean ~34.0–37.0 vs. 38.0–39.0 years). A "phenotypic paradox" was observed: despite lower inflammatory abscess and nodule counts, Black patients exhibited significantly higher structural damage, including draining fistulas, tunnels, and extensive disease in >3 areas. This severity extended to pediatric cohorts; Black children frequently presented with scars and fistulas, alongside abscesses and comedones, features notably absent in White peers. Anatomical involvement favored axillary and inguinal regions, though involvement was also prevalent in the buttocks, breasts, abdomen, and perineum. Consequently, Black patients more frequently presented with advanced Hurley stages (II/III) compared to White counterparts (I/II). Systemic barriers resulted in a 1.62-fold longer diagnostic delay (4.8 vs. 3.2 years) and significantly lower rates of early dermatological evaluation (47.8% vs. 59.5%). Black populations relied more on emergency department visits and inpatient care. Therapeutic disparities were stark: higher prescription rates for conventional antibiotics contrasted with significantly lower access to targeted biologics and small molecules. Surgically, Black patients underwent more complex excisions, first evaluated by a surgeon rather than a dermatologist (44.9% vs. 31.6%), and required more frequent post-

operative treatments.

Conclusions

Black patients often present with a more severe HS phenotype and significantly earlier disease onset, yet they face disproportionate barriers to specialized dermatologic care. These obstacles contribute to delayed diagnoses, increased reliance on emergency services, and a higher frequency of complex surgical interventions. Furthermore, the persistent underrepresentation of Black patients in clinical research limits the generalizability of evidence and hinders the development of equitable management strategies. Addressing structural barriers, medical mistrust, and access are critical steps toward reducing these disparities and achieving health equity in HS care.

EA DV CONGRESS
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Abstract N°: 2976

Afrocarribean Representation in Hidradenitis Suppurativa Randomised Control Trials: An Analysis

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Introduction

Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory dermatosis with marked ethnic disparities in prevalence and severity (1). Individuals of Afro-Caribbean descent are disproportionately affected by greater severity of disease, potentially due to differences in hair follicle structure and curl pattern contributing to follicular occlusion (2). Despite this, representation of these populations in clinical trials and the extent to which trial cohorts reflect disease epidemiology remain uncertain, resulting in implications of applicability and generalisability of current treatments for this patient group. The objective of this analysis is to evaluate ethnic representation in clinical trials for HS and explore factors influencing observed demographic patterns.

Materials and Methods

A systematic review was conducted using PubMed, Cochrane CENTRAL and ClinicalTrials.gov.Studies were eligible if they were human trials and excluded if they were incomplete, secondary analysis, or non- randomised. Three reviewers independently screened records, with conflicts resolved through discussion before data extraction.

Overall, 539 records were identified, with 407 remaining following removal of 132 duplicates. After title and abstract screening, 215 reports underwent full-text review, of which 65 studies met inclusion criteria for the final systematic review. A pilot subset of 11 studies was then randomly selected using a random number generator for preliminary analysis.

Eleven phase II interventional trials (n = 1,485 participants) investigating systemic and topical therapies for HS were reviewed as part of our preliminary investigation and results from this are detailed below.

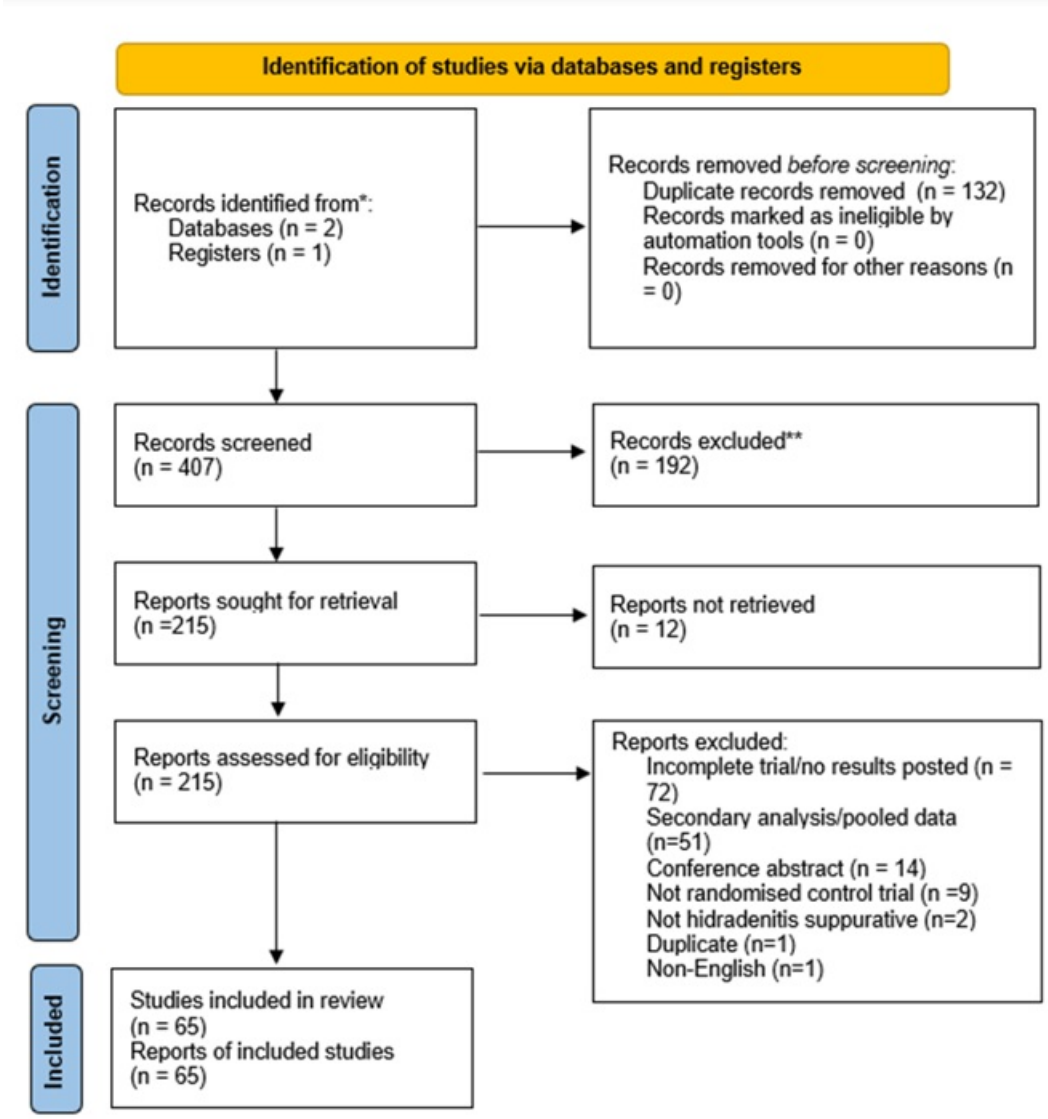

Figure 1. PRISMA flow chart (3)

Results

Across the included studies, the majority of participants were Caucasian (50.7%), followed by Black (28.5%), Asian (3.30%), and Native American (0.741%) individuals, with smaller proportions reported as mixed or unspecified ethnicity. Most studies were conducted in North America and Europe, with no sites in Africa or the Caribbean. Black participants were represented at a significantly higher proportion than expected from real-world estimates ($Z = 13.8$, $p < .001$; two-sample proportion test [1]).

A large proportion of therapies investigated were biologic or targeted systemic agents, suggesting recruitment of patients with more severe disease and introducing potential selection bias, partly explaining the relatively higher representation of Black participants compared to other dermatological trials. Severe HS disproportionately affects these populations, and delays in access to specialist care may increase progression to advanced disease and eligibility for trials investigating advanced therapies. Earlier access to care may reduce disease progression and eligibility for these trials.

The Black African participants were predominantly recruited from Western healthcare systems and largely derive ancestry from West and Central Africa, meaning genetically distinct populations from East and Southern Africa remain underrepresented (4). Limited engagement with local dermatologists or dermatology centres in Africa or the Caribbean may contribute to lack of recruitment and trial sites in these regions.

Conclusions

Although HS trials appear to include a higher proportion of Black and minority ethnic participants than is typical for dermatological research, this likely reflects severity-driven selection rather than equitable representation. Non West-African populations remain underrepresented, particularly given the absence of trial sites in Africa and the Caribbean. Future research should incorporate qualitative methods to better understand recruitment barriers and prioritise inclusion of geographically and genetically diverse populations to improve the generalisability of the evidence base. With advancements in technology and trial design, decentralised virtual clinical trials can be utilised to ensure equitable recruitment that includes all regions of Africa and the Caribbean.

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Abstract N°: 3021

Impact of Rosacea on the Quality of Life: A Population-Based Cross-Sectional Study in Saudi Arabia

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Introduction

Rosacea is a chronic skin condition that affects social and professional life, with a prevalence of 1.59%in Saudi Arabia. It has four subtypes and is linked to anxiety, depression, and reduced quality of life (QoL). Many patients report diminished self-esteem and social challenges. Given the limited research in Saudi Arabia, this study aims to assess rosacea's impact on QoL.

Materials and Methods

This cross-sectional study was conducted at a single secondary institution and via social media outreach to Saudi residents with a confirmed diagnosis of rosacea. Participants completed an electronic questionnaire covering sociodemographic data, rosacea severity, and Dermatology Life Quality Index (DLQI) scores. The data were analyzed using descriptive statistics, *t*-tests, chi-square tests, and correlation analyses with a significance level of $p < 0.05$. Power calculations were made to ensure adequate sample sizes, and missing data were imputed.

Results

A total of 176 patients were included in the study, with a mean age of 28.8 years. More than half of the participants (52.5%) reported that rosacea had severely impaired their quality of life. Increased disease severity, as indicated by higher Clinician's Erythema Assessment (CEA) scores, the presence of papules, and ocular involvement, was significantly associated with poorer QoL. A longer duration of disease was positively correlated with greater QoL impairment. There was a higher prevalence of topical ivermectin use among individuals reporting severe impairment in quality of life.

Variables	Non- Severely Impaired QoL	Severely Impaired QoL	P-value
	N=92	N=84	
Age	28.1 (8.67)	29.6 (7.73)	0.210
Gender			0.386
Female	76 (82.6%)	64 (76.2%)	
Male	16 (17.4%)	20 (23.8%)	
Nationality			0.955
Non-Saudi	14 (15.2%)	14 (16.7%)	
Saudi	78 (84.8%)	70 (83.3%)	
Residence			0.024
Central region	52 (56.5%)	34 (40.5%)	
Eastern region	7 (7.61%)	12 (14.3%)	

Eastern region	[illegible]	[illegible]	
Northern region	10 (10.9%)	5 (5.95%)	
Southern region	4 (4.35%)	13 (15.5%)	
Western region	19 (20.7%)	20 (23.8%)	
Marital status			0.664
Divorced	2 (2.17%)	0 (0.00%)	
Married	37 (40.2%)	33 (39.3%)	
Single	52 (56.5%)	49 (58.3%)	
Widowed	1 (1.09%)	2 (2.38%)	
Education			0.230
Bachelor's degree	58 (63.0%)	63 (75.0%)	
High school or less	20 (21.7%)	12 (14.3%)	
Post-graduate	14 (15.2%)	9 (10.7%)	
Employment			0.041
Employed	28 (30.4%)	39 (46.4%)	
Housewife	15 (16.3%)	14 (16.7%)	
Student	33 (35.9%)	15 (17.9%)	
Unemployed	16 (17.4%)	16 (19.0%)	
Monthly income			0.140
<5000	17 (18.5%)	21 (25.0%)	
5000-10000	24 (26.1%)	29 (34.5%)	
>10000	51 (55.4%)	34 (40.5%)	
Apply sunscreen when going out during the day			0.604
Always	31 (33.7%)	33 (39.3%)	
Frequent	15 (16.3%)	7 (8.33%)	
Sometimes	18 (19.6%)	16 (19.0%)	
Never	17 (18.5%)	17 (20.2%)	
Rarely	11 (12.0%)	11 (13.1%)	
Ever tried topical creams containing bleaching agents purchased from social media platforms			0.274
No	81 (88.0%)	68 (81.0%)	
Yes	11 (12.0%)	16 (19.0%)	
CEA	1.51 (1.08)	2.39 (0.92)	0.001
Telangiectasia	0.63 (0.59)	0.89 (0.52)	0.002
Papules			0.025
1	68 (73.9%)	46 (54.8%)	
2A	18 (19.6%)	24 (28.6%)	
3B	4 (4.35%)	12 (14.3%)	
4C	2 (2.17%)	2 (2.38%)	
Rhinophyma			0.013
None	84 (91.3%)	65 (77.4%)	
Mild A	5 (5.43%)	16 (19.0%)	
Moderate B	2 (2.17%)	3 (3.57%)	
Severe C	1 (1.09%)	0 (0.00%)	
Ocular irritation			0.001
None	81 (88.0%)	46 (54.8%)	
Mild A	9 (9.78%)	28 (33.3%)	
Moderate B	1 (1.09%)	9 (10.7%)	
Severe C	1 (1.09%)	1 (1.19%)	
CAT score	3.65 (2.59)	5.68 (1.98)	0.001

Notes: Continuous variables were summarized using mean ± SD and compared using independent samples t-tests. Categorical variables were summarized using counts and percentages and compared using the chi-square test or Fisher's exact test as appropriate. Severely impaired QoL was defined as DLQI > 10.

Table 3 Sociodemographic and Rosaceae Self-Assessed Severity Stratified by Skin-Related Quality of Life (QoL)

Conclusions

This study underscores the substantial impact of rosacea on patients’ quality of life in Saudi Arabia, particularly in emotional and social domains. Higher DLQI scores were significantly associated with longer disease duration and greater clinical severity. As a result of these findings, it is imperative to treat rosacea holistically, addressing both its physical manifestations and psychological burden of rosacea.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3023

Psychosocial aspects of rosacea: patient-reported coping strategies in Saudi Arabia

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Introduction

Rosacea is a chronic inflammatory skin condition that negatively impacts patients' psychological well-being. Coping strategies can influence disease adaptation and psychosocial outcomes. However, little is known about how rosacea patients in Saudi Arabia cope with the burden of this disease.

Materials and Methods

A cross-sectional study was conducted using a structured tool that combined clinical assessments with the Arabic version of the Brief COPE. Participants were recruited through dermatology clinics and online platforms. Coping strategies were categorized into three domains: problem-focused, emotion-focused, and avoidant. Statistical analyses included correlation tests and post-hoc clustering.

Results

176 participants (mean age: 28.8 ± 8.25 years; 79.5% female) completed the survey. Problem-focused coping had the highest mean score (68.48), followed by emotion-focused (60.98) and avoidant strategy (49.01). Maladaptive strategies, such as substance use and behavioral disengagement, were the least adopted. Significant positive correlations were observed between disease duration and all three coping styles, with the strongest correlation found for the emotional-focused coping strategy ($r = 0.323$, $p < 0.001$). Higher rosacea severity was positively associated with a longer disease duration ($r = 0.317$, $p < 0.001$). Higher education as well as employment status were correlated with greater use of adaptive strategies, while students scored the lowest across all domains.

Figure 1 Distribution of coping strategy usage among study participants. Distribution of participants' responses to the 28 items of the Brief-COPE questionnaire. Each bar represents the percentage distribution of responses across four usage levels: "I have not been doing this at all" (dark brown), "A little bit" (light brown), "A medium amount" (light teal), and "I have been doing this a lot" (dark teal). Percentages on the left indicate the proportion of participants who reported no use of each strategy, while percentages on the right show the combined moderate-to-high usage rates.

Conclusions

Rosacea patients in Saudi Arabia predominantly use constructive, culturally grounded coping strategies, with religion playing a crucial role. Sociodemographic factors such as education and employment significantly influence coping profiles. In light of these findings, it is essential to develop culturally sensitive interventions that promote adaptive coping and integrate social and spiritual support.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3077

PASH syndrome with paradoxical reaction to adalimumab and response to secukinumab: a case report with diagnostic and therapeutic challenges

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Introduction

PASH syndrome is a rare autoinflammatory disease within the spectrum of neutrophilic dermatoses, characterized by dysregulation of innate immunity and activation of inflammatory pathways mediated by pro-inflammatory cytokines such as TNF-α and IL-1. Its heterogeneous clinical presentation frequently leads to diagnostic delay and therapeutic challenges.

Case Presentation

A 37-year-old female patient presented with a 27-year history of recurrent suppurative lesions affecting the axillary, inguinal, inframammary, and gluteal regions, initially treated as recurrent furunculosis, with multiple courses of systemic antibiotic therapy and a prior hospitalization due to disease severity.

On physical examination, she exhibited inflammatory nodules, sinus tracts, hypertrophic scars, and ulcerated lesions. Dermatologic ultrasound revealed findings consistent with Hurley stage III hidradenitis suppurativa, with inflammatory changes and fistulous tracts, supporting advanced disease activity. Histopathological examination of the ulcerated lesions demonstrated a perifollicular neutrophilic inflammatory infiltrate, with no evidence of malignancy or specific infection. Microbiological investigations for bacteria, fungi and mycobacteria were negative, reinforcing the inflammatory nature of the process and supporting a diagnosis within the spectrum of pyoderma gangrenosum.

During follow-up, the patient developed inflammatory acne, leading to the diagnosis of PASH syndrome. Initially, she showed a partial response to systemic corticosteroids and doxycycline. Subsequently, adalimumab was initiated, resulting in initial improvement of the cutaneous manifestations. However, she later developed a diffuse papulosquamous eruption consistent with a psoriasiform paradoxical reaction associated with anti-TNF therapy.

Given the adverse event and incomplete disease control, adalimumab was discontinued and secukinumab was initiated, resulting in significant improvement of the inflammatory lesions and overall clinical stabilization.

Conclusion

This case illustrates the diagnostic complexity of PASH syndrome within the spectrum of neutrophilic dermatoses, as it is frequently misinterpreted as infectious processes or other inflammatory dermatoses, contributing to significant diagnostic delay. Moreover, it highlights paradoxical reactions associated with anti-TNF therapy, a phenomenon described in autoinflammatory diseases and possibly related to an imbalance between inflammatory pathways, with differential modulation of the TNF/IL-17 axis.

The favorable response to IL-17 blockade further supports emerging evidence regarding the role of this pathway in the pathophysiology of neutrophilic dermatoses and its relevance as a therapeutic alternative in refractory cases or in the presence of adverse events related to biologic agents.

PASH syndrome should be considered in patients with chronic suppurative dermatoses associated with a neutrophilic pattern. Early recognition may reduce morbidity and diagnostic delay. In refractory cases or those associated with paradoxical reactions to anti-TNF therapy, IL-17 blockade represents a relevant therapeutic alternative in selected and refractory patients.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3094

From ActiPso to ActiHS: A Patient-Centered Classification of Disease Activity in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic, heterogeneous inflammatory skin disease with highly variable disease courses. Current assessment tools, such as IHS4 and DLQI, capture inflammatory burden and quality-of-life impairment but fail to reflect temporal patterns of disease activity. A comparable gap has previously been addressed in psoriasis by the development of the ActiPso classification, a patient-centered tool to characterize disease activity types [1]. However, no such classification exists for HS. Therefore, the objective of this study is to identify distinct HS activity patterns and to develop a patient-centered classification tool (ActiHS) based on a methodology adapted from the ActiPso approach.

Materials and Methods

Semi-structured, in-depth patient interviews were conducted to explore individual patterns of disease activity, temporal dynamics, and potential triggering factors in HS. Patients were asked to describe and visually represent their typical disease course over time.

Based on qualitative analysis of these interviews, recurring patterns of disease activity were identified and translated into a preliminary set of activity types. These were subsequently operationalized into a prototype patient-reported classification tool.

The tool was iteratively refined through repeated rounds of patient feedback to optimize clarity, usability, and interpretability in routine clinical care. This stepwise, patient-centered development process follows a methodology previously applied in psoriasis, where similar activity types were identified using an analogous approach (ActiPso).

Results

Initial analysis of the first interviews (n=10) showed that, in contrast to previous findings in psoriasis, patients with HS experienced greater difficulty in independently describing and structuring their individual disease activity patterns. To address this, predefined activity types derived from the ActiPso framework were introduced and adapted to the HS context, highlighting important differences in how patients with HS conceptualize disease activity compared to psoriasis.

In a second step (n=11), the graphical representation of activity types as diagrams was not consistently understood by all patients, which may reflect differences in how patients engage with graphical representations. Consequently, the activity types were reformulated into concise textual descriptions to facilitate intuitive self-classification.

The revised questionnaire was then tested in a third group (n=10) to further optimize clarity, comprehensibility, and usability. This iterative refinement aims to enable fully independent completion by patients prior to

implementation and evaluation in a larger cohort.

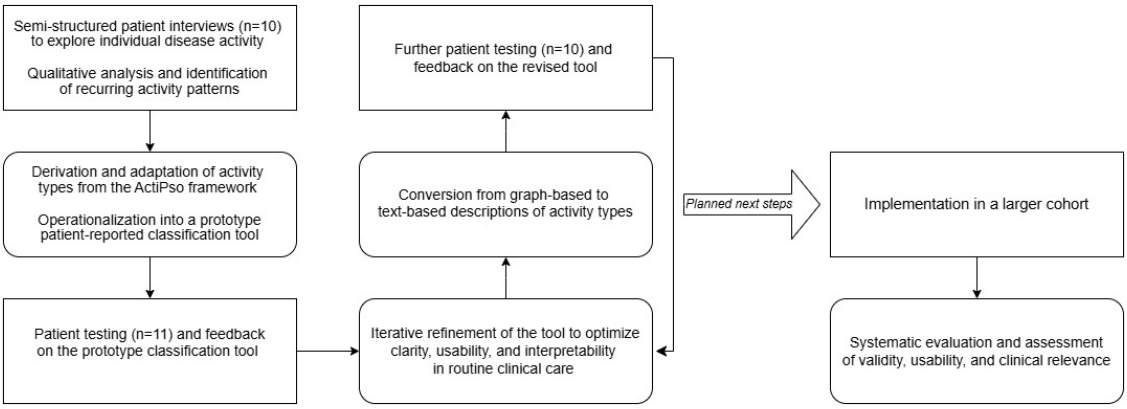

Figure 1. Development process of the ActiHS classification tool

Conclusions

This study introduces ActiHS, a novel patient-centered framework for classifying disease activity in HS, conceptually derived from the ActiPso approach. Our findings highlight important differences in how patients with HS perceive and describe disease activity, necessitating adaptations of established models.

The resulting tool enables intuitive self-classification and may facilitate improved patient stratification, more individualized disease monitoring, and future investigations into treatment response. These findings support the feasibility of developing patient-informed classification systems in HS and represent a first step towards integrating patient-defined disease activity patterns into routine clinical assessment.

Further evaluation in a larger patient cohort is currently planned to assess the tool's validity, usability, and clinical relevance.

1. Mrowietz U, Dieckmann T, Gerdes S, et al. ActiPso: definition of activity types for psoriatic disease: A novel marker for an advanced disease classification. J Eur Acad Dermatol Venereol. 2021; 35:2027–2033.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3096

Effectiveness of Secukinumab as Measured by the International Hidradenitis Suppurativa Severity Scoring System (IHS4) in Patients with Hidradenitis Suppurativa in a Real-World Setting: 12-month data from the SPECTRA Study in France

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent, systemic inflammatory disease, characterized by painful inflammatory nodules, abscesses, and draining tunnels. Secukinumab, an interleukin-17A inhibitor approved in moderate to severe HS, has demonstrated sustained clinical benefits in Phase 3 trials [1-3]. Real-world evidence is needed to better understand treatment effectiveness and disease evolution in patients with HS receiving secukinumab in routine clinical practice. In this real-world study (SPECTRA), treatment effectiveness and changes in disease severity at 12 months following secukinumab initiation were evaluated using the International Hidradenitis Suppurativa Severity Score System (IHS4) in patients with HS. Safety was also evaluated.

Materials and Methods

SPECTRA is an ongoing, prospective, non-interventional, multicenter study consisting of adult patients with HS initiating secukinumab in accordance with the summary of product characteristics, with treatment decisions made by dermatologists according to their routine clinical practice and independently of study participation in France. Patients enrolled are being longitudinally followed for up to 24 months (± 3 months) after initiation of secukinumab; data reported here are up to 12 months. The primary objective of this study is to describe the evolution of HS symptoms 12 months after secukinumab initiation based on the patients' assessment of pain, oozing, and bad smell. This analysis reports treatment effectiveness, based on change from baseline in IHS4 up to 12 months and the proportion of patients achieving IHS4-55/75/100 response (≥55%/75%/100% reduction in total IHS4 score) at 12 months; shift in disease severity based on IHS4 from baseline to 12 months; and safety.

Results

Between June 2024 and January 2025, 192 patients were enrolled in the study, of which 178 initiated secukinumab and were included in the analysis population; 92 had available 12-month data as of 24 February 2026. The mean

(SD) age at inclusion was 35.7 (11.2) years, and 53.6% were females. The median [IQR] disease duration was 6.0 [2.0–10.0] years.

The mean (SD) IHS4 score at baseline was 19.9 (21.24) and at 12 months was 9.9 (16.84), with a mean change from baseline of –9.2 (20.34). The proportions of patients achieving IHS4-55/75/100 at 12 months were 61.6% (n=53), 52.3% (n=45), and 33.7% (n=29), respectively. At baseline, 9.8% (n=9) had mild HS, 33.7% (n=31) had moderate HS, and 56.5% (n=52) had severe HS based on IHS4. At 12 months, 52.3% (n=46) of patients were classified as having mild HS, 20.5% (n=18) as moderate HS, and 27.3% (n=24) as severe HS, based on IHS4 classification (**Figure**).

In the safety population (n=180), 57 patients (31.7%) experienced ≥1 adverse event (AE), with 14 (7.8%) discontinuing treatment due to AEs. The most common AEs by SOC (% of patients) were infections and infestations (12.2%), skin and subcutaneous tissue disorders (9.4%), and gastrointestinal disorders (8.3%). Serious AEs were reported in 2 (1.1%) patients, including 1 leading to treatment discontinuation.

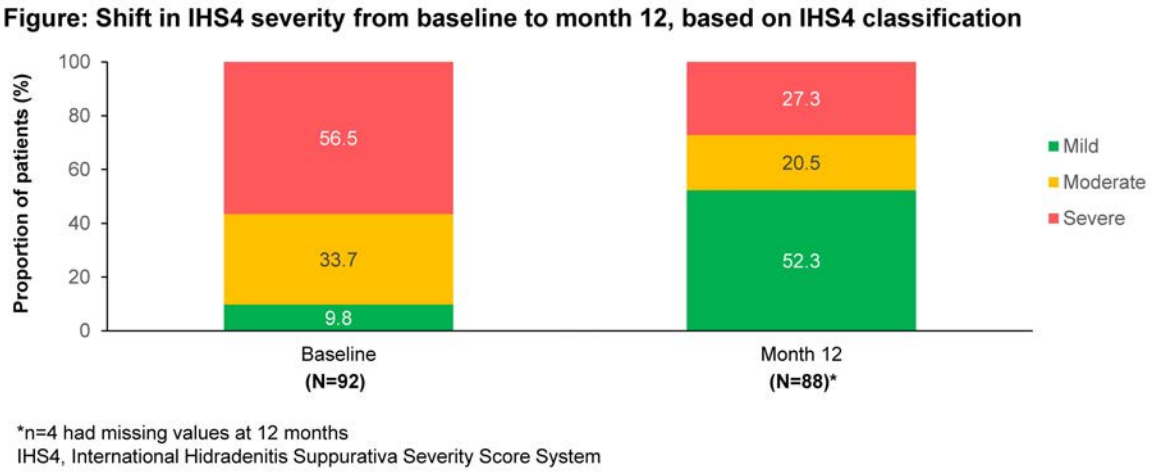

Figure: Shift in IHS4 severity from baseline to month 12, based on IHS4 classification

Conclusions

In this real-world study, secukinumab treatment was associated with improvements in clinical response at 12 months, as assessed by IHS4 shift and IHS4-55, with responses also observed at higher thresholds (IHS4-75 and IHS4-100). At baseline most patients presented with moderate or severe HS; by 12 months over half of patients had shifted to mild disease. Secukinumab was generally well-tolerated in this study cohort, consistent with its known safety profile. These findings are consistent with results from Phase 3 trials in patients with moderate to severe HS.

References:

1. Kimball AB et al. *Lancet*. 2023;401:747–61.
2. Kimball AB, et al. *Br J Dermatol*. 2025. 18;192(4):629–640.
3. Zouboulis CC, et al. S-11-05. EHSF congress. February 4–6, 2026; Malta.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3109

Bimekizumab safety and tolerability in patients with moderate to severe hidradenitis suppurativa: 3-year results from BE HEARD EXT

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Introduction

It is important to understand the long-term safety profile of bimekizumab for the treatment of hidradenitis suppurativa (HS), alongside efficacy outcomes. Bimekizumab is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A and has demonstrated efficacy for patients with HS.[1–3]

Here, the safety profile of bimekizumab, including selected safety topics of interest, is reported in patients with moderate to severe HS over 3 years.

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[2,4] Treatment-emergent adverse events (TEAEs) are reported as exposure-adjusted incidence rates (EAIRs) per 100 patient-years (PY) in patients who received ≥1 bimekizumab dose over 3 years (data cut-off: December 2024).

Results

Across BE HEARD I&II and BE HEARD EXT, 995 patients received ≥1 bimekizumab dose over 3 years and were included in this analysis. Over 3 years of bimekizumab exposure, totalling 2,118.6 PY, the EAIR for any TEAE was 243.3 per 100 PY (**Table**). The most common TEAEs were hidradenitis, corona virus infections and oral candidiasis, with incidence rates of 19.6, 14.1 and 9.3 per 100 PY, respectively.

The EAIR for fungal infections was 22.4 per 100 PY; within this, the EAIR for *Candida* infections was 13.5 per 100 PY, with the most frequent types being oral candidiasis (9.3 per 100 PY) and vulvovaginal candidiasis (2.1 per 100 PY). The EAIR for hypersensitivity reactions, comprising mostly dermatitis and eczema, was 17.9 per 100 PY. The majority of hypersensitivity reactions were non-serious, mild or moderate and did not lead to discontinuation; only 2/483 (0.4%) were serious (including 1 serious contact dermatitis reportedly due to post-surgical dressing), 2/483 (0.4%) were severe and 5/483 (1.0%) led to discontinuation.

The EAIRs for aspartate aminotransferase (AST) or alanine aminotransferase elevations (ALT), with >3x and >5x the upper limit of normal (ULN), were 2.6 and 0.9 per 100 PY, respectively. For malignancies, EAIRs were 0.6 per 100 PY, or 0.4 per 100 PY when excluding non-melanoma skin cancers. The EAIR for adjudicated suicidal ideation and behaviour (SIB) events was 0.6 per 100 PY. There were no completed suicides over 3 years.

Table. Summary of TEAEs and TEAEs of interest in bimekizumab-treated patients over 3 years

	Over 3 years N=995
Total exposure, PY	2,118.6
Summary of TEAEs, EAIR per 100 PY (95% CI)	
Any TEAE	243.3 (227.9, 259.6)
Serious TEAEs	6.7 (5.6, 8.0)
TEAEs leading to discontinuation	5.3 (4.3, 6.4)
TEAEs leading to death	0.1 (0.0, 0.4)
Most common TEAEs, EAIR per 100 PY (95% CI)[a]	
Hidradenitis	19.6 (17.5, 21.8)
Corona virus infections	14.1 (12.4, 16.0)
Oral candidiasis	9.3 (8.0, 10.8)
TEAEs of interest, EAIR per 100 PY (95% CI)	
Serious infections	2.0 (1.4, 2.7)
Fungal infections	22.4 (20.1, 24.9)
Candida infections	13.5 (11.9, 15.4)
Oral candidiasis	9.3 (8.0, 10.8)
Vulvovaginal candidiasis	2.1 (1.5, 2.8)
Definite or probable adjudicated IBD[b]	0.5 (0.2, 0.9)
Adjudicated MACE	0.3 (0.1, 0.6)
Malignancies	0.6 (0.3, 1.1)
Excluding non-melanoma skin cancers	0.4 (0.2, 0.8)
Adjudicated SIB[c]	0.6 (0.3, 1.1)
Neutropenia	0.3 (0.1, 0.6)
AST or ALT elevations	
>3x ULN	2.6 (2.0, 3.4)
>5x ULN[d]	0.9 (0.5, 1.4)
Hypersensitivity reactions	17.9 (16.0, 20.1)
Dermatitis and eczema	11.8 (10.2, 13.5)
Serious hypersensitivity reactions	0.1 (0.0, 0.3)
Administration or injection site reactions	4.2 (3.3, 5.2)

[a] The three TEAEs with the highest incidence are presented, per the MedDRA Preferred Terms; [b] Only patients who did not have active symptomatic IBD could be enrolled; among patients with a history of IBD (n=8), 2 patients experienced flare up to 3 years; [c] No cases of completed suicide were reported; [d] Patients with elevations >5x ULN were a subset of patients with elevations >3x ULN. ALT:

alanine aminotransferase; AST: aspartate aminotransferase; CI: confidence interval; EAIR: exposure-adjusted incidence rate; IBD: inflammatory bowel disease; MACE: major adverse cardiac event; MedDRA: Medical Dictionary for Regulatory Activities; PY: patient-years; SIB: suicidal ideation and behaviour; TEAE: treatment-emergent adverse event; ULN: upper limit of normal.

Conclusions

Bimekizumab was well tolerated over 3 years in patients with moderate to severe HS. No new safety signals were observed and no increased risks were identified with longer bimekizumab exposure.

References

1. Adams R. Front Immunol 2020;11:1894; **2.** Kimball AB. Lancet 2024;403:2504–19; **3.** Sayed CJ. J Am Acad Dermatol 2026;94:867–78; **4.** BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3111

Optimization strategies in hidradenitis suppurativa with insufficient response to biologics: real-world retrospective analysis of 106 patients from the OPTIMHiSE cohort

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Introduction

Up to half of patients with hidradenitis suppurativa (HS) treated with anti-TNF and anti-IL-17 agents experience insufficient response. Optimization strategies for partial responders have emerged in clinical practice, including dose intensification (shortened injection intervals) and combination with long-term systemic antibiotics. Data documenting these strategies are scarce, and predictors of response are unknown. We aimed to compare the clinical outcomes of two optimization strategies in HS patients with insufficient response to biologic therapy and identify baseline factors associated with response.

Materials and Methods

We conducted a single-center retrospective cohort study of consecutive HS patients with insufficient response to biologic therapy who underwent treatment optimization between January 2022 and March 2025 at a French tertiary center. Two strategies were studied: dose intensification (weekly adalimumab; biweekly secukinumab or bimekizumab) and combination therapy (addition of long-term co-trimoxazole or doxycycline to the unchanged biologic regimen). Patients receiving both strategies simultaneously were analyzed separately as exploratory. Clinical outcomes were assessed at Visit 1 (3-5 months) and Visit 2 (6-12 months, exploratory): IHS4 score (primary endpoint), pain NRS, flare frequency, flare duration, and patient-reported global improvement. The pre-specified IHS4 response was defined as a reduction ≥ 3 points at Visit 1. Univariate analyses (Mann–Whitney, Chi^2/Fisher) and multivariate logistic regression identified independent predictors of response for each outcome.

Results

106 patients were included (mean age 31.7 years; 48.1% women; refined Hurley IC/IIC/III in 77.1%; mean baseline IHS4 6.9 ± 4.7), 49 received combination therapy with antibiotics, 52 dose intensification, and 5 both concurrently. Visit 1 data were available for all patients and Visit 2 data for 61.3%. The two treatment groups (combination and intensification) were well balanced at baseline (all $p > 0.05$).

In the primary analysis (N = 101), mean IHS4 decreased from 7.0 ± 4.8 to 3.9 ± 4.2 at Visit 1 ($p < 0.001$); 49 of 92 evaluable patients (53%) achieved IHS4 response (reduction ≥ 3 points), and 47.5% achieved IHS4 stage improvement. All secondary outcomes improved significantly: pain NRS decreased from 6.2 ± 2.7 at baseline to 4.2 ± 3.4 at Visit 1 ($p < 0.001$; 57.5% responders); patients with >4 flares/month dropped from 38.7% to 18.9% ($p < 0.001$; 48.5% responders); flare duration from 12.2 ± 10.6 to 7.6 ± 9.6 days ($p < 0.001$); 64.4% of patients reported global improvement at Visit 1. No significant difference was observed between intensification and combination groups on any outcome (all $p > 0.05$). Clinical benefit was sustained at Visit 2 (mean IHS4 4.0 ± 4.8; $p = 0.275$ vs Visit 1; global improvement maintained in 60.0%).

In multivariate analysis, inflammatory comorbidities (IBD and/or SpA; 7.5% of the cohort) emerged as independent predictors of response on 5 of 6 study outcomes (all $p < 0.001$): IHS4 score, IHS4 stage, pain category, flare duration, and global improvement. Other independent predictors of response included higher baseline IHS4 severity, older age, lower refined Hurley severity (for IHS4 stage improvement), absence of prior

excisional surgery (for pain improvement), and higher baseline flare frequency (for flare frequency response).

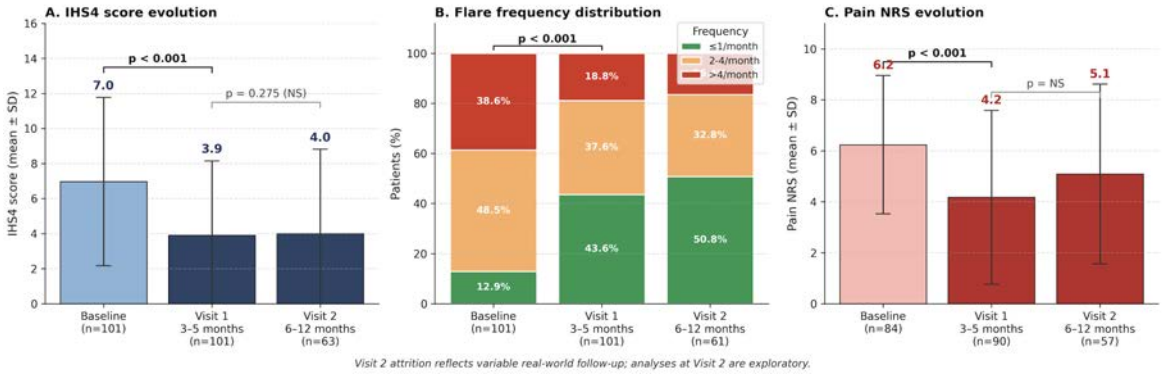

Fig 1. Clinical benefit at Visit 1 (3-5 monthts) and Visit 2 (6-12 months) in the overall OPTIMHiSE cohort

Conclusions

In this large real-world cohort of partial biologic responders in HS, dose intensification and antibiotic combination provided comparable, significant and sustained benefit, supporting both as viable next-line options. Strategy choice may be individualized, with the presence of an end-of-dose effect favoring intensification. The identification of IBD/SpA comorbidity as a robust cross-outcome response predictor could suggest a treatment-responsive HS endotype that warrants prospective validation.

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Abstract N°: 3126

The Combination of Fractional Radiofrequency Microneedling with Platelet-rich Plasma Therapy and Fractional Radiofrequency Microneedling Monotherapy in Atrophic Scars Acne: A case report

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Introduction

Acne vulgaris is a chronic inflammatory disease of the pilosebaceous unit characterized by polymorphic lesions such as comedones, papules, pustules, cysts, and scars (1,2). It ranks as the 8th most common chronic skin disorder globally, with a prevalence of 9.4% (3). Risk factors include genetics, family history, lifestyle, and diet (4). while its pathogenesis involves follicular hyperproliferation, sebum overproduction, Propionibacterium acnes activity, inflammation, and immune responses (5). Acne scarring, particularly atrophic scars, is a common complication that can significantly impact appearance and psychological well-being (2,3). Atrophic scars are classified as ice pick (60–70%), rolling (15–25%), and boxcar (20–30%), and result from an imbalance in tissue repair processes, including excessive collagen degradation and altered regulation of matrix metalloproteinases (MMPs) and tissue inhibitors of MMPs (TIMPs), as well as increased TGF-β1 expression (6,7). Effective management of atrophic scars remains challenging, and combination therapy is considered superior to monotherapy. Among available options, fractional radiofrequency microneedling (FRM) has been shown to be safe and effective (8), while platelet-rich plasma (PRP), rich in growth factors such as PDGF, VEGF, and TGF-β, enhances tissue regeneration (9–11). Recent studies suggest that combining FRM with PRP achieves better outcomes with minimal side effects compared to FRM alone (10). This report evaluates the efficacy of FRM–PRP combination therapy versus FRM monotherapy using Goodman's Criteria and FASQoL.

Case Presentation

A 30-year-old male presented with a 5-year history of atrophic acne scars following recurrent inflammatory acne since adolescence. Dermatological examination revealed Fitzpatrick skin type IV with multiple rolling, boxcar, and ice pick scars on both cheeks and chin. Goodman & Baron grading showed moderate scars on the right side (grade 3) and severe scars on the left side (grade 4).

The patient underwent fractional radiofrequency microneedling (FRM) treatment in a split-face design over three sessions at 4-week intervals. The left side received FRM combined with topical platelet-rich plasma (PRP), while the right side received FRM monotherapy. Pre-treatment preparation included topical tretinoin, sunscreen, and AHA cleanser. PRP was prepared using a two-step centrifugation method and applied immediately after FRM on the left side.

Evaluation at 12 weeks demonstrated clinical improvement on both sides, with smoother skin texture, reduced scar depth, and decreased hyperpigmentation. Goodman & Baron grading improved to moderate severity on both sides, while FASQoL scores improved from 25 at baseline to 8 post-treatment. The combination of FRM and PRP showed slightly better clinical outcomes and patient satisfaction compared to FRM monotherapy, with minimal side effects limited to transient erythema.

Conclusion

The management of severe acne scars using a combination therapy of FRM and PRP in this case showed better outcomes compared to FRM monotherapy, with minimal side effects. The administration of FRM with PRP and fractional radiofrequency effectively promotes skin regeneration, as evidenced both clinically and through the FASQoL questionnaire assessment.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3134

Certolizumab Pegol Use in Hidradenitis Suppurativa – A Case Report and Comprehensive Literature Review

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Introduction

Hidradenitis suppurativa (HS) is a chronic, inflammatory condition characterized by painful skin abscesses, nodules, and draining tunnels, usually located around the intertriginous areas. Adalimumab, secukinumab and bimekizumab are approved treatments for HS. However, all three of these biologics cross the placental barrier, leaving pregnant HS patients with no approved biologic treatments that avoid placental transfer. Certolizumab pegol (CZP) is a pegylated TNF-a inhibitor that does not cross the placental barrier. The successful use of CZP in HS has been documented in several case reports, but without a consensus on optimal dosing regimen. Here, we describe a case of HS successfully treated with CZP and summarize the available literature on CZP in HS management.

Case Presentation

A 36-year-old female with rheumatoid arthritis (RA) was diagnosed with HS, Hurley Stage 1, and an abscess and nodule (AN) exceeding 25. Initially, the patient was on treatment with CZP, dosed 200 mg every two weeks (Q2W), with excellent RA control. She was planning to conceive, therefore she preferred to remain on CZP for HS and RA. The dose of CZP was increased to 200 mg weekly without a loading dose. Following a flare, she received an adalimumab-like HS loading dose of 400 mg Q2W at weeks 0, 2, and 4, followed by a maintenance dose of 200 mg weekly, which reduced the AN count to 0. The patient remained clear for 6 months. A comprehensive literature search identified 21 case reports and 9 publications on the use of CZP, often after inadequate adalimumab response, for the treatment of HS. The most common dosage was 400 mg Q2W in 14/21 (67%) of cases, and Hidradenitis Suppurativa Clinical Response (HiSCR) was achieved in 12/17 (71%) cases in which HiSCR was documented. In three cases where HiSCR was not reported, 1 case showed complete resolution of abscess and nodule count, 1 case showed improvement of symptoms and patient-reported pain, while 1 case failed to show any improvement in HS symptoms. In the majority (90%) of cases, CZP was started after treatment with ADA. Other prior biologic treatments used in at least 2 patients were infliximab, secukinumab, and ustekinumab. Female patients comprised 33% (n=7) of the total reported cases; of these 57% (n=4) were pregnant or planning pregnancy at the time of treatment with CZP. Mean treatment duration with CZP at the time of data collection was 6.75 (±4.7). In 84% (n=16) of cases, HS was accompanied by 1 or more comorbid conditions, and of these, 25% (n=4) reported arthritis or arthralgias.

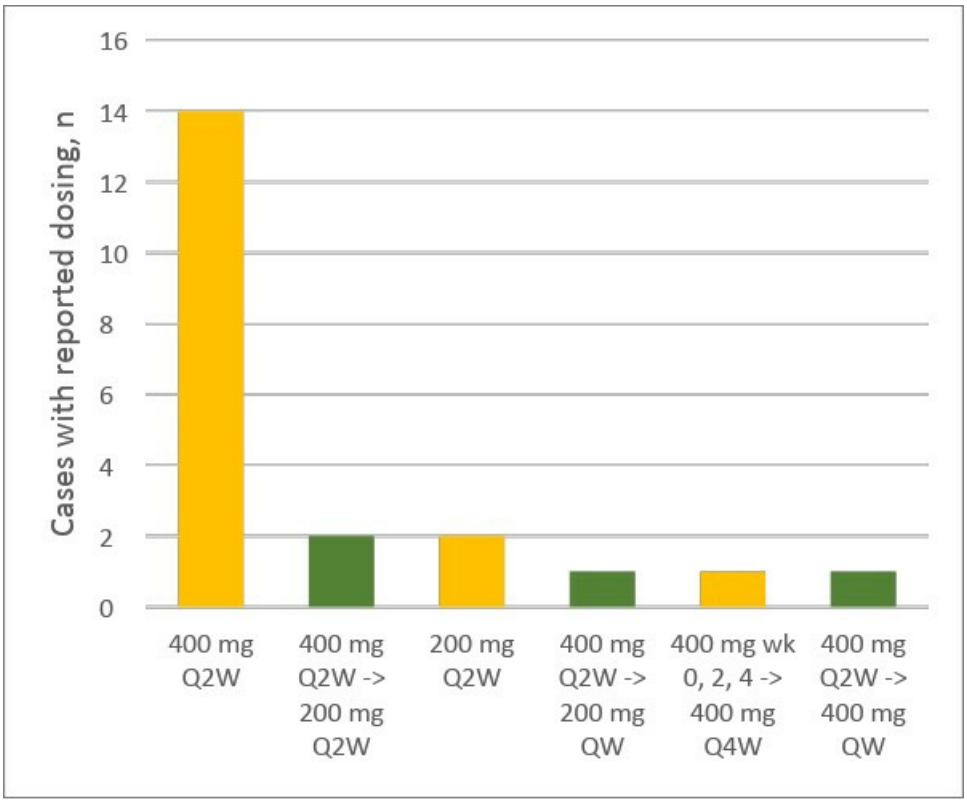

Figure 2. CZP dosing for HS as reported in the published literature. CZP: certolizumab pegol; HS: hidradenitis suppurativa; Q2W: every 2 weeks; Q4W: every 4 weeks

Conclusion

While treatment of HS with CZP has been reported, consensus on the optimal dose has been lacking. Our case of a patient treated with CZP for HS and RA is consistent with the published literature with respect to dosing, comorbid conditions, and HS symptom control. CZP can be considered a safe and efficacious treatment option for patients with HS, including those with comorbid RA, spondyloarthropathies, psoriasis, and/or inflammatory bowel disease, inadequate response to adalimumab, or for women of childbearing age.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3161

Skin Pain and Unpleasant Cutaneous Sensations in Adult Acne: An Underrecognized Dimension of Disease Burden

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Introduction

Acne research and clinical practice have long focused on visible lesions and on psychological and social consequences of disease — anxiety, depression, embarrassment, low self-esteem, stigmatisation, impact on quality of life. By contrast, the sensory dimension of acne — itching, tingling, sensations of pins and needles and burning sensations and pain — has received little attention in adults, despite being a frequent source of spontaneous patient complaints. While Misery and Taïeb have previously characterised cutaneous pain across the broader spectrum of dermatoses, no dedicated description exists for adult acne specifically. This sensory dimension may, however, contribute substantially to patient-perceived burden and may reflect more symptomatic or poorly controlled phenotype. Our objective was to describe the prevalence and characteristics of unpleasant cutaneous sensations in adult acne, with a focus on skin pain; to identify its independent determinants; and to rank these sensations according to their impact on perceived bother.

Materials and Methods

Cross-sectional analysis of an international self-administered survey [n=50000] conducted in 20 countries and 5 continents. From 7,524 (prévalence 14%) adults reporting physician-diagnosed acne, only those with acne as their sole skin condition were retained (n = 2,434), to reduce confounding from concomitant dermatoses associated with sensory symptoms, including rosacea, atopic dermatitis, psoriasis, and hidradenitis suppurativa.. Each of the five unpleasant sensations was assessed over the preceding 7 days, including both frequency, measured as number of days affected, and intensity, measured on a 1–5 scale.. Statistical analyses combined chi-square tests, Mann-Whitney U tests, multivariable logistic regression for skin pain occurrence, and multivariable linear regressions for bother scores, with adjustment for age, sex and stress.

Results

At least one unpleasant cutaneous sensation was reported by 66.1% of patients; itching 47.7%, tingling 19.9%, pins and needles 16.5%, burning 12.9%, and skin pain 7.3% (n = 178). Among patients with skin pain, median frequency was 3 days/week and median intensity 3/5; one-third reported pain ≥4 days/week. Independent predictors of skin pain (AUC = 0.79) were self-reported allergic skin (OR 1.39 per level), excessive sweating (OR 1.83 per level), stress (OR 1.11/point on 0–10 scale), co-occurring burning (OR 2.10) and tingling (OR 1.67), higher socio-economic class (OR 1.97) and use of complementary medicine (OR 1.88). Although less common than the other sensations, skin pain had the strongest association with perceived bother in both personal life (β =

0.31) and professional life (β = 0.29), with effect sizes approximately two to three times greater than those observed for any other sensation.. The prevalence of skin pain increased monotonically with overall perceived severity, from 3.2% in the lowest category to 17.9% in the highest (χ^2 $p < 10^{-8}$). Patients with acne scarring (49.0%) reported more unpleasant sensations overall than those without scarring (69.4% vs 63.0%, p = 0.001), with the strongest association observed for burning. The combination of visible scarring and fear of scarring identified the most symptomatic subgroup, representing 40% of the sample, among whom 71.8% reported at least one unpleasant cutaneous sensation..

Conclusions

Two-thirds of adults with acne experience unpleasant cutaneous sensations. Skin pain, although less common than itching or tingling, carried the strongest association with perceived burden and was associated with greater perceived acne severity, scarring, and a reactive-skin profile.. These findings extend previous observations by Misery and Taïeb on cutaneous pain to adult acne specifically.. Systematic enquiry about cutaneous sensations — and skin pain in particular — should be incorporated into clinical evaluation of adult acne, especially in scarring presentations, and warrants further neurosensory investigation.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3171

Improving quality of life for acne vulgaris patients with an adjunctive dermocosmetic routine: a 12-week observational study

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Introduction

Acne is among the most burdensome dermatologic conditions, with a rising global incidence and a substantial negative effect on patients' quality of life. Standard acne management relies predominantly on topical therapies, which frequently induce cutaneous dryness and irritation, potentially reducing adherence and, consequently, treatment effectiveness. For this reason, dermocosmetics are commonly recommended as adjunctive care alongside anti-acne medications. The primary objective of this study was to evaluate the effect of an adjunctive dermocosmetic routine, consisting of a gel and a washing cream, on patients' quality of life.

Materials and Methods

This real-world observational study enrolled patients with mild to severe acne vulgaris for a 12-week treatment period. All participants received a dermocosmetic cream containing Bixa Orellana seed extract, niacinamide, panthenol, and Aqua Posae Filiformis APF, together with a washing cream containing Bixa Orellana seed extract, niacinamide, mannose, and APF, as adjuncts to their prescribed acne therapy. Prescribed treatments included topical agents such as benzoyl peroxide, retinoids, and azelaic acid, oral isotretinoin, other oral agents such as cyclins, or combined oral and topical regimens. The Cardiff Acne Disability Index (CADI) was used to evaluate the impact of acne on quality of life. Clinical assessments were performed at baseline and at the end-of-study visit.

Results

A total of 306 patients were included, the majority of whom were female (60.8%, n = 186), with a mean age of 21 years (range: 14–30). In the overall cohort, acne lesions were associated with a significantly impaired quality of life. At baseline, 58% of patients considered acne to be a major concern, 46% reported ongoing anxiety or depressive symptoms, and 46% described a negative impact on their social interactions. In addition, 40% frequently experienced aggression, frustration, or embarrassment related to their condition. Treatment was associated with a statistically significant improvement in quality-of-life scores. After 12 weeks, 92% of respondents considered acne to be of minor concern or no concern, compared with 41% at baseline. The proportion of patients reporting no discomfort related to the appearance of their skin increased from 9% to 47%, while 59% no longer experienced aggression, frustration, or embarrassment, compared with 20% at baseline. Furthermore, 49% stated that acne no longer had a negative impact on their social life, versus 17% at study entry. Approximately 70% of respondents reported improvement across specific domains, including self-perception of skin appearance (70%), perceived severity of acne-related problems (69%), aggressive or frustrated behaviour (66%), and daily activities and interpersonal relationships (65%).

Conclusions

During this 12-week observational period, most patients experienced a reduction in acne severity, which was reflected in an improvement in quality of life.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3175

Wide Surgical Excision for Hurley Stage II/III Hidradenitis Suppurativa: 12-Month Recurrence and Postoperative Outcomes

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Introduction
Hidradenitis Suppurativa is a chronic inflammatory skin disease characterized by painful nodules, abscesses, and draining sinus tracts that significantly impair quality of life. Although surgery plays a central role in the management of advanced disease, the optimal surgical approach remains uncertain, and wide excision has not yet been universally established as the preferred technique. This study aimed to evaluate the 12-month recurrence rate following wide surgical excision in patients with Hurley stage II/III disease, as well as postoperative complications according to clinical and surgical variables.

Materials and Methods
A prospective longitudinal cohort study was conducted at a tertiary referral center including adults with Hurley stage II/III Hidradenitis Suppurativa who underwent surgery between March 2016 and February 2019, with a minimum follow-up of 12 months. A total of 109 procedures at different anatomical sites were performed in 60 eligible patients, and each procedure was analyzed as an individual surgical event. All patients had previously received topical and/or systemic treatments, while refractory cases had been treated with anti-TNF therapy before surgical intervention.

Wide excision was performed using electrosurgery or CO_2 laser, followed by primary closure or local flap reconstruction when required. Standardized postoperative wound care, oral antibiotics, and weekly follow-up were maintained for at least 8 weeks.

Beyond the surgical technique, the association between clinical risk factors and recurrence was assessed in the overall cohort. Recurrence rates were analyzed according to Hurley stage, smoking status, obesity, and local mechanical friction using Fisher's exact test. Postoperative outcomes, including recurrence, wound dehiscence, bleeding, postoperative pain, paresthesia, hypertrophic scarring, unaesthetic scarring, necrosis, seroma, and hypergranulation, were also compared according to the wound closure method (flap versus primary closure).

Table 1. Baseline clinical characteristics.

Variable	n (%)
Hurley stage II	18 (17.4)
Hurley stage III	90 (82.6)
Smoking	21 (19.3)
Obesity	57 (52.3)
Friction-related factor	59 (54.1)
Other comorbidities	6 (5.5)

Data are presented as n (%).

Results

A total of 10 recurrences were observed, corresponding to an overall recurrence rate of 9.1%. Of the 109 procedures, 89 were closed with local flaps and 20 with primary closure. Recurrence occurred at a mean of 7.2 months after surgery, ranging from 2 to 12 months postoperatively.

Recurrence rates did not differ significantly according to wound closure method (p=0,42). Patients with recurrence had a significantly higher prevalence of obesity compared with those without recurrence (p=0.012), while no significant differences were found for other risk factors. In the subgroup analysis of postoperative complications, flap closure was associated with higher rates of wound dehiscence (p=0.029) and hypertrophic scarring (p=0.048) compared with primary closure.

Table 2. Postoperative complications and recurrence according to reconstruction technique.

Variable	Flap reconstruction n (%)	Primary closure n (%)	p-value
Wound dehiscence	31 (34.8)	2 (10.0)	0.029
Bleeding	12 (13.5)	3 (15.0)	0.550
Postoperative pain	48 (53.9)	11 (55.0)	0.930
Paresthesia	16 (18.0)	1 (5.0)	0.130
Hypertrophic scarring	14 (15.7)	0 (0.0)	0.048
Unaesthetic scarring	54 (60.7)	12 (60.0)	0.960
Necrosis	5 (5.6)	0 (0.0)	0.360
Seroma	6 (6.7)	2 (10.0)	0.450
Hypergranulation	21 (23.6)	2 (10.0)	0.150
Recurrence	9 (10.1)	1 (5.0)	0.420

Data are presented as n (%).
p-values were calculated using the χ^2 test or Fisher's exact test.

Table 3. Risk factors associated with recurrence.

Variable	Recurrence n (%)	No recurrence n (%)	p-value
Hurley stage II	3 (30.0)	16 (16.2)	0.420
Hurley stage III	7 (70.0)	83 (83.8)	0.420
Smoking	1 (10.0)	20 (20.2)	0.380
Obesity	9 (90.0)	48 (48.5)	0.012
Friction	6 (60.0)	53 (53.5)	0.480
Other factors	0 (0.0)	6 (6.1)	0.550

Data are presented as n (%).
p-values were calculated using the χ^2 test or Fisher's exact test.

Conclusions

Wide excision was associated with a low 12-month recurrence rate in advanced HS, supporting its role as an effective surgical option for Hurley stage II/III disease. Although flap closure was associated with higher rates of postoperative wound dehiscence and hypertrophic scarring, recurrence did not differ significantly according to the surgical technique employed. Obesity emerged as a significant predictor of postoperative recurrence, highlighting the need for future studies to determine whether targeted weight management, including pharmacological therapies, may improve disease control and reduce postoperative relapse in this population.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3176

Electrosurgical Versus CO_2 Laser Wide Excision for Hidradenitis Suppurativa: A Comparative Analysis of Surgical Outcomes

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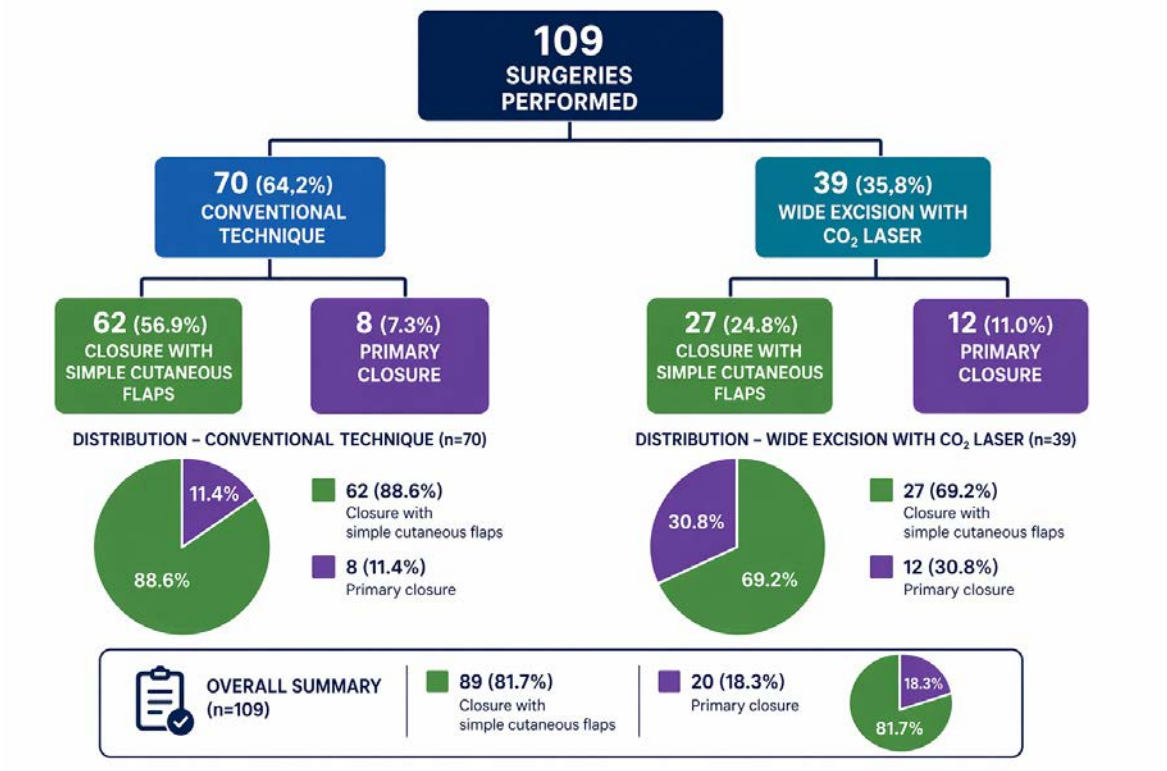
Introduction
Hidradenitis Suppurativa is a chronic inflammatory skin disorder characterized by painful nodules, abscesses, and draining sinus tracts that markedly impair quality of life. Surgery remains a cornerstone in the management of advanced disease, yet the optimal surgical technique for improving intraoperative and postoperative outcomes remains uncertain. Compared with conventional electrocautery, CO_2 laser excision may offer advantages such as a bloodless surgical field and greater tissue precision. This study aimed to compare the surgical outcomes of electrocautery and CO_2 laser excision in patients with Hurley stage II and III hidradenitis suppurativa treated at a tertiary referral center.

Materials and Methods
A prospective longitudinal cohort study was conducted including adults with Hidradenitis Suppurativa Hurley stage II/III who underwent surgery between March 2016 and February 2019, with a minimum follow-up of 12 months. A total of 109 procedures at different anatomical sites were performed in 60 patients and the analysis was performed per procedure, which may limit independence of observations. Patients underwent wide excision with 1–2 cm margins using either conventional electrocautery or CO_2 laser for tissue dissection and hemostasis. CO_2 laser excision was preferentially used in patients with more extensive disease.

Procedures were classified into four groups according to excision method and wound closure: electrocautery with simple cutaneous flap closure, electrocautery with primary closure, CO_2 laser with simple cutaneous flap closure, and CO_2 laser with primary closure. Surgeries were performed in an outpatient setting or operating room depending on clinical status and lesion extent. Primary layered closure was performed whenever feasible, while larger defects were reconstructed with simple local cutaneous flaps.

Standardized postoperative wound care, oral antibiotics, and weekly follow-up were maintained for at least 8 weeks. Numerical variables were compared using the Mann–Whitney test, and categorical variables using the chi-square or Fisher's exact test.



Results

A total of 60 patients with Hidradenitis Suppurativa Hurley stage II/III underwent 109 procedures at different anatomical sites. Of these, 89 procedures were reconstructed with simple cutaneous flaps and 20 with primary closure; 70 were performed using conventional electrocautery and 39 with CO_2 laser wide excision. Compared with the electrocautery group, the CO_2 laser subgroup showed significantly lower rates of intraoperative bleeding ($p = 0.011$), hypertrophic scarring ($p = 0.002$), and postoperative pain ($p < 0.0001$), but a higher rate of seroma formation ($p = 0.003$). Preoperative DLQI scores were significantly higher in the CO_2 laser group ($p = 0.0005$), indicating greater baseline disease burden. Patients without flap reconstruction showed greater relative improvement in DLQI than those requiring flap closure ($p = 0.036$), suggesting greater quality-of-life improvement in patients treated without flaps. No significant differences were observed in recurrence rates ($p = 0.51$) or other postoperative complications between groups.

Table 01 – **Postoperative recurrence and complications according to the type of CO_2 treatment**

Variable	With CO_2		Without CO_2		*p value*
	n	%	n	%	
Dehiscence	9	23,1	24	34,3	0,22
Bleeding	1	2,6	14	20,0	**0,011**
Infection	0	0,0	1	1,4	0,64
Contracture	0	0,0	3	4,3	0,26
Genital deformity	0	0,0	0	0,0	NSA
Anal lesion	0	0,0	0	0,0	NSA
Keloids	1	2,6	1	1,4	0,59
Hypertrophic scar	0	0,0	14	20,0	**0,002**
Aesthetic scar	21	53,8	45	64,3	0,29
Necrosis	2	5,1	3	4,3	0,59
Seroma	7	17,9	1	1,4	**0,003**
Hypergranulation	8	20,5	15	21,4	0,91
Thrombosis	0	0,0	0	0,0	NSA
Paresthesia	4	10,3	13	18,6	0,25
Brachial plexus injury	0	0,0	1	1,4	0,64
Recurrence	4	10,3	6	8,6	0,51
Postoperative pain	9	23,1	50	71,4	**< 0,0001**
Pain intensity					
Absent	30	76,9	20	28,6	**< 0,0001**
Mild	6	15,4	40	57,1	
Moderate to severe	3	7,7	10	14,3	

Legend: NSA: not applicable.
Note: χ^2 test or Fisher's exact test.
Source: The author, 2020.

Conclusions

All surgical approaches improved quality of life after treatment.

CO_2 laser wide excision was associated with reduced bleeding, postoperative pain, and hypertrophic scarring compared with electrocautery, despite a higher rate of seroma formation. These findings support CO_2 laser as a potential alternative for selected patients with advanced hidradenitis suppurativa, although interpretation is limited by non-randomized treatment allocation.

EA DV CONGRESS
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Abstract N°: 3188

Effects of oral omega-3 fatty acids on isotretinoin tolerability in acne vulgaris: A systematic review and meta-analysis

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Introduction

Isotretinoin remains a widely used and effective systemic therapy for moderate-to-severe acne vulgaris, yet treatment-related mucocutaneous adverse effects and dyslipidemia frequently impair tolerability and adherence. Omega-3 fatty acids possess anti-inflammatory and lipid-modulating properties, and emerging studies suggest they may reduce isotretinoin-associated mucocutaneous adverse effects and dyslipidemia. This systematic review and meta-analysis summarizes evidence from randomized controlled trials evaluating omega-3 fatty acids as an adjunct to isotretinoin for reducing treatment-related adverse effects in acne vulgaris.

Materials and Methods

This systematic review and meta-analysis followed PRISMA guidelines and was prospectively registered on PROSPERO (CRD420261338604). MEDLINE, Embase, and CENTRAL were searched from inception to March 12, 2026 for randomized controlled trials evaluating oral omega-3 fatty acids in combination with isotretinoin for acne vulgaris. Two reviewers independently screened studies, extracted data, and assessed risk of bias using the Cochrane Risk of Bias 2 tool. Random-effects meta-analyses were performed to estimate mean differences (MDs) for continuous outcomes and risk ratios (RRs) for dichotomous outcomes with 95% confidence intervals (CIs). Outcomes that could not be pooled were narratively synthesized.

Results

Five randomized controlled trials comprising 303 patients were included (mean age 21.3 years; 53.5% male). In addition to isotretinoin, 51.2% (155/303) of patients received omega-3 fatty acids and 48.8% (148/303) received control therapy. Mean treatment duration was 14.7 weeks (range: 8.0-24.0). Mean follow-up duration was 3.7 months (range: 2.0-6.0). Adjunctive omega-3 fatty acid supplementation was associated with significantly lower triglyceride levels compared with isotretinoin monotherapy (MD -0.12 mmol/L, CI -0.20 to -0.03; I^2=0%). No significant differences were observed for HDL-C (MD 0.05 mmol/L, CI -0.11 to 0.20; I^2=0%) or total cholesterol (MD -0.08 mmol/L, CI -0.47 to 0.32; I^2 = 56%). At 12 weeks, omega-3 supplementation significantly reduced the risk of dry skin (RR 0.42, CI 0.26-0.68; I^2=0%) and dry lips (RR 0.57, CI 0.40-0.82; I^2=0%). In one RCT (n=104), the proportion of patients developing dry nose at 8 weeks was lower with omega-3 supplementation (10.0%)

compared with control (24.1%). Additionally, the proportion of patients developing dry eyes at 8 weeks was lower with omega-3 supplementation (6.0%) compared with control (9.3%). In another RCT (n=60), the proportion of patients developing cheilitis at 12 weeks was lower with omega-3 supplementation (32.4%) compared with control (92.3%). No adverse events attributable to omega-3 supplementation were reported across the included studies.

Conclusions

Adjunctive oral omega-3 fatty acid supplementation may improve isotretinoin tolerability by reducing mucocutaneous adverse effects and modestly improving triglyceride levels in patients with acne vulgaris. Given the substantial burden of isotretinoin-associated adverse effects on treatment adherence and quality of life, omega-3 fatty acids represent a promising, low-cost, and well-tolerated adjunctive strategy. Larger, longer-term RCTs with standardized dosing protocols and outcome reporting are warranted to better define the optimal role of omega-3 supplementation. Future studies should also evaluate dose-response relationships to identify the optimal supplementation dose and guide clinical implementation.

EA DV CONGRESS
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Abstract N°: 3195

Microneedling With Topical Insulin Versus Other Adjuncts for Atrophic Acne Scars: Evidence From a Systematic Review and Meta-Analysis

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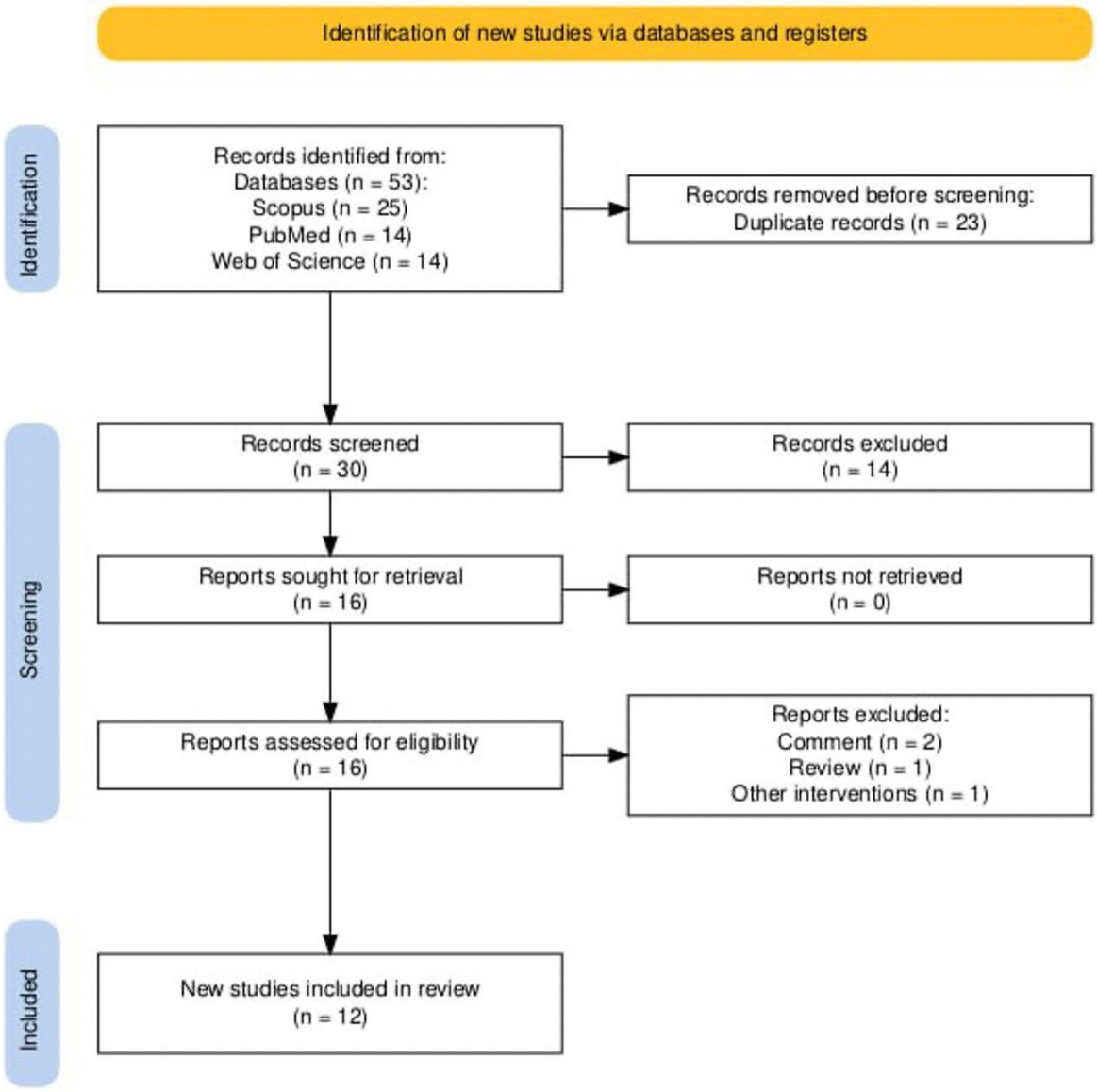
Introduction
Post-acne atrophic scars are a common long-lasting complication of acne that lead to cosmetic and psychosocial concerns. Microneedling (MN) is widely used to stimulate dermal remodeling, with various adjunctive topicals and biologics applied to enhance outcomes. Topical insulin is a low-cost, biologically plausible adjuvant that may improve keratinocyte migration, fibroblast proliferation, angiogenesis, and collagen synthesis. This systematic review and meta-analysis evaluates whether topical insulin combined with microneedling reduces post-acne atrophic scar severity and improves patient satisfaction compared with microneedling combined with other adjuncts or controls.

Materials and Methods
We searched PubMed, Scopus, and Web of Science from inception to January 2026 for comparative randomized or non-randomized studies of microneedling plus topical insulin versus microneedling combined with other adjuncts or controls (PRP, vitamin C, hyaluronic acid, normal saline/placebo, or microneedling alone) in adult patients with post-acne atrophic scars. The primary outcome was change in scar severity; the secondary outcome was patient satisfaction. Two reviewers independently performed screening, data extraction, and risk-of-bias assessment using RoB 2 for randomized and ROBINS-I for non-randomized studies. Random-effects meta-analyses were conducted in R (v4.5.2) using standardized mean differences (SMD) and risk ratios (RR) with 95% confidence intervals. Heterogeneity was assessed by I-squared, and leave-one-out sensitivity analyses were performed.



Results

Twelve studies (N=566) met inclusion criteria. Microneedling plus topical insulin did not significantly improve scar severity versus controls (SMD = 0.01, 95% CI -0.20 to 0.23; p = 0.907; I-squared = 25.8%). Subgroup analyses by comparator (MN + vitamin C, PRP, placebo, or hyaluronic acid) showed no significant differences (interaction p = 0.467), and leave-one-out analyses changed the estimate minimally (approximately -0.07 to 0.06). Patient satisfaction outcomes were also comparable across categories: excellent (RR = 1.01, 95% CI 0.13-7.65; I-squared = 85.7%), good (RR = 1.05, 0.43-2.58; I-squared = 58.8%), fair (RR = 1.31, 0.57-3.03; I-squared = 70.4%), and poor (RR = 0.95, 0.29-3.05; I-squared = 69.6%). Qualitative synthesis of non-poolable split-face and randomized studies generally favored insulin-assisted microneedling, reporting greater percentage improvement and higher proportions of marked clinical response with no significant adverse events.

Conclusions

Microneedling with topical insulin did not significantly improve post-acne atrophic scar severity compared with microneedling combined with PRP, vitamin C, hyaluronic acid, placebo, or standard care, and patient satisfaction outcomes were comparable. Qualitative evidence suggested potential clinical benefit in some split-face and randomized studies, but heterogeneity in protocols and outcome measures limits confidence. Until larger, well-designed trials with standardized clinician-rated and validated patient-reported outcome measures are available, topical insulin may be considered a low-cost adjunct rather than a clearly additive intervention.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3214

Augmenting Clinical Trials in Dermatology: A New Paradigm Using Generative AI and Dermocosmetic Interventions for Acne Remission Maintenance

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Introduction

Generative artificial intelligence (AI) is increasingly used in healthcare notably to create realistic artificial datasets, which help overcome patient recruitment challenges and improve statistical power in clinical trials. This is particularly important for clinical trials evaluating dermo-cosmetic products, as in our study of a product that helps to maintain acne remission after oral isotretinoin treatment, where recruiting large cohorts for long-term follow-up is difficult. The described methodology uses AI-generated data, validated by data scientists and expert dermatologists, as a support tool to increase clinical evidence without replacing real-world data, ensuring methodological rigor and clinical relevance.

Materials and Methods

A randomized, placebo-controlled clinical trial was designed to evaluate the benefit of a dermo-cosmetic product, during the acne remission maintenace phase. 102 adolescents and young adults with acne-prone skin were randomly assigned to receive either the product or a placebo for up to 12 months. Study outcomes focus on the number of relapses and time to first relapse, with strict inclusion criteria and harmonized assessment methods to ensure consistency and reliability. Ethical standards are upheld, and participants were informed about the use of AI on their pseudonymized data.

To address recruitment constraints and statistical power limitations, the trial incorporates artificial data generated using an advanced generative model (Riemannian Hamiltonian Variational Autoencoder, RHVAE). For each real patient, five artificial patient profiles are created per treatment arm, maintaining balanced cohorts. Artificial data are generated from a progressively enriched real patient dataset, so that statistical and clinical characteristics closely mirror those of real participants. This approach augments sample size, supports robust analyses, and preserves methodological rigor, while artificial data complement rather than replace real observations.

Results

To date, the RHVAE model has been applied to the evolving real database (over 1000 variables) to generate

artificial patients. To evaluate the generated cohorts, comparative analyses of baseline characteristics between real and augmented datasets show no relevant differences, supporting the clinical similarity of the artificial patients. Consistent with this, first quantitative evaluations show that the generated data satisfactorily reproduce the main statistical properties of the original dataset. Wasserstein distances between real and artificial variables (mean 0.006, maximum 0.088) and the global multivariate distance (0.031) were all below predefined tolerance thresholds (0.05–0.10), indicating high fidelity to the data structure. Covariance matrices obtained on real and artificial data show a strong similarity, suggesting preservation of relationships between variables. The model also demonstrates good statistical variability and adequate coverage of the observation space, reflected by a high number of iterations (37) before collapse.

In addition to these criteria**,** privacy assessments indicate a high confidentiality ratio (100%), meaning that individual real patients cannot be re-identified. Finally, clinical plausibility and indistinguishability of artificial patients are being evaluated in a blinded expert review by dermatologists using mixed datasets of real and artificial profiles.

Conclusions

This ongoing trial illustrates the feasibility of integrating generative AI into a randomized, placebo-controlled dermo-cosmetic study on acne remission maintenance. The RHVAE-based model enables the generation of artificial cohorts that closely reproduce the statistical structure and baseline characteristics of the recruited population while preserving data confidentiality. This work supports the development of augmented clinical trial paradigms, particularly in dermo-cosmetic but conclusions must always be interpreted alongside results from real patients.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3218

Impact of secukinumab on key drivers of disease burden in hidradenitis suppurativa: 12-month patient-reported outcomes for pain, oozing, bad smell and flares from the real-world SPECTRA study

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Introduction

Hidradenitis suppurativa (HS) is an inflammatory disease with substantial impact on patients' lives. Among HS manifestations, pain, oozing, and bad smell are consistently reported by patients as most impactful, impairing daily functioning and quality of life (QoL) [1-4]. Secukinumab, an interleukin-17A inhibitor approved for the treatment of moderate to severe HS, has demonstrated sustained clinical benefits in Phase 3 trials [5,6]. To assess real-world HS symptom burden and QoL changes following secukinumab treatment, the SPECTRA study was conducted. Herein, changes in patient-assessed pain, oozing, and bad smell as well as flare outcomes at 12 months (12M) after secukinumab initiation, are reported.

Materials and Methods

SPECTRA is an ongoing, prospective, non-interventional, multicenter observational study comprising a cohort of adults with HS initiating secukinumab in accordance with the summary of product characteristics, with treatment decisions made by dermatologists according to routine clinical practice and independently of study participation in France. Enrolled patients are being followed for ≤24M after secukinumab initiation; data reported here are ≤12M. Symptoms such as pain, oozing, and bad smell were assessed using the 11-point numerical rating scale (NRS; 0=no symptoms, 10=worst symptom). The primary endpoint was the proportion of patients achieving ≥30% reduction (NRS30) in ≥1 of 3 symptoms at 12M. The proportion of patients achieving NRS30 for each symptom, shifts in NRS symptom severity, proportion of patients experiencing flares in the past 3 months as reported by physicians, from baseline to 12M; and safety, were assessed.

Results

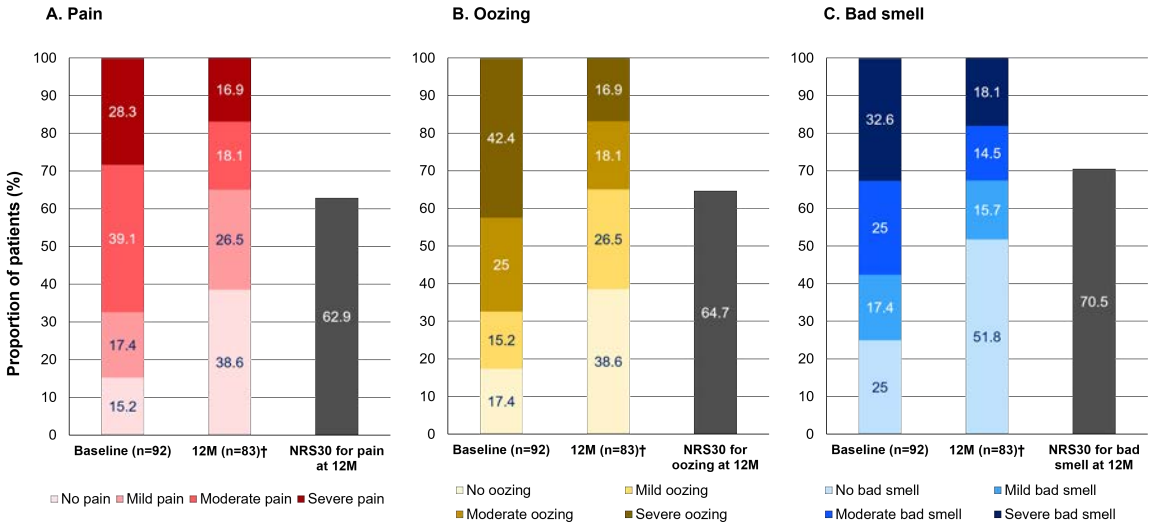
Between June 2024 and January 2025, 192 adults with HS were enrolled, of whom 178 initiated secukinumab and were included in the analysis population; 92 had available 12M data as of 24 February 2026. Mean (SD) age of the patients at inclusion was 35.7 (11.2) years and 53.6% were females, and median [IQR] disease duration was 6.0

[2.0–10.0] years.

Among 92 patients, based on IHS4 classification, 9.8% (n=9) had mild, 33.7% (n=31) had moderate, and 56.5% (n=52) had severe HS at baseline. The mean (SD) NRS scores improved from baseline to 12M for pain (4.8 [3.0] to 2.8 [3.0]), oozing (5.2 [3.4] to 3.0 [3.2]), and bad smell (4.4 [3.5] to 2.5 [3.2]). Overall, 85.7% of patients achieved ≥30% reduction in NRS score for ≥1 of 3 symptoms at 12M. The proportion of patients achieving ≥30% reduction in each symptom was 62.9% for pain, 64.7% for oozing, and 70.5% for bad smell. From baseline to 12M, a reduction in pain severity was observed, with 65.1% of patients reporting no or mild pain; similar patterns were observed for oozing and bad smell (Figure). The proportion remaining flare free in the past 3 months increased from 2.2% (2/92) at baseline to 29.5% (26/88) at 12M. In the safety population (n=180), 57 patients (31.7%) experienced ≥1 adverse event (AE), with 14 (7.8%) discontinuing treatment due to AEs. The most common AEs by SOC (% of patients) were infections and infestations (12.2%), skin and subcutaneous tissue disorders (9.4%), and gastrointestinal disorders (8.3%). Serious AEs were reported in 2 (1.1%) patients, including 1 leading to treatment discontinuation.

Conclusions

In this real-world study, patients treated with secukinumab showed meaningful improvements in symptoms that matter most to patients, including pain, oozing, and bad smell, together with a reduction in flares at 12M. A high proportion of patients achieved a ≥30% improvement in ≥1 of 3 symptoms (NRS30), accompanied by a shift toward no or mild symptom severity. The safety profile was consistent with long-term clinical trial data of secukinumab, with no new safety signals. These real-world findings support the effectiveness and tolerability of secukinumab for HS in routine clinical practice.



*NRS scores were categorised as 0 (no symptom), 1–3 (mild), 4–6 (moderate), and 7–10 (severe); †n=9 had missing values at 12 months
12M, 12 months; NRS, numerical rating scale; NRS30, proportion of patients achieving ≥30% reduction in the NRS score.

References:

1. Ingram JR, et al. *J Eur Acad Dermatol Venereol*. 2025;39:1431–1441.
2. Matusiak Ł. *Br J Dermatol*. 2020;183:e171–e177.
3. Orenstein LAV, et al. *Br J Dermatol*. 2023;188:41–51
4. Krajewski PK, et al. *Life (Basel)*. 2021;11:34.
5. Kimball AB, et al. *Lancet*. 2023;401:747–761.
6. Kimball AB, et al. *Br J Dermatol*. 2025.18;192(4):629–640.

Figure. NRS30 and improvements in symptom severity for pain, oozing, and bad smell following treatment with secukinumab in patients with hidradenitis suppurativa*

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3225

Bimekizumab effect on health-related quality of life and symptoms over 3 years: Data from BE HEARD EXT

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Introduction

Hidradenitis suppurativa (HS) is a chronic, progressive inflammatory skin disease with a substantial and cumulative burden on health-related quality of life (HRQoL).[1–3] Symptoms include skin pain, itch, smell or odour and drainage, all of which impact psychological and physical health throughout a patient's life course.[1–3] Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[4] Here, the impact of BKZ on HRQoL and HS symptoms in patients with moderate to severe HS is reported through 3 years (148 weeks) of treatment.

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[5,6] Data are reported for patients randomised to BKZ 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT (BKZ Total). HRQoL outcomes are reported to Year 3, as determined by the Dermatology Life Quality Index (DLQI) total score and the proportions of patients achieving DLQI scores of 0/1 (no impact) and 0–5 (no/small impact).

HS Quality of Life (HiSQOL; score range 0–68) response rates (achievement of total score ≤14, indicating no/mild impact) and HiSQOL total score change from baseline were also utilised to measure HRQoL. HS symptoms are reported to Year 3, measured by the HS Symptom Questionnaire (HSSQ) mean item scores for skin pain, itch, smell or odour and drainage or oozing (scored 0–10 on numeric rating scales). Data are reported as observed case (OC).

Results

Of the 1,014 patients in the BE HEARD I&II trials, 868 were randomised to BKZ at baseline. Of those, 556 patients completed Year 1 (Week 48) and entered BE HEARD EXT; 447 and 367 patients remained at Year 2 (Week 96) and Year 3 (Week 148), respectively. The mean DLQI total score decreased from 11.0 at baseline to 5.0, 4.7 and 4.5 at Years 1, 2 and 3, respectively (**Table**). The proportions of patients achieving DLQI 0/1 was further improved from 27.4% at Year 1 to 38.1% at Year 3. The proportion of patients achieving DLQI 0–5 at Year 1 was 68.2%; this was maintained at 71.7% at Year 3.

The proportion of patients reporting a HiSQOL total score of ≤14 at baseline was 24.1% (**Table**). This increased to 72.8% at Year 1 and was maintained at Year 3 (76.4%). At Year 1, the mean change from baseline in HiSQOL total score was –13.9, which was maintained at –15.2 at Year 3. HSSQ skin pain, itch, smell or odour and drainage or oozing mean scores at baseline were 5.8, 4.9, 4.6 and 5.1, indicative of moderate to severe symptoms (**Table**). Mean scores decreased to 2.8, 2.9, 2.6 and 2.7 at Year 1 and to 2.0, 2.4, 2.1 and 2.1 at Year 3, indicative of milder symptom severity.

Table. HRQoL and HS Symptom Outcomes over 3 Years (OC)

	Baseline N=868	**Year 1 N=556**	**Year 2 N=447**	**Year 3 N=367**
DLQI (score range: 0–30)				
DLQI total score, mean (SD) *n*	11.0 (6.8) *551*	5.0 (5.3) *551*	4.7 (5.2) *445*	4.5 (5.3) *360*
DLQI 0/1, % (n/N)	4.7 (26/551)	27.4 (151/551)	33.9 (151/445)	38.1 (137/360)
DLQI 0–5, % (n/N)	24.7 (136/551)	68.2 (376/551)	68.1 (303/445)	71.7 (258/360)
HiSQOL (total score range: 0–68)				
HiSQOL CfB, mean (SD) *n*	N/A	–13.9 (12.1) *551*	–14.4 (13.2) *442*	–15.2 (14.1) *358*
HiSQOL total score ≤14, % (n/N)	24.1 (133/551)	72.8 (404/555)	76.9 (342/445)	76.4 (275/360)
HSSQ (item score range: 0–10)				
n	*551*	*555*	*445*	*360*
HSSQ skin pain, mean (SD)	5.8 (2.4)	2.8 (2.4)	2.2 (2.3)	2.0 (2.3)
HSSQ itch, mean (SD)	4.9 (2.7)	2.9 (2.5)	2.6 (2.5)	2.4 (2.5)
HSSQ smell or odour, mean (SD)	4.6 (2.9)	2.6 (2.6)	2.2 (2.5)	2.1 (2.5)
HSSQ drainage or oozing, mean (SD)	5.1 (2.8)	2.7 (2.5)	2.2 (2.3)	2.1 (2.3)

OLE set; data reported for the BKZ Total group (N=556) which comprised patients randomised to BKZ from baseline in BE HEARD I&II who entered BE HEARD EXT at Year 1. OC, n/N: denominator represents number of patients with non-missing data at the given week, and percentages are calculated accordingly. BKZ: bimekizumab; CfB: change from baseline; DLQI: Dermatology Life Quality Index; HiSQOL: Hidradenitis Suppurativa Quality of Life; HRQoL: health-related quality of life; HS: hidradenitis suppurativa; HSSQ: Hidradenitis Suppurativa Symptom Questionnaire; N/A: not applicable; OC: observed case; OLE: open-label extension; SD: standard deviation.

Conclusions

Patients treated with bimekizumab achieved long-term improvements in HRQoL at Year 3, as assessed by DLQI and HiSQOL. Patients also reported further improvements from Year 1, maintained at Year 3 in HS skin pain, itch, smell or odour and drainage or oozing symptoms, demonstrating disease control and reduced cumulative disease burden with bimekizumab treatment.

References

1. Kaur AP. Skin Health Dis 2023;3:e214; **2.** Montero-Vilchez T. Int J Environ Res Public Health 2021;18:6709; **3.** Doroudian Tehrani M. J Eur Acad Dermatol Venereol 2025;39:1395–409; **4.** Adams R. Front Immunol 2020;11:1894; **5.** Kimball AB. Lancet 2024;403:2504–19; **6.** BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3229

Effect of Povorcitinib on Clinical, Patient-Reported, and Biomarker Outcomes in Patients With High Disease Burden: Results of Pooled STOP-HS1/STOP-HS2 Phase 3 Studies in Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a heterogeneous disease with variable pathophysiology, cutaneous features, and symptoms. Disease severity is assessed using instruments like Hurley staging and the IHS4 score, but overall disease burden is multifaceted. Beyond lesion counts, evaluating symptoms, pain, quality of life, and systemic inflammation could provide a more comprehensive understanding of HS and its severity. To help assess disease burden and clinical improvement, subpopulations across 5 baseline measures (clinical, patient [pt]-reported, and biomarker) were evaluated, including select clinical outcomes over 54 weeks (wks) in a post hoc analysis of pooled STOP-HS1/STOP-HS2 phase 3 studies of povorcitinib, a highly selective JAK1 inhibitor, in pts with moderate to severe HS.

Materials and Methods

Adults with HS were randomized 1:1:1 to once-daily povorcitinib 45mg, 75mg, or placebo for 12 wks, followed by a 42-wk extension with povorcitinib 45 or 75mg. Baseline descriptors included lesion counts (abscesses, inflammatory nodules, draining tunnels [ANdT]; dT), pt-reported outcomes (Hidradenitis Suppurativa Quality of Life [HiSQoL], Skin Pain numerical rating scale [NRS]), and a biomarker (high-sensitivity C-reactive protein [hsCRP]), each divided into 4 quartile-based subgroups. Analyses focused on the highest disease burden subgroup in each of the 5 baseline descriptors. Efficacy was evaluated across the 5 subgroups and included achievement of HS Clinical Response (HiSCR) 75 (≥75% decrease in AN count from baseline with no increase in the number of abscesses or dTs), dT75 (≥75% decrease from baseline in dT), Skin Pain and HiSQoL categorical analyses, and hsCRP75 (≥75% decrease from baseline in hsCRP).

Results

A total of 1227 pts were randomized in STOP-HS1/-HS2; 1102 entered the extension period. Upper quartiles of each baseline descriptor highlighted HS heterogeneity; 53.7%–65.6% of pts in the highest ANdT count (20–96) subgroup were unique relative to the severe subgroups of the other baseline descriptors, defined as dT count 6–19, HiSQoL total score 44–68, Skin Pain NRS score >7–10, and hsCRP >15–210mg/L. High-burden subgroups comprised 198–311 pts; mostly female (48.5%–64.1%), Hurley stage III (49.8%–79.8%), with relatively high mean values for AN count (14.0–24.4), dT count (4.0–9.1), Skin Pain NRS score (5.9–8.2), HiSQoL total score (35.9–51.2), and hsCRP (24.9–45.3mg/L).

At Wk 12 (**Table**), povorcitinib 75mg showed greater improvement across most subgroups and endpoints vs 45mg and placebo, with placebo response rates notably low for HiSCR75 (3.8%–11.8%) vs active treatment (17.8%–27.0%). Povorcitinib 75mg also resulted in higher dT75 response rates vs 45mg (24.5%–38.2% vs 16.7%–30.8%) and improved control of systemic inflammation (hsCRP75: 29.8%–38.2% vs 21.6%–29.2%). Skin Pain and HiSQoL improved with both doses, as shown by percentages of pts achieving scores in the no or mild categories. During the extension period, among pts treated with povorcitinib from Day 1, trends further reinforced the clinical utility of 75 vs 45mg, with continued benefits observed at Wk 24 (HiSCR75: 28.6%–36.8% vs 21.2%–27.7%; dT75: 36.1%–45.7% vs 26.9%–40.0%; Skin Pain: 40.4%–68.1% vs 28.6%–49.2%; HiSQoL: 23.2%–43.9% vs 11.1%–28.9%; hsCRP75: 30.2%–43.6% vs 19.6%–31.1%) and Wk 54 (HiSCR75: 32.6%–63.0% vs 33.3%–47.1%; dT75: 39.3%–57.9% vs 40.5%–53.5%; Skin Pain: 50.0%–73.9% vs 45.5%–61.3%; HiSQoL: 25.0%–52.0% vs 19.6%–38.8%; hsCRP75: 40.5%–58.5% vs 11.4%–29.2%).

Table. Week 12 Outcome Measures for High-Disease Burden Subgroups

High Disease Burden Subgroup	Endpoint	Endpoint Achievement by Treatment Group, n/N (%)		
		Placebo	Povorcitinib 45mg	Povorcitinib 75mg
ANdT count 20–96	HiSCR75	7/82 (8.5)	14/78 (17.9)	13/73 (17.8)
	dT75	15/75 (20.0)	17/66 (25.8)	20/61 (32.8)
	No or Mild Skin Pain	26/79 (32.9)	35/75 (46.7)	31/71 (43.7)
	No or Mild HiSQoL	12/79 (15.2)	18/78 (23.1)	23/72 (31.9)
	hsCRP75	5/82 (6.1)	19/78 (24.4)	23/72 (31.9)
dT count 6–19	HiSCR75	8/68 (11.8)	11/60 (18.3)	13/49 (26.5)
	dT75	9/68 (13.2)	10/60 (16.7)	12/49 (24.5)
	No or Mild Skin Pain	20/63 (31.7)	20/57 (35.1)	22/46 (47.8)
	No or Mild HiSQoL	7/64 (10.9)	9/60 (15.0)	16/48 (33.3)
	hsCRP75	5/67 (7.5)	15/60 (25.0)	14/47 (29.8)
HiSQoL total score 44–68	HiSCR75	3/78 (3.8)	19/90 (21.1)	20/74 (27.0)
	dT75	12/67 (17.9)	20/77 (26.0)	21/55 (38.2)
	No or Mild Skin Pain	11/74 (14.9)	34/88 (38.6)	21/69 (30.4)
	No or Mild HiSQoL	5/76 (6.6)	12/87 (13.8)	9/73 (12.3)
	hsCRP75	6/78 (7.7)	26/89 (29.2)	25/73 (34.2)
Skin Pain NRS score >7 to ≤10	HiSCR75	8/83 (9.6)	19/89 (21.3)	17/85 (20.0)
	dT75	10/67 (14.9)	24/78 (30.8)	27/71 (38.0)
	No or Mild Skin Pain	8/78 (10.3)	26/85 (30.6)	16/81 (19.8)
	No or Mild HiSQoL	12/80 (15.0)	16/86 (18.6)	21/84 (25.0)
	hsCRP75	6/82 (7.3)	19/88 (21.6)	31/84 (36.9)
hsCRP >15 to ≤210mg/L	HiSCR75	6/91 (6.6)	18/96 (18.8)	18/90 (20.0)
	dT75	12/82 (14.6)	21/82 (25.6)	24/77 (31.2)
	No or Mild Skin Pain	27/86 (31.4)	40/93 (43.0)	42/87 (48.3)
	No or Mild HiSQoL	13/87 (14.9)	25/94 (26.6)	28/89 (31.5)
	hsCRP75	10/89 (11.2)	22/95 (23.2)	34/89 (38.2)

ANdT, abscesses, inflammatory nodules, and draining tunnels; dT, draining tunnels; dT75, ≥75% decrease from baseline in dT; HiSCR75, ≥75% decrease in AN count from baseline with no increase in the number of abscesses or dTs; HiSQoL, Hidradenitis Suppurativa Quality of Life; hsCRP, high-sensitivity C-reactive protein; hsCRP75, ≥75% decrease from baseline in hsCRP; NRS, numerical rating scale.

Conclusions

HS is heterogeneous, and pt assessment should consider clinical, pt-reported, and biomarker measures. Subgroup analyses based on 5 separate criteria for high disease burden demonstrated superior outcomes with povorcitinib 75 vs 45mg or placebo, with sustained clinical benefit observed with 75 vs 45mg in the extension period. This further supports the potential of povorcitinib in treating pts presenting with highly burdensome signs and symptoms of HS.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3230

Bimekizumab treatment reduces tunnels in patients with moderate to severe hidradenitis suppurativa: Pooled 1-year results from BE HEARD I&II

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Introduction

Hidradenitis suppurativa (HS) is a progressive, relapsing, inflammatory skin disease characterised by painful lesions, such as tunnels.[1] Chronic inflammation can cause irreversible skin damage, including the formation of tunnels that may produce drainage due to inflammation (draining tunnels; DTs), that negatively impacts patients' quality of life.[1] Treatment with bimekizumab (BKZ), a monoclonal IgG1 antibody which selectively inhibits interleukin (IL)-17F in addition to IL-17A, previously demonstrated clinically meaningful lesion resolution in patients with moderate to severe HS.[2,3] Here, the impact of BKZ on the achievement of total tunnel (TT)- and DT-free status is reported in patients with moderate to severe HS from the BE HEARD I&II trials to 1 year (48 weeks).

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498).[3] Adult patients were randomised 2:2:2:1 (initial/maintenance periods) to receive BKZ 320 mg every 2 weeks (Q2W)/Q2W, BKZ

Q2W/every 4 weeks (Q4W), BKZ Q4W/Q4W or placebo (PBO)/BKZ Q2W. Data are reported for patients randomised to PBO/BKZ Q2W, BKZ Q2W/Q4W and all patients randomised to BKZ at baseline who completed Year 1 (BKZ Total) from BE HEARD I&II. TTs were defined as the total number of all tunnels, whether actively draining or non-draining. Proportions of all patients achieving a TT or DT count of zero (TT=0 or DT=0, respectively) at Year 1 are reported. The proportion of tunnels that were draining (DTs/TTs) is reported for all patients. Mean (standard deviation [SD]) change from baseline (CfB) in TT count over time to 1 year is reported for all patients. Data are reported as observed case (OC).

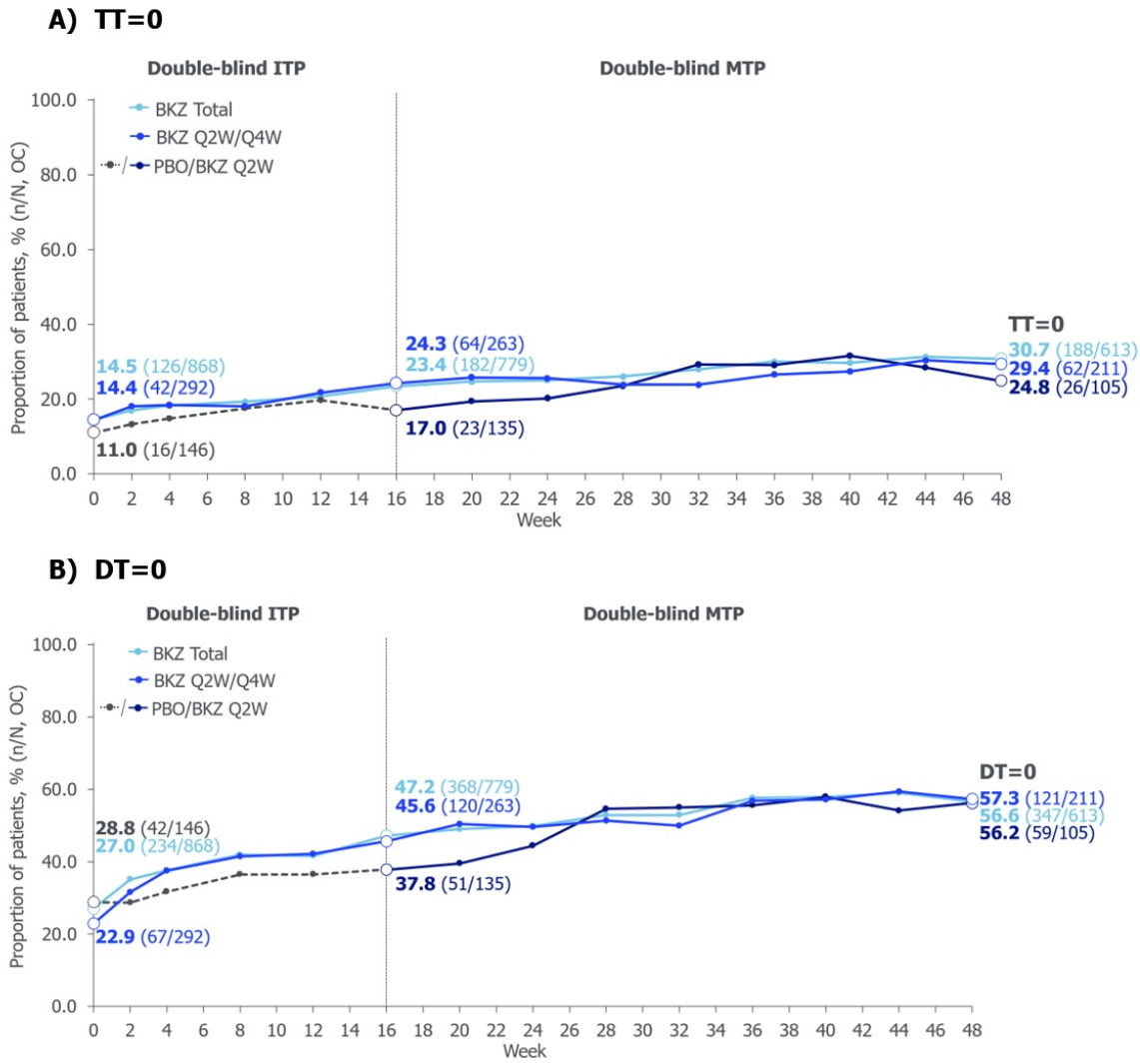
Results

Of 1,014 patients in the BE HEARD I&II trials, 292 were randomised to BKZ Q2W/Q4W, 868 to BKZ Total and 146 to PBO/BKZ Q2W at baseline. At baseline, TT=0 for 14.4%, 14.5% and 11.0% (**Figure 1A**) and DT=0 for 22.9%, 27.0% and 28.8% (**Figure 1B**) of patients in the BKZ Q2W/Q4W, BKZ Total and PBO/BKZ Q2W groups, respectively. A total of 211, 613 and 105 patients completed Year 1 in the BKZ Q2W/Q4W, BKZ Total and PBO/BKZ Q2W groups, respectively. At Year 1, TT=0 for 29.4%, 30.7% and 24.8% and DT=0 for 57.3%, 56.6% and 56.2% of patients in the BKZ Q2W/Q4W, BKZ Total and PBO/BKZ Q2W groups, respectively.

At Week 16, the mean (SD) CfB in TT count in the BKZ Q2W/Q4W and BKZ Total groups was −1.3 (4.2) and −1.3 (4.4), respectively. TT count further decreased from baseline at Year 1 (mean [SD]: −2.0 [4.8] and −2.1 [5.4], respectively). In the PBO/BKZ Q2W, mean (SD) CfB in TT count was −0.2 (3.7) at Week 16. This further decreased to −1.5 (4.9) at Year 1 after switching to BKZ.

At Week 16, 37.7%, 37.3% and 48.0% of TTs were draining (DTs) in the BKZ Q2W/Q4W, BKZ Total and PBO/BKZ Q2W groups, respectively. At Year 1, the proportion was further decreased to 29.5%, 31.3% and 35.5% in the BKZ Q2W/Q4W, BKZ Total and PBO/BKZ Q2W groups, respectively.

Figure 1. Proportions of patients with TT=0 and DT=0 up to 1 year



OC, n/N: N represents the number of patients with non-missing data at the given week, and percentages are calculated accordingly. BKZ: bimekizumab; DT: draining tunnel; DT=0: DT count of zero; ITP: initial treatment period; MTP: maintenance treatment period; OC: observed case; Q2W: every 2 weeks; Q4W: every 4 weeks; TT: total tunnel; TT=0: TT count of zero.

Conclusions

The proportion of patients with no TTs or DTs increased from baseline to Year 1 for all treatment groups, which may demonstrate prevention of disease progression with bimekizumab. After 1 year of bimekizumab treatment, over 20% of all patients had a TT count of zero and over 50% of all patients had a DT count of zero. From baseline to treatment switch at Week 16, a greater proportion of patients receiving bimekizumab achieved a DT count of zero than patients receiving placebo. The average TT count decreased from baseline to Year 1 in all treatment groups.

References

1. Sabat R. Lancet 2025;405:420–38; **2.** Adams R. Front Immunol 2020;11:1894; **3.** Kimball AB. Lancet 2024;403:2504–19.

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30 SEP - 3 OCT 2026

Abstract N°: 3233

Bimekizumab treatment in a real-world, prospective, non-interventional study in patients with moderate to severe hidradenitis suppurativa: Hi-LiGHT study design and baseline characteristics

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Introduction

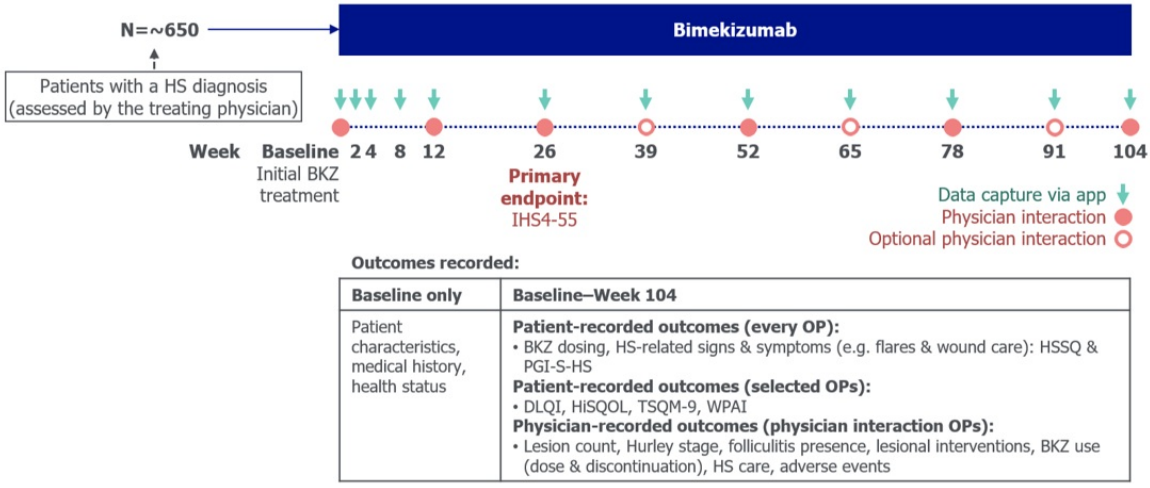
Hidradenitis suppurativa (HS) is a chronic, progressive inflammatory disease characterised by painful and suppurating lesions, impaired work productivity and poor quality of life (QoL).[1,2] Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[3] Following the European Commission's approval of BKZ for the treatment of HS in April 2024,[4] the Hi-LiGHT study aims to evaluate the clinical response, patient-reported outcomes, BKZ use and HS care journey over 2 years in patients with moderate to severe HS in routine practice. Here, the Hi-LiGHT study design is described and baseline characteristics of the patients who were enrolled in the first year of the study are reported.

Materials and Methods

Hi-LiGHT is an ongoing, non-interventional European study, conducted across 100–120 sites in Austria, Denmark, France, Germany, Greece, Italy, the Netherlands and Spain. The aim is to enrol 650 eligible patients with HS who are prescribed BKZ, independent from study participation, in routine clinical practice. Patients are enrolled in each country following the local launch of BKZ. Patients are followed over 2 years (104 weeks) comprising 12 observational points (OPs) starting at enrolment, and continuing at Weeks 2, 4, 8 and 12, and approximately every 13 weeks thereafter. The primary endpoint is achievement of ≥55% reduction from baseline in the International Hidradenitis Suppurativa Severity Score System (IHS4-55) at Week 26 (OP 6). The secondary endpoints are shown in the **Figure**.

Here, baseline characteristic data are reported for the safety set (patients who received ≥1 dose of BKZ) enrolled in the first year of Hi-LiGHT.

(Methods) Figure. Hi-LiGHT study design



Outcomes recorded:

Baseline only	Baseline–Week 104
Patient characteristics, medical history, health status	**Patient-recorded outcomes (every OP):** • BKZ dosing, HS-related signs & symptoms (e.g. flares & wound care): HSSQ & PGI-S-HS **Patient-recorded outcomes (selected OPs):** • DLQI, HiSQOL, TSQM-9, WPAI **Physician-recorded outcomes (physician interaction OPs):** • Lesion count, Hurley stage, folliculitis presence, lesional interventions, BKZ use (dose & discontinuation), HS care, adverse events

BKZ: bimekizumab; DLQI: Dermatology Life Quality Index; HiSQOL: HS Quality of Life; HS: hidradenitis suppurativa; HSSQ: HS Symptom Questionnaire; IHS4-55: ≥55% reduction from baseline in the International Hidradenitis Suppurativa Severity Score System; OP: observational point; PGI-S-HS: Patient Global Impression (PGI) of Hidradenitis Suppurativa Severity; TSQM-9: Treatment Satisfaction Questionnaire for Medication – 9 items; WPAI: World Productivity & Activity Impairment.

Results

During the first year of Hi-LiGHT (data cut-off 22 October 2025), 180 patients were enrolled in Germany (81.1%), Denmark (12.2%), France (5.0%) and Spain (1.7%). Half of the patients were female and the mean (standard deviation [SD]) [median] age was 41.1 (11.0) [41.0] years (**Table**). Approximately two thirds of patients were biologic-naïve. Of the biologic-experienced patients, most had received adalimumab (46/60) and secukinumab (33/60). Most patients presented with severe HS at study entry, with a mean (SD) [median] IHS4 score of 23.2 (33.4) [12.0], ~50% were classified as Hurley stage III and 62.2% presented with ≥1 draining tunnel. The mean (SD) time since diagnosis was 8.7 (8.8) years. Moreover, 18.3% of patients received ≥1 lesional intervention within the 6 months prior to enrolment and 56.7% had comorbidities associated with, or related to, HS, with hypertension, obesity and depression presenting most commonly.

(Results) Table. Baseline characteristics

n (%), unless otherwise specified	First-year patients N=180
Age, years	
18–45	115 (63.9)
>45–65	63 (35.0)
>65	2 (1.1)
Sex, female	90 (50.0)
BMI, kg/m^2	
<30	63 (35.0)
≥30	113 (62.8)
Missing	4 (2.2)
Worst Hurley stage experienced	
Stage I	7 (3.9)
Stage II	73 (40.6)
Stage III	96 (53.3)
Missing	4 (2.2)
IHS4, mean (SD) [median] *N*	23.2 (33.4) [12.0] *174*
IHS4 severity status	
Mild (<4)	23 (12.8)
Moderate (4–10)	56 (31.1)
Severe (11–30)	53 (29.4)
Very severe (≥31)	42 (23.3)
Missing	6 (3.3)
≥1 draining tunnel	112 (62.2)
Prior biologic exposure	
Biologic-naïve	120 (66.7)
Biologic-experienced	60 (33.3)
1	29 (16.1)
2	17 (9.4)
>2	14 (7.8)
Prior or concomitant interventions	
Antiseptic wash/cream	20 (11.1)
Systemic antibiotic	108 (60.0)
Ibuprofen	11 (6.1)
HS-related antibiotic medication received ≤6 months prior to enrolment	71 (39.4)
Lesional interventions received ≤6 months prior to enrolment	
Yes	33 (18.3)
Surgery	27 (15.0)
1	17 (9.4)
2	6 (3.3)
>2	4 (2.2)
Other	8 (4.4)
1	7 (3.9)
2	0
>2	1 (0.6)
Disease duration since onset of symptoms, years, mean (SD) *N*	16.2 (11.0) *178*
Time since initial diagnosis, years, mean (SD) *N*	8.7 (8.8) *179*
Any comorbidities relevant to HS[a]	102 (56.7)
Most common HS-related conditions of interest[b]	
Obesity	39 (21.7)
Hypertension	38 (21.1)
Depression	28 (15.6)

Safety set (patients who received ≥1 dose of BKZ). [a] Comorbidities determined as being associated with, or related to, HS. [b] The three most common are reported. BKZ: bimekizumab; BMI: body mass index; HS: hidradenitis suppurativa; IHS4: International Hidradenitis Suppurativa Severity Score System; NSAID: non-steroidal anti-inflammatory drug; PGI-S-HS: Patient Global Impression of Hidradenitis Suppurativa Severity; pt(s): patient(s); SD: standard deviation.

Conclusions

The Hi-LiGHT study design enables the collection of insights into the treatment of patients with moderate to severe HS with bimekizumab in routine practice across a range of EU countries. The patient population enrolled in the first year of Hi-LiGHT (predominantly in Germany) displayed a high disease burden profile with significant unmet needs, similar to that seen in pivotal bimekizumab clinical trials.[5,6] Despite high disease severity and an average time since diagnosis of ≥8 years, a high proportion of patients were biologic-naïve. This strong treatment delay warrants further investigation into addressing barriers to earlier biologic therapy initiation, where appropriate.

References

1. Kaur AP. Skin Health Dis 2023;3:e214; **2.** Montero-Vilchez T. Int J Environ Res Public Health 2021;18:6709; **3.** Adams R . Front Immunol 2020;11:1894; **4.** BIMZELX® (bimekizumab) EU SmPC. April 2024; **5.** Kimball ABl. Lancet 2024;403:2504–19; **6.** Sayed CJ. JAAD 2026;94(3):867–78.

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30 SEP - 3 OCT 2026

Abstract N°: 3239

Spironolactone in Hidradenitis Suppurativa Management: Impacts on Healthcare Resource Utilization and Clinical Outcomes

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disorder with a global prevalence between 0.6-1.5% which disproportionately impacts women. The pathophysiology is thought to be related to follicular occlusion, bacterial colonization, and altered immune and inflammatory activity, though hormonal influences may also play a role. Spironolactone, an androgen antagonist, has been proposed as a potential treatment option for HS, but the impacts of spironolactone on clinical outcomes and healthcare resource utilization for HS patients remains understudied.

Materials and Methods

The TriNetX Research Network was queried for adult (≥18-years) female patients with a diagnosis of hidradenitis suppurativa (ICD-10: L73.2) prescribed spironolactone (RxNorm: 9997) within 3 months of HS diagnosis or without a history of spironolactone use, 2006-2016. Index date was defined as date of spironolactone initiation or date of HS diagnosis for the control group. Cohorts were propensity score matched by age, race, ethnicity, BMI, comorbidities, and concurrent medication use (metformin, glucagon-like peptide-1 analogues). Relative risk and mean incidence of biologic use, pain medication prescription, incision/drainage procedures, emergency department visits, inpatient hospitalizations, and outpatient visits between 1 month and 5-years post-index were calculated.

Results

After matching, 8745 HS patients prescribed spironolactone were well-matched with an equal number of HS patients not prescribed spironolactone. At 5-years, spironolactone vs no spironolactone was associated with decreased pain medication prescription (RR:0.80; 1.105 vs. 1.425 prescriptions), emergency department utilization (0.562 vs. 1.043 visits, $p<0.0001$), inpatient hospitalizations (0.119 vs. 0.156 hospitalizations, $p=0.0112$), and outpatient visits (5.074 v. 5.448 visits, $p=0.0249$). There was a non-significant difference in the number of incision/drainage procedures (0.079 v. 0.076, $p=0.7100$). Patients who used spironolactone vs that not prescribed spironolactone were more likely to be prescribed a biologic medication (RR: 3.788, 95%CI: 3.300-3.349). In sensitivity analysis using cohorts with no history of biologic prescription, results largely mirrored our initial findings, except that there were significantly less incision/drainage procedures (RR: 0.732, 0.058 v. 0.080 procedures, $p=0.0032$)

Conclusions

Spironolactone prescription improved clinical outcomes and decreased healthcare resource utilization for female patients with HS supporting its therapeutic use in these patients. Future studies should evaluate specific patient groups (ex. those with comorbid PCOS) this therapy may be

most valuable for and its impact on other patient-reported outcomes.

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30 SEP - 3 OCT 2026

Abstract N°: 3254

Clinical and Psychosocial Outcomes of a Multi-Active Hydrocolloid Patch in the Management of Acne Pustules

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Introduction

Acne vulgaris is a common chronic inflammatory condition associated with both persistent physical symptoms and significant psychological distress. Hydrocolloid patches have gained increasing attention as targeted treatment for acne lesions. A new patch combining hydrocolloid technology, salicylic acid, niacinamide, and zinc hyaluronate was designed to treat pustules by absorbing impurities, reducing redness, and gently exfoliating to promote smoother, healthier-looking skin. The objective of two clinical studies was to evaluate local tolerability, characterize lesion evolution, and assess emotional and quality-of-life outcomes following repeated patch application.

Materials and Methods

A first single-blind, randomized study enrolled 42 adults (18–40 years) with acne-prone skin with tendency for post-inflammatory marks. At baseline, each participant presented with at least 4 pustules at a similar stage of evolution on the face. For each subject, half of the pustules were randomized to daily patch application until resolution, while the remaining lesions served as untreated controls. Efficacy assessments included clinical grading (4-point scale), Mexameter measurements, participant satisfaction questionnaires, and 3D digital Dermoscopy (C-Cube). Ten used patches were analyzed by scanning electron microscopy (SEM).

A second open-label study enrolled 33 subjects (13–24 years) with acne-prone skin, with at least 2 facial pustules. Eligibility required self-reported social discomfort due to acne. Dermatologists assessed tolerability, and subjects evaluated emotional and quality-of-life outcomes using the Skindex-29 (Chren 2012) at baseline and after 14 days of daily patch use.

Results

The dermal patch was very well tolerated in both studies, with no adverse reactions reported. In the first study, treated pustules showed a statistically significant reduction in the general wound appearance compared with untreated pustules between Day 3 and Day 13 of use, as assessed by a blinded dermatologist. Treated lesions resolved visibly 4 days faster.

After a single application, treated lesions exhibited significant reductions in edema (–29%) and elevation (–13%). Relative to untreated lesions, there was less erythema: –19%, –27%, –27%, and –18% at days 3, 7, 9, and 11, respectively; pustule size was smaller by –22%, –21%, –27%, –31%, and –18% at days 3, 5, 7, 9, and 11, while elevation grading was –24%, –25%, –28%, –20%, and –19% less, over the same time points (Wilcoxon test, $p < 0.05$). Skin smoothness improved significantly from Day 1 through Day 13. 3D imaging supported all

the aforementioned findings.
Mexameter analysis showed a modest but statistically significant reduction in pigmentation of treated pustules, with a 3% decrease in the melanin index at Day 28 compared with untreated lesions.
SEM (500x) of used patches demonstrated its efficacy at absorbing the contents of treated pustules with the presence of corneocyte aggregates and comedonal material. Participant questionnaires indicated high product approval at Days 1, 16, and 28; notably, 98% of subjects reported faster visible flattening of treated lesions after a single patch application compared with untreated lesions.
In the second study, after 14 days of daily application, participants reported a significant reduction in emotional distress related to acne (Skindex-29 Emotions subscale, $p < 0.0001$) and a significant improvement in daily functioning and social interactions (Functioning subscale, $p < 0.001$).

Conclusions

Across two clinical studies, this multi-active hydrocolloid patch demonstrated very good tolerability and rapid efficacy, accelerating pustule improvement by approximately four days. Beyond clinical benefits, daily use led to meaningful improvements in emotional well-being, social comfort, and self-confidence with good effects evident after a single application. These findings support the patch as a valuable adjunctive option in the management of acne.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3258

Plasma proteomics analysis reveals biomarkers of severity, family history, comorbidities, and treatment response in hidradenitis suppurativa

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Introduction
Hidradenitis suppurativa (HS) lacks validated biomarkers for disease stratification and prediction of treatment outcomes. This study aimed to identify plasma proteomic patterns associated with HS severity, family history, and treatment response.

Materials and Methods
Blood serum samples from 276 patients with HS were analyzed using high-throughput liquid chromatography-mass spectrometry. After quality control and filtering, 308 proteins were included. Partial least squares-discriminant analysis (PLS-DA) was applied to identify proteomic signatures associated with Hurley stage, family history, and treatment response (assessed by changes in International Hidradenitis Suppurativa Severity Score System [IHS4] and Dermatology Life Quality Index [DLQI]).

Results
Distinct proteomic profiles were observed across Hurley stages. Stage II disease was characterized by reduced levels of proteins involved in inflammation, complement activation, and tissue remodeling (PEPD, LRG1, C5, ENPP2, LBP), while early-stage disease showed elevated acute-phase and complement regulation proteins (CFHR3, CFHR4, ORM1, S100A8). Severe HS demonstrated increased levels of proteins linked to complement-mediated inflammation and extracellular matrix stabilization (C6, C8A, FCN2, ITIH1) and reduced immunoglobulin-related signals (IGKV3-20).
Familial HS was characterized by elevated VNN1 and reduced ANPEP and TGFB1, suggesting altered oxidative stress responses and tissue remodeling, whereas sporadic HS exhibited decreased inflammatory and coagulation markers (IGLC7, CD14, PROC, APP, QXCT1) and increased immunoglobulin variable regions (IGKV1-8, IGKV1-17), indicating enhanced adaptive immune activity.
Clinical improvement was observed in 65.2% (IHS4) and 62.2% (DLQI) of patients after six months. Responders measured by IHS4 demonstrated reduced immunoglobulin-related proteins (IGHV3-72, IGHV6-1, IGLV5-39), while non-responders exhibited elevated F2, APMAP, and FUCA1. DLQI improvement was associated with increased acute-phase and tissue repair proteins (ORM1, F10, APP, S100A9, PROS1, THBS1), whereas non-response correlated with reduced levels of proteins involved in complement regulation and extracellular matrix organization (C4BPA, B4GALT5, CFHR5, VASN, PLXDC2, IGLV3-9).

Conclusions
Plasma proteomic profiling identifies distinct patterns associated with HS severity, heritability, and treatment response. These biomarkers may enhance clinical scoring, improve patient stratification, and guide precision therapy in HS.

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30 SEP - 3 OCT 2026

Abstract N°: 3266

Impact of draining tunnels on clinical response with continuous secukinumab treatment up to week 204 in patients with moderate to severe hidradenitis suppurativa: A post hoc analysis of the SUNSHINE and SUNRISE core and extension trials

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Introduction

Hidradenitis suppurativa (HS) is a chronic, systemic disease characterized by deep and painful inflammatory nodules, abscesses and draining tunnels (DT) (1,2). Sustained inflammation in the affected area contributes to the formation of DT which represent structural changes leading to irreversible tissue damage. DT are a marker of disease progression, and can possibly impact therapeutic response (2,3). Evaluating the impact of DT on treatment response is therefore essential. Previous data from the SUNSHINE/SUNRISE core and extension trials reported sustained reductions in DT up to 4 years in patients with moderate to severe HS treated with secukinumab (4, 5). Herein, the impact of DT at baseline on clinical response with continuous secukinumab treatment for up to week 204 was evaluated.

Materials and Methods

Patients completing week 52 of the SUNSHINE/SUNRISE core trials could opt to enter a 4-year extension trial (NCT04179175). Patients with a HS clinical response at week 52 (HiSCR-R) entered a randomised withdrawal period up to week 104 (or loss of response) and received open-label treatment thereafter until week 260. This post hoc analysis included HiSCR-R patients receiving continuous secukinumab from baseline of the core trials up to week 204 of the extension trial, excluding those originally assigned to placebo in the core trials and those re-randomized to placebo at week 52. Patients included in the analysis (n=172) were categorised into 2 groups based on DT at baseline: patients with no DT (n=78) and DT ≥1 (n=94). In these subgroups, the proportion of patients achieving IHS4-55 response (≥55% reduction in IHS4 score from baseline) and change from baseline in DT, up to week 204, were assessed. Data from all visits through week 204 were included, irrespective of blinded or open-label treatment status, and secukinumab dosing (every 2- or 4-weeks), and are reported as observed.

Results

Among the HiSCR-R (391 patients), 172 patients had received continuous secukinumab treatment up to week 204 and were included in this analysis. At week 204, IHS4-55 response was achieved by 88.5% (46/52) of patients with

no DT at baseline and 85.5% (47/55) of patients with ≥1 DT at baseline (Figure 1A). In patients with no DT at baseline, the median DT count consistently remained zero up to week 204. In the patients with ≥1 DT at baseline, the median (interquartile range) baseline DT count was 3.0 (2.0–6.0) which reduced to 0 (0–2.0) at week 204 (Figure 1B).

Figure 1A Proportion of patients achieving IHS4-55 up to week 204, categorised by baseline DT count status (DT=0 and DT ≥1)

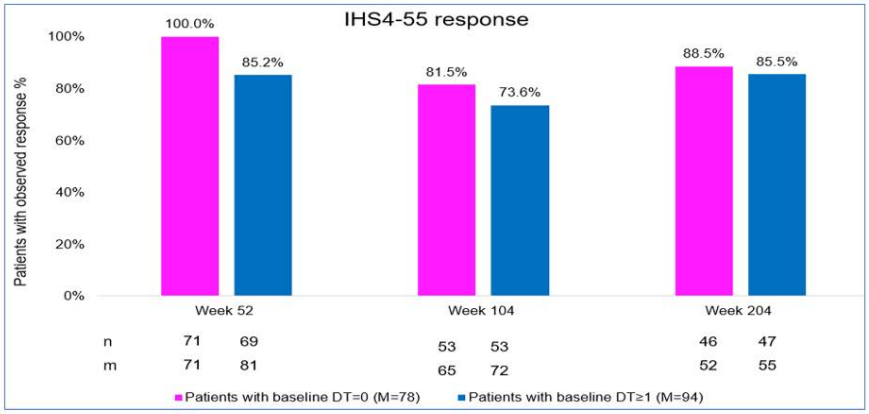

Figure 1B Median (interquartile range) DT count through week 204 in patients with DT=0 and DT ≥1 at baseline

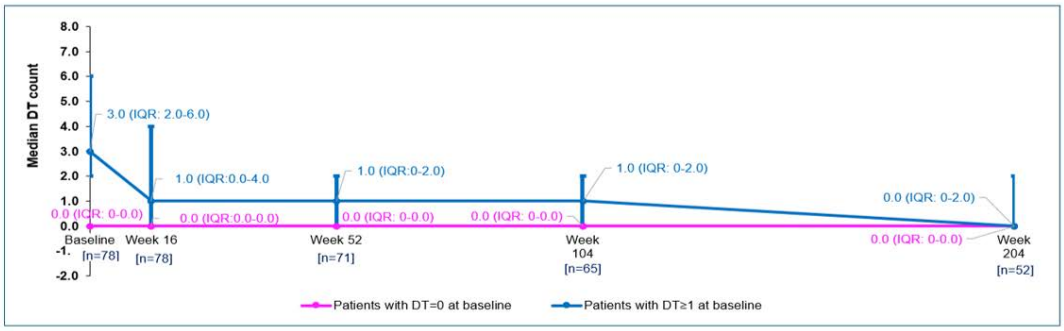

Figure 1A: DT, draining tunnels; M, number of patients in the DT sub-group at baseline; n, number of patients with observed response (achieved with respect to the core studies baseline); m, number of patients evaluable (with non-missing and non-zero value at core studies baseline and non-missing value at the current visit). Percentage is n/m. IHS4-55 indicates a decrease of at least 55 percent in IHS4 score from the baseline. Figure 1B: DT, draining tunnels; IQR, interquartile range; M, number of patients in the DT sub-group at baseline; n, Number of patients in a corresponding group with non-missing assessments at the associated visit

Conclusions

Continuous secukinumab over 4 years resulted in a durable clinical response, as measured by IHS4-55 response, regardless of baseline DT status. Patients without DT at baseline did not develop DT through week 204, while patients with existing DT showed sustained reductions in DT count over time with most patients achieving DT=0 by week 204. These findings are consistent with the known long-term efficacy of secukinumab across HS disease phenotypes, including those with more advanced disease. Earlier treatment initiation, prior to DT development, may be associated with favorable long-term outcomes.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3276

Serum Cathelicidin: Could it be a new biomarker in acne vulgaris?

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Introduction

Acne vulgaris (AV) is a multifactorial and chronic inflammatory disease of the pilosebaceous unit. Cathelicidin (LL-37), a key component of the innate immune system, plays a central role in inflammatory processes not only through its antimicrobial properties but also via its immunomodulatory effects. Although increased tissue levels of cathelicidin have been demonstrated in acne lesions, data regarding its systemic reflections and the role of treatment in this process remain limited.

In this study, it is aimed to compare serum cathelicidin levels in patients diagnosed with acne vulgaris with those in a healthy control group and to determine the clinical relationship of these levels with disease severity and duration. Additionally, the modulatory effect of oral isotretinoin therapy, considered the gold standard in dermatology, on serum cathelicidin levels will be evaluated, and the diagnostic performance of cathelicidin as a non-invasive and objective biomarker in the diagnosis of acne will be investigated.

Materials and Methods

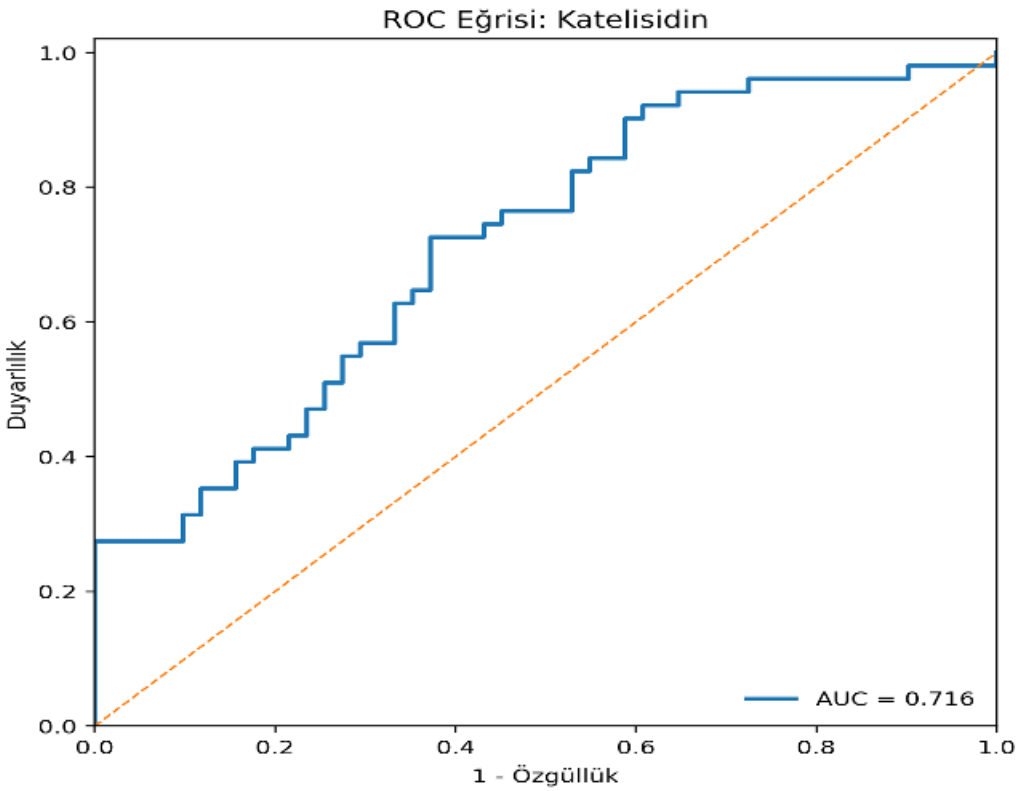
A prospective case-control study included 51 patients with acne vulgaris (AV) and 51 healthy volunteers. Clinical severity was assessed using the Global Acne Grading System (GAGS). Oral isotretinoin therapy was initiated in the patient group. Serum cathelicidin levels were measured by ELISA in both the patient and control groups at baseline (month 0), and in the patient group again at the 3rd month after treatment.

Data analysis was performed using SPSS version 22.0. The Mann–Whitney U test was used for intergroup comparisons, the Wilcoxon signed-rank test for evaluation of treatment response, and the Spearman correlation test for correlation analyses. The diagnostic performance of cathelicidin was assessed using ROC curve analysis.

Results

Serum cathelicidin levels in patients with acne vulgaris (13.37±15.36 ng/mL) were found to be statistically significantly higher than those in the control group (5.98±2.84 ng/mL) ($p<0.001$). A positive and statistically significant correlation was observed between disease duration and cathelicidin levels ($r=0.284$; $p=0.044$). At the end of the 3-month isotretinoin treatment, no significant change was detected in overall mean serum cathelicidin levels ($p=0.083$); however, a positive correlation was identified between the degree of clinical improvement (ΔGAGS) and changes in cathelicidin levels ($r=0.316$; $p=0.024$).

ROC analysis yielded an area under the curve (AUC) value of 0.716 for cathelicidin. At a cutoff value of 6.78 ng/mL, the sensitivity and specificity of cathelicidin in predicting acne diagnosis were 72.5% and 62.7%, respectively.



ROC curve of cathelicidin levels.

Conclusions

Our study demonstrated that cathelicidin plays a significant role in the pathogenesis of acne vulgaris as an indicator of systemic immune activation. Serum cathelicidin levels appear to be a potential biomarker for the diagnosis of acne and for the objective assessment of disease burden. The effect of isotretinoin therapy on cathelicidin is thought to occur as a dynamic modulation that parallels the clinical response.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3286

IDENTIFICATION OF ANTI-SOD1 ANTIBODIES ASSOCIATED WITH THE CONGLOBATA PHENOTYPE IN HIDRADENITIS SUPPURATIVA

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Introduction
Hidradenitis suppurativa (HS) is characterized by substantial clinical heterogeneity. Emerging evidence indicates that HS is driven by multiple inflammatory pathways that differ between patients and lesion types, highlighting the critical need for molecular phenotyping to enable precision medicine approaches. This study aimed to evaluate whether the clinically defined Conglobata phenotype represents a distinct molecular endotype and to establish the feasibility of endotype-driven patient stratification in HS.

Materials and Methods
A discovery cohort of 112 HS patients was stratified into Conglobata and Non-Conglobata phenotypes based on predefined morphological criteria. Serological profiling was performed using OLINK proteomics, and autoantibodies were identified via immunoprecipitation-mass spectrometry (IP-MS) and validated by western blot. Candidate autoantibodies were further validated by ELISA in an independent cohort of 56 HS patients and 30 healthy controls (HCs).

Results
In the discovery cohort, the Conglobata phenotype (n=14, 12.5%) was characterized by male predominance (92.9%), early onset (median 15.0 years), higher disease severity (median IHS4 17.0), and atypical site involvement (scalp, neck, and abdomen). Serologically, conglobata patients exhibited elevated ESR (P=0.008), increased IgG and IgA (P<0.0001 and P=0.020, respectively), and significant upregulation of IL-17A, IL-24, IL-6, HGF, and CXCL11 compared with non-conglobata patients (FDR<0.1). IP-MS identified superoxide dismutase 1 (SOD1) as a candidate autoantigen in conglobata patients. In the validation cohort, anti-SOD1 antibodies were detected exclusively in patients classified as Conglobata phenotype (8/12, 66.7%) and were absent in Non-Conglobata HS patients (0/44) and HCs (0/30). Anti-SOD1 levels were significantly higher in conglobata phenotype compared to non-conglobata (P < 0.001) and HC (P < 0.001). Anti-SOD1 titers correlated strongly with IHS4 scores in Conglobata patients (r=0.77, P=0.0036).

Conclusions
Anti-SOD1 autoantibodies define a distinct endotype associated with the Conglobata phenotype of HS. This study establishes anti-SOD1 as a candidate biomarker for endotype-driven stratification and demonstrates how molecular profiling can resolve disease heterogeneity to advance precision therapy in HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3294

Real-World Treatment Challenges and Unmet Needs in Biologic-Experienced European Patients With Hidradenitis Suppurativa: Insights From the HERALD Survey

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disease characterized by painful nodules, abscesses, tunnels, and scarring, leading to substantial physical and psychosocial burden. The treatment landscape for HS is rapidly evolving, and there is a need to better understand the current disease burden and treatment patterns of biologic-experienced patients in Europe.

Materials and Methods

HERALD (Hidradenitis Suppurativa Experiences in the Real-World) was a cross-sectional, observational web-based survey that included both (a) adults (aged ≥18 years) in 8 countries who self-reported an HS diagnosis confirmed by a healthcare professional (HCP) and (b) HCPs, such as dermatologists and primary care physicians, who had treated at least 3 HS patients within 6 months before the survey. Participants were recruited using a general population sampling approach.

Results

A total of 834 patients from the United Kingdom and EU4 (France, Germany, Italy, and Spain) participated in this survey. Of these, 462 (55%) reported biologic use in the past 12 months (56%, anti–tumor necrosis factor [TNF]; 50%, anti–interleukin [IL]-17; not mutually exclusive) and were included in this analysis.

More than half of the HS patients (60%) were male. Mean (SD) age at HS diagnosis was 36.4 (11.0) years, with an average delay of 1.2 years between first symptoms and diagnosis. Patients' mean disease duration was 4.1 (5.0) years. Most patients (60%) were diagnosed by a dermatologist.

The proportion of patients with self-reported Hurley stage II or III disease increased from 42% at diagnosis to 65% at the time of the survey, indicating disease progression. Itch (56%), pain (51%), and inflammation/swelling/redness (55%) were among the most frequent and bothersome symptoms. Flares (defined as a sudden new or worsening pain, itch, drainage, or swelling with new lesions and/or a sudden worsening of existing lesions) were reported by 69% of patients in the past 30 days, with a mean (SD) of 2.9 (4.2) flares, which was significantly ($P<0.05$) higher than in those who did not report biologic use (2.1 [3.3]). All patients reported using prescription treatments and/or having surgical interventions for HS in the past 12 months. Treatments most frequently used among these biologic-experienced patients included antibiotics (systemic or topical; 64%) and corticosteroids (oral or injection; 42%) in the past year. Corticosteroid and pain medication use was reported in 43%/31% of patients receiving anti-TNF and 44%/42% of those receiving anti–IL-17. More than half (53%) (31%, anti-TNF; 26%, anti–IL-17; not mutually exclusive) reported current biologic use at the time of the survey, with the highest use reported in Italy (65%) and Germany (60%).

In addition, the number of patients who reported being “extremely” or “very much” impacted in the 7 days prior to the survey by pain, itch, drainage, and other HS symptoms was consistently higher in those who reported biologic use compared with those who did not report biologic use.

Conclusions

In this European subset of the HERALD real-world survey, biologic-experienced patients with HS continued to experience substantial ongoing disease burden characterized by disease progression, frequent and bothersome symptoms, and high flare rates. Management remained multimodal, with most patients continuing to rely on therapies such as antibiotics and corticosteroids, and only about half reporting current biologic use. Overall, these findings highlight significant unmet need and persistent symptom impact among biologic-experienced HS patients in Europe, underscoring the importance of optimizing treatment strategies and a need for novel therapies to better control symptoms and prevent disease progression in biologic-experienced populations.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3315

Immune landscape and skin microbiome interaction under Anti-IL-17 therapy in hidradenitis suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disorder arising from the pilosebaceous unit characterized by persistent pain, weeping wounds with unpleasant odor, disfiguring scars, and significant psychosomatic distress in patients. This process is driven by a complex interplay between abnormal keratinocyte differentiation, innate and adaptive immune systems, mechanical obstruction and skin dysbiosis. Despite its severity, HS is frequently diagnosed late, and therapeutic options are limited, including antibiotic treatment and surgical resection. Although the pathogenesis is not fully understood, IL-17 and TNF are key signaling molecules present in HS tissue, and systemic inhibitors targeting these pathways are available. However, approximately 50% of patients do not respond to treatment, highlighting the lack of predictive biomarkers for patient stratification prior to therapy.

Materials and Methods

We are conducting a prospective study of 78 patients with moderate-to-severe HS undergoing IL-17 antagonist therapy. Clinical response is evaluated at 6 months, categorizing patients as Responders (HiSCR≥75) or Non-Responders (HiSCR<50). Blood samples and skin tissues (peri-lesional skin, inflammatory nodes, tunnels, and scars) are collected at baseline and after 6 months of systemic therapy. To characterize the immune landscape and microbiome, we employ an integrated multi-omic approach: 16S rRNA sequencing, scRNAseq, and snRNA-seq from FFPE samples. We perform FACS and immunofluorescence for cellular phenotyping, and validation of immune-microbiome interactions.

Results

Preliminary FACS analysis revealed significant infiltration of B cells and macrophages along with a marked reduction of anti-inflammatory CD163+ M2-like macrophages in long-lasting HS inflamed lesions compared to healthy-like skin. Furthermore, active inflammatory lesions exhibited strong M1-macrophage signatures, confirmed by scRNAseq. Also, condensed organized structures involving T and B cells and macrophages were observed in inflamed tissues while absent in peri-lesional skin. Whether these structures impact on treatment outcome is still unkown. Preliminary 16S rRNA sequencing suggests an increase abundance of anaerobic bacteria in active HS-lesions compared to peri-lesional skin, while the bacterial composition of inflammatory nodes and tunnels appear to differ. How the microbiome changes across disease stages and how it impacts treatment response have not yet been addressed.

Conclusions

Preliminary profiling reveals a highly heterogeneous immune landscape across HS-inflamed lesions characterized by distinct transcriptomic programs. Significant compositional shifts in both the microbiome and immune cell populations across different inflammatory stages suggest a dynamic interplay between local dysbiosis and the host immune response during disease progression. Analysis of post-treatment samples is ongoing to correlate clinical treatmet response with baseline parameters and to better understand responsiveness to therapy.

EADV Congress 2026, VIENNA
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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3331

Designing a secukinumab dosing regimen in adolescents with moderate to severe hidradenitis suppurativa using model-informed drug development

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Introduction

Secukinumab is a fully human monoclonal anti–interleukin-17A antibody approved for the treatment of adults with moderate to severe hidradenitis suppurativa (HS) [1]. Here, we report results from a model-informed drug development (MIDD) approach using pharmacokinetic (PK) bridging and extrapolation from adult patients to determine a weight-tiered secukinumab dosing regimen in pediatric patients with HS (aged ≥12 years).

Materials and Methods

A subcutaneous pediatric dosing regimen was selected using PK predictions to approximate the steady-state exposure achieved by the lowest approved adult regimen (300 mg every four weeks [Q4W]) [1]. Safety and efficacy estimates were extrapolated from adult data, based on the assumption that the exposure-response relationship in adults is comparable to pediatric patients with HS. Sensitivity analyses were conducted to account for potential differences in absolute bioavailability between pediatric and adult populations, as observed in other indications.

Results

Applying MIDD principles for PK bridging to support safety and efficacy, a weight-tiered subcutaneous dosing regimen was identified specifically for pediatric patients with HS aged ≥12 years: 150 mg Q4W for patients weighing ≥30 kg to <90 kg and 300 mg Q4W for those weighing ≥90 kg, following induction dosing at Weeks 0, 1, 2, 3, and 4. This regimen was predicted to closely align with adult exposure levels. Sensitivity analyses confirmed the robustness of the proposed regimen and indicated that potential exposure mispredictions due to pediatric bioavailability assumptions would have a minimal impact on safety and efficacy outcomes.

Conclusions

A weight-based subcutaneous dosing regimen for pediatric patients with HS aged ≥12 years was designed to closely match exposure levels achieved in adults, supporting the extrapolation of safety and efficacy from adult data without conducting a dedicated pediatric trial. The dosing regimen is currently under regulatory review with the European Medicines Agency.

References:

1. Secukinumab. Prescribing Information. 2026. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125504s082lbl.pdf (Accessed: May 2026).

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3357

Concomitant Therapy of Oral Isotretinoin with Multiplex Pulsed Dye Laser and Nd: YAG Laser for Acne.

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Introduction

Treatments for acne include topical and systemic medication, as well as therapies such as ablative and non-ablative laser treatments or chemical peels. This study will focus on the combination of oral isotretinoin and non-ablative laser (NAL), specifically multiplex pulsed dye laser (PDL) and Nd:YAG laser delivered through one unique device. Combination therapies are often successful in treating acne; however, as per the American Academy of Dermatology (AAD) guidelines, there is hesitancy to combine oral isotretinoin with NAL therapies. Meanwhile, there are no country-specific guidelines regarding oral isotretinoin and NAL therapy usage. Early case studies saw poor wound healing and keloid formation in patients who had concurrently or recently taken isotretinoin and received NAL or ablative laser therapy, leading to the AAD recommendation to delay cutaneous laser treatments until 6 to 12 months after discontinuing isotretinoin.

Currently, literature is not conclusive on the use of non-ablative laser therapies during and following the use of oral isotretinoin, leading to physician hesitancy to pursue this treatment modality. The primary objective of this study is to assess the safety of oral isotretinoin in combination with multiplex PDL and Nd:YAG laser in order to strengthen recommendations for its use as a treatment option for acne vulgaris. Secondary objectives include the assessment of effectiveness and patient satisfaction.

Materials and Methods

A retrospective medical chart review of patients who received treatment of oral isotretinoin with multiplex PDL and Nd:YAG laser therapy to treat acne vulgaris was conducted. All patients received treatment at one outpatient dermatology clinic site. A research ethics board approved this study prior to all chart review activities. A waiver for consent was obtained due to the retrospective nature of the study, although patients included in the photo figures provided written consent to the use of these photos for research purposes. The electronic database was searched to find all patients who received both oral isotretinoin and NAL therapy from January 1st, 2009 to August 17th, 2017 for treatment of acne vulgaris. NAL therapy consisted of sequential emission of 585nm PDL and 1064nm Nd:YAG from one unique, multiplex delivery system. Clinical evaluations for effectiveness, patient reported satisfaction, and safety and tolerability of oral isotretinoin with multiplex PDL and Nd:YAG laser therapy were completed from review of chart notes. Investigator Global Assessments (IGA) and photographic demonstrations of the face were taken before and after treatment completion. Effectiveness of concomitant treatment and side effects experienced by study participants were recorded.

Results

187 patients were included, consisting of 45.5 percent males (n=85) and 54.5 percent females (n=102) with a mean age of 21.4 years. 31.6 percent (n=59) of patients reported experiencing side effects from concomitant isotretinoin and NAL therapy, the most common being eczema (n=14), erythema (n=11),

significant dry skin/lips/eyes (n=8), flushing (n=6), and bruising (n=6). 99.2 percent of patients achieved clear or almost clear at treatment completion. Most patients received 3.8 NAL treatments while taking isotretinoin, 1.5 NAL treatments after isotretinoin treatment, and a combined total of 5.3 NAL treatments. Standard deviation values were 2.4, 2.5 and 3.6 respectively. Of those who expressed satisfaction, 65.2 percent (n=122) reported being satisfied with the treatment and the remaining patients did not report satisfaction nor dissatisfaction.

Conclusions

The combination therapy also provides patient satisfaction and displays effectiveness, yielding excellent cosmetic results. Isotretinoin in conjunction with multiplex Nd:YAG and PDL therapy delivered through one unique device should be offered as a treatment alternative to other topical and systemic therapies in current guidelines due to its safe, effective, and patient satisfaction yielding results.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3359

Scrotal Hidradenitis Suppurativa,a Distinct and Underrecognized Variant with complex management: Analysis of 25 cases.

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Introduction
Scrotal hidradenitis suppurativa (HS) is an uncommon and underreported clinical presentation of HS. It frequently manifests as a localized phenotype, often associated with secondary tissue destruction or lymphedema, and poses significant surgical and reconstructive challenges.

Case Presentation

Objective

To characterize the demographic, clinical, imaging, and surgical features of patients with scrotal HS, including phenotype distribution, associated comorbidities, biologic therapy exposure, surgical management, postoperative complications, and recurrence patterns.

Methods

We performed a retrospective observational study including 25 patients diagnosed with scrotal HS. Demographic data, HS phenotype, associated comorbidities, biologic treatment, surgical techniques, closure methods, postoperative complications, ultrasound assessment, recurrence rates, and follow-up outcomes were analyzed.

Results

A total of 25 male patients were included, with a mean age of 51.3 ± 18.6 years. The inflammatory phenotype was identified in 86.8% of cases, while 13.2% exhibited a mixed phenotype. The groin and perineal region was the most commonly associated anatomical site (92%), followed by the axillary folds (8%). All patients presented at least one comorbidity, most frequently dyslipidemia, metabolic syndrome, or inflammatory bowel disease. Secondary scrotal lymphedema was documented in seven patients.

Perioperative biologic therapy was administered in 42% of patients, including treatment with adalimumab, infliximab, secukinumab, or bimekizumab.

All patients required surgical intervention involving the scrotal area to achieve disease control. Primary closure was the most frequently used reconstructive approach (75%), followed by secondary intention healing (10%) and flap or graft reconstruction (15%).

Perioperative ultrasound assessment was performed in 15 of the 25 patients. The mean postoperative follow-up was 3.2 years. Overall recurrence was observed in seven cases, with all recurrences detected within the first 12

months after surgery. Notably, only one recurrence occurred among patients who underwent preoperative ultrasound evaluation. Recurrent lesions were managed with ultrasound-guided re-excision followed by secondary intention healing.

Conclusion

Scrotal HS represents a rare but severe localized presentation of HS, predominantly associated with inflammatory involvement of the groin and perineal regions. Surgical management with primary closure provides favorable outcomes in most cases, although recurrence and minor postoperative complications may occur. Perioperative ultrasound assessment appears to improve surgical precision and may help reduce recurrence rates, particularly during the first postoperative year, when most recurrences are identified. The adjunctive use of biologic therapy may further optimize perioperative disease control, supporting an integrated medical–surgical approach and emphasizing the importance of earlier intervention in localized genital HS.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3370

Interleukin-1 pathway blockade in hidradenitis suppurativa: A systematic review and meta-analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory skin disorder characterized by recurrent nodules, abscesses, and sinus tract formation, resulting in substantial impairment in quality of life. The interleukin-1 (IL-1) pathway is increasingly implicated in its pathogenesis, making it a potential therapeutic target. However, the efficacy and safety of IL-1 inhibitors in HS remain uncertain. This study systematically evaluates current evidence on IL-1 pathway inhibition in HS.

Materials and Methods
PubMed, Embase, and the Cochrane Library were systematically searched in accordance with Cochrane guidelines. Pairwise random-effects meta-analyses using inverse-variance (IV) were performed for placebo-controlled outcomes, applying the Hartung–Knapp–Sidik–Jonkman (HKSJ) adjustment when $\tau^2 > 0$ and >2 studies were pooled. Comparative outcomes included Hidradenitis Suppurativa Clinical Response (HiSCR)50 (weeks 12 and 16), HiSCR75, HiSCR90, changes in fistula count, disease activity, visual analog scale (VAS) scores, pain, and adverse events (AEs). When placebo comparisons were unavailable, single-arm meta-analyses were conducted. Analyses were performed using RStudio.

Results
Nine studies comprising 519 patients were included. The mean age ranged from 11.24 to 75 years, and 63.19% were female. Interventions included direct IL-1 ligand inhibitors (lutikizumab, MABp1, and bermekimab), an IL-1 receptor antagonist (anakinra), and two indirect IL-1 pathway modulators (KT-474 [SAR444656], and a P2X7-NLRP3 inflammasome inhibitor (AZD9056)). Overall, HiSCR50 response rates were 33.44% at week 6, 52.11% at week 12, and 47.45% at week 16. Response rates were highest with IL-1 receptor blockade, followed by indirect IL-1 pathway modulation and IL-1 ligand inhibition.

In pairwise meta-analyses, IL-1 pathway blockade was associated with a non-significant achievement of HiSCR50

at week 12 (p=0.146) and week 16 (p=0.095), with no significant subgroup interaction at week 16 (p=0.369). Effect estimates consistently favored IL-1 receptor blockade over other approaches (week 12: RR 2.33 vs 1.49; week 16: RR 2.00 vs 1.21). Higher response thresholds were also not statistically significant, including HiSCR75 (p=0.293) and HiSCR90 (p=0.249). Overall, benefits were consistent but not statistically significant.

No significant effect was observed on the change in fistula count (p=0.33). Disease activity showed a non-significant improvement overall (SMD 0.41; 95% CI −1.20 to 2.02), although a significant subgroup difference favored IL-1 receptor blockade (p=0.036). Both IL-1 receptor and ligand blockade were associated with less pain reduction compared with placebo (SMD −1.02 versus −0.10), with less pain reduction observed for receptor blockade. Changes in Dermatology Life Quality Index (DLQI) were statistically significant (MD 6.36; 95% CI 2.20 to 10.52).

Regarding safety, infectious events showed no significant difference (p=0.856) and no subgroup effect. Cardiovascular events were rare (2.48%) with no overall difference (p=0.829), though subgroup interaction was significant (p=0.0021), with higher rates in indirect IL-1 modulation (15.38%). Gastrointestinal events (11.92%) showed no overall difference (p=0.241) but were more frequent in the indirect group. Musculoskeletal events (4.08%) showed no overall difference, despite significant subgroup differences (p=0.0002), driven by higher rates in indirect modulation (30.77% vs 0.94%). Injection-site reactions were higher but not significant (p=0.174).

Study	Study Design *	Sample (n)	BMI (Kg/m²), mean ± SD	Age (years), mean ± SD	Female, n (%)	Disease duration (years) mean ± SD	Follow-up (weeks)	AN count, mean ± SD	Fistula count, mean ± SD	DLQI, mean ± SD	Hurley stage II/III, n (%)	Treatment groups
Kimball 2026	Phase 2 multicenter trial *	153	33.63 ±7.90	40.5 (19-75) ‡	94 (61.4)	11.90 ±9.35	25	15.52 ±11.47	6.26 ±6.93	16.46 ±7.52	45 (29.41)/108 (70.59)+	Lutikizumab 300mg every week Lutikizumab 300mg every other week Lutikizumab 100mg every other week Placebo
Ackerman 2023	Phase 1, single-arm trial	13	NR	37.81 ±26.57	10 (76.9)	NR	6	8.4 (5,18)	3.8 ±0.15	NR	NR	KT-474 (SAR444656)
Kanni 2017	Phase 2 trial *	20	28.65 ±5.91	47.95 ±12.47	7 (35)	32.90 ±11.40	24	8.70 ±13.77	13.38 ±22.26	20.60 ±5.99	2 (11.11)	MABp1 Placebo
Tzanetakou 2015	Phase 2 trial *	19	27.85 ±5.89	39.22 ±12.67	9 (47.4)	11.67 ±5.73	24	Placebo: 4 (3-30)/ Anakinra: 6 (4-23) ‡	Draining fistula: Placebo: 2 (0-23) Anakinra: 2 (0-23) Nondraining fistula: Placebo: 0 (0-1) Anakinra: 0 (0-7)	17.33 ±7.84	19 (100)	Anakinra 100mg once daily Placebo
Leslie 2014	Open-label pilot study	6	37	37 (27-41) ‡	4 (66.7)	NR	16	NR	NR	19.33 ±NR	NR	Anakinra 100 mg once daily
NCT04019041	Phase II trial *	153	NR	38.9 ±13.8	113 (73.9)	NR	36	NR	NR	NR	NR	Bermekimab 400mg every 2 weeks Bermekimab 400mg every week Placebo
Forman 2026	Phase 2a/2b multicenter trial *	101	NR	37.39 ±11.15	55 (54.45)	NR	36	NR	NR	NR	NR	Bermekimab 1050mg every week Placebo
Gottlieb 2020	Phase II open label trial	42	NR	39.8±12.61	28 (66.7)	NR	12	10.78±8.61	NR	16.97±7.24	42 (100)	Bermekimab 400 mg every week
Kilgour 2026	Phase 2 trial *	12	NR	41.49±10.69	8 (66.67)	NR	24	NR	NR	NR	8 (66.67)	AZD9056 400 mg daily Placebo

Table 1. Baseline characteristics of included studies. AN: abscess and nodule; BMI: body mass index; DLQI: dermatology life quality index; NR: not reported. +

Conclusions

IL-1 pathway blockade in HS shows modest, inconsistent efficacy, with a trend favoring IL-1 receptor antagonism. Safety was generally acceptable, though indirect pathway modulation requires cautious interpretation. At present,

IL-1–targeted therapies remain investigational in HS, and larger, adequately powered trials are needed to better define their clinical role.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3393

Maintenance and Deepening of IHS4 Clinical Response With Upadacitinib Treatment in Adult Patients With Moderate-to-Severe Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent suppurating lesions. Upadacitinib (UPA), a selective oral Janus kinase inhibitor approved for multiple immunological conditions, is being investigated in moderate-to-severe HS. In a phase 2 study, a higher proportion of patients with moderate-to-severe HS receiving once-daily UPA 30 mg vs placebo (PBO) achieved the primary endpoint of HS Clinical Response (HiSCR 50; defined as ≥ 50% reduction from baseline in abscess and inflammatory nodule [AN] count, with no increase in abscess or draining fistula count) at week 12 ($P < .05$). The safety profile of UPA was consistent with previous reports. Here, we report the impact of UPA on the maintenance and deepening of International HS Severity Score System (IHS4) response at 40 weeks.

Materials and Methods

In the phase 2 double-blinded study (NCT04430855), adults with a diagnosis of HS for ≥ 1 year, HS involvement in ≥ 2 distinct anatomic areas, inadequate response or intolerance to oral antibiotics for HS, total AN count ≥ 5, and draining fistula count ≤ 20 were randomized 2:1 to once daily oral UPA 30 mg or PBO for 12 weeks; randomization was stratified by prior tumor necrosis factor inhibitor use and baseline Hurley stage (< III vs III). The primary endpoint was achievement of HiSCR50 at week 12 (period 1). Thereafter, patients receiving PBO switched to blinded UPA 15 mg, and patients receiving UPA 30 mg continued treatment through week 48 (period 2). Concomitant topical/systemic antibiotics for HS were allowed after week 16. Additional efficacy assessments included achievement of IHS4-55/75/90 at week 40, among patients who achieved the respective response at week 12. Achievement of IHS4-75 was assessed in period 2 in patients who achieved IHS4-55 at week 12. Missing data were handled using nonresponder imputation (NRI) and observed cases (OC).

Results

A total of 68 patients were randomized and treated (UPA 30 mg, n = 47; PBO, n = 21). Baseline characteristics were similar across arms. Most patients were female, aged < 40 years, and White; all but 1 had Hurley stage II–III disease Approximately 70% had a body mass index ≥ 30 kg/m^2, and ~50% were current or former smokers. Overall, mean (SD) total AN and draining fistula counts were 22.1 (21.7) and 3.7 (5.2), respectively. At week 12, 40.4%, 25.5%, and 12.8% of patients receiving UPA 30 mg achieved IHS4-55/75/90, respectively. Among patients

receiving PBO, 19.0% achieved IHS4-55 at week 12; none achieved IHS4-75 or IHS4-90. Of patients treated with UPA 30 mg who achieved IHS4-55/75/90 at week 12, 68.4%, 58.3%, and 66.7% (NRI) maintained the respective response at week 40 (**Figures 1–2**). Among PBO patients who achieved IHS4-55 at week 12 and then switched to UPA 15 mg, 100.0% (NRI) maintained IHS4-55 at week 40. Of patients who achieved at least IHS4-55 at week 12, treated with UPA 30 mg achieved IHS4-75 at each assessed time point through week 40; 25.0%–75.0% of patients switching from PBO to UPA 15 mg achieved IHS4-75 between weeks 16–40 (NRI). Similar or higher response rates were observed for OC analyses. Due to the small sample size of the subgroups, the observed response rates should be interpreted with caution.

Table 1. Baseline Patient Demographics and Clinical Characteristics

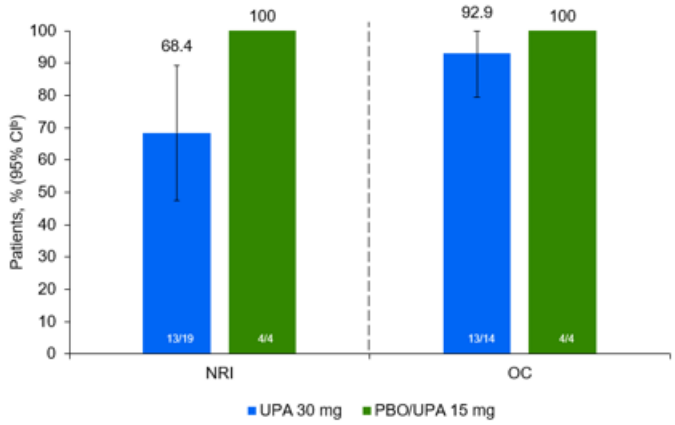
Characteristic	UPA 30 mg QD (n = 47)	PBO (n = 21)
Sex, n (%)		
Female	37 (78.7)	16 (76.2)
Male	10 (21.3)	5 (23.8)
Age, years, mean (SD)	36.7 (11.7)	36.6 (12.5)
Age category, n (%)		
< 40 years	29 (61.7)	15 (71.4)
40–64 years	17 (36.2)	5 (23.8)
≥ 65 years	1 (2.1)	1 (4.8)
Race, n (%)		
White	30 (63.8)	11 (52.4)
Black	12 (25.5)	7 (33.3)
Asian	3 (6.4)	3 (14.3)
American Indian or Alaska Native	1 (2.1)	0
Multiple	1 (2.1)	0
BMI, kg/m^2, mean (SD)	35.8 (9.4)	34.2 (6.5)
BMI category, n (%)		
< 25 kg/m^2	3 (6.4)	2 (9.5)
25–29 kg/m^2	11 (23.4)	4 (19.0)
≥ 30 kg/m^2	33 (70.2)	15 (71.4)
Current or former smoker, n (%)	24 (51.1)	9 (42.9)
Duration of HS, years, mean (SD)	11.5 (9.4)	9.8 (5.0)
Draining fistula lesion count, mean (SD)	3.4 (4.7)	4.3 (6.2)
AN count, mean (SD)	23.2 (24.6)	19.8 (12.9)
Prior TNF inhibitor exposure, n (%)	12 (25.5)	6 (28.6)
IHS4 Disease Severity, n (%)		
Mild (IHS4 = 0 – 3)	0	0
Moderate (IHS4 = 4 – 10)	7 (14.9)	2 (9.5)
Severe (IHS4 ≥ 11)	40 (85.1)	19 (90.5)

AN, abscess and inflammatory nodule; BMI, body mass index; HS, hidradenitis suppurativa; IHS4, International Hidradenitis Suppurativa Severity Score System: PBO, placebo; QD, once daily; TNF, tumor necrosis factor; UPA, upadacitinib.

Conclusions

In this phase 2 study, most patients treated with UPA 30 mg maintained clinical response from weeks 12–40, with a trend suggesting a deepening of clinical benefit over time. The efficacy of UPA in moderate-to-severe HS will be further evaluated in an ongoing phase 3 trial (NCT05889182).

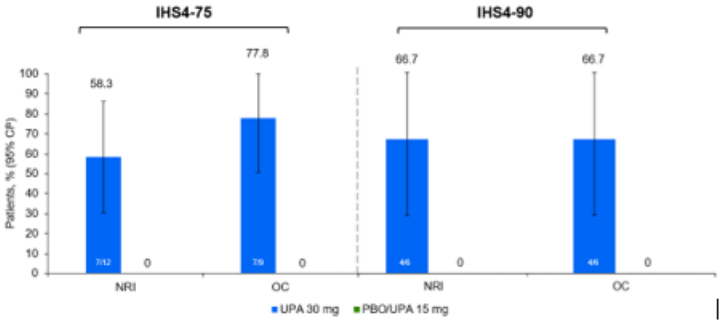
Figure 1. Maintenance of IHS4-55 at Week 40 Among Patients Who Achieved the Response at Week 12



IHS4, International Hidradenitis Suppurativa Severity Score System; NRI, nonresponder imputation; OC, observed cases; PBO, placebo; UPA, upadacitinib.

IHS4-55 was defined as at least 55% reduction from baseline in IHS4 score. IHS4 score was calculated as the total number of inflammatory nodules (multiplied by 1) plus the total number of abscesses (multiplied by 2) plus the total number of draining tunnels (multiplied by 4).

Figure 2. Maintenance of IHS4-75/90 at Week 40 Among Patients Who Achieved the Respective Response at Week 12



IHS4, International Hidradenitis Suppurativa Severity Score System; NRI, nonresponder imputation; OC, observed cases; PBO, placebo; UPA, upadacitinib.

IHS4-75/90 was defined as at least 75%/90% reduction from baseline in IHS4 score. IHS4 score was calculated as the total number of inflammatory nodules (multiplied by 1) plus the total number of abscesses (multiplied by 2) plus the total number of draining tunnels (multiplied by 4).

Note: No patients randomized to PBO achieved either IHS4-75 or IHS4-90 at Week 12 thereby precluding the evaluation of maintenance of either response at week 40 in the PBO/UPA 15 mg treatment group.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3394

GLP-1 Receptor Agonists in Hidradenitis Suppurativa: Meaningful Symptom Relief Without Lesion Control — Quantitative and Patient-Reported Evidence from 401 Patients

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disease with profound physical and psychosocial burden. Metabolic dysfunction including obesity, insulin resistance, and systemic inflammation drives HS pathophysiology, yet whether metabolic intervention translates into clinically meaningful outcomes remains poorly understood. GLP-1 receptor agonists (GLP-1RAs) exert potent anti-inflammatory effects and represent an emerging therapeutic avenue in HS; however, evidence remains limited to small case series. No prior study has integrated quantitative outcomes with patient-reported experiences to characterise the full therapeutic impact of GLP-1RAs in HS.

Materials and Methods

A cross-sectional mixed-methods survey was conducted across online HS patient communities (August 2025–March 2026). The survey captured demographics, Hurley stage, prior treatments, self-reported weight change, and patient-reported outcomes: pain, drainage, new lesion development, and QoL. Proportional odds logistic regression (pain, QoL) and binary logistic regression (new lesions) were adjusted for GLP-1RA duration, indication, BMI, Hurley stage, smoking, biologic exposure, and concomitant IL-17 inhibitor use. Qualitative thematic analysis (n=126) was conducted by two independent investigators and integrated using a joint display approach.

Results

Study Population 401 participants enrolled; 270 GLP-1RA users, 131 non-users. Cohort was predominantly female (>90%), Hurley stage II–III (86%), with multi-regional disease. Groups were well-balanced in BMI, disease severity, and prior biologic exposure.

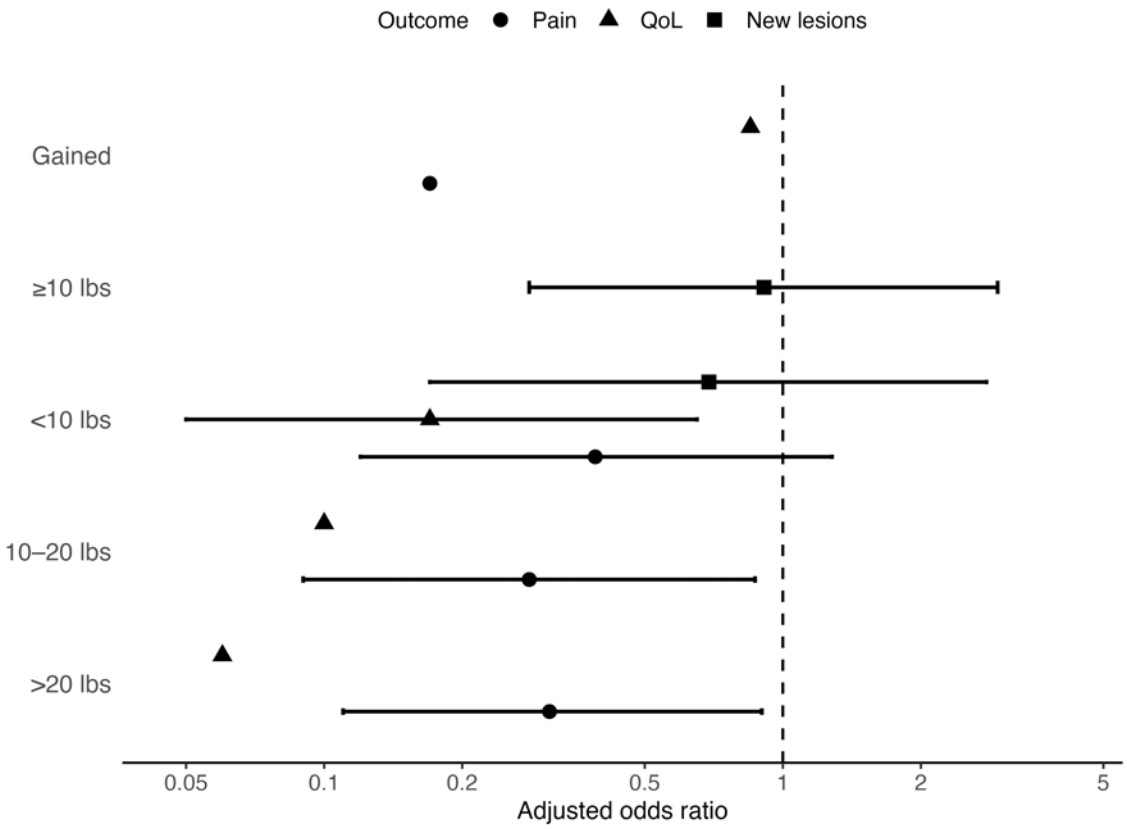
Dose-Dependent Symptom Improvement Greater weight loss was associated with significantly improved pain and quality of life in a dose-response manner. Compared with no weight change, loss of 10–20 lbs and >20 lbs conferred substantially lower odds of worse pain (aOR 0.29 [95% CI 0.10–0.80] and 0.27 [0.10–0.72]) and worse quality of life (aOR 0.31 [0.11–0.86] and 0.27 [0.10–0.72]). Dose-response trend: p=0.022 (pain); p<0.001 (quality of life).

Divergent Effect on Lesion Formation Weight loss was not associated with reduced new lesion development across any weight loss category (trend p=0.083) , revealing a mechanistic dissociation between metabolic

symptom relief and structural disease activity, even among patients with prior biologic exposure.

Combination Therapy Among 49 participants receiving concurrent GLP-1RA and IL-17 inhibitor therapy, 65.3% reported at least one skin-related adverse event; yet 46.9% would strongly recommend combination therapy, reflecting perceived benefit in refractory disease.

Qualitative Findings Thematic analysis (n=126) identified five domains: therapeutic impact, metabolic-inflammatory framing, immunomodulator complexity, structural barriers, and lived disease burden. Patients consistently attributed improvement to glycemic control and systemic inflammation reduction rather than weight loss alone. Structural barriers emerged as a critical modifier of real-world effectiveness, with patients describing rapid disease relapse following treatment discontinuation due to loss of insurance coverage: *"When my insurance stopped paying, within two months I was back to full flares."*



Reference category: no weight change. For pain and quality of life, OR <1 indicates lower odds of worse symptoms, consistent with improvement. For new lesion development, OR <1 indicates lower odds of new lesion formation. Adjusted for GLP-1RA duration, indication, BMI, Hurley stage, smoking, prior biologic exposure, and concomitant IL-17 inhibitor use. QoL = quality of life.

Conclusions

In the largest mixed-methods study of GLP-1RA use in HS to date, greater weight loss was associated with significant, dose-dependent improvements in pain and QoL but not with reduced new lesion formation revealing a mechanistic dissociation between metabolic symptom relief and structural disease progression. Qualitative data corroborate a metabolic-inflammatory pathway and underscore the critical role of treatment continuity. These findings position GLP-1RAs as adjunctive, symptom-oriented therapy in patients with HS and metabolic comorbidity and highlight an urgent need for prospective trials with clinician-verified endpoints to define the optimal role of metabolic-immune combination strategies in HS management.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3404

Successful treatment of Hidradenitis suppurativa and Dermatitis herpetiformis with dapsone and gluten-free diet – a case report

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Introduction

Hidradenitis suppurativa (HS) and Dermatitis herpetiformis (DH) are common immune-related dermatoses. HS is an autoinflammatory disease characterised by follicular occlusion of the pilosebaceous follicle and development of painful nodules, abscesses, sinus tracts and cicatrices, mainly mediated by IL-17 and TNF-alpha. DH is a chronic subepidermal autoimmune bullous dermatosis, often appearing as a skin manifestation in gluten enteropathy. It is associated with abundant deposition of IgA autoantibodies along the dermal papillae and is mediated by IL-1, IL-6, IL-8, and IL-31. The coexistence of the two conditions is rare and might impose a complicated immunological dysregulation.

We reported a rare case of concomitant HS and DH. Treatment with dapsone appears to be an effective therapeutic option for both diseases, successfully suppressing TNF-alpha and IL-8.

Case Presentation

A 39-year-old male patient was admitted to the hospital due to a 2-year history of painful nodules in the axillae and intensely pruritic rash on the face, trunk and limbs with 6 months' duration. The physical examination revealed obesity, single inflammatory and non-inflammatory nodules and atrophic scars symmetrically distributed in both axillae. Ultrasound examination verified the clinical diagnosis of HS and staged the disease as Hurley Stage II. Additionally, we observed erythematous papules, plaques, vesicles and excoriations involving the face, trunk and extensor surfaces of the limbs. After biopsy and direct Immunofluorescence (DIF) test, the diagnosis of DH was confirmed. The patient was consulted with a gastroenterologist, and a fibrocolonoscopy was performed for the exclusion of concomitant gluten enteropathy. After assessing the Glucose-6-phosphate dehydrogenase (G6PD) enzymatic activity, deficiency was ruled out, and dapsone was added to the systemic therapy. Topical antiseptics for the axillary region and emollients for the lesions on the face, trunk and limbs were applied.

The patient's treatment response to dapsone was evaluated over one year, and complete remission of both dermatoses was achieved and no treatment-related complications were observed.

Conclusion

This case report presents a rare coexistence of HS and DH. Although both dermatoses have different clinical presentations and pathogenesis, they share a common therapeutic approach. This case suggests that a gluten-free diet and systemic treatment with dapsone may be an effective strategy for managing patients with HS and DH.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3408

Acne in Male Patients: A Comparative Study of Acne in Both Sexes

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Introduction

Acne is a common skin disorder, generally observed in adolescents and young adults, but it often persists into adulthood. Significant sex-related differences exist in the clinical presentation and contributing factors of this condition. In men, acne is often characterized by a more severe form, with a predominance of inflammatory lesions affecting the face, back, and trunk. In contrast, in women, flare-ups are frequently associated with hormonal fluctuations, mainly involving the face, particularly the mandibular region.

The aim of this study was to compare the clinical characteristics and treatment approaches of acne in men and women, while exploring the hormonal, genetic, and environmental factors contributing to these differences.

Materials and Methods

This was a retrospective, descriptive, and analytical study conducted over a 4-year period from January 2022 to December 2025, including all acne cases collected at the diagnostic center.

Results

Analysis of the 146 patients included in this study, comprising 106 women (72.6%) and 40 men (27.4%), revealed notable differences in demographic characteristics, clinical presentation, and acne management. Regarding age, women were mainly under 20 years old (46.2%), whereas this age group accounted for 65% among men.

Clinically, the distribution of acne types differed between the sexes. Women mainly presented with inflammatory acne (51.9%), whereas men showed greater diversity, with a notable prevalence of inflammatory acne (47.5%), comedonal/retentional acne (10%), acne fulminans (5%), and acne conglobata (2.5%). Women were also more likely to develop post-inflammatory hyperpigmentation (68.9%), compared with only 45% of men. Concerning scars, women more frequently exhibited hyperpigmented scars (67.4%), while men predominantly presented ice-pick atrophic scars (73.5%). The duration of disease progression before consultation was generally longer than one year and was similar in both sexes.

Regarding triggering factors, stress and a fatty, sugary diet were common factors in both sexes, although they were more pronounced in women (11.3% vs 7.5%), whereas a family history of acne was more common among men (10% vs 5.6%). In terms of treatment, topical therapies were preferred in both sexes, with nearly similar rates around 64%, while systemic treatment differed between the two groups according to the therapeutic class used. Among women, cyclines were the leading systemic treatment (58.4%) compared with isotretinoin (18.8%), whereas in men these two treatments were used equally, each accounting for 50%.

Overall therapeutic response was favorable in the majority of patients; however, men showed a slightly higher

recurrence rate (35% versus 24.5% in women). Finally, psychological impact was observed in both groups but appeared slightly higher in men, at 87.5% compared with 75.5% in women.

Conclusions

This study confirms the notable sex-related differences in the clinical presentation and treatment of acne. Although acne is a common condition in both sexes, its manifestations and impact vary considerably. These differences should be taken into account in management strategies, which should be tailored to the specific needs of each sex, particularly regarding treatment approaches and psychological support.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3447

Beyond Intertriginous Sites: Multifocal Ectopic Hidradenitis Suppurativa With Excellent Response to Adalimumab

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory follicular disorder that classically affects apocrine gland-bearing intertriginous areas. Ectopic HS, defined by involvement of apocrine-poor or non-intertriginous sites, is distinctly uncommon and therefore easily overlooked, resulting in diagnostic delay and potentially inappropriate treatments. Individual case reports have documented ectopic HS on diverse locations including the posterior thigh, ankle and lower lip, dorsal foot, and forearm, highlighting its wide clinical and anatomic spectrum. Although adalimumab is now established for moderate-to-severe HS, evidence in extensive ectopic disease remains limited to small series and isolated cases.

Case Presentation

A 41-year-old otherwise healthy lady presented with a 1.5-year history of recurrent, intensely pruritic and painful oozing lesions over the upper arms, upper back, lower abdomen, buttocks, and cheeks. Initially, small erythematous nodules gradually enlarged and evolved into multiple, well-demarcated, indurated plaques with overlying crusts, underlying erosions, and intermittent purulent discharge. Episodes recurred soon after completing several empirical antibiotic courses. Clinical differentials included ectopic HS, lupus panniculitis, deep fungal infection, and cutaneous tuberculosis. Ancillary tests for Tuberculosis and Lupus were negative. Skin biopsies showed epidermal acanthosis and spongiosis with a dense dermal inflammatory infiltrate composed of neutrophils forming microabscesses admixed with lymphocytes and plasma cells, extending into the deep dermis and around hair follicles; a second biopsy demonstrated a cyst partially lined by squamous epithelium and partially by granulation tissue, while special stains were negative for fungi. The composite clinicopathologic picture supported a diagnosis of HS at ectopic sites.

The patient received multiple courses of doxycycline followed by combination rifampicin- clindamycin without meaningful or sustained benefit. Given the extensive distribution, scarring, and refractoriness to conventional systemic therapy, adalimumab was initiated after detailed clinical and laboratory evaluation. She received 160 mg subcutaneously at baseline, 80 mg at week 2, and then 40 mg once weekly for 12 doses. To reduce the risk of immunogenicity and maintain therapeutic drug levels, low-dose methotrexate was introduced after the ninth adalimumab injection. Within three weekly doses, there was approximately 50% reduction in pain, erythema, and discharge; by six doses, lesions had dried, inflammatory activity had resolved, and no new lesions appeared. Treatment was well tolerated, with no flares or adverse events during therapy or on follow-up. Upon completion of biologic therapy, all previous lesions had dried up with no oozing or discharge. A residual bridging hypertrophic scar on the right cheek was subsequently treated with two sessions of intralesional triamcinolone acetonide (10 mg/mL) followed by radiofrequency ablation, resulting in marked flattening and improved cosmesis.The patient remains in clinical remission on methotrexate 15 mg once weekly with no evidence of relapse.

Conclusion

This case demonstrates that HS can present as multifocal ectopic disease at atypical truncal and facial sites, closely mimicking chronic infectious or granulomatous dermatoses. Maintaining a high index of suspicion and insisting on careful clinicopathologic correlation are crucial to avoid misdiagnosis and prolonged exposure to ineffective antimicrobial regimens. Our experience adds to the limited reports of ectopic HS and reinforces the growing evidence that adalimumab is an effective and well-tolerated option for moderate-to-severe, treatment-refractory HS. Early recognition of ectopic HS is essential to prevent cumulative scarring, morbidity, and deterioration in quality of life, and this case underscores the value of timely biologic escalation in appropriately selected patients.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3477

Clinical Severity Is Not Enough: Self-Perceived Acne Severity Drives Stigmatization – an international study on 11,237 individuals

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Introduction

Acne is one of the most prevalent chronic inflammatory skin diseases worldwide and is increasingly recognized for its substantial psychosocial burden. Moreover, the World Health Organization has issued a global call for governments to take action to reduce stigmatization affecting patients with skin conditions. In this context, we conducted a large international study examining stigmatization across multiple life domains in patients with acne,

and exploring the relationship between self-perceived acne severity, clinical severity, and stigmatization as assessed by the Patient Unique Stigmatization Holistic tool in dermatology (PUSH-D).

Materials and Methods

This was a cross-sectional study conducted between October 1st, 2025 and January 1st, 2026 in 33 countries across five continents. Participants were selected from the Kantar Health mega-database. In each country, a representative sample was drawn using the quota method based on age, sex, and geographic distribution. Eligible participants were adults who reported a physician-confirmed diagnosis of acne. Participants were contacted by e-mail and completed a structured digital questionnaire including sociodemographic data, the validated PUSH-D questionnaire assessing stigmatization, clinical acne severity assessed using the Global Evaluation of Acne (GEA) validated scale, and self-perceived acne severity categorized as mild, moderate, or severe.

Results

A total of 11,237 individuals with acne were identified in the analysis. According to self-perceived severity, 3,072 participants classified their acne as mild, 6,665 as moderate, and 1,500 as severe. Overall, 61.1% of participants were women, with a mean age of 29±9.15 [< 25 y.o. 43%, 25-45 y.o. 52%, > 45 y.o. 6%]. Detailed results related to stigmatization domains are presented in Figure 1. The relationship between clinical severity and perceived severity regarding PUSH-D score is detailed in Table 2. Figure 1 highlights a consistent and striking gradient: patients who perceived their acne as severe reported substantially higher rates of avoidance behaviors, such as avoiding family photographs, social interactions, or public exposure, compared with those perceiving their acne as mild or moderate. Similarly, feelings of rejection by family members, friends, and partners, as well as experiences of professional or social discrimination, were significantly more frequent in the severe self-perception group. These findings underline the pervasive impact of acne on daily functioning and interpersonal relationships when the disease is perceived as severe.

Conclusions

This study represents the first real-world assessment of stigmatization using PUSH-D in acne patients. Mean PUSH-D scores increased with self-perceived severity (mild < moderate < severe). Notably, patients perceiving their acne as severe exhibited high PUSH-D scores regardless of clinical GEA grade, while those perceiving it as mild showed low PUSH-D scores even with objectively severe disease. This dissociation indicates that stigmatization is more closely linked to self-perceived severity than to clinical assessment. Self-perception appears to act as a central mediator of stigmatization, influencing emotional distress and social withdrawal independently of objective lesion severity. Incorporating patient-reported perceptions into routine clinical assessment may improve identification of individuals at risk of psychosocial distress and should be considered an essential component of acne care.

EADV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3511

Muscle Function and Ultrasound-Derived Rectus Femoris Thickness in Hidradenitis Suppurativa: Associations with Inflammatory Burden and Physical Performance

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with pain-related immobility, physical inactivity, metabolic comorbidity, and systemic inflammation. Despite biologically plausible links through catabolic inflammatory signalling and chronic pain-driven inactivity, muscle health has not been systematically evaluated in HS using functional tests and ultrasound-derived muscle parameters.

Materials and Methods

In this single-centre, cross-sectional study, 95 adults with dermatologist-confirmed HS underwent dominant-hand handgrip strength (HGS) testing, ultrasound-derived rectus femoris (RF) thickness measurement, and the five-times sit-to-stand (5×STS) test. Disease severity was assessed using Hurley staging and the IHS4 score. Low HGS was defined by population-specific thresholds; prolonged 5×STS was defined as >15 seconds. CRP was log-transformed before regression analyses. Multivariable linear regression models were constructed for HGS, RF thickness, and 5×STS time; the RF model was additionally adjusted for physical activity and height in sensitivity analyses.

Results

Mean age was 35.5 ± 10.3 years; 63 patients were male and 66.3% were physically inactive. Low HGS was present in 23 patients (24.2%) and prolonged 5×STS in 10 (10.5%). No significant differences in muscle parameters were observed across Hurley stages. In multivariable analysis, higher IHS4 was independently associated with lower RF thickness (B = −0.059 mm; 95% CI, −0.106 to −0.012; p = 0.015; adjusted R^2 = 0.315), persisting after additional adjustment for physical activity and height (B = −0.047 mm; 95% CI, −0.092 to −0.003; p = 0.038; adjusted R^2 = 0.408). Regular physical activity was independently associated with greater RF thickness (B = 2.776 mm; 95% CI, 1.258 to 4.295; p < 0.001). Female sex was the only independent predictor of lower HGS; a bivariate association between IHS4 and HGS did not persist after multivariable adjustment. Log-transformed CRP was the only independent predictor of longer 5×STS duration (B = 2.413 s; 95% CI, 0.694 to 4.131; p = 0.006).

Conclusions

In this HS cohort, active clinical inflammatory burden (IHS4) and systemic inflammation (CRP) were independently associated with distinct domains of muscle health. Dynamic clinical activity scoring (IHS4) appeared more informative than structural staging (Hurley) for identifying muscle health associations. These findings warrant confirmation in controlled longitudinal studies.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3523

Switching from intravenous to subcutaneous infliximab in hidradenitis suppurativa: a French multicenter retrospective study

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Introduction

Infliximab is used off-label in moderate-to-severe hidradenitis suppurativa (HS). A subcutaneous (SC) formulation is now available for rheumatoid arthritis (RA), inflammatory bowel disease (IBD), axial spondyloarthritis and psoriasis. As it is used off label in HS, data on switching from IV to SC infliximab are lacking

Materials and Methods

We conducted a retrospective multicenter study across 8 French dermatology centers. All HS patients switched from IV to SC infliximab between August 2021 and October 2025 were included. The decision to switch from IV to SC infliximab was made at the attending physician's discretion. Disease activity was assessed using IHS4.

Results

Thirty-six patients were included (Table I). Mean age was 37.5 years; 22 patients (61%) were male; 21 (58%) had Hurley stage III disease. SC dose (120 mg or 240 mg every 2 weeks) was determined at the physician's discretion, generally based on the prior IV dose. Reasons for switching were variable, but the main motivation was to reduce the burden of day hospital visits for patients. Twenty-two patients (61%) received infliximab as first-line biologic; 14 (39%) had prior exposure to other biologic. At switch, 24 patients (73%) had well-controlled disease (IHS4≤3).

After a mean follow-up of 17 months, 23 patients (64%) continued SC treatmentAmong the 13 who discontinued, the majority did so due to loss of efficacy (9 patients: 7 primary defined as the absence of clinical response at any follow-up visit, 2 secondary failures defined as an initial clinical response, followed by subsequent loss of efficacy), while 2 discontinued by patient choice and 1 due to toxicity. Maintenance rate was not associated with SC dose or with prior IV exposure duration. Patients with IHS4≤3 at switch had 79% maintenance rate versus 22% for IHS4>3 (p=0.005). Among patients with primary failure, 3 (43%) regained disease control after IV

rechallenge. Concomitant treatments were not modified at the time of the switch but could not be formally compared between groups due to data heterogeneity.

Table I. Patient characteristics and comparison between continuation and discontinuation groups (n=36)

Variable	All (n=36)	Continuation (n=23)	Discontinuation (n=13)	p
Age, y, mean ± SD	37.5 ± 11.9	39	35	0.45
Male, n (%)	22 (61)	15 (65)	7 (54)	0.72
BMI, kg/m², median	30.0	31.5	28.5	0.25
Hurley III, n (%)	21 (58)	13 (57)	8 (62)	1.00
First-line biologic, n (%)	22 (61)	17 (74)	5 (38)	0.07
Prior adalimumab, n (%)	14 (39)	—	—	—
SC dose 240 mg, n (%)	13 (36)	7 (30)	6 (46)	0.47
Active/former smoker, n (%)	20 (56)	13 (57)	7 (54)	1.00
Associated IBD, n (%)	7 (19)	5 (22)	2 (15)	1.00
Baseline IHS4, median	2.0	1.0	4.0	**0.001**
IHS4 ≤3 at switch, n (%)	24 (73)	19 (83)	5 (38)	**0.005**
Follow-up, mo, mean ± SD	17.3 ± 15.4	—	—	—

Bold indicates statistical significance (p<0.05). Continuous variables compared with Mann-Whitney U test; categorical variables with Fisher's exact test.

IBD, inflammatory bowel disease; IHS4, International Hidradenitis Suppurativa Severity Score System; PGA, Physician Global Assessment; SC, subcutaneous.

Conclusions

Data from IBD studies report retention rates of 77-95% after switching from IV to SC infliximab, with higher serum trough levels achieved with SC administration. Importantly, IV rechallenge appears effective in most patients who discontinue SC therapy due to loss of response.[1,2] Switching to SC infliximab also offers significant healthcare resource benefits. Studies in IBD report a reduction of approximately 7 day-hospital visits per patient per year, with administration costs estimated to be 50% lower than IV infusions. Additionally, patient satisfaction is generally higher. In our cohort, the main reasons for switching were to reduce day-hospital visits and patient preference. Limitations include the retrospective design, off-label context, small sample size with univariate comparisons only, lack of systematic serum infliximab level monitoring, non-standardized SC dosing protocol across centers and absence of systematic outpatient visit frequency recording.

In conclusion, switching from IV to SC infliximab appears feasible in well-controlled HS patients (IHS4≤3). Patients with active disease at switch are at higher risk of failure and should be monitored closely or may not be ideal candidates for this transition.

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Abstract N°: 3568

Topical Retinaldehyde in Acne Vulgaris: A Narrative Review

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Introduction

Acne vulgaris is a chronic, highly prevalent inflammatory dermatosis with a complex and multifactorial pathogenesis, involving alterations in sebum composition, follicular hyperkeratinisation, and colonisation by *Cutibacterium acnes*. Topical retinoids are a cornerstone of acne vulgaris management. Among them, retinaldehyde (RAL), a direct precursor of retinoic acid, combines comedolytic, anti-inflammatory, and antimicrobial efficacy with a tolerability profile superior to that of other retinoids. This narrative review aimed to evaluate the available evidence regarding the mechanisms of action, clinical efficacy, and tolerability of topical retinaldehyde in acne vulgaris.

Materials and Methods

A narrative literature review was conducted by searching the PubMed database using the descriptors 'retinaldehyde', 'retinal', and 'acne vulgaris'. Studies published up to April 2026 were considered eligible, including randomised controlled trials, open-label studies, and pilot studies evaluating the efficacy, tolerability, and mechanisms of action of topical retinaldehyde in the treatment of acne vulgaris.

Results

A randomized, double-blind, multicenter clinical trial (n=87) evaluated the use of 0.1% retinaldehyde in combination with 6% glycolic acid (RAL/GA) and demonstrated a significant reduction in both inflammatory and non-inflammatory acne lesions from the first month. The healing of active lesions reached 80.0% in the group receiving the combination compared to 52.6% in the vehicle group at the second month ($p=0.016$), with a more pronounced effect on the resolution of pre-existing acne scars as early as the first month. Accordingly, overall improvement remained superior in the active group, a finding confirmed by patient self-assessment at the end of the third month.

In line with these findings, a large-scale open-label observational study conducted under real-life clinical practice conditions (n=1,709) confirmed the favorable safety profile of the RAL/GA combination, with 90.81% of patients free from adverse events after 90 days. In the monotherapy subgroup (n=598), a sustained reduction in retentional and inflammatory lesions was observed between days 30 and 90 ($p<0.0001$), associated with high

treatment adherence (88.81%) and high investigator satisfaction (90.11%). Additionally, a significant improvement in post-inflammatory acne scars was observed during this period.

A prospective pilot study evaluated a nanoemulsion of niosomes loaded with 0.05% retinaldehyde applied daily for four weeks in patients with mild-to-moderate acne. A reduction of 23.57% in sebum secretion ($p<0.001$) and 19.13% in hyperkeratinization ($p<0.001$) was observed, findings that support the mechanism of action of retinaldehyde on two central pillars of acne pathogenesis. The product showed an excellent safety profile, with no reported adverse events and 85% participant satisfaction. (3)

Finally, a pilot study conducted in 2025 evaluated a topical product containing 7%*Silybum marianum* fruit extract, 0.1% retinaldehyde, 6% glycolic acid, and thermal water. A reduction in both inflammatory and non-inflammatory facial lesions was observed, associated with improved oil control. The product demonstrated a good tolerability and safety profile. Although no statistically significant improvement was observed in quality of life, a trend toward improvement in the corresponding score was noted.

Conclusions

Retinaldehyde is an effective and well-tolerated topical option for the treatment of acne vulgaris, demonstrating consistent clinical efficacy and a multimodal mechanism of action targeting key pathways in acne pathogenesis. Additional benefits have been observed in sebum regulation, keratinization, and acne scarring, alongside a favorable safety profile. Further large-scale randomized controlled trials are warranted to better define its role in evidence-based acne management.

EA DV CONGRESS
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Abstract N°: 3570

Retrospective Evaluation of Black Peel in Grade 3–4 Acne Vulgaris in Patients with Fitzpatrick Skin Types III–VI: A 2-Year Single-Centre Analysis of 442 Patients

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Introduction

Background

Chemical peels are established treatments for acne vulgaris. Black peel — a combination of black acetic acid 50%, salicylic acid 0.5%, tetrahydrojasmonic acid 6%, biosulfur 10%, and potassium iodide 0.1% — is a newer superficial-to-medium depth combination peel gaining increasing global acceptance, particularly in South and Southeast Asian practice. Despite its widespread clinical adoption, large-scale evidence evaluating its use in patients with skin of colour (Fitzpatrick skin types III–VI) and severe acne grades remains limited — representing a significant evidence gap for the dermatology community managing darker phototypes.

Objectives

To retrospectively evaluate the clinical efficacy and safety profile of black peel in the treatment of Grade 3 and 4 acne vulgaris in patients with Fitzpatrick skin types III–VI, and to document adverse effects and complications.

Materials and Methods

A retrospective analysis of prospectively maintained clinical records was conducted at a single dermatology centre. Data from all patients with Grade 3–4 acne vulgaris who completed a minimum of 4 black peel sessions over 3 months between January 2024 and December 2025 were analysed. Primary outcome measures included clinician-assessed acne improvement (graded as poor/moderate/good/excellent) and post-acne hyperpigmentation resolution. Secondary outcomes included adverse event documentation and treatment tolerability. This study was conducted as a retrospective clinical audit in accordance with the Declaration of Helsinki. All patient data were fully anonymised prior to analysis.

Results

A total of 442 patients (mean age 22 years; male:female ratio 1:2) with Fitzpatrick skin types III–VI were included. Of these, 371 patients (83.9%) achieved good-to-excellent improvement in acne severity following black peel treatment. To our knowledge, this represents one of the largest single-centre retrospective analyses of black peel in severe acne vulgaris in skin of colour reported to date. Post-acne hyperpigmentation showed improvement in virtually all patients, with complete resolution documented in 305 patients (69.0%). No major adverse effects were recorded. Mild transient adverse effects — including burning and stinging sensation, post-peel desquamation, and post-peel erythema — were noted in 66 patients (14.9%). Post-inflammatory hyperpigmentation attributable to the peel procedure was observed in 11 patients (2.4%).

Conclusions

Black peel demonstrates high clinical efficacy for Grade 3–4 acne vulgaris and associated post-acne hyperpigmentation with an excellent safety profile in patients with skin of colour. The low procedure-related post-inflammatory hyperpigmentation rate of 2.4% is clinically significant given the inherent susceptibility of darker phototypes. Black peel represents a promising, well-tolerated treatment option for severe acne vulgaris in skin of colour populations. Larger prospective randomised comparative trials are warranted to further define its position within acne management algorithms.

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Abstract N°: 3578

Beyond Recurrent "Cold" Abscesses: High-Frequency Ultrasound Unmasking Hidradenitis Suppurativa in Hyper-IgE Syndrome

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Introduction

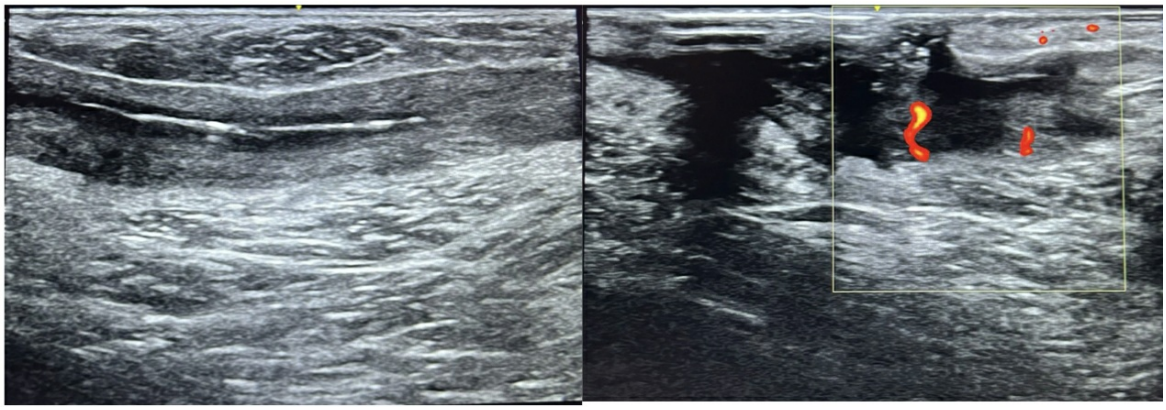
Hyper-IgE Syndrome (HIES), or Job's Syndrome, is a rare primary immunodeficiency primarily associated with STAT3 mutations, leading to impaired Th17 cell differentiation. It is classically characterized by elevated serum IgE levels, eczematous dermatitis, and recurrent staphylococcal abscesses with limited inflammatory signs. Hidradenitis Suppurativa (HS) is a chronic inflammatory disease of the pilosebaceous unit in which dysregulation of the IL-17 pathway appears to play a central role. Because both conditions may present with recurrent suppurative lesions, distinguishing chronic inflammatory follicular disease from infectious manifestations of HIES may be challenging. This case highlights the potential role of high-frequency ultrasound (HFUS) in supporting the recognition of HS in a patient with underlying primary immunodeficiency.

Case Presentation

A 27-year-old woman with molecularly confirmed Hyper-IgE Syndrome and comorbid psoriasis was referred for evaluation of recalcitrant suppurative lesions involving the inguinal and perineal regions. Her medical history included recurrent sinopulmonary infections, severe nail dystrophy, chronic periungual infections, and a previous episode of Fournier's gangrene. She had been receiving long-term prophylactic sulfamethoxazole/trimethoprim and isotretinoin.

Over time, the patient developed chronic painful nodules and draining lesions involving the bilateral inguinal regions and left thigh root. Despite antimicrobial prophylaxis and repeated interventions, the lesions persisted with progressive suppuration and fibrosis. Physical examination demonstrated active inflammatory nodules, draining areas, and fibrotic changes in the inguinal folds, showing features atypical for the patient's previous infectious manifestations. Conventional magnetic resonance imaging revealed non-specific muscular and perifascial edema. An initial dermatologic ultrasound performed at a non-corresponding anatomical site was non-contributory, contributing to delayed recognition of the disease pattern.

HFUS using an 18-MHz linear transducer with Power Doppler evaluation was subsequently performed. The examination demonstrated multiple interconnected fistulous tracts extending through the subcutaneous tissue and reaching the muscular fascia. The tracts exhibited thickened hyperechoic walls, highly suggestive of chronic epithelialization and fibrosis typically described in HS. Intra-lesional gas artifacts, focal fluid collections, and increased peripheral vascularity on Power Doppler were also observed. Taken together, these findings supported the diagnosis of advanced hidradenitis suppurativa (Hurley stage III) occurring in the context of underlying HIES. Laboratory investigation demonstrated persistently elevated IgE levels and negative IGRA testing.



High-frequency ultrasound of the perineal region demonstrating interconnected fistulous tracts extending through the subcutaneous tissue, associated with hyperechoic fibrotic walls and peripheral vascularity on Power Doppler, consistent with advanced hidradenitis suppurativa.

Conclusion

This case highlights an important diagnostic challenge in primary immunodeficiencies: recurrent suppurative lesions may not always represent isolated infectious complications of the underlying disorder. The coexistence of HS, psoriasis, and HIES in this patient raises the possibility of shared dysregulation involving Th17-related inflammatory pathways. HFUS allowed detailed visualization of deep fistulous tracts and chronic structural changes that were poorly characterized on conventional imaging, supporting recognition of an HS-like inflammatory disease pattern in the setting of underlying immunodeficiency. Early recognition of these features may contribute to more appropriate multidisciplinary management strategies, including anti-inflammatory and surgical approaches beyond antimicrobial suppression alone.

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Abstract N°: 3583

comparative study of subcision followed by diluted CaHA injection versus subcision followed by painting CROSS TCA technique for the treatment of atrophic acne scars

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Introduction

Acne scars are common sequelae of severe inflammatory acne, and their management remains challenging. Subcision is an effective treatment for post-acne scars. Calciumhydroxylapatite (CaHA) filler has recently emerged as a promising option for atrophic scars.The painting CROSS TCA technique, a modification of the traditional CROSS TCA method, offers improved precision and control in scar treatment.

Objectives: To compare the safety and efficacy of subcision followed by diluted CaHA injection versus subcision followed by painting CROSS TCA therapeutic approach for the management of atrophic acne scars.

Materials and Methods

This prospective, split-face comparative study was carried out on 13 participants aged from 20 to 50 years old, both sexes, exhibiting atrophic acne scars. They received 2 treatment sessions of combined subcision and injection of 1.1 ml of diluted CaHA (1:2) subdermally localized to the right side of the face versus combined subcision and painting CROSS TCA technique localized to the left side of the face using 30-gauge, 0.5 ml insulin syringe filled with 0.2 ml of 60% TCA applied to the scar base until frosting. Sessions were carried out at monthly intervals and follow up was carried for 3 months after the last session. Clinical evaluation of the cases upon completion of the follow-up period was done by three blinded dermatologists using: global aesthetic improvement scale (GAIS) through assessing the overall assessment included reduction in scar number and depth, as well as improvement in color uniformity [Excellent (>75% improvement), good (51% - 75% improvement), fair (defined as 26% - 50% improvement), poor / no improvement (< 25% improvement) or worsening]. They also assessed the improvement of each type of atrophic acne scars (icepick, rolling and boxcar) on the right and left sides of the face using different acne grading scales as: qualitative global scarring grading system (QGSGs) goodman and baron quantitative grading system , degree of acne scars improvement by ECCA scale and global scale for acne scar severity (SCAR-S) .

Results

There was significant clinical improvement of atrophic post-acne scars on both sides of the face evidenced by significant reduction of Qualitative Global Scarring Grading System, Goodman and Baron score, ECCA score and skin texture and homogeneity scale. The degree of clinical improvement was significantly higher on the right side than the left side. Patients were significantly more satisfied with the therapeutic outcome noticed on the right side than left side. Side effects were generally low on both treatment sides but there were statistically significant fewer

side effects on right side than the left side.

		Right (n = 13)	Left (n = 13)	Test	P
Predominant acne scar type	Icepick	13(100.0%)	13(100.0%)	--	--
	Rolling	12(92.2%)	11(84.7%)	X^2=1.04	0.308
	Boxcar	11(84.7%)	10(76.9%)	X^2=0.97	0.480
GAIS	Excellent	10(76.9%)	0(0.0%)	X^2=17.2	0.001*
	Good	3(23.1%)	8(61.6%)		
	Fair	0(0.0%)	4(30.8%)		
	Worse	0(0.0%)	1(7.7%)		
Improvement of scar type	Icepick	13(100.0%)	12 of 13(92.3%)	X^2=1.04	0.308
	Rolling	12(100.0%)	6 of 11(54.5%)	X^2=6.5	0.011*
	Boxcar	11(100.0%)	6 of 10(60.0%)	X^2=5.8	0.016*
	Good	10(76.9%)	2(15.4%)		
	Moderate	0(0.0%)	6(46.2%)		
	Mild	0(0.0%)	4(30.8%)		
	No improvement	0(0.0%)	1(7.7%)		

Comparison between predominant acne scar type , GAIS, improvement of scar type in both studied sides of the face

Conclusions

Both combination of subcision with diluted CaHA and combination of subcision with painting CROSS TCA are effective and safe modalities in the treatment of atrophic post-acne scars, however, the combination of subcision with diluted CaHA gave superior results over subcision with painting CROSS TCA in the treatment of atrophic post-acne scars with significant less side effects. Icepick scars responded well to both treatment maneuvers while rolling and boxcar scars responded better to combined subcision and diluted CaHA.

EA DV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3594

Bimekizumab modulates interleukin-17 and interleukin-1 pathways across lesional subtypes in a hidradenitis suppurativa ex vivo model: alignment with clinical efficacy

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Introduction

Bimekizumab is a humanized monoclonal IgG1/κ antibody that dually neutralizes IL-17A, IL-17F, and IL-17AF, blocking their binding to the IL-17RA/IL-17RC receptor complex and attenuating downstream proinflammatory signaling. It is approved by the FDA and EMA for the treatment of moderate-to-severe hidradenitis suppurativa (HS). Despite demonstrated clinical efficacy, the precise molecular mechanisms underlying the therapeutic effects of bimekizumab and other IL-17-targeting biologics in HS are not yet fully understood, and variable patient responses underscore unmet needs for more effective and personalized treatment strategies. We previously developed and validated a standardized lesional HS skin organ culture model using the FDA-approved biologics secukinumab and adalimumab. Here, this predictive platform was employed to interrogate the transcriptomic and proteomic effects of bimekizumab on lesional and perilesional HS tissue across distinct lesional subtypes.

Materials and Methods

Full-thickness 4 mm punch biopsies were obtained from nodular- and fistulous-lesional sites and perilesional regions of the axilla or scrotum from five patients (age 25-58 years; male and female; Hurley scores II-III) undergoing surgery, and were cultured for 24 hours with bimekizumab (10 µg/mL) or vehicle control. Tissues were snap-frozen for RNA extraction and bulk sequencing (RNA-seq); conditioned media were analyzed for cytokine and chemokine profiles by multiplex immunoassay and ELISA.

Results

RNA-seq revealed that bimekizumab downregulated IL-17-dependent HS-associated markers *LCN2*, *CCL20*, and *CXCL1*, most prominently in fistulous-lesional skin. Expression of IL-1 pathway members (*IL36A*, *IL36G*) and antimicrobial peptide-encoding genes (*S100A7A*, *CAMP*, *DEFB4A*, *DEFB4B*) was also reduced, predominantly in perilesional skin and to a lesser extent in fistulous tissue. Transcriptomic response rates (3-4 of 5 patients) were consistent with reported clinical efficacy of 50-75%. At the protein level, bimekizumab selectively reduced secretion of IL-1 family members (IL-1β, IL-18, IL-33), IL-6, IL-8, and MCP-1 in fistulous-lesional skin, without affecting TNF-α. CCL20 levels were decreased across both lesion types. Bimekizumab also attenuated the elevated secretion of the antimicrobial peptide human β-defensin 2 (hBD2) and reduced levels of Th1/Th17 mediators (IFN-γ, IL-12p70, IL-23), again predominantly in fistulous- tissue. These effects were much less pronounced in nodular tissue, where bimekizumab induced only limited transcriptomic and proteomic changes.

Conclusions

Collectively, these data corroborate the efficacy of bimekizumab in suppressing IL-17-mediated inflammatory pathways, IL-1 family signaling, and antimicrobial peptide expression, with preferential activity in fistulous-lesional skin. This lesion subtype-specific response is consistent with the predominance of IL-17-producing T cells in chronic HS lesions and supports a role for IL-17 in sustaining inflammation, driving tissue remodeling, and contributing to fistula pathophysiology. Our findings further validate the HS organ culture model as a robust, patient-responsive platform for preclinical therapeutic assessment, while highlighting the need for stage-specific treatment approaches in HS management.

EADV CONGRESS
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30 SEP - 3 OCT 2026

Abstract N°: 3600

Evaluation of the Effects of Epidemiological Characteristics, Triggering Factors, and Treatment Options on Standardized Skin Surface Biopsy (SSSB) Positivity in Patients with Acne Rosacea: A Retrospective Study from a Tertiary Referral Center

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Introduction

Acne rosacea is a multifactorial chronic inflammatory dermatosis with a pathophysiology that has not yet been fully elucidated. It predominantly affects the central facial region (cheeks, nose, forehead, and chin) and is characterized by flushing, persistent erythema, papules and pustules, telangiectasia, as well as symptoms such as pruritus, burning, and stinging sensations. The primary goals of treatment are symptom control and prevention of flare-ups. In addition to topical and systemic medical therapies, general recommendations and lifestyle modifications play a critical role in achieving successful treatment outcomes.

Materials and Methods

A total of 725 patients registered with ICD codes L71.8 and L71.9 who presented to Hacettepe University Hospitals between January 2021 and December 2022 were screened retrospectively. Among them, 477 patients were excluded due to insufficient anamnesis data or uncertain rosacea diagnosis. Consequently, 248 patients were included in the study. Data regarding sex, age, presence of triggering factors, frequency of SSSB testing, SSSB positivity rates, previously used topical and systemic treatments, history of laser therapy, sunscreen use, skincare product use, and implementation of lifestyle modifications were obtained using the Nucleus Medical Information System.

Results

Of the 248 patients included in the study, 51 (20.5%) were male and 197 (79.5%) were female (Figure 1). The mean age was 42.95 ± 13.63 years. Triggering factors were not specified in 7 patients (2.8%), whereas triggering factors were documented in 241 patients (97.2%). Rosacea symptoms were aggravated by heat exposure in 183 patients (73.8%), sun exposure in 194 patients (78.2%), spicy foods in 88 patients (35.5%), hot beverages in 16 patients (6.4%), alcohol consumption in 4 patients (1.6%), stress in 30 patients (12%), and other causes in 1 patient (0.4%) (Figure 2).

Pre-treatment SSSB testing was performed in 197 patients (79.4%), and 151 patients (60.9%) had positive SSSB results (Figure 3). Among the 151 patients with positive pre-treatment SSSB results, 40 patients (26.5%) underwent repeat SSSB testing after treatment. Of these 40 patients, 17 (11.3%) demonstrated negative post-treatment SSSB results (Figure 4).

Among the 17 patients whose SSSB results converted to negative, the most commonly administered treatment was oral metronidazole combined with topical permethrin, used in 10 patients (58.8%).

Among all 248 patients, previously used topical treatments included topical metronidazole in 103 patients (41.5%), topical permethrin in 76 patients (30.6%), topical azelaic acid in 61 patients (24.6%), topical ivermectin in

4 patients (1.6%), and other topical therapies in 50 patients (20.2%) (Figure 5).

Previously used systemic treatments included oral nitroimidazole derivatives in 66 patients (26.6%), oral doxycycline in 47 patients (19%), oral isotretinoin in 33 patients (13.3%), and other systemic therapies in 10 patients (4%) (Figure 6).

Among non-pharmacological treatments, 12 patients (4.8%) had previously undergone laser therapy (Figure 7). Regarding sunscreen use, 87 patients (35.1%) reported regular sunscreen use, whereas sunscreen use status was not documented in 55 patients (22.2%) (Figure 8).

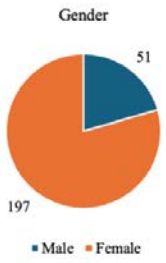
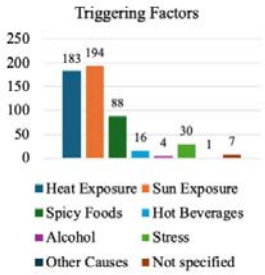


Figure 1



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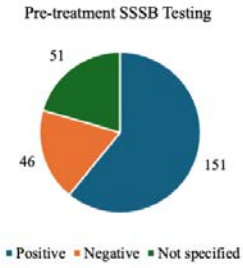

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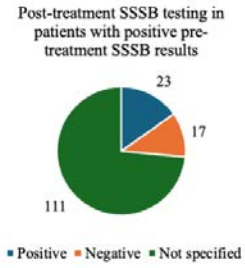

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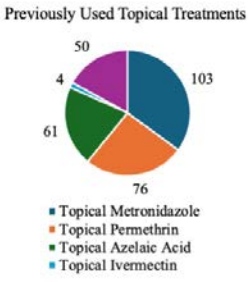

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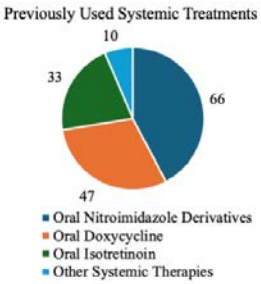

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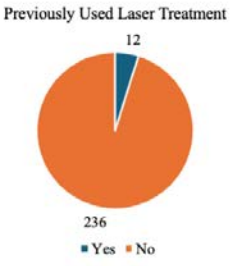

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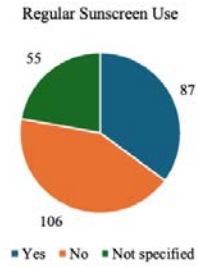

Figure 8

Conclusions

In this study evaluating 248 patients with rosacea, the epidemiological findings were consistent with the current literature. Sun exposure was identified as the most common triggering factor for symptom exacerbation. Furthermore, the combination of oral metronidazole and topical permethrin was found to be the most effective and frequently used treatment regimen associated with conversion of SSSB positivity to negativity.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3610

Bimekizumab in hidradenitis suppurativa: Real-world physician- and patient-reported satisfaction results from Hi-BEAT in Germany

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Introduction

Hidradenitis suppurativa (HS) is a chronic, progressive inflammatory skin disease characterised by painful lesions that impair quality of life.[1,2] Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A and received European Commission and U.S. Food and Drug Administration approval as an HS treatment in 2024.[3,4,5] Here, physician- and patient-reported treatment satisfaction is reported for patients with HS treated with BKZ in routine clinical practice in Germany.

Materials and Methods

The Hi-BEAT study utilised data from the Adelphi HS II Disease Specific Programme™, a cross-sectional survey with dermatologists and their patients with HS, collected in France, Germany, Spain and the USA. All patients included in this analysis were receiving BKZ at the time of physician and patient surveys, with data collected between Q3 2025–Q1 2026. Here, data are reported for adult patients in Germany.

Physician- and patient-reported treatment satisfaction, categorised into 'satisfied, and the best control that can be realistically achieved', 'satisfied, but better control can be achieved', 'not satisfied, but this is the best control that can be realistically achieved' and 'not satisfied, and better control can be achieved', is reported overall and by time on BKZ treatment at the time of survey (<11 and ≥11 weeks). All analyses were descriptive.

Results

A total of 196 German patients receiving BKZ at time of survey were analysed; of these, 132 patients (67%) initiated BKZ treatment within 12 months of the German in-market launch (April 25 2024). Mean (standard deviation [SD]) patient age was 33.3 years (10.9), mean (SD) body mass index was 26.8 kg/m^2 (3.7) and 124 patients (63%) were female.

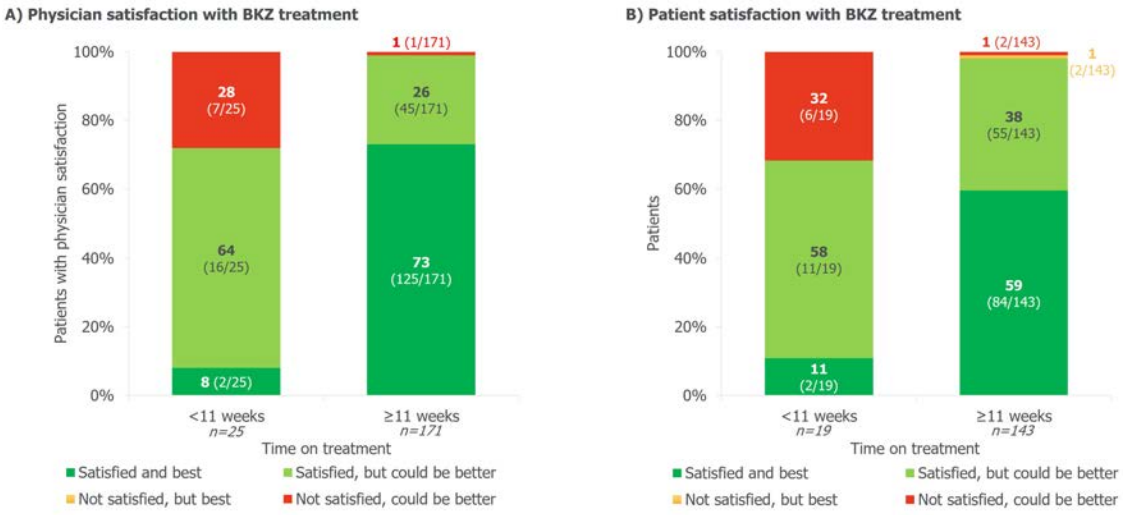
At BKZ initiation, mean (SD) International Hidradenitis Suppurativa Severity Score System (IHS4) was 25.2 (15.1) and 89% (151/169) of patients had an IHS4 ≥11 (severe HS). Additionally, for patients with a known status, 35% (68/195) were Hurley stage III and 61% (111/183) had ≥1 draining tunnel. At the time of survey, 25 patients had received BKZ for <11 weeks and 171 patients had received BKZ for ≥11 weeks. Results are shown for patients with non-missing data.

Overall, physicians were satisfied with treatment in 96% (188/196) of patients, with 65% (127/196) considered to have achieved the best control. Overall, physicians were not satisfied with treatment in only 4% (8/196) of patients, with better control considered achievable. Physician satisfaction varied with time on BKZ treatment at time of

survey (**Figure 1A**). At <11 weeks, physicians were satisfied with treatment in 72% (18/25) of patients, with 8% (2/25) considered to have achieved the best control. At <11 weeks, physicians were not satisfied with treatment in 28% (7/25) of patients, with better disease control considered achievable. At ≥11 weeks, physicians were satisfied with treatment in 99% (170/171) of patients, with 73% (125/171) considered to have achieved the best control. At ≥11 weeks, physicians were not satisfied with treatment in 1% (1/171) of patients, with better control considered achievable.

Overall, patient satisfaction was 94% (152/162), with 53% (86/162) believing 'this is the best control that can be achieved', while 6% (10/162) were not satisfied, with 5% (8/162) believing 'better control can be achieved'. Similarly to physicians, patient satisfaction varied with time on BKZ treatment at time of survey (**Figure 1B**).

Figure 1. Physician- and patient-reported satisfaction with BKZ treatment by time on treatment at the time of survey



Data are reported for patients receiving BKZ at time of survey (N=196); results are shown for patients with non-missing data. Physician satisfaction for 196 patients was reported by 50 physicians. Time on treatment refers to the time on treatment at the time of survey. Proportions may not sum to 100 due to rounding. BKZ: bimekizumab.

Conclusions

In the Hi-BEAT study German sample, high overall satisfaction with bimekizumab was reported by physicians and patients with HS. These findings support the value of bimekizumab as an HS treatment in routine clinical practice.

References

1. Kaur AP. Skin Health Dis 2023;3:e214; **2.** Martorell A. Am J Clin Dermatol 2026;27:217–26; **3.** Adams R. Front Immunol 2020;11:1894; **4.** BIMZELX®(bimekizumab) EU SmPC. April 2024; **5.** BIMZELX®(bimekizumab) US PI. November 2024.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3611

Controlling Inflammation at clinical level: The Combined Efficacy of Niacinamide and Silybum Marianum for Mild-to-Moderate Acne

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Introduction

Acne vulgaris is a frequent inflammatory skin condition involving hyperkeratinization, sebaceous hyperactivity, and microbiota imbalance. This study evaluates the effectiveness of a topical formula combining niacinamide (vitamin B3) and *Silybum marianum* fruit extract (SMFE) in patients with mild-to-moderate acne. It also investigates the anti-inflammatory activity of these actives in an in vitro macrophage model.

Materials and Methods

A monocentric, randomized clinical trial was conducted over 60 days, including 50 patients with acne: 25 treated with a topical formula containing niacinamide and SMFE, and 25 receiving a control cream. Comedones from each patient were also extracted for proteomic analysis.

Results

Significant improvements were observed with the active formula, which reduced the number of open comedones by 29.4%, compared to an 18.2% reduction in the control group. Additionally, the GEA score decreased by 12.1% in the treated group, while the control group showed only a 3.5% reduction. Besides, proteomic analysis revealed modulation of gene expression related to inflammation, further supporting the immuno-switch property of tested molecules at the root of the microcomedone, promoting the transition from a pro-inflammatory toward an anti-inflammatory environment. Finally, using an *in vitro* model of human macrophages, we demonstrated that niacinamide and SMFE downregulate key pro-inflammatory cytokines associated with M1 polarization.

Conclusions

These findings suggest that the combination of niacinamide and SMFE provides a promising therapeutic option for acne patients by targeting both inflammation and oxidative stress.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3615

Bimekizumab in Hidradenitis Suppurativa Associated with Psoriasis: Clinical Control in a Setting of Multiple Therapeutic Failures

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Introduction

Hidradenitis suppurativa is a chronic, recurrent, and potentially debilitating inflammatory disease, particularly in advanced forms such as Hurley stage III, and is frequently associated with substantial functional and psychosocial impairment. Recent evidence has demonstrated shared immunopathogenic pathways with cutaneous psoriasis, particularly involving the IL-17 axis. In this context, bimekizumab, a monoclonal antibody that promotes dual inhibition of IL-17A and IL-17F, has emerged as a promising therapeutic option for immune-mediated inflammatory diseases, showing consistent results in clinical efficacy and sustained control of inflammation.

Case Presentation

A 23-year-old female patient presented with a 10-year history of recurrent, painful inflammatory nodular lesions associated with purulent exudate drainage involving the bilateral axillary, inguinal, and medial thigh regions. Dermatological examination at admission revealed multiple fibrotic scars, fistulous tunnels with active purulent drainage, and erythematous inflammatory nodules affecting approximately 20% of both axillary regions, in addition to lesions in the inguinal area, consistent with Hurley stage II hidradenitis suppurativa (HS). The patient also had a 15-year history of cutaneous psoriasis without associated articular or nail involvement.

The patient had previously undergone multiple treatments for HS, including topical therapies and several systemic antibiotic regimens, such as cephalexin, trimethoprim-sulfamethoxazole, and doxycycline, without satisfactory clinical response. Initial evaluation demonstrated significant HS severity markers, including an IHS4 score of 17 and a DLQI score of 15, in addition to leukocytosis (13,750/mm³) and elevated C-reactive protein levels (15 mg/L). Adjunctive treatment with topical resorcinol, antiseptic soap, and metformin was initiated.

Regarding psoriasis management, the patient exhibited primary failure to previous treatment with secukinumab (anti-IL-17A). Subsequently, treatment with guselkumab (anti-IL-23) resulted in adequate control of psoriatic skin lesions; however, progressive worsening of HS lesions was observed during follow-up. Therapeutic switching to adalimumab (anti-TNF-α) was then performed, although no satisfactory clinical response of the psoriatic skin lesions was achieved. Considering the coexistence of both immune-mediated inflammatory diseases and the previous therapeutic refractoriness, bimekizumab, a monoclonal antibody with dual inhibition of IL-17A and IL-17F, was initiated.

During follow-up, the patient underwent two axillary surgical procedures, with an interval of approximately one year between interventions. After 12 weeks of bimekizumab therapy, a marked clinical response was observed, characterized by substantial reduction in HS inflammatory activity, resolution of active purulent drainage, and significant reduction in the number of inflammatory nodules and abscesses, achieving HiSCR90. Additionally, substantial improvement in disease-

related pain and quality-of-life parameters was observed. Concomitantly, complete clearance of psoriatic skin lesions was achieved, reaching PASI100 following initiation of biologic therapy.

Conclusion

The present case highlights the therapeutic potential of bimekizumab in the management of moderate-to-severe hidradenitis suppurativa associated with cutaneous psoriasis, particularly in a setting of refractoriness to multiple previous therapies. Dual inhibition of IL-17A and IL-17F promoted significant simultaneous control of both immune-mediated inflammatory diseases, leading to marked reduction in inflammatory activity, substantial improvement of hidradenitis suppurativa lesions, and complete clearance of psoriatic skin lesions. Significant improvement in pain and quality-of-life parameters was also observed, reinforcing the promising role of bimekizumab as a therapeutic strategy in complex and difficult-to-manage cases.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3627

Investigating the efficacy and safety of surgical techniques in hidradenitis suppurativa: A Systematic Review and Meta-analysis

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Introduction
Hidradenitis suppurativa (HS) is a chronic immune-mediated inflammatory disease (IMID) characterized by recurrent abscesses, sinus tracts, and scars that cause debilitating pain and significantly impaired quality of life. The prevalence of HS is estimated between 1% to 4% in Europe. Although surgery remains the cornerstone of definitive management in cases with established structural damage, there is no consensus on the optimal surgical technique or wound closure method. This systematic review and meta-analysis aimed to compare recurrence rates, complications, healing time, pain reduction, and quality-of-life outcomes among different surgical approaches for HS.

Materials and Methods
Following PRISMA 2020 guidelines, a systematic search of PubMed, Embase, and Cochrane databases was conducted on November 19th, 2024. Eligible studies reported postoperative outcomes of HS surgery, including wide or local excision, deroofing, and reconstructive procedures such as secondary-intention healing (SIH), primary-intention healing (PIH), flap, or split-thickness skin graft (STSG). Data were extracted on recurrence, complications, healing time, pain, and quality of life (QoL), and stratified by follow-up duration and reporting unit (per patient or per site).

Results
Our meta-analysis indicates that wide excision (WE) demonstrates a significantly lower recurrence rate compared with local excision (LE) ($p = 0.021$), irrespective of closure method. Among closure types, recurrence rates were lowest for WE + flap (0.12 [95 % CI 0.04–0.28]), followed by WE + STSG (0.16 [95 % CI 0.06–0.37]) and WE + SIH (0.26 [95 % CI 0.18–0.34]), However recurrence did not differ significantly between SIH, flap, and graft closures, while WE + PIH showed a significantly higher recurrence than WE + flap ($p = 0.015$). In terms of complication rate, WE+SIH demonstrated approximately threefold fewer complications than other Closure methods (PIH, flap, and graft). All surgical approaches improved pain and quality of life. Meta-regression for WE + SIH estimated a healing-time increase of 0.43 days/cm^2 of wound area (95 % CI −0.05 to 0.91; $p = 0.0678$), providing a quantitative reference for clinicians to anticipate recovery duration and guide surgical planning.

Conclusions
Wide excision with SIH or reconstructive closure (flap/STSG) provides the most favorable balance between efficacy and safety in HS surgery. SIH should be prioritized when feasible due to its lower complication profile, while reconstructive methods remain appropriate for large or functionally critical defects. Future research should

standardize margin reporting and explore how biologic therapy influences healing and recurrence to refine surgical guidelines for HS.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3634

Carbon Dioxide Laser Therapy for Hidradenitis Suppurativa: A Systematic Review and Single-Arm Meta-analysis

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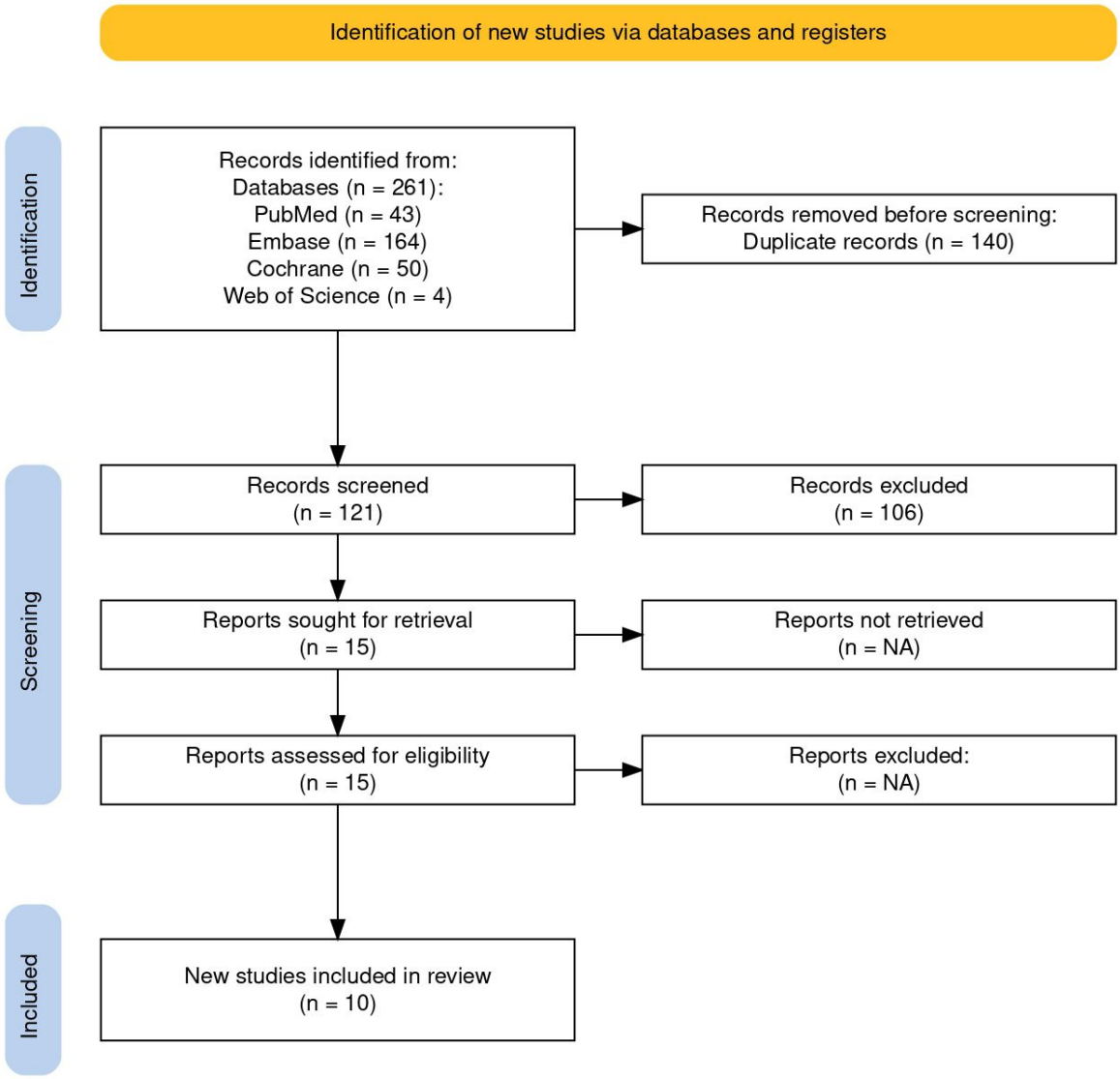
Introduction
Hidradenitis suppurativa (HS) is a chronic, recurrent inflammatory skin disease affecting approximately 1 in 100 individuals worldwide, characterised by recurrent painful nodules, abscesses, draining tunnels, and scarring, frequently associated with substantial morbidity and marked impact on quality of life. Despite available medical and surgical treatment options, the management of refractory and advanced HS lesions remain challenging. Carbon dioxide (CO_2) laser therapy has emerged as a promising treatment modality; however, current evidence regarding its efficacy and safety is largely derived from small retrospective studies with heterogeneous procedural approaches and outcome measures, limiting evidence-based recommendations. This systematic review and meta-analysis aims to evaluate the efficacy and safety of CO_2 laser therapy in patients with active HS lesions.

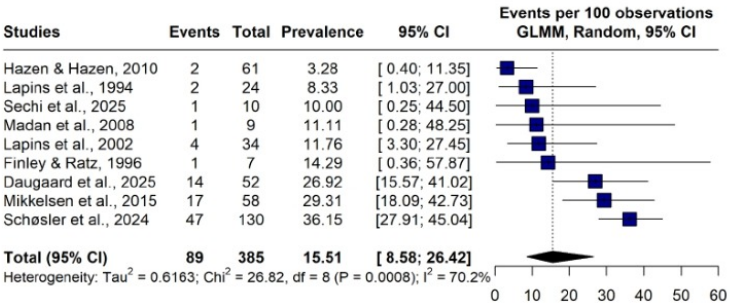
Materials and Methods
We systematically searched PubMed, Embase, Cochrane CENTRAL and Web of Science for studies evaluating CO_2 laser therapy in adolescents and adults with active HS lesions. Eligible designs included prospective and retrospective studies and case series. The main outcome was local recurrence of HS. Secondary outcomes included wound infection, scar related complications, postoperative bleeding, sensory disturbance or paresthesia and other postoperative complications. Patient-reported secondary outcomes included postoperative pain scores and patient satisfaction scores. Random-effects models were used to calculate pooled prevalence estimates with 95% confidence intervals (CI). Proportions were pooled using a generalised linear mixed model (GLMM) with logit transformation (PLOGIT), and leave-one-out sensitivity analyses were performed for outcomes with substantial heterogeneity ($I^2 \geq 40\%$). Analyses were conducted in R software (version 4.5.3). Postoperative pain and patient satisfaction scores were synthesised qualitatively due to heterogeneity in reporting methods.



PRISMA Flowchart

Results

We included 10 studies comprising 541 patients with active HS lesions treated with CO_2 laser therapy. The weighted mean age of included patients was 38.5 years, and follow-up duration ranged from 3 to 49.2 months across studies. The pooled prevalence of local recurrence was 15.51% (95% CI 8.58-26.42; I2=70.2%; ***Figure 1***). Postoperative wound infection had a pooled prevalence of 3.40% (95% CI 1.94-5.89; I2=0.0%) and scar-related complications were found in 6.62% of patients (95% CI 2.97-14.09; I2=77.5%). Postoperative bleeding occurred in 9.33% of patients (95% CI 3.91-20.68; I2=63.2%), while sensory disturbance or paresthesia occurred in 5.22% of patients (95% CI 3.06-8.78; I2=0.0%). The incidence of any other complications was present in 1.82% of patients (95% CI 0.69-4.75; I2=35.3%). Low postoperative pain scores and high patient satisfaction scores were reported across included studies.



Forest plot of pooled local recurrence following CO_2 laser therapy in patients with hidradenitis suppurativa.

Conclusions

This systematic review and single arm meta-analysis suggest favourable effectiveness and safety outcomes for CO_2 laser therapy in patients with active HS lesions, with low rates of local recurrence, wound infection and postoperative complications, alongside favourable patient-reported outcomes. However, interpretation is limited by substantial heterogeneity and the predominance of retrospective studies, highlighting the need for larger prospective comparative studies to better define long-term outcomes and optimal laser techniques.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3640

Bimekizumab improves draining tunnel outcomes in patients with moderate to severe HS regardless of prior biologic use: 3-year data from BE HEARD EXT

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Introduction

Hidradenitis suppurativa (HS) is a chronic, inflammatory skin disease characterised by painful lesions, including draining tunnels (DTs).[1] DTs cause irreversible structural damage, negatively impact quality of life and are indicative of HS disease progression.[2] Delays in initiating biologic treatment beyond the therapeutic 'window of opportunity' may lead to an increase in DT counts, thereby exacerbating this progression.[3] Use of a greater number of prior therapies may also reduce biologic responsiveness.[4] Bimekizumab (BKZ) is a humanised IgG1 monoclonal antibody that selectively inhibits interleukin (IL)-17F in addition to IL-17A.[5] Here, the impact of BKZ on DT outcomes, including in prior biologic use subgroups, in patients with moderate to severe HS is reported over 3 years (148 weeks).

Materials and Methods

Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.[6,7] Data are reported for patients randomised to BKZ 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT and continued to receive BKZ (BKZ Total group). Data are also presented for subgroups of biologic-naïve and biologic-experienced patients. Mean (standard deviation [SD]) DT count for all patients and those with ≥1 DT at baseline, and the proportion of patients with ≥1 DT at baseline with 0, 1–2, 3–5 or >5 DTs are reported at baseline, Year 1 (Week 48) and Year 3.

The proportion of patients with 1–2, 3–5 or >5 DTs at baseline achieving a DT count of 0 (DT=0) are reported at Year 1 and Year 3. Data are reported as observed case (OC).

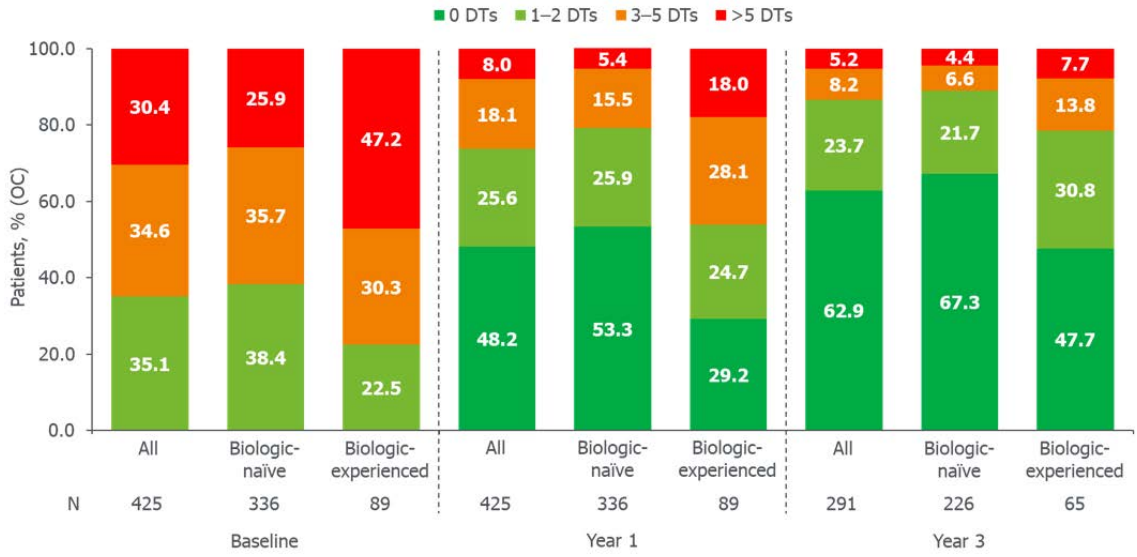
Results

Of the 1,014 patients in the BE HEARD I&II trials, 868 were randomised to BKZ at baseline. Of those, 556 patients completed Year 1 and entered BE HEARD EXT (BKZ Total group). Within the BKZ Total group, 444 patients were biologic-naïve and 112 were biologic-experienced; 425 had ≥1 DT at baseline.

In the BKZ Total group, mean (SD) DT count at baseline, Year 1 and Year 3 was 3.8 (4.3), 1.4 (2.6) and 0.9 (2.0) for all patients, respectively; 3.3 (3.7), 1.2 (2.3) and 0.8 (2.0) for biologic-naïve patients; and 5.6 (5.7), 2.5 (3.3) and 1.3 (2.0) for biologic-experienced patients. In patients with ≥1 DT at baseline, mean (SD) DT count at baseline, Year 1 and Year 3 was 4.9 (4.3), 1.8 (2.8) and 1.1 (2.2) for all patients; 4.4 (3.7), 1.5 (2.6) and 0.9 (2.2) for biologic-naïve patients; and 7.0 (5.5), 3.0 (3.4) and 1.5 (2.1) for biologic-experienced patients.

In patients with ≥1 DT at baseline, the proportion of patients (%) with 0, 1–2, 3–5 and >5 DTs at baseline, Year 1 and Year 3 are presented in the **Figure.** In the BKZ Total group, the proportion of patients (%) with 1–2, 3–5 and >5 DTs at baseline, respectively, achieving DT=0 at Year 1 was 64.4, 48.3 and 29.5 of all patients; 66.7, 50.8 and 36.8 of biologic-naïve patients; and 50.0, 37.0 and 14.3 of biologic-experienced patients. At Year 3, these proportions were 79.0, 64.0 and 44.0 of all patients; 78.8, 69.1 and 48.3 of biologic-naïve patients; and 80.0, 42.1 and 35.5 of biologic-experienced patients.

Figure. Proportions of patients in the BKZ Total group with ≥1 DT at baseline achieving 0, 1–2, 3–5 or >5 DTs over 3 years



OC: N represents number of patients with a non-missing draining tunnel count assessment in the given week, and percentages are calculated accordingly. BKZ: bimekizumab; DT: draining tunnel; OC: observed case.

Conclusions

Biologic-naïve patients treated with bimekizumab displayed greater achievement of DT outcomes than biologic-experienced patients to Year 3, though improvements in DT counts were maintained through 3 years, regardless of prior biologic use. These results may support the early initiation of bimekizumab to prevent disease progression.

References

1. Margesson LJ. Best Pract Res Clin Obstet Gynaecol 2014;28:1013–27;**2.** Ingram JR. J Eur Acad Dermatol

Venereol 2025;39:1431–41; **3.** Schulte-Oestrich L. J Eur Acad Dermatol Venereol 2025;4:751–8; **4.** Fernandez-Crehuet P. Dermatol Ther (Heidelb) 2023;13:1029–38; **5.** Adams R. Front Immunol 2020;11:1894; **6.** Kimball AB. Lancet 2024;403:2504–19; **7.** BE HEARD EXT: www.clinicaltrials.gov/study/NCT04901195.

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30 SEP - 3 OCT 2026

Abstract N°: 3649

Beyond the Skin: Interferometric Evaluation of Meibomian Gland Dysfunction in Rosacea

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Introduction
Introduction

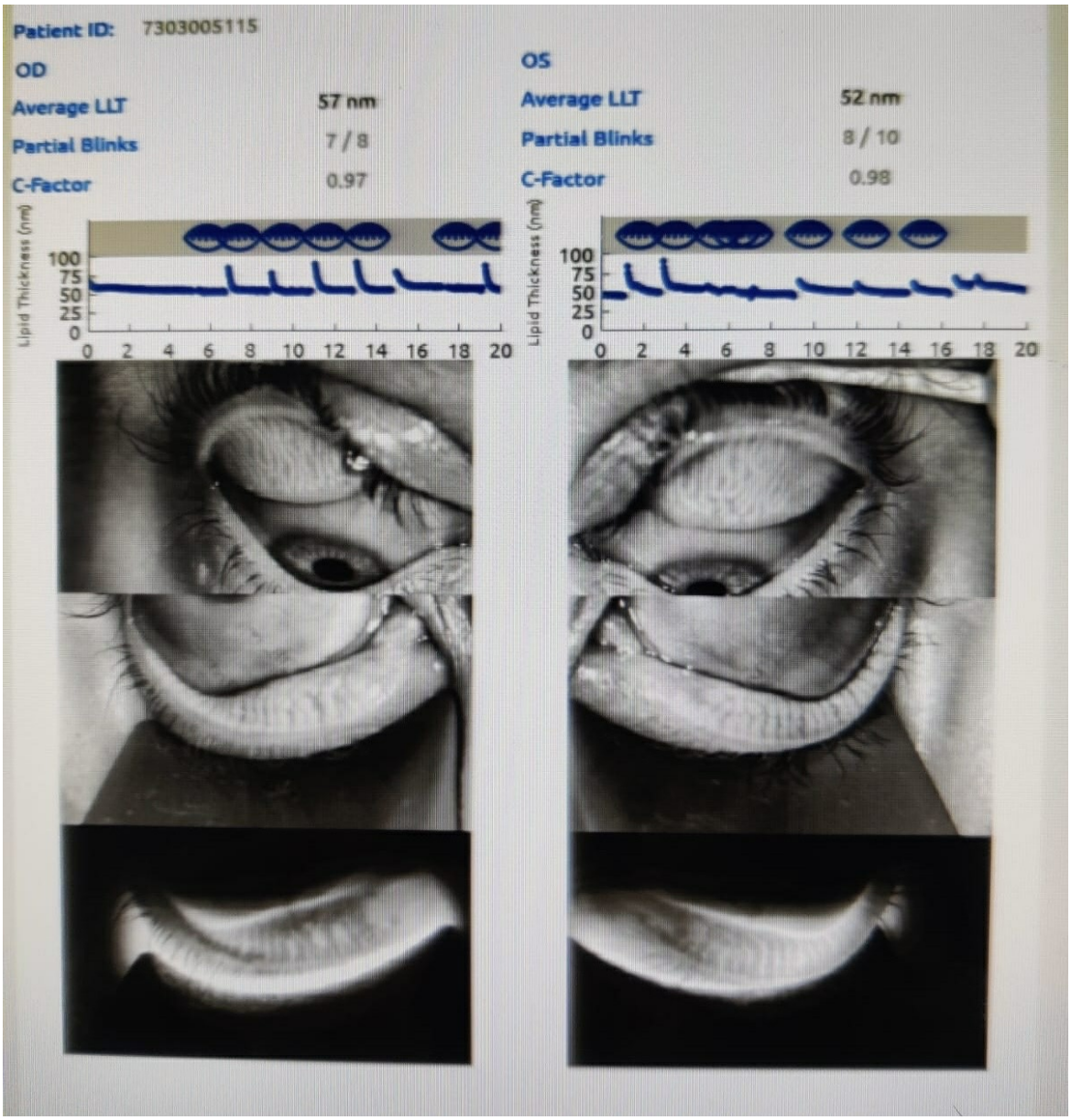
Rosacea is a chronic inflammatory dermatoses frequently associated with ocular involvement, although many patients remain asymptomatic despite significant ocular surface abnormalities. Meibomian gland dysfunction (MGD) is an important contributor to ocular rosacea and evaporative dry eye disease. Objective evaluation using ocular surface interferometry may help detect early and subclinical ocular involvement.

Materials and Methods
Objectives

To evaluate meibomian gland involvement and ocular surface abnormalities in rosacea patients using ocular surface interferometry.

Methods

A cross-sectional observational study was conducted in clinically diagnosed rosacea patients. Detailed ocular evaluation included Ocular Surface Disease Index (OSDI), lipid layer thickness (LLT), non-invasive tear break-up time (NITBUT), tear meniscus height (TMH), Schirmer II test, lid margin telangiectasia, meibomian gland morphology and MMP-9 strip testing using ocular surface interferometry. Rosacea severity was graded using Investigator Global Assessment (IGA) scale. Statistical analysis was performed using SPSS software, with $p<0.05$ considered statistically significant.



Lipiview interferometric assessment summary report showing bilateral tear film lipid layer analysis with LLT of 57nm(OD) and 52nm (OS), associated with frequent partial blinks and meibomian gland assessment images.

Results
Results

Fifty rosacea patients were enrolled who underwent detailed ocular interferometric evaluation. Ocular symptoms were present in only 30.3% patients. However, meibomian gland loss was observed in 94.1% patients and MMP-9 positivity in 76.5%, suggesting significant subclinical ocular involvement. Reduced lipid layer thickness was observed in 52.9% patients. Significant associations were observed between ocular symptoms and OSDI scores (p=0.0129), meibomian gland loss (p=0.0389) and lid margin telangiectasia (p=0.0024). MMP positivity significantly correlated with meibomian gland loss (p=0.0405) and OSDI scores (p=0.0124). A strong positive correlation was observed between meibomian gland loss and lid margin telangiectasia (rho=0.728, p=0.0009). Increasing rosacea severity demonstrated a trend toward worsening ocular involvement.

Conclusions
Conclusion

Rosacea extends beyond the skin, with significant ocular surface and meibomian gland abnormalities detectable

even in minimally symptomatic patients. Objective interferometric changes frequently precede overt ocular symptoms, underscoring the hidden burden of subclinical ocular disease in rosacea. Early ocular surface screening may therefore facilitate timely intervention and help prevent progression to clinically significant ocular rosacea.

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30 SEP - 3 OCT 2026

Abstract N°: 3672

Feeling of Stigmatization and Psychosocial Burden of Truncal Acne: An International Survey

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Introduction
Truncal acne (TA) affects 40–50% of adults with acne but remains a neglected entity, rarely mentioned spontaneously during consultations. Most data on the psychosocial burden of acne focus on facial involvement. This study aimed to assess the prevalence of TA and its association with feelings of stigmatization (FS), psychosocial impact, and treatment adherence.

Materials and Methods
Adults (>18 years) with physician-diagnosed acne were recruited through an international online survey conducted in 20 countries. FS were defined as self-reported experiences of rejection, disgust, or social avoidance. Patients with TA were compared to those with exclusively facial acne (FA) using Z-tests and chi-squared tests ($p<0.05$).

Results
A total of 1,879 respondents were included (57.2% female; mean age 33.3 ± 13.1 years); 42.8% had TA. TA patients reported FS more frequently than FA patients (49.9% vs 41.5%, $p<0.001$), including feelings of ostracism (35.6% vs 27.9%, $p<0.001$), perceived disgust (30.0% vs 25.1%, $p=0.022$), and physical avoidance (28.6% vs 23.8%, $p=0.022$). TA with FS was associated with a significantly greater impact on self-esteem, interpersonal relationships, sleep, professional, and intimate life. Younger age was predictive of FS (32.5 vs 35.0 years, $p=0.006$), whereas gender and BMI were not. All physical symptoms (pruritus, burning, pain) were significantly more frequent in patients reporting FS. Poor treatment adherence was significantly associated with FS (58.9% vs 53.4%, $p=0.022$).

Conclusions
These findings support the concept of TA as a distinct psychosocial entity. Despite its location on typically covered body areas, TA is associated with substantial psychosocial burden, potentially exacerbated by concealment. Younger age appears to be the main vulnerability factor. The association between FS and poor treatment adherence highlights the importance of systematically assessing stigmatization in routine clinical practice.

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30 SEP - 3 OCT 2026

Abstract N°: 3677

eHealth Literacy Among Adults Living with Acne: A Study of 1,879 Patients

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Introduction
eHealth literacy (eHL) refers to the ability to seek, find, understand, and apply health information from electronic sources. This concept has not been specifically investigated in patients with acne. This study aimed to assess the prevalence of eHL and its associated factors in adults living with acne.

Materials and Methods
Acne patients were recruited through an international online survey (20 countries, >18 years). Patients using the Internet to find reliable information about acne were defined as Internet Health Information Users (IHIU). Comparisons between IHIU and non-IHIU were performed using chi-squared tests and Student's t-test ($p<0.05$).

Results
Of 1,879 patients included (57.2% female; mean age 33.3 ± 13.1 years), 42.5% (n=798) used the Internet for health information: 27.5% via specialized health websites, 11.8% brand websites, 9.7% discussion forums, and 12.3% influencer blogs. Trust in online information was significantly higher among IHIU (89.1% vs 64.7%, $p<0.05$). Predictors of eHL included: female gender (46.0% vs 37.8%, $p=0.01$), oral treatments (45.5% vs 40.3%, $p<0.05$), concern about side effects (60.1% vs 49.7%, $p<0.05$), and treatment discouragement (57.4% vs 50.4%, $p<0.05$). Satisfaction with care was lower among IHIU (25.2% vs 21.1%, $p<0.05$). IHIU reported greater psychosocial burden and higher perceived stigmatization (48.1% vs 42.8%, $p=0.026$).

Conclusions
Nearly half of adults with acne use the Internet for health information, particularly women and more vulnerable patients. Lower satisfaction with care and higher psychosocial burden among IHIU suggest unmet informational needs during consultations. Guiding patients toward reliable sources and improving physician–patient communication are key strategies to optimize adherence and disease management.

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30 SEP - 3 OCT 2026

Abstract N°: 3681

Healthcare Pathways in Patients with Truncal Acne: An International Survey

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Introduction
Truncal acne (TA) — involving the back, shoulders, and chest — affects 50–60% of acne patients. However, data on healthcare pathways specific to TA remain limited. This study aimed to compare the healthcare pathways of patients with TA *versus* those with exclusively facial acne (FA), analyzing the type of professionals consulted, hospitalizations, and reasons for not seeking care.

Materials and Methods
Cross-sectional study based on an international online survey conducted across 20 countries among adults (>18 years) with physician-diagnosed acne. Data collected included lesion location, sociodemographic characteristics, and healthcare pathways. Comparisons between TA and FA groups were performed using Z-tests and chi-square tests ($p<0.05$).

Results
A total of 1,879 patients were included (57.2% female; mean age 33.3 ± 13 years): 57.2% with FA and 42.8% with TA. The overall rate of healthcare consultation in the past 12 months was comparable between groups. However, TA patients consulted a dermatologist significantly less often (71.7% vs 77.7%; $p=0.011$), with greater reliance on general practitioners, allergists, and pharmacists. Paradoxically, severity markers were higher in the TA group: surgical consultations were more frequent (5.3% vs 1.9%; $p<0.001$; ×2.8) and hospitalization rates were higher (12.7% vs 7.7%; $p<0.001$; ×1.6).

Conclusions
TA presents a major clinical paradox: greater objective severity but less frequent dermatological management. This gap, analogous to the 'cosmetic delay' described in psoriasis, may be partly explained by the lower social visibility of lesions concealed under clothing. Raising awareness among primary care providers, developing educational initiatives, and improving access to dermatology through telemedicine are priorities to align healthcare pathways with the true severity of TA.

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Abstract N°: 3690

Rosacea Fulminans and Menopausal Hypoestrogenism: A Diagnostic Odyssey

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Introduction

Rosacea fulminans (RF) is a rare and severe inflammatory dermatosis characterized by the abrupt onset of coalescing papules, pustules, and nodules over an erythematous-violaceous centrofacial background. Hormonal fluctuations such as pregnancy and oral contraceptive use have been described as triggers; however, there is limited evidence regarding climacteric hormonal changes as precipitating factors. Granulomatous findings on biopsy may represent a diagnostic challenge, particularly in regions endemic for cutaneous tuberculosis. We report a case of RF associated with menopausal hypoestrogenism, with granulomatous histopathology and early clinical diagnosis.

Case Presentation

A 47-year-old woman with hypertension, type 2 diabetes mellitus, and dyslipidemia, presenting with 8 months of amenorrhea, developed painful facial nodules one month before presentation. She had previously received oral antibiotics and acyclovir from multiple dermatologists without improvement. The condition progressed with fever and inguinal lymphadenopathy, leading to hospitalization and intravenous antibiotic therapy, without cutaneous response. Systemic corticosteroids resulted in partial improvement.

At presentation to our department, physical examination revealed coalescing painful papules, pustules, and nodules forming erythematous-violaceous plaques involving the bilateral malar regions, forehead, chin, and right frontotemporal area, without comedones. Rosacea fulminans was clinically suspected, with climacteric hormonal changes considered a possible trigger. Main differential diagnoses included acne fulminans and cutaneous tuberculosis. Skin biopsy performed on the same day demonstrated acanthosis, dilated follicles occluded by keratin, basal layer vacuolization, and granulomatous infiltrates composed of lymphocytes, histiocytes, and Langhans giant cells surrounding vessels and adnexal structures, consistent with granulomatous rosacea, while lupus vulgaris remained a differential diagnosis.

Further investigation excluded the main differential diagnoses: IGRA was negative, ruling out mycobacterial infection; serologies for syphilis, HIV, and hepatitis B and C were negative. Hormonal evaluation confirmed menopause, with FSH 69.40 mIU/mL, LH 19.10 mIU/mL, and estradiol 6.26 pg/mL. Inflammatory markers, liver function tests, and lipid profile were within normal limits.

Empirical treatment was initiated on the day of the first consultation, before biopsy results became available, with prednisone 40 mg/day for 5 days followed by tapering, combined with doxycycline 200 mg/day, resulting in marked improvement after one week. During follow-up, corticosteroid tapering attempts led to relapses at prednisone doses between 10 and 15 mg/day. Due to difficulty withdrawing corticosteroids, doxycycline was discontinued and isotretinoin 20 mg on alternate days was introduced. After 3 months, corticosteroids were successfully discontinued, and isotretinoin was adjusted to 20 mg/day continuously. Six months after treatment initiation, the patient remains free of new lesions.

Conclusion

This case highlights RF as an important diagnosis in perimenopausal women presenting with acute severe facial eruptions, emphasizing hypoestrogenism as a potential hormonal trigger. Early clinical recognition, based on the absence of comedones and the abrupt onset of highly inflammatory lesions, allowed prompt treatment and prevention of sequelae. The presence of granulomas with Langhans giant cells, a rare finding in RF, underscores the importance of excluding cutaneous tuberculosis, particularly in endemic regions. Combined systemic corticosteroids and isotretinoin resulted in complete remission.

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Abstract N°: 3716

A Rare Case of Folliculitis Decalvans Exclusively Involving the Beard in a Familial Context

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Introduction

Folliculitis decalvans (FD) is a chronic inflammatory disease of the hair follicles that leads to irreversible atrophy and scarring alopecia. It accounts for approximately 11% of all cases of primary scarring alopecia. We report a rare case of FD with exclusive involvement of the beard in a familial context.

Case Presentation

A 31-year-old male patient presented with painful erythematous plaques on both cheeks, suppurative and crusted in some areas, and atrophic with scarring alopecia in others. The patient also had nodules, fistulas, and retractile hypertrophic scars in the axillary, inguinal, and intergluteal regions, suggestive of associated hidradenitis suppurativa. The clinical course had been evolving for one year. Dermoscopy revealed follicular pustules, diffuse erythema, yellowish serous crusts, and a reduction of follicular ostia. Pus culture showed colonization by Staphylococcus aureus. Histology demonstrated a dermo-hypodermal infiltrate rich in neutrophils, with granulation tissue and complete destruction of cutaneous appendages, consistent with neutrophilic scarring alopecia. Based on clinical and histological findings, a diagnosis of folliculitis decalvans of the beard was made. A family history was reported in the patient's brother and cousin. Oral doxycycline at a dose of 200 mg per day was initiated, combined with local antiseptic treatment. Clinical improvement of the suppurative and crusted lesions was observed after two months of therapy.

Folliculitis decalvans (FD) is a form of scarring alopecia primarily involving the scalp. The etiology is not fully understood, but Staphylococcus aureus colonization and a genetic predisposition seem to play a pivotal pathogenic role. The familial occurrence in the patient's brother and cousin further supports a genetic contribution. Clinically, FD is a scarring alopecia characterized by follicular pustules, perifollicular scaling and crusting, and tufted hairs, mostly over the scalp, often associated with pruritus and trichodynia.

In our patient, FD presented exclusively on the beard, without scalp involvement, which is rarely reported in the literature. Dermoscopy showed follicular pustules, yellowish serous crusts, perifollicular erythema, and loss of follicular ostia, consistent with typical FD findings.

Histologic examination showed acute suppurative folliculitis with a dense perifollicular lymphocytic and neutrophilic infiltrate, leading to abscess formation and fibrotic replacement of the follicles. Differential diagnoses for isolated beard involvement, as in this case, include pseudofolliculitis barbae, sycosis barbae, dermatitis cruris pustulosa et atrophicans, eosinophilic folliculitis, and fungal infection. Treatment consists of prolonged courses of clindamycin combined with rifampicin. Doxycycline and azithromycin have also proven to be effective alternative treatments. Oral isotretinoin has likewise shown efficacy in treating FD and preventing disease recurrence over a prolonged period.



Before treatment

Conclusion

This case illustrates a rare presentation of FD limited to the beard, highlighting the importance of recognizing atypical localizations.



After 2 months of treatment

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Abstract N°: 3718

Missed opportunities for early diagnosis of hidradenitis suppurativa in emergency departments: a national survey of practice patterns

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Introduction

Hidradenitis suppurativa (HS) is an inflammatory skin disease characterized by recurrent painful nodules and abscesses with potential progression to sinus tracts. It has been estimated that 20% of HS patients visited the emergency departments (EDs) at least 5 times over the disease course, making ED visits for skin fold abscesses a critical missed opportunity for timely recognition and appropriate management. Our objective was to assess ED physicians' practices in the management of skin fold abscesses and their likelihood of considering HS.

Materials and Methods

We conducted a cross-sectional online survey targeting French ED physicians between April and December 2025 to evaluate their management of acute skin fold abscesses. The questionnaire assessed management strategies for skin fold abscesses, pain control methods, referral patterns, and the likelihood of considering an HS diagnosis. Categorical variables were summarized as counts and percentages, and continuous variables as means.The study was reported in accordance with the Checklist for Reporting Results of Internet E-Surveys (CHERRIES).

Results

A total of 163 ED physicians from 31 French administrative districts participated. The majority worked in university hospitals (66%). Overall, 72% reported having previously considered HS as a potential diagnosis in patients presenting with skin fold abscesses (Table 1). Drainage procedures were reported by 91% of physicians, with 75% favoring incision followed by cavity packing. Systemic antibiotics were prescribed by 72% of respondents, with amoxicillin-clavulanate being the first-line choice (75%). Pain management strategies included local anesthesia (74%), nitrous oxide (67%), and oral non-opioid analgesics (38%); strong opioids were rarely used. None of the respondents reported using intralesional corticosteroid injections. When the patient was known to have HS, 45% of respondents reported no change in their management strategy. Regarding referral patterns, 6% of ED physicians referred patients to a dermatologist after a first episode, increasing to 44% after a second episode.

This study has limitations including restriction to adult EDs and selection bias related to voluntary participation. Furthermore, response rates could not be calculated as the total number of physicians who received the survey invitation is unknown. However, this study provides a national overview of current ED practices in the management of skin fold abscesses.

Although awareness of HS among ED physicians appears reasonable, early diagnostic suspicion remains low. The high prevalence of cavity packing persists despite evidence demonstrating no reduction in abscess recurrence and increased postprocedural pain and healthcare costs. This technique could also promote scarring and sinus tract formation in HS patients. Similarly, the absence of intralesional corticosteroid use contrasts with current guidelines recommending this approach for acute HS flares. The lack of management modification in known HS patients (45%) further highlights the gap between evidence-based recommendations and current practice. Our findings regarding limited dermatological referral are consistent with US data showing that only 6.8% of HS patients presenting to ED received dermatology follow-up within 3 months, whereas 34% had a repeated ED visit.

Table 1. Survey respondent practice patterns

	N=163 (%)
Hidradenitis suppurativa awareness	
Ever considered HS diagnosis	118 (72.4)
Likelihood of considering HS (scale 1-10), mean	
At first episode	2.7
At second episode	5.8
Management practices	
Able to perform surgical drainage	148 (90.8)
Surgical technique	
Incision + drainage WITH packing	122 (74.8)
Incision + drainage WITHOUT packing	36 (22.1)
Wide excision	60 (36.8)
Needle aspiration	11 (6.7)
Pain management	
Local anesthesia (lidocaine injection)	121 (74.2)
Nitrous oxide	109 (66.9)
Oral premedication (non opioid analgesics)	62 (38.0)
Systemic antibiotics prescribed	118 (72.4)
First-line antibiotic choice	
Amoxicillin-clavulanate	89 (75.4)
Pristinamycin	18 (15.3)
Amoxicillin alone	6 (5.1)
Management unchanged if patient has known HS	74 (45.4)
Referral patterns after second episode	
Dermatologist	72 (44.2)
Surgeon	49 (30.1)
General practitioner	32 (19.6)
No referral	9 (5.5)

Abbreviations: HS, hidradenitis suppurativa

Conclusions

In conclusion, emergency departments represent a critical gap in the early diagnosis and evidence-based

management of HS. Increased emphasis on early recognition of HS and the use of minimally invasive treatment, including intralesional corticosteroids, may help reduce diagnostic delay and disease-related morbidity. A timely transition from ED care to outpatient management should be organized, with referral to a dermatologist, particularly in patients with recurrent intertriginous abscesses.

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Abstract N°: 3724

GLP-1–based Therapies in Hidradenitis Suppurativa: A Systematic Review and Single-arm Meta-analysis of Quality-of-Life and Clinical Outcomes

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease strongly associated with obesity and metabolic dysfunction, both of which contribute to disease severity and impaired quality of life. GLP-1–based therapies may offer therapeutic benefit in HS through weight reduction and possible anti-inflammatory effects, representing a potential metabolic-targeted treatment paradigm in a disease with limited effective options. We aimed to systematically review the clinical outcomes and safety of GLP-1–based therapies in HS and to conduct the first quantitative synthesis of the evidence on quality-of-life outcomes in this emerging therapeutic niche.

Materials and Methods

A systematic search of PubMed, Embase, Cochrane Library, Web of Science, and ClinicalTrials.gov was conducted from inception to April 2026. Eligible studies included human HS patients receiving GLP-1–based therapy for ≥3 months, with ≥5 patients and extractable HS outcomes. Case reports/small series, non-human studies, reviews/editorials, duplicates, and studies without extractable data were excluded. Sixty-one records were imported into Rayyan. Thirteen studies underwent full-text screening. Three studies met eligibility criteria for the systematic review, and all three contributed to the quantitative synthesis, comprising 60 patients in total. Two independent reviewers screened, and a third reviewer resolved conflicts. A random-effects meta-analysis was performed on the change in the Dermatology Life Quality Index (DLQI), the only shared, poolable outcome on RStudio. A pre-post correlation of 0.50 was used for the primary analysis, with sensitivity analyses at 0.25 and 0.75. For the tirzepatide study, week-24 DLQI values were extracted from the published figure, and the corresponding variance was derived from the reported 95% confidence interval. Other efficacy and safety outcomes were narratively synthesized.

Results

Random-effects meta-analysis of three observational studies demonstrated a pooled mean reduction in DLQI of 6.46 points (95% CI, 0.29 to 12.63; p = 0.040), exceeding the minimal clinically important difference threshold and supporting a clinically meaningful improvement in dermatology-related quality of life. Substantial heterogeneity was observed (I^2 = 93.1%). Sensitivity analyses using assumed pre-post correlations of 0.25, 0.50, and 0.75 produced nearly identical pooled estimates (-6.44 to -6.49), supporting the robustness of the overall result. Leave-one-out analysis showed that heterogeneity was driven by the tirzepatide proof-of-concept study; exclusion of this study yielded a smaller but still significant pooled DLQI reduction of 3.33 points (95% CI, 1.15 to 5.51; p = 0.0028; I^2 = 0%). As shown in the forest plot, all three studies favored improvement in DLQI, with the largest effect observed in the tirzepatide study. In narrative synthesis, liraglutide was associated with improvements in pain (VAS 5.6 ± 1.5 to 3.2 ± 1.6), Hurley stage (2.6 ± 0.5 to 1.1 ± 0.3), and BMI (39.3 ± 6.2 to 35.6 ± 5.8). Semaglutide was

associated with reduced body weight (117.7 to 111.6 kg) and decreased flare frequency (from every 8.5 to every 12.0 weeks). The tirzepatide study reported a high HiSCR response rate at week 24. No major safety signals were reported.

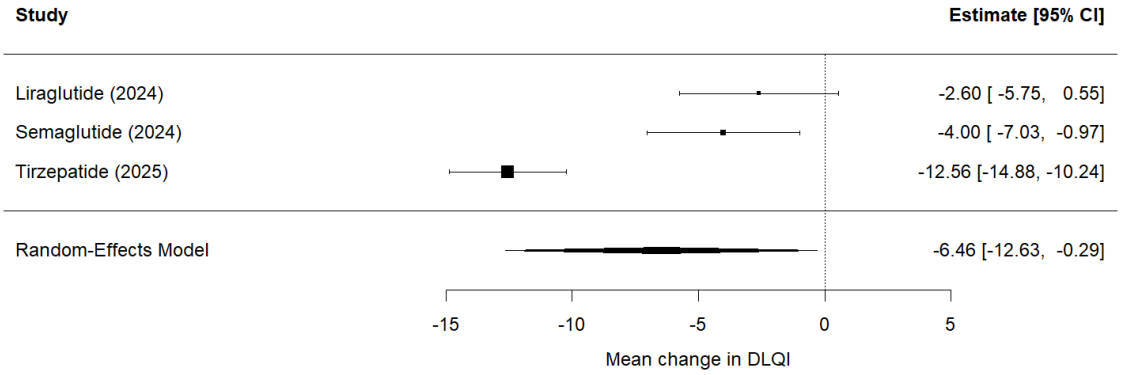

Figure 1. Forest plot showing mean change in Dermatology Life Quality Index (DLQI) following GLP-1–based therapy in hidradenitis suppurativa. Negative values indicate improvement. Squares represent study-specific mean changes and 95% confidence intervals; the diamond represents the pooled random-effects estimate. The primary analysis assumed a pre-post correlation of 0.50.

Conclusions

GLP-1–based therapies show promise as adjunctive treatments in HS and may represent an emerging metabolic-targeted therapeutic strategy in this disease. However, evidence is limited by small noncomparative studies, inconsistent outcome reporting, substantial heterogeneity, and digitized DLQI data for one study. This heterogeneity may reflect differences between standard GLP-1 receptor agonists and dual-incretin-based therapies. The observed association with improved quality of life, together with the strong HiSCR signal seen with tirzepatide, supports further investigation of this treatment paradigm. Prospective controlled trials are needed to clarify efficacy, safety, and whether benefits are independent of weight loss.

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30 SEP - 3 OCT 2026

Abstract N°: 3767

Microneedling with topical Vitamin C versus Microneedling with topical insulin in the treatment of atrophic post-acne scars: A Split-face study

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Introduction

Post acne scars following sebaceous injury and abnormal wound healing during the course of acne is a prevalent and challenging to treat condition To evaluate microneedling by dermapen with topical vitamin C versus microneedling with topical insulin in treating atrophic post-acne scars.

Materials and Methods

A split-face comparative study included 30 subjects with atrophic post-acne scars. Human insulin was topically applied to the left side of the face and on the right side, vitamin C serum was applied. Scars were assessed via the Acne Scar Assessment Scale (ASAS) and Scar quartile grading scale (SQGS).

Results

After 1 month of 4 treatments, a statistically significant mean improvement in ASAS value was reported on both split sides of the face (2.13 and 1.83) compared to baseline (3.03 and 2.93) ($p = 0.005$; $p = 0.001$ respectively). When compared to baseline, the mean ASAS value improved significantly with a slight more improvement on the vitamin c treated side.



Male patient 32 years old showed (1) right side of the face (Vit C) before treatment, (2) right side of

the face (Vit C) 1 month after last session of treatment (3) Left side of the face (insulin) before microneedling (4) left side of the face (insulin) 1 month after last session treatment

Conclusions

Topical insulin and vitamin c combined with microneedling, may both achieve comparable significant improvement for treating post acne scars. Insulin can be a promising novel anti-scarring therapy pending larger controlled studies to verify its efficacy.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3779

Acne in Elite Athletes: Clinical Patterns and Management Considerations

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Introduction
Acne vulgaris is one of the most common inflammatory skin disorders, particularly among young adults and adolescents, but elite athletes represent a clinically distinct group. Repeated sweating, heat, friction, occlusive equipment, tight clothing, high training loads, psychological stress and performance-related supplement use may all contribute to acne mechanica or worsen established acne. Despite this, guidance is usually derived from general acne populations. This narrative review aimed to summarise the clinical patterns, athlete-specific triggers and management considerations for acne in elite athletes, with emphasis on practical, competition-safe care.

Materials and Methods
A narrative literature review was conducted to evaluate the clinical patterns, pathophysiology, and management of acne in athletic populations. A comprehensive PubMed search was performed for studies published between 1 January 2000 and 31 December 2025.

The search strategy combined Medical Subject Headings (MeSH) and free-text terms as follows: *(“Acne Vulgaris” OR acne OR “acneiform” OR “acne mechanica” OR “acneiform eruption” OR folliculitis OR “Cutibacterium acnes”) AND (“Athletes” OR athlete* OR sport OR “elite sport” OR “professional sport” OR “team sport” OR exercise OR training) AND (“anabolic androgenic steroids” OR “whey protein” OR “sports nutrition”) AND (“isotretinoin” OR “retinoids” OR “benzoyl peroxide” OR “hormonal therapy” OR “spironolactone” OR “clascoterone”).

Results
Acne in athletes commonly affects sebaceous-rich areas including the face, chest, shoulders, and back, but sport-specific distribution may reflect points of pressure, friction, and occlusion, including helmet straps, shoulder pads, tight uniforms, and compression garments. The condition may overlap with folliculitis, steroid acne and hidradenitis suppurativa; careful history-taking around training, equipment, supplements and drug exposure is therefore essential. Preventive strategies include prompt cleansing after exercise, early removal of occlusive equipment, breathable fabrics, regular washing of sports gear and avoidance of oil-based products beneath helmets or tight clothing. Topical retinoids, benzoyl peroxide and fixed-combination preparations remain central for mild-to-moderate disease, but adherence may be limited by sweating, irritation and demanding training schedules. Oral antibiotics should be used carefully and combined with benzoyl peroxide where appropriate to reduce antimicrobial-resistance risk. Isotretinoin is effective for severe, scarring or refractory acne, but athletes require specific counselling regarding mucocutaneous dryness, photosensitivity, myalgia, arthralgia and possible creatine kinase elevation during intense exercise, with advice on hydration, symptom reporting and temporary training modification when needed. Hormonal therapies, including spironolactone and topical anti-androgens, may be relevant in selected patients; however, clinicians must consider anti-doping regulations where applicable. Misuse of anabolic-androgenic steroids remains an important cause of severe truncal acne and should prompt

sensitive screening and wider health counselling.

Conclusions

Acne in elite athletes should not be managed as a purely cosmetic condition or by standard algorithms alone. It arises from a combination of acne biology and sport-specific exposures, and may affect confidence, well-being, and performance. Effective care requires prevention, simplified regimens, attention to equipment and training routines, and collaboration between dermatologists, sports physicians and nutrition professionals. The evidence base remains limited by a lack of athlete-specific trials, particularly regarding supplements, isotretinoin safety during high-intensity training and emerging approaches such as hydrocolloid dressings or microbiome-directed therapies. Future prospective studies in competitive athletes are needed to guide treatment that protects both skin health and sporting performance.

EADV CONGRESS
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Abstract N°: 3828

Fueling fatty acid oxidation: sebum regulation with an L-Carnitine-containing SPF50+ sunscreen for oily, acne-prone skin

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Introduction

Daily sun protection is essential to prevent skin damage triggered by UV and high energy visible light (HEVIS) radiation. In particular for consumers with oily or acne-prone skin, daily adherence to photoprotection remains low - often due to the heavy, greasy textures typical of many sunscreen formulations. A product that combines very high-level UV and HEVIS defense with an ultralight, mattifying texture could substantially improve user compliance and overall satisfaction.

Oily skin is characterized by hyperactivity of the sebaceous glands, leading to excessive sebum production and a shiny, greasy skin appearance. Sebaceous glands, located in association with hair follicles, secrete sebum — a mixture of lipids and cellular debris — onto the skin surface (Shamloul & Khachemoune, 2021). Targeting this, L-carnitine promotes mitochondrial β-oxidation, leading to reduced fatty acid availability for sebum synthesis and consequently lower sebum production (Peirano, RI et al, 2012).

In this study, we investigate a novel sunscreen formulated with L-carnitine to balance very high photoprotection with long-term oiliness control.

Materials and Methods

In vitro: Lipid accumulation was stimulated with oleic acid (OA) in induced pluripotent stem cell (iPSC)-derived sebocytes (PCi-SEB) +/- L-carnitine for 72 hours. Subsequently, the cell nuclei were stained with DAPI and intracellular lipids with BODIPY 493/503, and analyzed using confocal laser microscopy.

In vivo: single-blind, non-comparative 28day use study (n=36) with twice daily full-face application over 4 weeks. Outcomes included instrumental sebum measurement (Sebumeter® SM815), self-grading of skin condition (e.g. oiliness, shininess, pore appearance, clear/spot-free complexion), self-assessment of product performance, and facial photography (VISIA® CR) at baseline and after 4 weeks.

Results

Significantly higher sebogenesis levels were found in the OA stimulated sebocytes (PCi-SEB) when compared to the unstimulated control cells. Co-treatment of sebocytes with OA and L-Carnitine reduced the lipid content by 86 % in sebocytes (in vitro).

In the 28-day follow-up study, instrumental measurements demonstrated a significant reduction in forehead sebum levels, with 80 % of subjects showing improvement. Selfgrading revealed significant improvements in skin oiliness/greasiness, skin shininess, pore appearance and clear/spotfree complexion (all $p<0.001$). After 4 weeks, ≥91% of subjects agreed that the product controls shine and oiliness, provides longlasting mattification, yet feels ultralight and breathable, with no adverse events reported.

Conclusions

Together, these sequential studies demonstrate that an L-carnitine-containing SPF 50+ facial sunscreen delivers long-lasting oil and shine control, underpinned by impaired oil production in sebocytes *in vitro* and clinically relevant, sustainable sebum reduction over 4 weeks *in vivo*. Sebum-regulating L-carnitine can be combined with lipid-absorbing microparticles to provide a light, non-greasy texture, is clinically and dermatologically tested, and offers a meaningful advancement for individuals with oily or acne-prone skin.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3880

LED Phototherapy for Acne vulgaris: A literature review

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Introduction
Acne vulgaris remains one of the most prevalent dermatological conditions worldwide, significantly impacting patients' quality of life. While conventional therapies, including topical agents and systemic retinoids, are well-established, the rising global concern over antibiotic resistance and the potential side effects of systemic treatments have made the search for alternative treatments more urgent than ever. Phototherapy and laser-based interventions have emerged as promising non-invasive options. These technologies target key pathogenetic factors of acne, such as Cutibacterium acnes colonization, sebaceous gland activity, and follicular inflammation. However, definitive guidelines comparing LED interventions to standard pharmacological treatments across disease severities are still lacking. The aim of our study was to evaluate the efficacy and safety of LED-phototerapy in patients with active acne vulgaris and to compare these modalities with standard pharmacological treatments.

Materials and Methods
A comprehensive literature review was conducted using PubMed, Embase, and the Cochrane Library, focusing on studies published between 2021 and 2026. The search was strictly limited to Light-Emitting Diode (LED) phototherapy interventions for Acne vulgaris. Inclusion criteria comprised English-language, human studies, specifically randomized controlled trials (RCTs), prospective studies, and comparative clinical trials. The review evaluated the efficacy of various wavelengths, primarily blue light (415 nm), red light (630–660 nm), and combination LED protocols. Outcomes were assessed based on the reduction of inflammatory and non-inflammatory lesions, Investigator's Global Assessment (IGA) scores, and safety profiles. The review followed the PRISMA guidelines to ensure a systematic and transparent selection process.

Results
Preliminary analysis of the identified works indicates that LED phototherapy is a highly effective, non-drug option for mild-to-moderate acne. Data from representative randomized controlled trials (RCTs) show that blue light (415 nm) leads to a substantial drop in inflammatory lesions by targeting Cutibacterium

acnes colonization. In comparative clinical studies, LED therapy has demonstrated efficacy comparable to standard topical treatments (such as topical antibiotics), but with a significantly better safety profile and fewer reports of skin irritation. We also observed a clear trend in prospective studies toward using combination protocols; adding red light appears to enhance clinical outcomes by reducing follicular inflammation and speeding up skin repair. Furthermore, newer data on home-use LED devices show measurable improvements in Investigator's Global Assessment scores (IGA), making them a valuable addition to daily acne management. Across the evaluated studies, adverse effects remained minimal and temporary, primarily limited to mild, self-resolving erythema.

Conclusions

LED phototherapy represents a safe, well-tolerated, and effective therapeutic option for acne vulgaris, particularly in patients with mild-to-moderate inflammatory disease or intolerance to systemic therapy. While offering a favorable safety profile, further large-scale RCTs are required to standardize treatment protocols and confirm long-term efficacy.

EA DV CONGRESS
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Abstract N°: 3905

Imaging Utilization in Hospitalized Patients with Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease frequently associated with recurrent painful flares requiring hospitalization. While diagnosis is clinical, imaging is sometimes used by admitting physicians to evaluate complications such as deep abscesses. However, the factors associated with imaging use in the inpatient management of HS remain poorly defined. Our objective is to characterize imaging utilization in hospitalized patients with HS.

Materials and Methods

A retrospective cohort study was conducted using a prospectively maintained inpatient dermatology consultation database. Patients with HS who received inpatient dermatology consultations at a tertiary care center from 2021-2025 were included. Data was collected by structured chart review. Imaging utilization, modality, timing, and findings were recorded. Clinical variables, including disease severity, laboratory values, presence of fever, surgical consultation, and procedural interventions were assessed. A chi-square analysis was conducted in R. Statistical significance was defined as a two-sided p value of < 0.05.

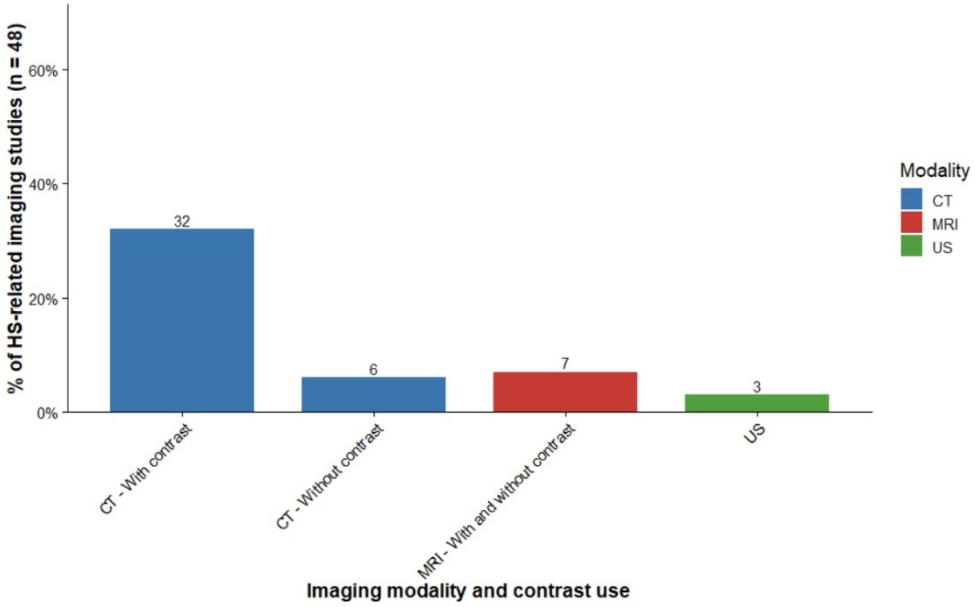
Results

A total of 768 patients were consented into the inpatient database between 2021–2025. Of these, 29 patients met inclusion criteria with a diagnosis of HS. Across these 29 patients, there were 73 admissions that met inclusion criteria, including 42 admissions during which HS-related imaging was performed, resulting in a total of 48 HS-related imaging studies. Our cohort included 19 females (65.5%) and 10 males (34.5%). The majority of patients identified as Black (n=20, 69.0%), followed by White (4, 13.8%), Asian (3, 10.3%), and Hispanic (2, 6.9%). Insurance coverage included private insurance (11/29, 37.9%), Medicaid (9/29, 31.0%), Medicare (7/29, 24.1%), and dual Medicare/Medicaid coverage (2/29, 6.9%). Hurley stage distribution included stage I in 3 patients (10.3%), stage II in 7 (24.1%), and stage III in 19 (65.5%). Three patients had a diagnosis of inflammatory bowel disease (10.3%). Concern for cutaneous Crohn's disease was expressed in the imaging query for 2 of 48 imaging studies (4.2%), involving 2 separate patients.

Among the 48 HS-related imaging studies, CT was the most frequently utilized modality (38/48, 79.2%), followed by MRI (7/48, 14.6%) and ultrasound (3/48, 6.2%) ($p<0.001$). Of the 45 CT and MRI studies, contrast was administered in 39 studies (86.7%), while 6 studies (13.3%) were performed without contrast. Among CT studies specifically, 32 of 38 (84.2%) were performed with contrast and 6 of 38 (15.8%) without contrast. All MRI studies (7/7, 100%) were performed with contrast.

The most commonly imaged anatomical region was the abdomen and pelvis (29/48, 60%), followed by the pelvis alone (10/48, 20.8%). Additional HS-related imaging sites included the chest (1/48, 2.1%), neck (2/48, 4.2%), orbits (2/48, 4.2%), upper extremity (2/48, 4.2%), face (1/48, 2.1%), and lower extremity (1/48, 2.1%).

Figure 1. Distribution of HS-related imaging studies by modality and contrast use ($p < 0.001$)



Conclusions

In our cohort, imaging was frequently utilized during hospitalizations for HS, with 49 HS-related imaging studies identified across 73 admissions. CT was the predominant imaging modality obtained, and the abdomen/pelvis was the most commonly imaged anatomical region. While imaging may aid in evaluation of suspected complications, its use in HS remains variable and lacks standardized guidance. Given the cost, radiation exposure, and healthcare resource utilization associated with imaging, further studies are needed to optimally define appropriate indications and support evidence-based inpatient management of HS.

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Abstract N°: 3908

Wide excision with local reconstruction is associated with improved patient-reported outcomes in hidradenitis suppurativa: a real-world longitudinal study

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Introduction
Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with severe pain, pruritus, drainage, scarring and marked impairment in quality of life. Patients with moderate-to-severe HS frequently experience delayed diagnosis, progressive functional limitation and substantial psychosocial burden. Although wide excision is considered one of the most effective treatments for advanced disease, evidence regarding patient-reported outcomes after reconstruction with local cutaneous flaps remains limited.

Materials and Methods
A real-world longitudinal observational study was conducted including patients with Hurley II/III HS treated with wide excision using conventional electrosurgery or CO_2 laser. Reconstruction was performed with local cutaneous flaps or primary closure according to anatomical and technical feasibility. Quality of life was assessed using the Dermatology Life Quality Index (DLQI). Pain, pruritus, postoperative complications and recurrence were also evaluated. Sixty patients underwent 109 surgical procedures. Median follow-up was 18 months (range 13–31 months).

Results
Table 1 summarizes the results found. Most patients were female (61.7%), and the mean age was 30.7 years. Surgical treatment was associated with substantial improvement in patient-reported outcomes. Mean DLQI scores decreased from 18 preoperatively to 5 postoperatively, corresponding to an approximate 80% improvement in quality of life. DLQI reduction reached 64.7% in patients reconstructed with local cutaneous flaps and 90.9% in those submitted to primary closure.

Pruritus was reported by 72.6% of patients before surgery, most commonly with moderate intensity and impairment of daily activities. Pain, drainage and functional limitation were also frequent preoperative complaints. Despite prolonged follow-up, the overall recurrence rate was low (9.1%), with recurrences occurring a mean of 7.2 months after surgery. The most frequent postoperative complications were unaesthetic scarring, pain and partial wound dehiscence. Obesity was the main factor associated with recurrence.

Importantly, reconstruction with local cutaneous flaps achieved recurrence rates comparable to those described in the literature for more complex reconstructive techniques, including musculocutaneous and fasciocutaneous flaps.

Table 1 Surgical and patient-reported outcomes in hidradenitis suppurativa

Variable	Result
Patients, n	60
Surgical procedures, n	109
Median follow-up, months	18
Mean DLQI before surgery	18
Mean DLQI after surgery	5
Approximate DLQI improvement	80%
Patients reporting pruritus	72.6%
Overall recurrence rate	9.1%
Mean time to recurrence, months	7.2
Main factor associated with recurrence	Obesity

Table 1. Surgical and patient-reported outcomes in patients with moderate-to-severe hidradenitis suppurativa treated with wide excision and local reconstruction.

Conclusions

Wide excision with local reconstruction was associated with marked and sustained improvement in quality of life and symptom burden in patients with moderate-to-severe HS. In this real-world longitudinal study, reconstruction with local cutaneous flaps achieved low recurrence rates during extended follow-up, supporting this technique as a valuable and reproducible surgical option for advanced HS.

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Abstract N°: 3914

A Cross-Sectional Analysis of Hidradenitis Suppurativa, Sensitive Skin Syndrome, and Primary Hyperhidrosis as Comorbidities

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Introduction
While associations between sensitive skin syndrome (SSS) and primary hyperhidrosis (PHH) have been reported, their overlap with hidradenitis suppurativa (HS) remains unexplored. Given anecdotal links between HS and both SSS and PHH, we further investigated these associations and the prevalence of overlapping comorbidities.

Materials and Methods
An IRB-exempt survey was distributed via HS Connect to individuals with HS to evaluate the presence, location, and frequency of PHH and SSS. SSS was defined by a score of ≥13 on the SS-10. PHH was diagnosed based on ≥6 months of unexplained sweating and ≥ two of the following: bilateral distribution, impairment of daily activities, age of onset <25 years, family history, occurrence ≥ once a week, and absence during sleep.

Results
Among 280 respondents, 81.4% self-reported SSS, though only 49.4% met diagnostic criteria. Common triggers included stress (74.2%), skincare products (73.7%), and sweat (68.8%). A statistically significant association ($p<0.05$) was found between HS and SSS across all anatomical regions except the central chest. PHH was self-reported by 49%, with 47.1% meeting diagnostic criteria, and was significantly associated with HS at the groin ($p<0.05$). HS severity was not significantly associated with the presence of either PHH or SSS.

Conclusions
This study identified significant associations between HS and SSS, and to a lesser extent, PHH particularly in the groin area. It also highlighted discrepancies between self-reported and diagnostically confirmed SSS. These findings underscore the necessity for improved patient education and comorbidity screening to support earlier diagnosis and targeted intervention in HS patients.

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Abstract N°: 3921

Dermatology Practitioner Approaches to Post-Isotretinoin Acne Management

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Introduction
Acne vulgaris relapse following oral isotretinoin therapy remains highly variable, affecting approximately 10% to 60% of patients. Despite high relapse rates, no formal post-treatment guidelines exist. This study assessed post-isotretinoin management practices among dermatology practitioners.

Materials and Methods
An anonymous institutional review board (IRB)-exempt survey was distributed via the Orlando Dermatology, Aesthetic, and Surgical Conference listserv, and collected data on demographics, isotretinoin maintenance therapy, follow-up protocol, and relapse management.

Results
Among 410 respondents (47.4% board-certified dermatologists), most practitioners aimed for a 150-200 mg/kg (44.2%) or 120-150 mg/kg (37.1%) cumulative dose of isotretinoin, with 53.9% recommending treatment cessation around 3 months after clearance. Acne maintenance therapy, most commonly topical retinoids alone or in combination with benzoyl peroxide, was initiated by 69% of respondents, immediately after the final dose (44.8%) or one month later (37.2%). 47% of those who did not initiate maintenance therapy deemed it unnecessary due to low relapse rates. Post-treatment follow-up was recommended by 75.2% of respondents, with 61.1% advising ongoing follow-up, primarily biannually (57.3%). Topical retinoids and benzoyl peroxide were utilized in mild and moderate relapse, with the addition of spironolactone for females (53.1%) and doxycycline/minocycline for males (61%) in moderate cases. Over three-fourths would treat a severe relapse with a second course of isotretinoin, with 60.2% of respondents recommending the same dosing endpoints as the initial course.

Conclusions
The variability in recommendations highlights the need for evidence-based post-isotretinoin guidelines and increased awareness of relapse risk to optimize care and reduce repeat isotretinoin therapy.

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Abstract N°: 3934

Factors Associated with Suicidal Ideation Among Individuals With Acne : a study on 25,103 individuals

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Introduction

Acne is among the most common inflammatory skin diseases worldwide and significantly impairs quality of life. Large-scale international studies comparing suicidal ideation in individuals with acne to those without remain scarce. This multinational study aimed to assess the prevalence of suicidal ideation and identify risk factors among individuals reporting a medical diagnosis of acne.

Materials and Methods

A cross-sectional study was conducted between October 2025 and January 2026 across 33 countries spanning 5 continents. The population was selected from the Kantar Health database using quota sampling to ensure national representativeness. Participants were asked about physician-confirmed acne diagnosis and categorized into three groups: current acne with or without scars, history of acne without current lesions, and no acne history. A structured digital questionnaire including a question on current suicidal ideation was administered via email. Multivariate analysis was performed to assess factors associated with increased suicidal ideation.

Results

A total of 26,821 participants were included, of whom 57.46% were women and 31.4% were under 25 years. Current acne with or without scars affected 41.9% of participants, past acne 30.2%, and 27.9% had no acne history. Suicidal ideation was reported by 8.4% of all participants, with significantly higher prevalence among those with current acne or scars (11.4%) compared to past acne (6.67%) and no acne (6%). Women were more frequently affected than men (9.4% versus 7.1%), as were individuals under 25 years (9.8% versus 7.8%).

Multivariate analysis confirmed that current acne remained independently associated with suicidal ideation with an odds ratio of 1.67, as did age under 25 years. Scarring emerged as a key determinant: suicidal ideation reached 13.8% in patients with scars versus 6.1% in those without, peaking at 16.6% with full facial involvement versus 8.9% with lower face predominance. Extensive scarring doubled the risk in adjusted analysis, and scars present for less than one year independently increased risk compared to individuals without scars. Geographic and ethnic disparities were significant, with the highest odds observed in India, followed by North America and Africa, and among individuals of black ethnicity compared to other ethnic groups.

Conclusions

These findings refute the assumption that the psychological impact of acne is limited to adolescence. No age is spared: while younger individuals are more vulnerable, adults with acne, particularly those with scarring, remain at substantially higher risk than adults without acne. Routine screening for suicidal ideation should be integrated into acne care across all ages to address its potentially life-threatening psychological impact.

EA DV CONGRESS
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Abstract N°: 3960

Achievement of minimal disease activity in hidradenitis suppurativa patients treated with bimekizumab at week 52: A multicentre real-world study.

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease characterized by recurrent inflammatory flares and progressive structural damage. Although complete remission remains difficult to achieve, the concept of Minimal Disease Activity (MDA) has recently emerged as a clinically meaningful treatment target in HS. Bimekizumab, a dual IL-17A/F inhibitor, has demonstrated high efficacy in moderate-to-severe HS in both clinical trials and real-world settings. However, the proportion of patients achieving sustained low disease activity according to MDA criteria remains unknown. The aim of this study was to assess the proportion of patients

achieving modified MDA criteria at weeks 16 and 52 during bimekizumab treatment and to explore clinical factors associated with achieving this therapeutic target.

Materials and Methods

We conducted a retrospective multicentre observational study including adult patients with HS treated with bimekizumab in routine clinical practice. Modified MDA was pragmatically adapted to the variables available in the registry and defined as the simultaneous fulfilment of the following criteria: IHS4 ≤2, pain VAS ≤2 or absence of flares, and no increase in the number of draining tunnels compared with baseline. Demographic, clinical, and therapeutic variables were collected. Factors associated with MDA achievement were evaluated through univariable and exploratory multivariable logistic regression analyses.

Results

A total of 104 patients were included. The mean age was 47.9 years (SD 13.5), and 69.2% (72/104) were male. Patients had a long-standing disease, with a mean duration of 22.75 years (SD 12.82). At week 52, IHS4-55, IHS4-75, IHS4-90, and IHS4-100 response rates were 74.0% (77/104), 47.1% (49/104), 26.9% (28/104), and 18.3% (19/104), respectively. At week 16, 27.6% of patients achieved modified minimal disease activity (MDA) criteria, while 23.4% maintained MDA at week 52. Lower baseline IHS4 was associated with MDA achievement in univariable analyses at both timepoints, reaching statistical significance at week 16 (p=0.036) and week 52 (p=0.0014). In exploratory multivariable analyses, baseline inflammatory burden remained the variable most consistently associated with MDA achievement, although statistical significance was not retained after adjustment.

Conclusions

In this real-world multicentre cohort, approximately one in four patients treated with bimekizumab achieved modified MDA at weeks 16 and 52, supporting the ability of bimekizumab to induce sustained deep disease control in a subset of patients with moderate-to-severe HS. Lower baseline inflammatory burden emerged as the factor most consistently associated with MDA achievement, suggesting that earlier intervention and lower disease activity at treatment initiation may favor optimal long-term outcomes. These findings support the feasibility and clinical relevance of MDA as a pragmatic treat-to-target endpoint in HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 3985

Defining minimal disease activity in hidradenitis suppurativa: a preliminary proposal from a retrospective adalimumab-treated cohort

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Introduction

Hidradenitis suppurativa (HS) is a complex inflammatory skin disease characterized by heterogeneous clinical manifestations, ranging from inflammatory nodules to draining tunnels, reflecting an intricate and multifactorial pathogenesis. Patients affected by HS experience a dramatic impairment in quality of life, with an impact on several aspects of daily activities. HS treatment remains challenging: available therapeutic options are still limited, and difficulties in staging disease severity and assessing appropriate therapeutic response may complicate clinical decision-making. Current therapeutic endpoints mainly assess inflammatory response, while the concept of acceptable global disease control remains poorly defined. Minimal disease activity (MDA) may represent a pragmatic treatment target integrating both clinician-reported and patient-reported outcomes. The present study is aimed to propose a preliminary multidimensional definition of MDA in HS and to retrospectively evaluate its applicability in a real-life cohort of patients treated with adalimumab.

Materials and Methods

A total of 99 patients with moderate-to-severe HS treated with adalimumab between 2018 and 2025 were retrospectively evaluated. Clinical and patient-reported outcomes were assessed at baseline and week 16. Long-term follow-up at week 52 was evaluated when available. Candidate HS-MDA domains included: achievement of IHS4-55 response, pain reduction ≥30% from baseline, absence of clinically meaningful flares requiring therapeutic adjustment, reduction of active draining tunnels, and DLQI ≤5. HS-MDA was defined as achievement of at least 3 out of 5 domains, including at least one clinician-reported and one patient-reported outcome.

Results

At week 16, IHS4-55 response was achieved by 41.4% of patients, while pain-NRS30 response was observed in 39.3%. Reduction of active draining tunnels together with stabilization of chronic structural lesions was documented in 33.3% of patients, and absence of clinically meaningful flares during follow-up was observed in 25.2%. DLQI ≤5 was achieved in 22.2% of patients. Overall, 24 out of 99 patients fulfilled the proposed HS-MDA criteria at week 16. Among these, 10 patients fulfilled all five criteria, 9 fulfilled four criteria, and 5 fulfilled three criteria. Week-52 follow-up was available for 19 of the 24 patients achieving HS-MDA at week 16; among them, 15 maintained multidimensional disease control at week 52.

Table 1 showing MDA criteria proposal and MDA achievement in the cohort of patients treated with adalimumab at week 16

Conclusions

The assessment of minimal disease activity in HS may provide a more comprehensive and clinically meaningful evaluation of disease control than single-domain response measures alone. By integrating inflammatory improvement, symptom control, flare prevention, structural lesion assessment, and patient-reported outcomes, an HS-MDA framework may help identify patients who achieve a stable and acceptable disease state, beyond conventional inflammatory response. In this perspective, MDA assessment could support therapeutic decision-making, treatment optimization, and the development of future treat-to-target strategies in HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4022

ADULT FEMALE ACNE: CLINICAL, HORMONAL AND METABOLIC PATTERNS IN A RETROSPECTIVE–PROSPECTIVE STUDY

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Introduction

Acne vulgaris in adulthood represents a distinct clinical entity often associated with endocrine and metabolic disturbances. Its heterogeneous clinical presentation and underlying pathophysiological mechanisms warrant comprehensive evaluation. This study aimed to characterize the clinical, hormonal, and metabolic profiles of adult female acne and identify associated etiological patterns.

Materials and Methods

A retrospective–prospective descriptive study was conducted in the Dermatology Department ofHassan II University Hospital involving 130 women aged ≥25 years presenting with adult female acne. Persistent acne, defined as acne continuing or recurring beyond the age of 25 years, and late-onset acne, occurring after the age of 25 years, were included. Clinical evaluation recorded age of onset, lesion morphology, distribution, and severity using the Adult Female Acne Scoring Tool (AFAST) and the Global Evaluation Acne (GEA) scale. Signs of clinical hyperandrogenism, including hyperseborrhea, hirsutism, menstrual irregularities, and androgenetic alopecia, were documented. Hormonal assessment included total and free testosterone, dehydroepiandrosterone sulfate, and 17-hydroxyprogesterone. Pelvic ultrasonography was performed when indicated to investigate polycystic ovary syndrome according to Rotterdam criteria. Metabolic assessment included body mass index, clinical markers of insulin resistance, fasting glucose, lipid profile, and HOMA index when metabolic syndrome was suspected.

Results

The mean age was 26.85 years. Persistent acne accounted for 79.2% of cases, whereas late-onset acne represented 20.8%. Moderate acne (GEA grade 3) was the most frequent presentation (71%). AFAST scores predominantly corresponded to grades 1 (32.1%) and 2 (21.9%). Hyperseborrhea was observed in 84% of patients, hirsutism in 57%, menstrual irregularities in 30.7%, and androgenetic alopecia in 12%, with clinical hyperandrogenism identified in 73% overall. Lesions predominantly involved the lower face, particularly the mandibular region (68.6%). Post-inflammatory hyperpigmentation was observed in 92.9%, while atrophic scarring was common, mainly ice-pick (47.6%), boxcar (20.2%), and rolling scars (10.7%). Hormonal abnormalities included elevated testosterone in 43%, elevated 17-hydroxyprogesterone in 35%, and elevated dehydroepiandrosterone sulfate in 27%. Polycystic ovary syndrome was identified in 32% of patients, whereas idiopathic forms accounted for 46%. Less frequent etiologies included Cushing syndrome (2.3%), hypogonadotropic hypogonadism (1.5%), and hyperprolactinemia (0.7%). Overweight and obesity were observed in 35.4% and 14.7% of patients, respectively, while acanthosis nigricans was present in 26.2%.

Conclusions

Adult female acne is a heterogeneous disorder frequently associated with clinical hyperandrogenism, endocrine abnormalities, and metabolic disturbances. Polycystic ovary syndrome represents the leading identifiable etiology, although idiopathic forms remain common. These findings support systematic endocrine and metabolic evaluation and highlight the importance of a multidisciplinary management approach.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4061

The impact of stress, nutrition, and the environment in wartime conditions on the manifestations of acne vulgaris

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Introduction

Acne vulgaris is one of the most common chronic dermatological diseases, which significantly affects the quality of life of patients, their psycho-emotional state and social adaptation. This disease is polyetiological, where, along with genetic predisposition and hormonal disorders, exogenous factors play an important role. In recent years, special attention has been paid to the influence of psycho-emotional stress, nutritional characteristics and environmental factors, in particular climatic conditions, air pollution levels and lifestyle. Chronic stress is able to modulate immune and neuroendocrine mechanisms, contributing to the exacerbation of acne vulgaris. Nutritional factors, in particular the consumption of products with a high glycemic index, excessive fat and micronutrient deficiency, affect sebum secretion and inflammatory processes. Despite a significant number of studies, the issue of the complex influence of these factors on the course of acne vulgaris remains relevant and requires further study for high-quality treatment. The aim of the study was to assess the impact of psycho-emotional stress, dietary habits, and environmental factors in wartime conditions on the clinical manifestations of acne vulgaris.

Materials and Methods

Acne vulgaris was assessed using the General Accepted Severity Scales (GAGS). Nutritional analysis was performed by interviewing and keeping food diaries with an assessment of the frequency of consumption of foods with a high glycemic profile, fatty and spicy foods, and dairy products. Environmental factors were assessed taking into account climatic conditions, air pollution levels, and wartime lifestyle.

Results

As a result of the survey (n=96), a statistically significant correlation was established between psychoemotional stress and exacerbation of dermatological manifestations of acne vulgaris (ρ=0.62; p<0.001). A moderate correlation was also found between the frequency of consumption of potentially allergenic products and the worsening of the course of the disease (ρ=0.41; p=0.003). Consumption of dairy products is associated with a higher frequency of acne vulgaris (ρ=0.36; p=0.009). The results of the χ^2-analysis confirm the significant influence of stress (χ^2=18.7; p<0.001) and nutritional factors (χ^2=9.6; p=0.02) on the course of the disease.

Conclusions

Psycho-emotional stress is an important factor affecting the severity of acne vulgaris, especially in wartime conditions. The nature of nutrition has a significant impact on the clinical manifestations of the studied dermatosis, in particular, excessive consumption of foods with a high glycemic index contributes to the

exacerbation of the disease. Environmental factors, in particular, climatic conditions and the level of environmental pollution in the region suffering from shelling and other consequences of military operations, significantly worsen the course of this dermatological pathology. An integrated approach taking into account the psycho-emotional state, nutrition and environmental factors is a promising direction in the prevention and treatment of acne vulgaris.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4126

Dose-Dependent Association Between Cow's Milk Consumption and Prepubertal Acne: Results from a 24-Month Prospective Cohort Study

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Introduction

Acne vulgaris is a nearly universal dermatological condition during adolescence, traditionally attributed to pubertal hormonal changes. Among the environmental factors implicated in the development of acne, cow's milk consumption has been associated with an increased risk of acne in adolescents and young adults. The objective of this study was to prospectively assess the association between cow's milk consumption and the onset of clinically confirmed acne in prepubertal children, in order to better understand the potential role of dietary factors in the early stages of the disease

Materials and Methods

The ADOS study is a 24-month prospective longitudinal cohort. It included 167 prepubertal children (90 boys, 77 girls), generating 2,240 monthly observations. Cow's milk consumption was recorded at baseline as a binary variable (regular consumption: yes/no), with 58.1% of participants classified as regular consumers.

Acne was assessed every six months using the SPOTSCAN application, based on the Global Evaluation Acne (GEA) score. The PHB (BlackHeads/Pimples) score, collected monthly via a dedicated mobile application, comprised four stages: no lesions (PHB =1), comedonal acne (PHB =2), mixed acne (PHB =3), and predominantly inflammatory acne (PHB =4). Acne was defined as PHB ≥2 for at least two consecutive months, in order to distinguish true acne episodes from transient isolated lesions. A total of 25 cases (15.0%) were identified during the follow-up.

A GEE (Generalized Estimating Equations) model with exchangeable correlation and robust sandwich standard errors was used to account for repeated measures within subjects. Milk consumption was modeled as a three-level ordinal variable (none/low/high). The model was adjusted for seven covariates: sex, BMI, place of residence, family history, sleep duration, sugar consumption, and physical activity. Stratified analyses by sex were also performed.

Results

A significant dose-dependent association was observed between cow's milk consumption and prepubertal acne. In the GEE model adjusted for covariates, high milk consumption (≥2 servings/day) was significantly associated with acne (OR = 2.28; 95% CI: 1.17–4.46; p = 0.016), while low consumption showed no significant effect (OR = 0.87; p = 0.636). The ordinal dose-response trend was also significant (OR = 1.44 per level; p = 0.022). Place of residence was the other significant factor (OR = 1.44; 95% CI: 1.13–1.84; p = 0.003).

Female sex was significantly associated with a higher risk of acne (OR = 1.76; 95% CI: 1.05–2.93; p = 0.031). Physical activity showed a protective trend (OR = 0.44; p = 0.108). No significant independent effect was observed for sleep duration, BMI, family history, or sugar consumption.

The prevalence of PHB ≥ 2 increased with milk consumption level: 43.6% (no milk), 43.4% (low), and 62.8% (high). Among high consumers, boys showed 54.5% prevalence vs 35.0% for non-consumers (+19.5 points), and girls 81.8% vs 53.1% (+28.7 points). These differences were robust to GEE correction for repeated measures

Conclusions

This study provides evidence of a dose-dependent association between milk consumption and acne in the prepubertal period. Using GEE to properly account for repeated measures within subjects, it demonstrates that high milk consumption (≥2 servings/day) significantly increases the risk of acne, while low consumption does not. The magnitude of the observed effect for high consumption (OR = 2.28) is comparable to that reported in adolescents in meta-analyses (3,4). The association persists after adjustment for multiple confounding factors. A notable finding is the particularly high prevalence in girls consuming ≥2 servings/day (81.8%), suggesting possible sex-specific susceptibility.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4140

Clinical and Ultrasonographic Evaluation of Enthesitis in Patients with Hidradenitis Suppurativa

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Introduction

Hidradenitis suppurativa (HS) is a chronic, relapsing inflammatory disease characterized by painful nodules, abscesses, and sinus tracts, primarily affecting intertriginous areas. HS has been associated with a wide range of comorbidities, and the reported prevalence of spondyloarthritis (SpA) among patients with HS ranges from 3.7% to 28.2%. Although axial skeletal involvement is a hallmark of SpA, peripheral musculoskeletal manifestations, including enthesitis, dactylitis, and synovitis, are also frequently observed. This study aimed to evaluate clinically and ultrasonographically detectable entheseal changes that may be relevant for SpA in patients with HS.

Materials and Methods

Patients with a confirmed diagnosis of HS who attended the dermatology outpatient clinics between December 2024 and June 2025 were included in the study. The inclusion criteria were as follows: age ≥ 18 years, a confirmed diagnosis of HS, and no history of trauma, surgical intervention, or local injections at the evaluated entheseal sites. Additionally, patients with a history of peripheral neurological disorders or those who had engaged in strenuous physical activity or sustained trauma within the preceding two weeks were excluded. Healthy controls (HCs) were consisted of volunteers without HS or any another inflammatory disease. Clinical enthesitis was evaluated with Maastricht Ankylosing Spondylitis Enthesitis Score (MASES) and the Leeds Enthesitis Index (LEI). Bilateral ultrasonographic evaluation of five lower-extremity enthesis sites (quadriceps tendon, proximal and distal patellar tendon, Achilles tendon, and plantar fascia) was performed according to Outcome Measures in Rheumatology (OMERACT) criteria. Each entheseal site was evaluated for six ultrasonographic elementary lesions—tendon thickening, hypoechogenicity, power Doppler (PD) signal, enthesophyte formation, erosion, and calcification—and each feature was graded on a scale from 0 to 3.

Results

A total of 90 participants, 60 patients with HS and 30 HCs, were included in the study. The demographic and clinical characteristics of the participants are summarized in Table 1. A total of 894 entheseal sites, 594 from HS patients and 300 from HCs, were evaluated. Clinical enthesitis was detected in 7 (11.6%) patients according to the MASES and in 10 (16.6%) patients according to the LEI, whereas no clinical enthesitis was observed in the HCs. No significant difference was observed between the HS and HC groups based on the MASES ($p=0.69$), whereas the difference was statistically significant according to the LEI ($p=0.013$). Tendon thickening (48.3%) and hypoechogenicity (6.1%) were more frequent in the HS group based on the total number of entheses ($p=0.001$, $p=0.027$, respectively). Regarding the frequency of elementary lesions according to anatomical regions, tendon thickening was higher in the distal patellar tendon (19.2%), proximal patellar tendon (17.6%), and quadriceps tendon (12.6%) in the HS group ($p=0.006$, $p<0.001$, $p=0.015$, respectively). The inflammation score and the total enthesopathy score were higher in the HS group ($p<0.001$, $p<0.001$, respectively). Sonographic active enthesitis

was identified in 2 patients (3.3%) in the HS group, while active enthesitis was not observed in the HC group.

Table 1: Demographics of patients with HS and HCs.

Demographics	HS (n=60)	HCs (n=30)	P
Age, mean (S.D.), years	37.5 (10.7)	40.4 (8.0)	0.195
Female, *n* (%)	26 (43.3)	14 (46.7)	0.764
BMI, mean (SD), kg/m2 Underweight, *n* (%) Normal weight, *n* (%) Overweight, *n* (%) Obesity class I, *n* (%) Obesity class II, *n* (%) Obesity class III, *n* (%)	30.2 (5.7) 0 (%0.0) 11 (%18.3) 23 (%38,3) 11 (%18.3) 13 (%21.7) 2 (%3,3)	26.5 (4.3) 0 (%0.0) 14 (%46.7) 9 (%30.0) 6 (%20.0) 1 (%3.3) 0 (%0.0)	**0.002**
Smoking status			
Current or former smoker, *n* (%) Never smoked, *n* (%)	49 (81.7) 11 (18.3)	17 (56.7) 13 (43.3)	**0.011**
Comorbidities			
Diabetes mellitus / Prediabetes *n* (%)	28 (46.7)	3 (10.0)	**0.001**
Hyperlipidemia, *n* (%)	9 (15.0)	2 (6.7)	0.155
Hypertension, *n* (%)	9 (15.0)	1 (3.3)	0.324
PKOS, *n* (%)	5 (8.3)	-	-
Rheumatological comorbidities, *n* (%)	10 (16.7)	-	-
Age of onset, mean (S.D.), years	25.8 (8.8)	-	-
Hurley stage			
I, *n* (%)	21 (35.0)	-	-
II, *n* (%)	21 (35.0)	-	-
III, *n* (%)	18 (30.0)	-	-
IHS4, mean (SD)	12.2 (10.6)	-	-
Family history of HS			
Positive in 1st of 2nd degree, *n* (%)	19 (31.6)	-	-
Negative, *n* (%)	37 (61.7)	-	-
Current use of anti-TNF-α biologics, *n* (%)	6 (10.0)	-	-

Conclusions

Patients with HS exhibited a higher burden of ultrasonographically detected entheseal abnormalities, particularly tendon thickening and hypoechogenicity, compared with HCs suggesting a predominantly subclinical entheseal involvement. The increased inflammation and total enthesopathy scores may support a potential link between HS and SpA related musculoskeletal pathology, even in the absence of clinically overt enthesitis. Further prospective, ultrasonography-based longitudinal studies are warranted to clarify the clinical relevance and prognostic implications of these ultrasonographic alterations.

EADV Congress 2026, VIENNA
30 SEPTEMBER - 03 OCTOBER 2026
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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4192

Top-Down Secukinumab Therapy in Hidradenitis Suppurativa: Impact of Biweekly Versus Monthly Maintenance Dosing Following Induction

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Introduction

Hidradenitis suppurativa —HS— is a chronic inflammatory disease in which persistent activity may lead to irreversible structural damage. A top-down strategy, based on early therapeutic intensification, could improve deep disease control and modify disease trajectory. Secukinumab can be administered as 300 mg every 2 weeks —q2w— or every 4 weeks —q4w— after induction, but real-world data comparing these strategies are limited.

Materials and Methods

Objectives

To compare baseline characteristics of patients treated with secukinumab q2w versus q4w maintenance in the SECU-SPAIN cohort, as a preliminary step toward evaluating a top-down strategy in HS.

Methods

We performed a multicentre real-world analysis within SECU-SPAIN. The total analysed cohort included **357 patients with valid identification**. The q2w versus q4w comparison was restricted to patients with maintenance dose recorded. Baseline demographic and clinical variables were compared between groups, including previous biologic exposure, surgery status, age, sex, smoking, comorbidities, BMI, phenotype, disease duration, Hurley stage, IHS4, DLQI, pain VAS, flares and speed of progression. P values were adjusted using FDR correction.

Results

Among patients with available maintenance dose, **98 received secukinumab 300 mg q2w** and **164 received 300 mg q4w/monthly**. The only statistically significant baseline difference was previous biologic exposure:**81/86 — 94.2%—** in the q2w group versus **102/131 —77.9%—** in the q4w group (**p=0.0010; FDR=0.0196**). No significant differences were observed for previous surgery, age, sex, smoking, diabetes, hypertension, BMI, phenotype, Hurley stage, baseline IHS4, DLQI, pain VAS, flares, disease duration, age at diagnosis, age at secukinumab initiation or speed of progression. Non-significant trends suggested numerically higher baseline DLQI in q2w patients (**17.92 ± 5.91 vs 15.90 ± 8.05; p=0.0697**) and higher baseline IHS4 (**21.63 ± 11.23 vs 19.21 ± 14.32; p=0.1362**). Analysis of absolute and relative IHS4 therapeutic targets showed no statistically significant differences between the q2w and q4w groups at any evaluated time point.

Conclusions

In this interim SECU-SPAIN analysis, q2w secukinumab maintenance was used in patients with significantly greater previous biologic exposure, suggesting a more pretreated and potentially refractory population. Other baseline characteristics were broadly balanced. Notably, despite these baseline differences, no significant differences were observed between q2w and q4w maintenance regimens in the achievement of therapeutic goals across the evaluated follow-up period. These data provide the baseline framework for evaluating whether an early q2w top-down strategy improves first-year outcomes, including HiSCR50/75/90, IHS4-50/75/90, DLQI, inflammatory lesion burden, rescue treatments and surgical procedures.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4224

Impact of a multidisciplinary approach associated with the use of dermocosmetics in acne management and quality of life in socially vulnerable populations

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Introduction

Acne is one of the most prevalent dermatological conditions worldwide and is associated with significant physical an d psychosocial impacts. In Brazil,
it is considered the number one complaint in dermatology clinics. Beyond cutaneous manifestations, it
may impair self-esteem, emotional well-being, and quality of life.
In socially vulnerable populations, access to dermatological care and appropriate guidance is often limited. In this context, integrated strategies, including the use of dermocosmetics,
may contribute to sebum control, reduction of inflammation, and improved treatment adherence.

This study aimed to evaluate the impact of a multidisciplinary approach associated with the use of dermocosmetics o n the quality of life of individuals with acne attended in a social health initiative.

Materials and Methods

This was a prospective observational study that included 137 participants with a clinical diagnosis of acne, aged between 11 and 61 years, attended in a mobile social initiative carried out in regions with a low Human Development Index in the city of São Paulo.

Participants received multidisciplinary care, including dermatological evaluation, nutritional counseling, and psychological support. Dermatological treatment was individualized according to acne severity and could include topical and/or systemic pharmacological therapies, associated with a structured skincare routine based on dermocosmetics. This routine included cleansing agents and topical treatment formulations containing keratolytic and anti-inflammatory substances (such as salicylic acid and licochalcone A), as well as a depigmenting active (isobutylamido thiazolyl resorcinol) to help prevent post-inflammatory hyperpigmentation, and photoprotection with oil-control properties.

Acne-related quality of life was assessed using a validated, disease-specific instrument (AcneQoL), previously validated for the evaluation of the psychosocial impact of acne, applied before and three months after the intervention.

Results

Data analysis demonstrated a 40% improvement in quality of life scores following the multidisciplinary intervention associated with the use of dermocosmetics, indicating a significant reduction in the psychosocial impact related to acne. A trend toward improved treatment adherence and enhanced perception of well-being among participants was also observed.

Conclusions

The multidisciplinary approach integrated with the guided use of dermocosmetics demonstrated potential to improve acne management and positively impact quality of life in socially vulnerable populations. Expanded care strategies may contribute to increased access to treatment and to a more comprehensive and humanized approach to the disease.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4252

THE IMPACT OF SPORTS NUTRITION SUPPLEMENTS AND ANABOLIC-ANDROGENIC STEROIDS ON ACNE RECURRENCE RATES FOLLOWING SYSTEMIC RETINOID THERAPY

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Introduction
Following completion of systemic retinoid therapy, some patients experience recurrent acne flare-ups. Among the potential triggering factors, particular attention has been focused on sports nutrition supplements and anabolic-androgenic steroids (AAS), which may promote increased sebum production and follicular inflammation via IGF-1/mTOR signaling pathways and androgen-dependent mechanisms.

Objective. To assess the impact of sports nutrition supplements and anabolic-androgenic steroids on acne recurrence rates in young adult males following systemic retinoid therapy.

Materials and Methods
A total of 60 men aged 18-30 years (mean age 24.6 ± 3.1 years) were included in the study. All participants had completed a course of isotretinoin therapy 6-18 months prior to enrollment and were in clinical remission. All participants engaged in regular physical activity 3-6 times per week, which minimized the potential confounding effect of variations in physical activity levels.

The participants were divided into three groups of 20 patients each: Group I – physically active patients who did not use sports nutrition supplements or AAS; Group II – physically active patients using sports nutrition supplements (whey protein, BCAA, weight gainers, creatine); Group III – physically active patients using sports nutrition supplements in combination with AAS. The follow-up period was 12 months.

Outcome measures included occurrence of clinical acne relapse (increase in the number of inflammatory lesions) and the need for repeated treatment.

Results
Acne recurrence rates during the 12-month follow-up period:

Group	Recurrences, n (%)
Group I	4 (20.0%)
Group II	9 (45.0%)
Group III	15 (75.0%)

Statistically significant differences were identified between all three groups ($p < 0.01$).

Mean number of inflammatory lesions at relapse:

Group	Mean ± SD
Group I	8.2 ± 3.1
Group II	15.6 ± 5.4
Group III	26.3 ± 7.8

Statistically significant differences were identified between all three groups ($p < 0.01$).

Need for repeated systemic therapy:

Group	n (%)
Group I	1 (5.0%)
Group II	3 (15.0%)
Group III	8 (40.0%)

Statistically significant differences were identified between all three groups ($p < 0.01$).

At a comparable level of physical activity (3-6 training sessions per week), the use of sports supplements was associated with a 2.25-fold increase in acne recurrence rates compared to patients who did not use such supplements. The combination of sports nutrition supplements and AAS was associated with a 3.75-fold increase in recurrence risk.

Patients using AAS demonstrated more severe recurrence and more frequently required repeated courses of systemic retinoid therapy.

Conclusions

The use of sports nutrition supplements and anabolic-androgenic steroids significantly affects acne recurrence rates, disease severity, and the need for repeated therapy following systemic retinoid treatment. These findings support the implementation of active screening for sports supplements and AAS use among young men presenting with recurrent acne.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4282

Targeting dysbiosis in hidradenitis suppurativa: Cold atmospheric plasma as a novel adjuvant therapy

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Introduction

Hidradenitis suppurativa (HS) is a chronic, debilitating inflammatory disorder of the pilosebaceous units, predominantly affecting flexural areas. Current evidence consistently identifies an increased abundance of anaerobic species, alongside a marked reduction in commensal *Cutibacterium* spp. in HS lesions, with greater dysbiosis correlating with higher disease severity. Conventional management relies primarily on prolonged antibiotic courses, which are often insufficient to control chronic inflammation and are increasingly limited by antimicrobial resistance. Cold atmospheric plasma (CAP) has emerged as a promising adjuvant modality in the treatment of chronic wounds, owing to its well-documented antimicrobial and immunomodulatory properties. However, no clinical study has yet evaluated the application of CAP in patients with HS. This study aimed to assess the impact of CAP therapy on skin bacterial colonization, pain burden, and quality of life in HS patients.

Materials and Methods

This prospective, single-centre pilot study is currently enrolling adult patients with a confirmed diagnosis of hidradenitis suppurativa (Hurley stage I–III). Cold atmospheric plasma is generated using Neoplas med, Advanced Cold Plasma Therapy, kINPen® MED device. Prior to initiating treatment, bacterial swabs are collected from all affected areas to characterize the baseline microbial colonization profile. The Dermatology Life Quality Index (DLQI) and a standardized numerical pain rating scale are administered at baseline and after each CAP session. Standardized clinical photography will be performed at every consultation to document lesion evolution. Each CAP treatment will consist of two-minute applications per affected zone, with three sessions per week over one month. Repeated bacterial swabs will be obtained at the end of the treatment period and compared against baseline cultures to assess changes in microbial composition and load.

Results

Given that HS lesions are characterised by polymicrobial biofilm formation and a shift toward anaerobic dysbiosis, CAP represents a rational adjuvant approach with its effect mediated by the generation of reactive oxygen species (ROS), reactive nitrogen species (RNS), UV photons, hydroxyl radicals, ions, electrons, and ozone that act synergistically to disrupt bacterial cell membranes and biofilms, reducing pathogenic colonization independently of conventional antibiotic mechanisms. Data collection is ongoing. Preliminary observations from the first enrolled patients indicate that CAP therapy is well-tolerated, with no adverse events recorded to date. Early clinical assessments suggest a trend toward reduction in lesion inflammatory signs, erythema, tenderness, drainage and subjective pain scores following repeated CAP sessions. We expect a polymicrobial colonization baseline microbiological profiling in some patients, consistent with published literature on HS-associated dysbiosis. Final quantitative outcomes, including percentage reduction in bacterial strains and DLQI improvement scores will be available and will be presented upon study completion.

Conclusions

To our knowledge this is among the first studies that presents clinical evidence supporting the use of cold atmospheric plasma as an adjuvant therapy in hidradenitis suppurativa. CAP suggest a potential benefit in reducing microbial burden, alleviate pain, and improve quality of life in treated patients. In the context of rising antimicrobial resistance and the chronic antibiotic dependency inherent to current HS management, CAP could offer a novel, non-invasive, and well-tolerated complement to standard care. Further randomized controlled trials with larger cohorts are warranted to establish standardized treatment protocols and to elucidate the full immunomodulatory potential of CAP in HS.

This work was supported by a grant of the Ministry of Research, Innovation and Digitization, CNCS/CCCDI – UEFISCDI, project number PN-IV-P2-2.1-TE-2023-1449, within PNCDI III.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4304

Long-term real-world effectiveness and safety of upadacitinib in difficult-to-treat hidradenitis suppurativa after anti-TNF failure

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Introduction
Upadacitinib, a selective JAK1 inhibitor, is an emerging therapeutic option for moderate-to-severe hidradenitis suppurativa (HS) in patients with inadequate response or intolerance to biologic therapies. Real-world long-term data remain limited.

Materials and Methods
We conducted a longitudinal real-world study including adult patients with HS who initiated upadacitinib after at least 12 weeks of washout from adalimumab. Upadacitinib was started at 15 mg/day, with optional escalation to 30 mg/day from week 4 in cases of inadequate clinical response. Clinical and patient-reported outcomes were collected during routine clinical practice at weeks 4, 12, 24, 52, 78, 90, and 102. Efficacy endpoints included the International Hidradenitis Suppurativa Severity Score System (IHS4) and IHS4-55 response. Pain was assessed using the Numeric Rating Scale (NRS-Pain), quality of life using the Dermatology Life Quality Index (DLQI), and emotional well-being using the Hospital Anxiety and Depression Scale (HADS). Safety assessment included laboratory monitoring and adverse event recording.

Results
Six patients fulfilled inclusion criteria and continued treatment throughout the observation period. Mean IHS4 progressively decreased from 29.5±4.3 at baseline to 3.5±1.5 at week 102, indicating marked reduction in disease activity. Clinical improvement was observed early during treatment, with achievement of IHS4-55 response in 50% of patients at week 4, 83.3% at week 12, and 100% at week 24. Clinical response was maintained during long-term follow-up up to week 102, without evidence of loss of effectiveness. Mean NRS-Pain decreased from 7.7 at baseline to 1.3 at week 102, paralleled by substantial improvement in DLQI scores. No new safety signals emerged during prolonged treatment exposure. Laboratory abnormalities were mild and no patient discontinued treatment because of adverse events.

Conclusions
Despite the limited sample size and monocentric design, these real-world findings suggest that upadacitinib may provide rapid and sustained clinical improvement in difficult-to-treat HS after anti-TNF failure, with maintained effectiveness up to 102 weeks and a favourable safety profile. Larger prospective multicentre studies are warranted to better define the role of JAK1 inhibition in HS management.

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EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4316

Effectiveness , safety and tolerability of Ozenoxacin 2% lotion vs Clindamycin 1% lotion in mild to moderate truncal acne : An open label randomized controlled clinical trial

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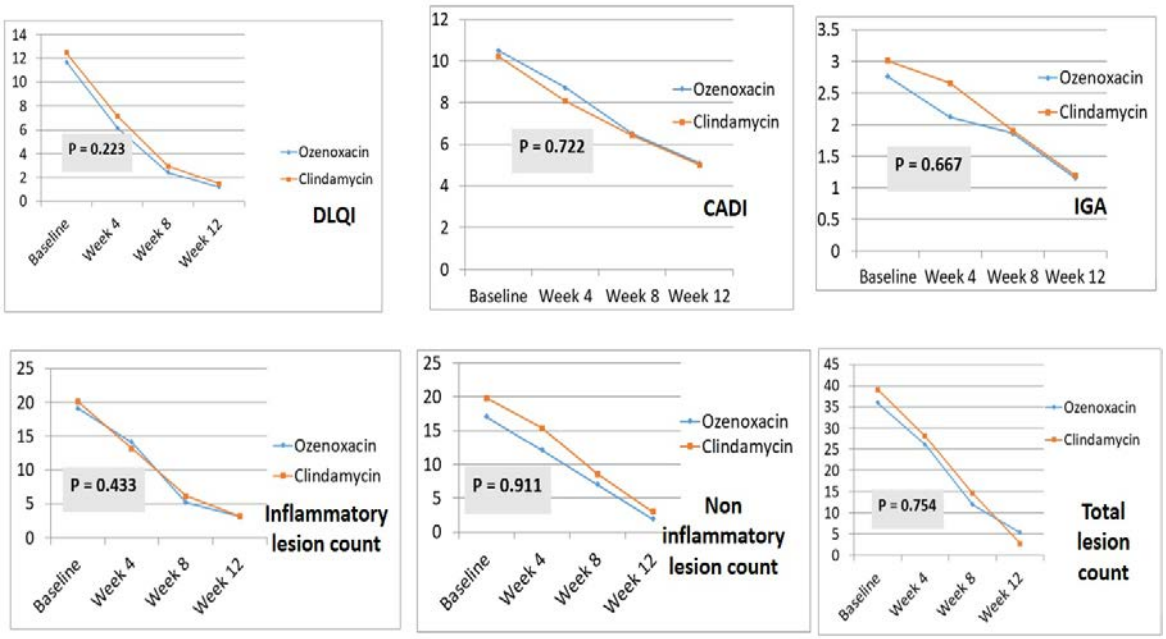
Introduction
Truncal acne is a frequently encountered but relatively understudied manifestation of acne vulgaris and is often associated with significant physical discomfort and psychosocial impact. Topical clindamycin has been extensively used in mild to moderate acne, however, there are concerns regarding antimicrobial resistance which has prompted interest in alternative topical agents. Ozenoxacin, a non-fluorinated quinolone, offers broad-spectrum antibacterial activity with minimal systemic absorption.

Materials and Methods
To compare the effectiveness, safety, and tolerability of ozenoxacin 2% lotion with clindamycin 1% lotion in patients with mild to moderate truncal acne. This institution-based, open-label, randomized controlled trial included 78 patients aged 18–35 years with mild to moderate truncal acne. Participants were randomized to receive either ozenoxacin 2% lotion or clindamycin 1% lotion applied twice daily for 12 weeks. Both groups received adapalene 0.1% gel once daily at bedtime. Clinical efficacy was assessed using Investigator Global Assessment (IGA), total lesion count, inflammatory and non-inflammatory lesion counts, Cardiff Acne Disability Index (CADI), and Dermatology Life Quality Index (DLQI). Safety was evaluated through adverse event monitoring.

Results
Thirty-five patients in the ozenoxacin group and thirty-four in the clindamycin group completed the study. Both groups demonstrated statistically significant improvement from baseline in all efficacy parameters at 12 weeks ($p < 0.05$). Intergroup comparisons showed no statistically significant differences across clinical or quality-of-life outcomes. Both treatments were well tolerated, with only mild and transient adverse effects reported.



Summary of the progress of total lesion count, inflammatory lesion count and non inflammatory lesion count, Cardiff Acne Disability Index, Investigator Global Assessment and DLQI scores for the two groups

Conclusions

Ozenoxacin 2% lotion is as effective and well tolerated as clindamycin 1% lotion in mild to moderate truncal acne and may serve as a suitable alternative topical antibiotic in routine clinical practice.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4359

Topical glycopyrronium bromide for the treatment of facial focal hyperhidrosis: a retrospective study of 10 patients with 12-month follow-up

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Introduction

Facial focal hyperhidrosis (FFH) causes excessive localized facial sweating and can markedly impair quality of life. No drugs or devices are currently approved specifically for FFH by the Food and Drug Administration or the European Medicines Agency. Topical glycopyrronium is effective in axillary hyperhidrosis and is commercially available in Europe as glycopyrronium bromide. Although small studies suggest that topical anticholinergics may be useful for FFH, evidence remains limited and follow-up is usually short. We aimed to evaluate the effectiveness and tolerability of prolonged topical glycopyrronium bromide treatment in patients with FFH in routine clinical practice.

Materials and Methods

We conducted a retrospective multicentre study including patients with FFH treated with topical glycopyrronium bromide cream between 2023 and 2025. Disease severity was assessed using the Hyperhidrosis Disease Severity Scale (HDSS; score 1–4) before treatment and after 2–3 months. Complete response was defined as HDSS=1 and partial response as HDSS=2. Quality of life was assessed using the Dermatology Life Quality Index (DLQI; score 0–30), when available. Treatment consisted of nightly application of one to three pumps of topical glycopyrronium bromide during the first month, according to the extent and location of sweating, followed by a maintenance regimen of two nights per week. Patients were instructed to avoid contact with the eyes because of the risk of transient mydriasis and to wash their hands carefully after application. All patients were informed that the use of topical glycopyrronium bromide for FFH was off-label and provided consent for treatment and anonymized data collection.

Results

Ten patients were included, six of whom were women. Median age was 35 years, ranging from 25 to 71 years. Median duration of FFH before treatment was 48 months, ranging from 24 to 120 months. The forehead was the most frequently affected area, observed in 9 of 10 patients, followed by the cheeks in 7 patients and the perioral or moustache area in 4 patients. Seven patients had previously received topical aluminium salt antiperspirants without satisfactory response. All patients had severe baseline disease, with an initial HDSS score of 4.

After 2–3 months of topical glycopyrronium bromide, all patients achieved complete clinical response, corresponding to HDSS=1. DLQI was available in eight patients and improved from a median baseline score of 18.5 to a median score of 3.5 after treatment. Median follow-up was 12 months, ranging from 6 to 18 months. During follow-up, nine patients maintained treatment with sustained complete response using the intermittent

maintenance regimen. One patient discontinued treatment after 5 months and remained asymptomatic without recurrence of FFH after 18 months of follow-up.

Treatment was well tolerated. Nine patients reported no adverse events. One patient developed transient mydriasis, leading to initial treatment discontinuation; however, this event was later attributed to concomitant use of another oral anticholinergic drug. No systemic adverse events or treatment-limiting local reactions were observed.

Conclusions

Topical glycopyrronium bromide appears to be an effective and well-tolerated therapeutic option for FFH. In this retrospective series, all patients achieved complete clinical response after 2–3 months, with marked improvement in quality of life and sustained benefit during prolonged follow-up. The use of an intermittent maintenance regimen may help prevent relapse while minimizing treatment burden. These findings support topical glycopyrronium bromide as a practical off-label option for patients with FFH, particularly when conventional topical antiperspirants are ineffective. Prospective controlled studies with larger cohorts are needed to confirm these results and define the optimal long-term treatment regimen.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4442

Association between hidradenitis suppurativa and inflammatory arthritis: a systematic review and meta-analysis

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Introduction

Introduction

Hidradenitis suppurativa (HS) is increasingly recognized as a systemic inflammatory condition rather than a disease confined to the skin. Emerging evidence suggests a link between HS and inflammatory arthritis; however, the strength and consistency of this association remain unclear.

Materials and Methods

A systematic review and meta-analysis were conducted in accordance with PRISMA guidelines. Major databases were searched from inception to April 2020. Observational studies assessing the association between HS and inflammatory arthritis were included. Pooled odds ratios (ORs) with 95% confidence intervals (CIs) were calculated using a random-effects model.

Results

Results

Seven studies comprising 200,361 patients with HS and 385,599 controls were included in the meta-analysis. HS was associated with a significantly increased risk of inflammatory arthritis (OR 3.44; 95% CI 1.92–6.17). Subgroup analyses demonstrated significant associations with spondyloarthritis (OR 2.10; 95% CI 1.40–3.15), ankylosing spondylitis (OR 1.89; 95% CI 1.14–3.12), and rheumatoid arthritis (OR 1.96; 95% CI 1.28–2.98). Substantial heterogeneity was observed across studies.

Conclusions

Conclusion

Patients with HS have a markedly increased risk of inflammatory arthritis, supporting the concept of HS as a systemic inflammatory disorder. Early recognition of musculoskeletal symptoms in HS patients may facilitate timely diagnosis and improve long-term outcomes.

EADV Congress 2026, VIENNA
30 SEPTEMBER - 03 OCTOBER 2026
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EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4497

ARTIFICIAL INTELLIGENCE–ASSISTED ACNE MONITORING APPLICATIONS: IMPACT ON THERAPEUTIC ADHERENCE AND CLINICAL OUTCOMES

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Introduction
The rapid expansion of mobile technologies and artificial intelligence (AI) has led to the development of mobile applications enabling patients to perform standardized selfies for acne severity assessment. These tools are increasingly used by the general public; however, their clinical relevance and impact on therapeutic adherence remain insufficiently explored.
This study aimed to evaluate the association between the use of AI-assisted acne self-assessment applications and therapeutic adherence, as well as short-term clinical outcomes.

Materials and Methods
A cross-sectional observational study was conducted among 530 patients with acne.

Participants were divided into two groups:

- regular users of acne self-assessment mobile applications (AcneTrack like)
- non-users

Data were collected through a structured online questionnaire including: acne severity, treatment type, therapeutic adherence and clinical response after 2 months, evaluated by reduction in lesion count.

Additional data on patient engagement, frequency of application use, and perceived usefulness were also collected among application users.

Comparisons between groups were performed using Chi-square tests, with a significance level set at $p < 0.05$.

Results
Among the 530 respondents, 246 were application users and 284 were non-users.

Acne severity distribution showed a predominance of mild to moderate forms:
• Users: mild 60%, moderate 35%, severe 5%
• Non-users: mild 50%, moderate 40%, severe 10%

Topical treatments alone were more frequently reported among users (55% vs 45%), whereas combined topical and oral therapy was more common among non-users (55% vs 45%).

Therapeutic adherence was significantly higher among application users (88% vs 76%, $p < 0.05$), corresponding to a 16% relative increase.

Non-adherence was reported in 12% of users compared to 24% of non-users, indicating a twofold higher rate of missed doses in the latter group.

Application users reported fewer frequent missed doses (≥1/week: 18% vs 34%) and lower rates of treatment discontinuation (10% vs 22%).

After 2 months, a ≥50% reduction in acne lesions was observed in 62% of users versus 48% of non-users, representing a 14% absolute improvement.

Conversely, lack of improvement or minimal response (<50%) was more frequent among non-users (52% vs 38%).

Higher adherence appeared to be associated with regular self-monitoring and visual feedback, reported by 72% of users, compared to 41% of non-users who reported irregular or no monitoring.

Most users reported improved understanding (78%), increased motivation (74%), and better treatment tracking (69%), while frequent use (64%) was associated with higher adherence (92% vs 81%).

Finally, 82% of users considered the application as a complement to dermatological care, while only 6% perceived it as a possible substitute.

Conclusions

AI-assisted acne monitoring applications appear to be a valuable adjunct to dermatological follow-up, significantly improving therapeutic adherence and short-term clinical outcomes, acting as behavioral and educational drivers, enhancing patient engagement and self-management.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4498

A retrospective evaluation of outcomes following deroofing surgery for hidradenitis suppurativa in a tertiary care centre

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Introduction

Hidradenitis suppurativa (HS) is a chronic inflammatory disorder of follicular occlusion characterised by recurrent nodules, abscesses, and sinus tract formation, causing significant physical and psychological morbidity. Management includes medical therapy and surgical options guided by disease severity, site, and chronicity. Deroofing is a minimally invasive technique performed under local anaesthetic. The dermal roof of sinus tracts or nodules are removed while preserving the underlying floor, allowing healing by secondary intention. Despite growing UK popularity, patient-reported outcome data are scarce. This retrospective service evaluation assessed patient satisfaction, recovery, complications, and recurrence following deroofing in a tertiary-care centre.

Materials and Methods

Twenty-five patients undergoing deroofing over a two-year period were included. Demographic, clinical, and procedural data were collected from medical records and a telephone survey, with an 84% response rate (21/25).

Results

The cohort comprised 14 females (66.7%) and 7 males (33.3%), mean age 39.1 years (range 21–65). All had a BMI >30; 29% had diabetes and 38% were current smokers. Most patients (71.4%) were receiving systemic therapy for HS. Disease severity was Hurley II in 57% and III in 38%; most treated sites were axilla (71.4%) and groin (19%). Satisfaction was measured using a 0–10 scale, with scores ≥7 defined as high and compared with a 76% benchmark. Overall, 90.5% reported satisfaction ≥7, exceeding the benchmark; median satisfaction was 10 (range 1–10).

Post-operative pain was ≤5 in 57.1% and severe (9–10) in 19% (median 5/10). Return to daily activities occurred within 14 days in 90.5% (median 7 days, range 1-56). Recurrence was absent in 57.1%. Complications occurred in 14.3%, including infection, delayed wound healing, prolonged pain, and bleeding.

Conclusions

In conclusion, deroofing is a minimally invasive adjunct to medical therapy, associated with high satisfaction, acceptable pain, rapid recovery, and low recurrence, supporting its role as an effective, patient-centred surgical option.

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VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4511

Who develops acne scars? Predictive factors in acne vulgaris

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Introduction
Acne vulgaris is a common chronic inflammatory skin disease mainly affecting adolescents and young adults. Although often temporary, it can leave permanent scars that have significant aesthetic and psychosocial consequences, impacting self-esteem, social relationships, and quality of life. Scarring results from abnormal wound healing after inflammation with disrupted collagen remodeling. However, only some patients develop scars, suggesting the role of multiple clinical, genetic, and behavioral factors. Early identification of high-risk patients is important to improve management and prevent irreversible damage.

Materials and Methods
We conducted a retrospective descriptive and analytical study including patients who consulted for acne vulgaris between January 2020 and January 2026. Patients were divided into two groups according to the presence or absence of acne scars. Logistic regression analysis was performed to identify factors associated with acne scar occurrence in univariate and multivariate analyses. A p-value <0.001 was considered statistically significant.

Results
A total of 436 patients with acne vulgaris were included, among whom 289 (66.3%) presented acne scars, while 147 (33.7%) had no evidence of scarring. Female predominance was observed in both groups. The mean age of patients with acne scars was significantly higher than that of patients without scars (25.84 ± 6.71 years versus 22.91 ± 5.04 years; OR=1.068; 95% CI: 1.029–1.109; p<0.001).Severe acne was significantly more frequent among patients with scars, affecting 79.6% of the scar group compared with 41.5% of the non-scar group (OR=6.24; 95% CI: 2.91–12.88; p<0.001). Positive family history of acne was also strongly associated with scar development, reported in 74.7% of patients with scars versus 21.1% in patients without scars (OR=29.63; 95% CI: 12.84–68.42; p<0.001).Manipulation and picking of acne lesions represented one of the strongest modifiable risk factors identified in our cohort (OR=15.87; 95% CI: 8.94–28.17; p<0.001). In addition, prolonged acne duration was significantly associated with scar formation (OR=8.96; 95% CI: 5.12–15.67; p<0.001). In the scar group, most patients reported acne evolution exceeding one year, whereas a shorter disease duration was more commonly observed among patients without scars.
Treatment initiation was significantly delayed in patients who developed scars compared with those without scars (8.93 ± 5.88 months versus 4.97 ± 2.41 months; OR=1.184; 95% CI: 1.112–1.251; p<0.001), supporting the importance of early therapeutic management in preventing irreversible sequelae.
Conversely, isotretinoin therapy appeared to have a protective effect against acne scar formation, particularly in patients with severe inflammatory acne. Overall, our findings are consistent with previous studies identifying acne severity, delayed treatment, positive family history and lesion manipulation as major predictive factors for acne scarring. These results emphasize the importance of early intervention and patient education to reduce long-term cosmetic and psychological consequences.

Conclusions

Acne scars are frequent and preventable complications of acne vulgaris, influenced by factors such as disease severity, family history, lesion manipulation, prolonged duration, and delayed treatment. Early detection of high-risk patients and prompt management, particularly in severe inflammatory acne, may reduce scarring and improve outcomes. Further studies are needed to better understand their mechanisms and improve prevention strategies.

EADV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4520

Ultrasound-defined active tunnels as a window of opportunity in hidradenitis suppurativa: tunnel subtype–dependent inflammatory and structural response to bimekizumab

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Introduction

Tunnel formation represents a major driver of irreversible tissue damage and progression in hidradenitis suppurativa (HS). Current clinical definitions of tunnel activity rely predominantly on purulent drainage, potentially underestimating inflammatory activity in non-draining lesions. High-frequency ultrasound (HFUS) with Doppler has recently enabled identification of the "active tunnel" concept, including non-draining tunnels with persistent inflammatory activity. Whether tunnel subtype influences inflammatory and structural response to biologic therapy remains insufficiently explored.

Materials and Methods

Objectives

To evaluate ultrasound-defined inflammatory and structural response of HS tunnels according to tunnel subtype in patients treated with bimekizumab and to explore the relevance of the active tunnel definition for identifying an early therapeutic window of opportunity.

Methods

This combined clinical–ultrasound analysis integrated data from two studies evaluating active tunnel characterization and response to bimekizumab in HS. A total of 312 tunnels were initially assessed using HFUS with Doppler to define inflammatory activity, while a longitudinal cohort of 88 tunnels from 22 moderate-to-severe HS patients treated with bimekizumab underwent serial ultrasound evaluation at weeks 16, 24, and 52.

Tunnels were classified according to Martorell's ultrasound classification into:

- Type A: dermal tunnels
- Type B: dermoepidermal tunnels
- Type C: complex tunnels
- Type D: subcutaneous tunnels

Active tunnels were defined by the presence of purulent drainage or pain associated with erythema and/or induration with Doppler positivity. Structural response was assessed using greyscale ultrasound.

Results

Doppler ultrasound demonstrated inflammatory activity in 91% of evaluated tunnels, including a substantial proportion of non-draining lesions. Dermal tunnels frequently showed Doppler positivity despite absence of drainage, supporting their role as early inflammatory tunnel stages.

Inflammatory control under bimekizumab varied according to tunnel subtype and depth. At week 52, inflammatory activity control reached:

- 97% in dermal tunnels
- 87% in dermoepidermal tunnels
- 67% in complex tunnels
- 23% in subcutaneous tunnels

Structural resolution also demonstrated marked subtype dependency. By week 52:

- Dermal tunnels achieved 97% structural resolution
- Dermoepidermal tunnels achieved 71% resolution
- Complex and subcutaneous tunnels showed minimal structural reversal (≤4%)

These findings indicate that superficial tunnel subtypes retain substantial reversibility potential, whereas deeper and architecturally complex tunnels predominantly exhibit persistent structural damage despite inflammatory suppression with bimekizumab.

Conclusions

Ultrasound redefines tunnel activity in HS beyond drainage alone and identifies non-draining inflammatory tunnels as clinically relevant therapeutic targets. Tunnel subtype strongly influences both inflammatory and structural response to bimekizumab.

Dermal and dermoepidermal active tunnels appear to represent a critical window of opportunity in HS, where early intervention with bimekizumab may still prevent irreversible remodeling and progression toward complex fibrotic disease. HFUS with Doppler may therefore play a central role in early disease interception, treatment stratification, and disease-modifying therapeutic strategies in HS.

EA DV CONGRESS
VIENNA
30 SEP - 3 OCT 2026

Abstract N°: 4530

Evolution of olfactory function and associated factors in acne patients receiving oral isotretinoin: a longitudinal study

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Introduction

Background:

The association between oral isotretinoin (ISO) and olfactory dysfunction remains unclear. Previous cross-sectional studies identified olfactory impairment during treatment but could not assess reversibility after discontinuation. Additionally, improvement of nasal obstruction in patients with rhinitis may confound olfactory assessment.

Objectives:

To longitudinally evaluate olfactory function in acne patients treated with oral ISO, identify factors associated with olfactory dysfunction, and assess olfactory changes in individuals with rhinitis.

Materials and Methods

This longitudinal study included acne patients aged ≥18 years receiving oral ISO between July 2022 and December 2025. Olfactory function was assessed using the University of Pennsylvania Smell Identification Test (UPSIT®), and nasal obstruction symptoms were evaluated using the Nasal Obstruction Symptom Evaluation (NOSE) questionnaire at baseline (T1), during peak cumulative dose (T2), and two months after treatment completion (T3). Patients with prior olfactory disorders, COVID-19-related dysfunction, treatment interruption, incomplete monitoring, or missing data were excluded. Statistical significance was set at $p<0.05$.

Results

Forty patients completed follow-up, including 26 women, with a mean age of 25 years. Olfactory function showed a mild but significant decline during treatment (T1>T2, p=0.04), followed by recovery after treatment cessation (T3>T2, p=0.02). Baseline UPSIT scores were lower in participants with rhinitis compared with those without rhinitis (31±4 vs. 34±3; p=0.02). Among patients with rhinitis, olfactory performance progressively improved throughout follow-up, with final scores exceeding baseline values (T3>T1, $p<0.01$). UPSIT and NOSE scores demonstrated a moderate inverse correlation (rho=-0.46; 95%CI -0.60 to -0.30; $p<0.01$).

Table 1. Clinical and demographic characteristics of the sample ($n = 40$).

Characteristics	Values
Age (years), Mean (SD)	25 (6)
Min.–max.	18–43
Female, n (%)	26 (65%)
White, n (%)	26 (65%)
Family income, n (%)*	
≤2	5 (13%)
3–4	16 (40%)
5–9	12 (30%)
10–19	5 (12%)
>20	2 (5%)
Education level, n (%)	
Elementary school	0 (–)
High school	14 (35%)
Higher education	26 (65%)
Acne classification, n (%)	
Grade II	10 (25%)
Grade III	29 (73%)
Grade IV	1 (3%)
Rhinitis, n (%)**	23 (58%)
Smoker, n (%)§	1 (3%)
Abnormal nasoendoscopy, n (%)€	13 (33%)
Abnormal lipid profile, n (%)‡	15 (38%)
Abnormal liver enzymes, n (%)#	1 (3%)
Treatment duration (months), Mean (SD)	8 (1)
Min.–max.	6–12
Weight (kg), Mean (SD)†	69 (16)
Min.–max.	47–120
UPSIT® at T1, mean (SD)	32 (4)
Normosmia, n (%)	20 (50%)
Mild hyposmia, n (%)	9 (22%)
Moderate hyposmia, n (%)	11 (28%)
NOSE at T1, median (p25–p75)	1 (0–4)

SD: standard deviation.
* Minimum wage in Brazil in 2025.
** Without flu-like symptoms at the time of olfactory testing.
§ Seven cigarettes per day for 19 years (6.65 pack-years).
€ Indicates findings of inferior nasal turbinate hypertrophy.
‡ Indicates triglycerides (>150 mg/dL) and/or total cholesterol (>200 mg/dL).
# Indicates aspartate aminotransferase (AST) >40 U/L and/or alanine aminotransferase (ALT) >50 U/L.

Table 1 - Clinical and demographic characteristics of the sample (n = 40).

Conclusions

Oral ISO induces transient olfactory impairment in patients without rhinitis, with recovery after treatment discontinuation. In contrast, patients with rhinitis experience progressive olfactory improvement, likely secondary to reduced nasal obstruction. These findings suggest distinct olfactory trajectories according to baseline nasal inflammatory status and highlight the role of nasal fluid balance in modulating olfactory function during ISO therapy.

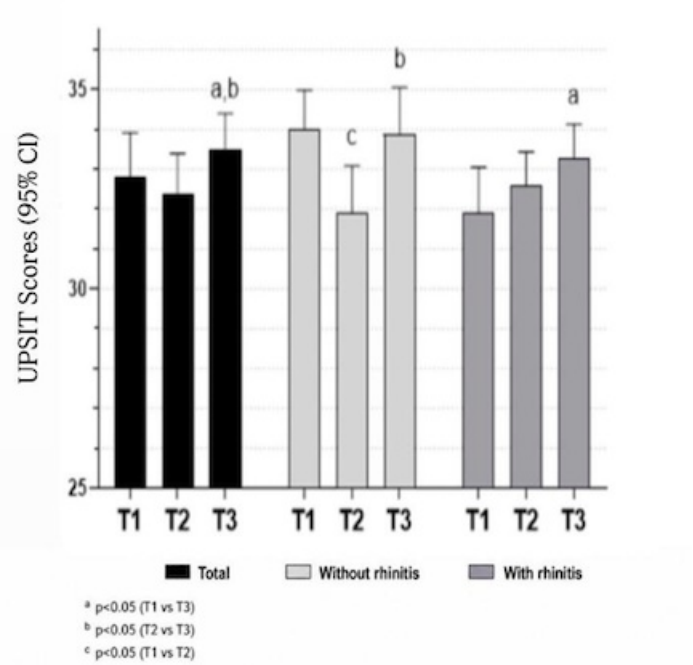

Figure 1. Mean UPSIT® scores (95% CI) for all participants, with or without rhinitis.

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