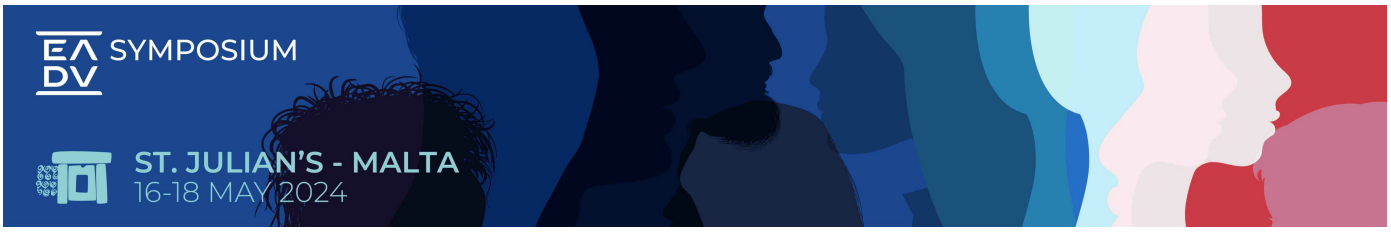


Abstract N°: 49

Invasive squamous cell carcinoma on sternotomy scar

Farnaz Araghi[1], Nima Sarisarraf[2]

[1]skin research center of shahid beheshti university of medical sciences, dermatology, Tehran, Iran,[2]Rajaie Cardiovascular Medical and Research Center, Iran University of Medical Science, Tehran, Iran, cardiology

Introduction & Objectives:

Since 1828, the term Marjulin's ulcer has been referred to as Squamous Cell Carcinoma (SCC) which grows on the burned ulcers. Currently, the terminology has been revised to include all types of skin tumors that develop on the damaged skin not just burn scars. This damaged skin would consist of infected wounds, sinuses, and long-lasting scars. However, there are only a few studies in which the SCC grew on surgical uncomplicated scars, particularly sternotomy surgical scars. Here, we are reporting a patient in which an invasive SCC tumor developed on the uncomplicated sternotomy scar after 5 years.

Materials & Methods:

An 85-year-old male patient was referred to our dermatologic clinic with an ulcerated lesion on his chest. He mentioned the rapid growth of the tumor within 2 months on his surgical scar of the chest. He didn't complain of pain or bleeding. He had undergone an uncomplicated Coronary Artery Bypass Grafting (CABG) 5 years earlier. His sternotomy scar on his chest had been excellently healed 1 month later and he denied any trauma or infection in this area.

In his physical examination, an ulcerated nodule was observed on the middle line of the chest, exactly in the middle of his sternotomy scar. The nodule had a 3-centimeter diameter and the surrounding skin of the nodule was indurated. The center of the nodule was a crater full of keratin. In his microscopic examination, endophytic crateriform squamous hyperplasia with severe dysplasia and evidence of dermal invasive consistent with invasive squamous cell carcinoma, crateriform.

Results:

Previous research identified that the lower extremity, particularly the volar side of the foot, is the most common area for such tumors. Primarily, in 1991, Korula et al. reported a similar case of an SCC tumor that grew on the sternotomy scar after 12 months.

The potential reason for this trend could be the intensity of sun exposure to the extremities rather than the trunk. Additionally, it is assumed that sun exposure could play a significant role in squamous carcinoma growth in individuals with fair skin like our patient; however, other factors that result in chronic ulcers could be responsible in the individuals with darker skin.

These marjulin ulcers have been categorized into acute and chronic types depending on the time period between the first injury and the malignancy appearance on the injured skin. A recent investigation revealed that the average duration for this process is approximately 5 years. Therefore, the majority of these marjulin ulcers are categorized as chronic type.

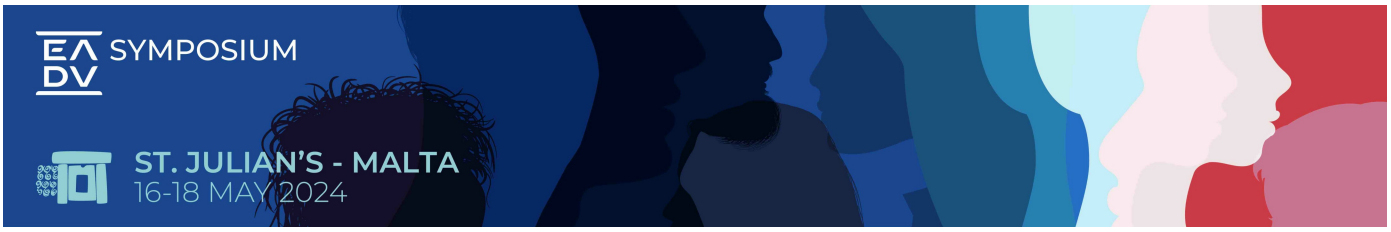
The pathogenesis of these chronic types could be related to the ongoing irritations to the scar tissue associated with the lack of vascularization, resulting in decreasing the local immunity of the area and tumor growth.

In this report the tumor lesion was displayed within 2 months, however the surgical scar had healed 5 years prior. Based on recent studies, the possible explanation for such rapid occurrence could be attributed to the genetic factors that make certain individuals more susceptible to tumor growth. As indicated previously, SCC tumors that develop on scars have the potential to metastasize in 10 to 100 of the patients, whereas this may occur in only 1% of the patients with nonscar-SCC

tumors.

Conclusion:

Early detection and management of such tumors hold remarkable significant importance among patients. This study recommends raising the patients' awareness about chronic ulcers and the potential alterations they may experience.



Abstract N°: 116

Hidradenocarcinoma of the foot in a 26-year-old man: Case report

Assya Djeridane[1]

[1]army hospital , dermatology, ALGIERS

Introduction & Objectives:

hidradenocarcinoma is a rare malignant adnexal tumor, developed at eccrine sweat glands, frequently observed in the head and neck. We report a new case, original by the rare location on the plantar side.

Materials & Methods:

A 26-year-old man presented for two years with a tumor on the plantar surface of the left foot next to the first metatarsal, gradually increasing in size and becoming painful.

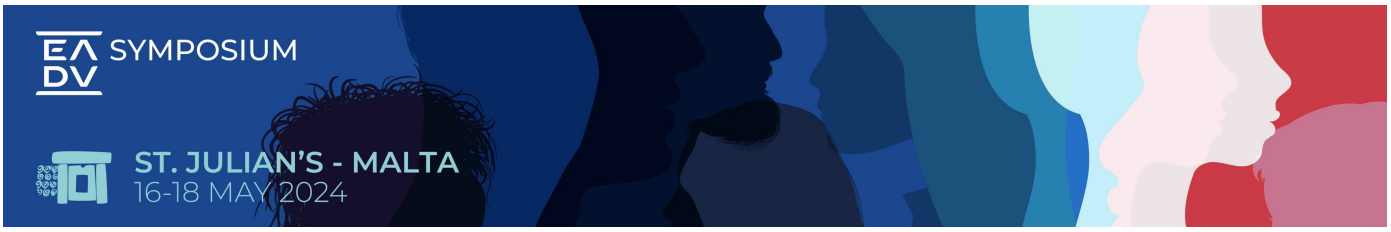
The histological study of the resection biopsy suggested an unclassified moderately differentiated carcinoma with healthy resection margins. Three months after the resection there was a local recurrence

Results:

A histological rereading of the blocks was in favor of a hidradenocarcinoma. The staging was negative. A lisfranc-type amputation of the left forefoot was performed; the postoperative course was good. Clinical and radiological monitoring was established in our patient, there was no recurrence or progression after a 30-month follow-up.

Conclusion:

hidradenocarcinoma is a very rare and aggressive tumor. The clinical aspect is not recognizable. Diagnosis is histological supported by immunohistochemistry. Early management and regular long-term monitoring improve prognosis and survival rate. Due to the aggressive nature of the tumor and the local recurrence after the initial resection, amputation of the forefoot was indicated.



Abstract N°: 127

Cutaneous Eccrine Porocarcinoma Diagnostic Challenge in Darker Skin Tones Individual.

Dr. Fantahun Abza[1]

[1]Haramaya university college of health and medical science , Dermatology , Harar, Ethiopia

Introduction & Objectives:

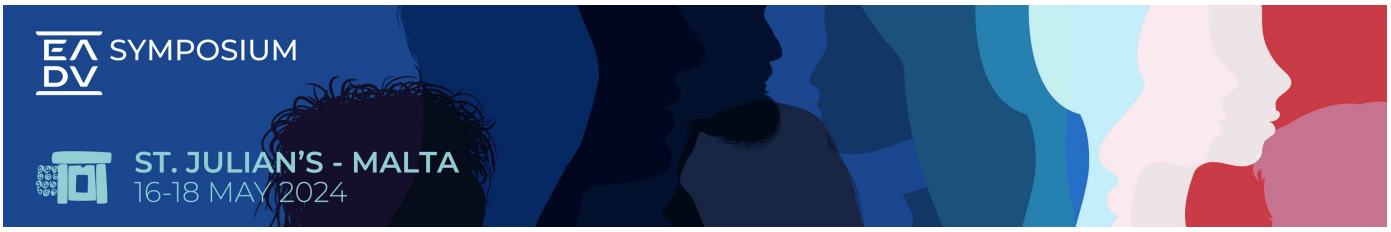
Cutaneous eccrine porocarcinoma is a rare type of carcinoma that accounts for approximately not more than 0.01% of all skin malignancies, which was described by Pinkus and Mehregan in the year of 1963 [1]. Sweat gland porocarcinoma has a predilection to the lower extremities in aged people. A clinical diagnosis based solely on a physical exam is challenging and confusing to other types of skin tumours, especially cutaneous squamous cell carcinoma in both clinical presentation and histopathology findings [2]. Initially, this case was diagnosed as squamous cell carcinoma in both clinical and cytology results before being referred to the dermatology outpatient department.

Materials & Methods:

Results:

Conclusion:

This case is presented to review case reports of EPC proven in people with darker skin tones, highlighting important clinical and histopathological characteristics. Due to its rarity and the challenge of diagnosing based on clinical presentation alone, a high clinical index of suspicion, multidisciplinary involvement and early intervention are needed.



Abstract N°: 144

Cemiplimab in the treatment of basal cell carcinoma

César Martins*[1]

[1]Centro Hospitalar Médio Tejo, Portugal

Introduction & Objectives:

Cemiplimab is a monoclonal antibody that binds to the programmed cell death receptor-1 (PD-1) and blocks interaction with its ligands PD-L1 and PD-L2. Its therapeutic indications in Dermatology are metastised or locally advanced squamous cell carcinoma (mSCC or laSCC), which are not candidates for curative surgery or radiotherapy, and metastised basal cell carcinoma (mSCC) or laSCC in progression with HHI (or with intolerable toxicity to them).

Materials & Methods:

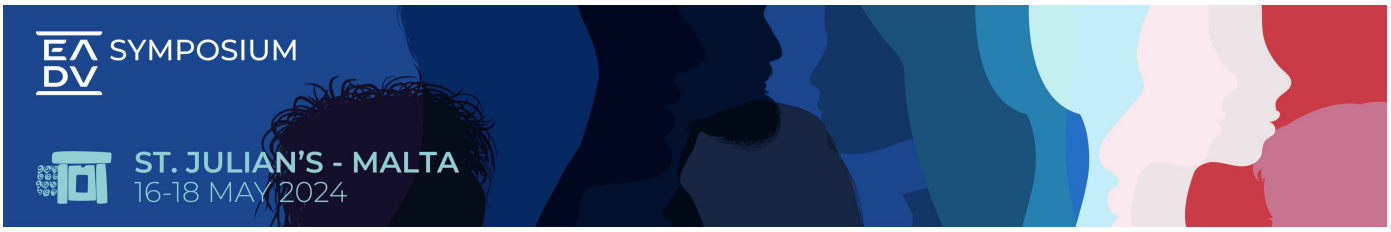
Two clinical cases of locally advanced basal cell carcinoma (laBCC) being treated with cemiplimab are presented.

Results:

The first concerns a patient with IaBCC, treated with vismodegib, with partial response but tumour progression under therapy. After starting cemiplimab, there was a complete clinical response after 7 cycles. In the second case, first-line therapy with cemiplimab was instituted, as the patient had a collision tumour (laBCC and laSCC component).

Coclusion:

laBCC represents around 1% of all BCCs. When surgery and radiotherapy are not feasible, oral Hedgehog Pathway Inhibitors (HHI) are the next line of therapy. Primary or secondary resistance to HHI leads to tumour progression, and in these cases cemiplimab is a therapeutic option.



Abstract N°: 196

Dystrophic scar : Beware of malignant degeneration !

Yousra Habibi[1], Baline Kenza[1], Skali Hayat[1], Marnissi Farida[1], Chiheb Soumia[1]

[1]CHU Ibn Rochd

Introduction & Objectives:

Squamous cell carcinoma (SCC) is a malignant tumor usually arising on injured skin. Local destruction may be extensive, and metastases occur in advanced stages. Detected early, most squamous cell carcinomas are curable. We report the case of a patient who developed a squamous cell carcinoma on a post-traumatic thigh scar that had been evolving for 22 years.

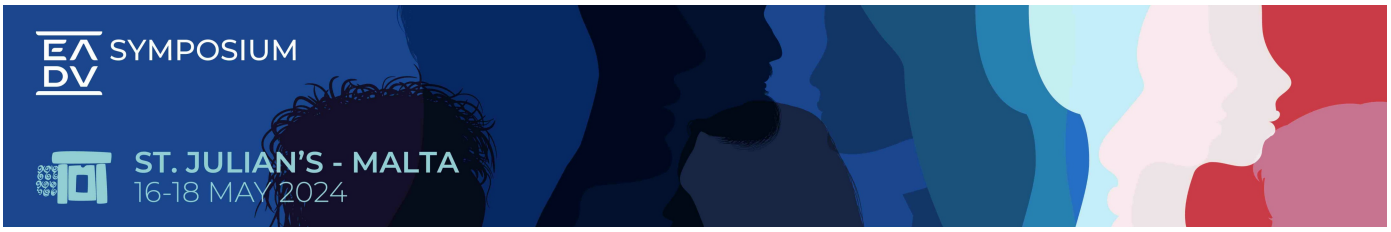
Materials & Methods:

Results:

A 40-year-old patient with a history of a road accident 22 years ago and post-traumatic scarring of the thigh root, hospitalized for an ulcerative-bourgeoning process of the right thigh that had been increasing in size and bleeding on contact for 1 year, with no tendency to regress despite treatment. Clinical examination: ulcerating-bourging lesion with fibrino-hemorrhagic background, bleeding on contact, irregular margins with purulent, malodorous oozing, measuring 18x12 cm, highly hemorrhagic ulcerating-bourging satellite lesion measuring 6x3 cm. Lymph node examination: fixed infracentimetric right inguinal ADP. Histological study of the skin biopsy was in favour of a well-differentiated keratinizing squamous cell carcinoma ulcerating and infiltrating deep muscle bundles arising on lesions on hypertrophic scars. MRI of the thigh showed an ulcerating-bourging tissue process infiltrating the cutaneous and subcutaneous tissue and the biceps crural, vastus lateralis and gluteus maximus muscles, measuring 215 mm in height, 134 mm in anteroposterior diameter and 30 mm in maximum thickness. CT scan of the thigh revealed no bone lesions. Ultrasound of lymph nodes: right inguinal adenopathy, infracentimetric, with necrosis and irregular contours. The patient was referred to a multidisciplinary oncology-traumatology-dermatology consultation meeting for therapeutic decision. The indication for total disarticulation of the right hip was established, but surgery was deemed to be debilitating, and palliative treatment with chemo-radiotherapy was initiated. The patient underwent 4 courses of chemotherapy (5FU-CDDP) and 23 sessions of radiotherapy (total dose 46 Gy). The evolution was marked 6 months later by death due to bone marrow aplasia.

Conclusion:

Squamous cell carcinoma most often occurs on pre-cancerous lesions, hence the need for early management of any dystrophic scar using various treatment options: DIODE Laser, CO2 Laser, sun protection, surgical revision, in order to prevent and avoid transformation into a malignant tumor.



Abstract N°: 244

Results of screening for oncogene human papillomavirus (HPV) types in patients with vulvae lichen sclerosis

Delya Fozilovna Porsokhonova[1], Nurjanar Ilesova[1]

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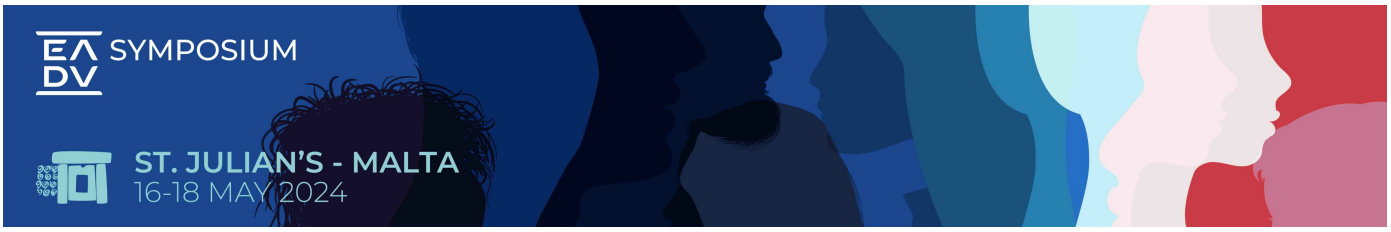
Introduction & Objectives: . In recent years, the attention of researchers from different countries has been drawn to the problem of cervical dysplasia and cancer, since this is one of the main causes of mortality among women of reproductive and perimenopausal age. The established role of human papillomavirus (HPV) type 16/18 and the screening program deployed in connection with this have opened up opportunities for early diagnosis and prevention of cervical cancer. However, whether the pathogenic effect of HPV is limited to the upper pelvis or can lead to similar dysplastic processes in the area of the external genitalia is still unknown. In this regard, the purpose of this study was synchronous PCR screening for HPV 16/18 of the cervix and vulva in patients with vulvar lichen sclerosis.

Materials & Methods: We observed 26 women of reproductive and menopausal age (from 23 to 68 years) diagnosed with lichen sclerosis of the vulva (LSV). We conducted histological studies of vulvar biopsies, microbiological studies and PCR diagnostics of the most common bacterial and viral infections of the urogenital tract. A PCR study was carried out on HPV types 16/18 simultaneously from the cervical canal and biopsy samples from pathological foci in the vulva area.

Results: The duration of the LSV disease in our patients ranged from 6 months to 10 years. The clinical picture of LSV is represented by papular, erythematous-edematous, vitiligo, atrophic, erosive-ulcerative forms. Subjective concerns of patients were expressed in the presence of itching, mainly at night, a burning sensation that intensifies after contact with water, pain in the presence of an erosive-ulcerative form of LSV. Concomitant infections of the urogenital tract were detected in 19 (73.1%) patients and were represented by Ureaplasma Urealyticum 8 (30.7%), HSV II 6 (23.1%), Gardnerella vaginalis 7 (26.9%), Candida albicans 8 (30.7%) in mono and mixed versions. Simultaneous damage to the vulva and cervix occurred in 13 (50.0%) patients: in the form of erosions in 7 (26.9%), dysplasia of I-II degrees in 4 (15.4%), leukoplakia in 2 (7.7%). In all 13 cases of cervical lesions, the presence of HPV 16/18 was noted; among these patients, in 9 (34.6%) women, HPV 16/18 was also detected in the vulvar biopsy specimen. In the absence of cervical lesions and the absence of HPV 16/18 in the results of PCR analysis of scrapings from the cervical canal, HPV 16/18 was also not isolated in vulvar biopsies.

Conclusion: Damage to the cervix in the form of erosions, dysplasia and leukoplakia in patients with LSV, as well as the presence of Ureaplasma Urealyticum, HSV II, Gardnerella vaginalis and Candida albicans should be considered as a potentially unfavorable prognostic factor not only for cervical diseases but also for LSV. The detection of HPV 16/18 in vulvar biopsies in 34.6% of patients, synchronously with its detection in cervical scrapings, may indicate the participation of this type of HPV in the development of LSV.



Abstract N°: 270

Updates on CTCL diagnostic and therapeutic trends amidst the COVID-19 pandemic: insights from a referral center

Gabriele Roccuzzo[1], Cristina Sarda[1], Nicole Macagno[1], Paolo Fava[1], Simone Ribero[1], Pietro Quaglino[1]

[1]Section of Dermatology, University of Turin, Department of Medical Sciences, Turin, Italy

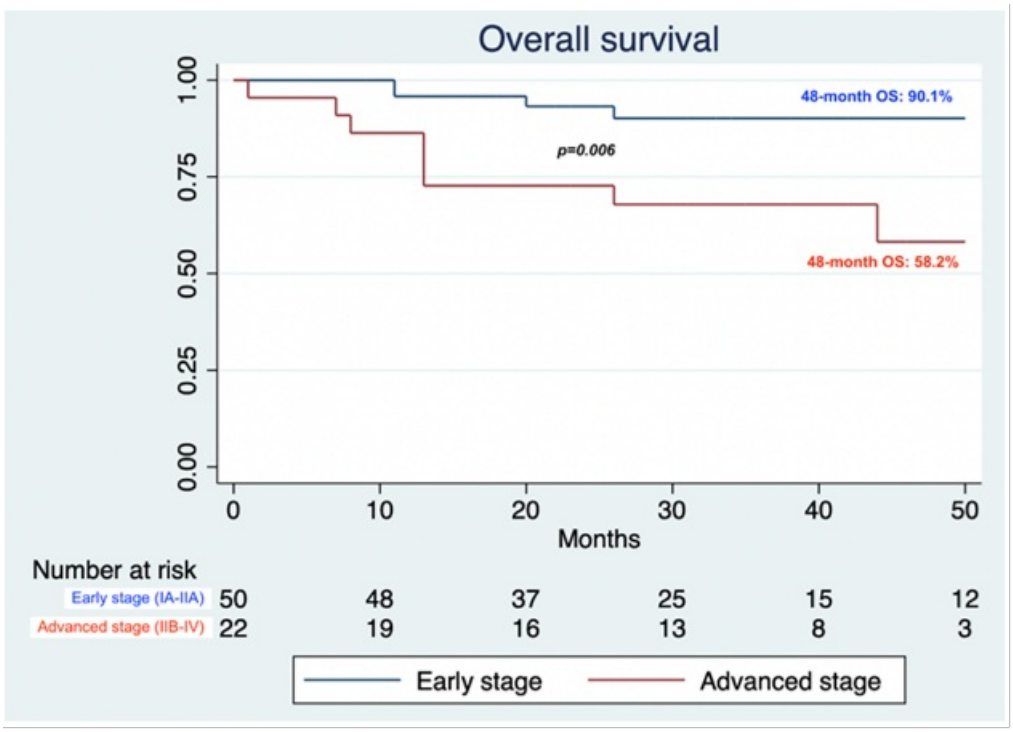
Introduction & Objectives: The COVID-19 pandemic disrupted healthcare priorities, affecting the diagnosis and treatment of various medical conditions, including skin cancers. This study aimed to investigate the impact of the pandemic on the incidence rates, clinical characteristics, and treatment approaches of cutaneous T-cell lymphomas (CTCL) patients a tertiary referral center.

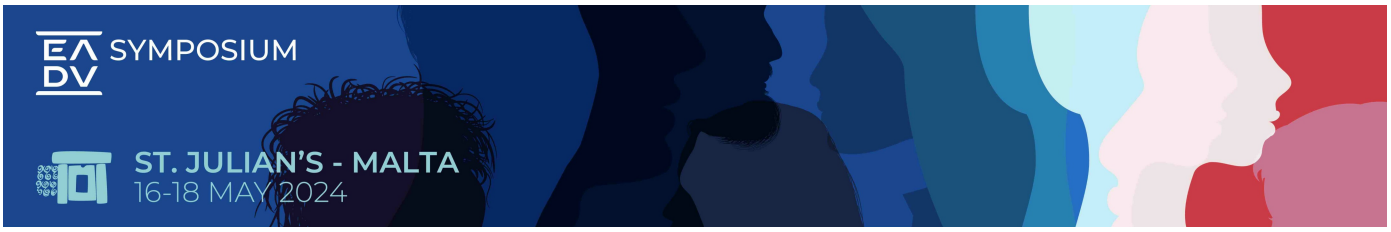
Materials & Methods: Clinical data from CTCL patients attending our dermatologic clinic between January 2020 and December 2022 were collected. Patients meeting specific criteria were included, and their data were compared to a pre-pandemic cohort from 2019 (n=247) (Figure 1). Mann-Whitney, Chi-squared, and Fisher's exact tests were used to analyze continuous and paired nominal data, respectively. Kaplan Meier curves and Cox regressions were used to identify factors related to survival in the subgroups of early (IA-IIA) and advanced (IIB-IV) stages.

Results: During 2020-2022, 72 new cases of CTCL were evaluated at our University Hospital. Compared to the pre-pandemic, notable changes were observed in terms of prolonged median diagnostic delay (32.6 vs 13.5 months, p=0.043) and shifts in stage at diagnosis, with an increase in the advanced stages (p=0.013), in both tumoral (p=0.042) and leukemic forms (Stage IV p=0.041, B2 p=0.033). Moreover, a higher incidence of symptomatic cases with pruritus at the time of first evaluation was registered (p<0.001). As for treatment approaches, a greater proportion of patients received systemic agents such as anti-CD30 brentuximab-vedotin and anti-CCR4 mogamulizumab (15.3% vs 3.2% and 12.5% vs 0.4%, p<0.001). Conversely, there was a decline in the use of traditional treatments, such local radiation therapy (p=0.016), phototherapy (p=0.001), and peg-interferon-alpha-2a (p=0.030). The percentage of patients achieving a complete response dropped from 60.1% in the pre-COVID cohort to 41.6% in the 2020-2022 cohort (p=0.004). At data cut-off, 48-month OS rates of 90.1% and 58.2% (p=0.006) were registered in the early and advanced stage subsets of patients, respectively. At Cox proportional hazards regression, the presence of other non-dermatological cancers (HR 4.47, 95% CI 1.44-13.90, p=0.010), advanced stage (HR 4.51, 95% CI 1.37-15.11, p=0.014), and disease progression (HR 6.34, 95% CI 2.00-20.16, p=0.002) were negatively associated with survival (Figure 2).

Conclusion: The COVID-19 pandemic led to significant shifts in the diagnosis and treatment of CTCL patients, with a higher incidence of advanced symptomatic cases, a decline in traditional therapies, and an increased use of systemic agents. These findings emphasize the need to assess the broader impact of the pandemic on healthcare systems, underscoring the importance of adapting to changing healthcare priorities in a post-pandemic world.

	Pre-pandemic Cohort	2020-2022 Cohort	*p-value*
CTCL patients, n	247	72	-
Male, n (%)	95 (38.5%)	47 (65.3%)	***<0.001***
Female, n (%)	152 (61.5%)	25 (34.7%)	***<0.001***
Age (years), median (range)	58.0 (44.5-67)	67.2 (20.0-92.0)	*0.060*
Diagnostic delay (months), median (range)	13.5 (4-38.5)	32.6 (0.0-314.0)	***0.043***
Pruritus as most relevant symptom, n (%)	65 (26.3%)	53 (73.6%)	***<0.001***
Follow up (months), median (range)	60.1 (36-108)	17.5 (8-44)	***0.021***
CTCL types according to 2018 WHO-EORTC, n (%)			
- MF	186 (75.3%)	57 (79.2%)	*0.458*
- FMF	22 (11.8%)	9 (15.8%)	*0.432*
- SS	11 (4.5%)	7 (9.7%)	*0.697*
- Primary cutaneous CD30+ LPD: LyP	19 (7.7%)	2 (2.8%)	*0.139*
- Primary cutaneous CD30+ LPD: C-ALCL	18 (7.3%)	5 (6.9%)	*0.921*
- Primary cutaneous CD4+ small/medium T-cell	11 (4.5%)	1 (1.4%)	*0.391*
- CD8+ AECTCL	2 (0.8%)	0 (0%)	*1*
Stage at diagnosis for MF-SS, n (%)	197	64	-
- IA	106 (53.8%)	24 (37.5%)	*0.784*
- IB	58 (29.4%)	18 (28.1%)	*0.840*
- IIA	6 (3%)	6 (9.4%)	***0.041***
- IIB	12 (6.1%)	9 (14.1%)	***0.042***
- III	6 (3%)	1 (1.5%)	*0.523*
- IV	6 (3%)	6 (9.4%)	***0.041***
B score at diagnosis, n (%)	105	39	-
- B0	69 (53.8%)	23 (59%)	*0.454*
- B1	26 (24.8%)	7 (18%)	*0.388*
- B2	10 (9.5%)	9 (23%)	***0.033***
Complete response achieved, n (%)	150 (60.1%)	30 (41.6%)	***0.004***
Progression, n (%)	29 (14.7%)	11 (17.2%)	*0.092*
Other dermatologic cancers, n (%)	38 (15.4%)	5 (6.9%)	*0.065*
Other non-dermatologic cancers, n (%)	50 (20.2%)	14 (19.4%)	*0.882*
Treatments	247	72	
- Topical steroids	162 (65.6%)	58 (80.6%)	***0.016***
- Phototherapy	124 (50.2%)	23 (31.9%)	***0.001***
- Localized RT	41 (17.0%)	4 (5.6%)	***0.018***
- TSEBI	11 (4.5%)	3 (4.2%)	*0.917*
- Methotrexate	26 (10.5%)	9 (12.5%)	*0.637*
- Bexarotene	36 (14.6%)	13 (18.1%)	*0.471*
- Other retinoids	44 (17.8%)	19 (26.4%)	*0.108*
- ECP	16 (6.5%)	5 (6.9%)	*0.889*
- Interferon	22 (8.9%)	1 (1.4%)	***0.030***
- Chemotherapy	15 (6.0%)	3 (4.2%)	*0.538*
- Atezolizumab	2 (0.8%)	0 (0%)	*1*
- Mogamulizumab	1 (0.4%)	9 (12.5%)	***<0.001***
- Brentuximab-vedotin	8 (3.2%)	11 (15.3%)	***<0.001***
- Surgery	10 (4.0%)	0 (0%)	*0.124*





Abstract N°: 271

Preliminary insights on different erythroderma morphological features: a prospective validation study.

Gabriele Roccuzzo[1], Paolo Fava[1], Simone Ribero[1], Pietro Quaglino[1]

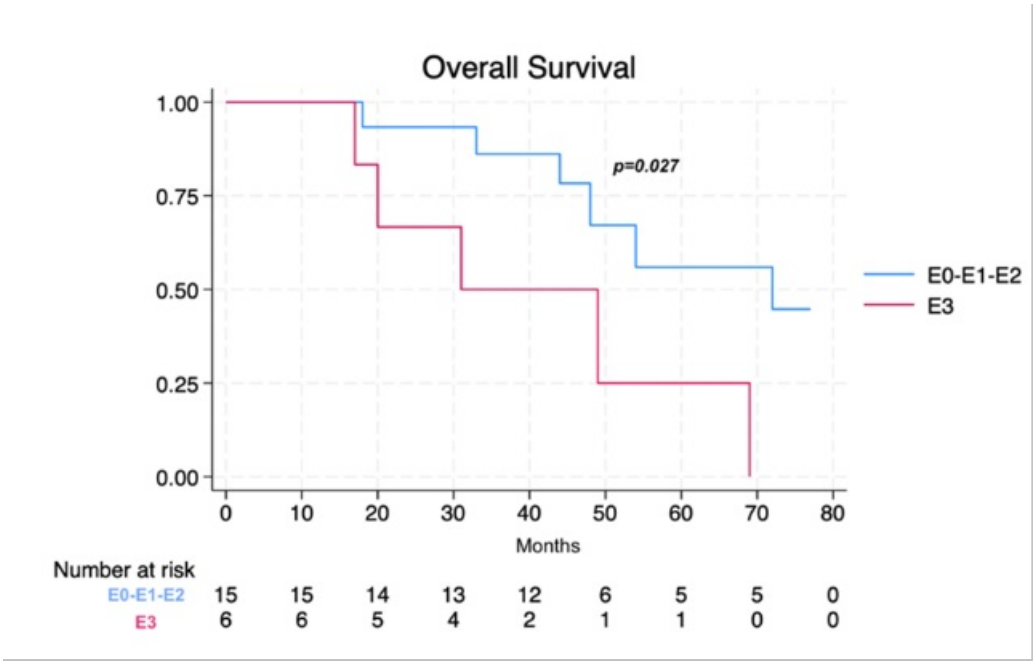
[1]Section of Dermatology, University of Turin, Department of Medical Sciences, Turin, Italy

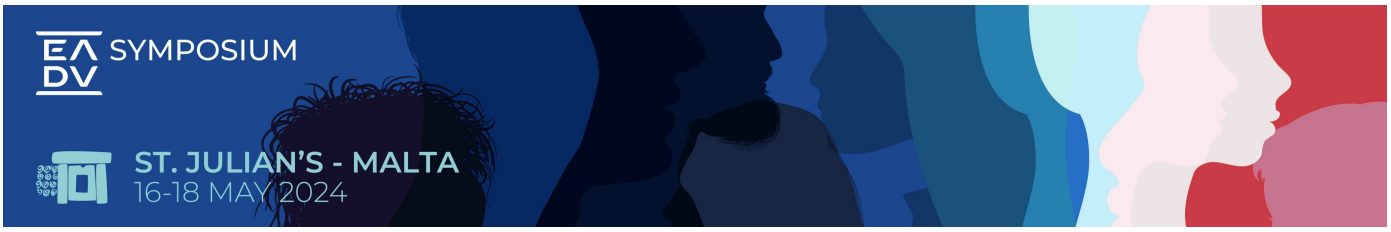
Introduction & Objectives: Historically, Sézary syndrome (SS) has been characterized by the classic triad of erythroderma, peripheral lymphadenopathies, and leukemic involvement of the blood compartment (i.e., >1000 CD4+/CD26- or CD7- cells/mm3). However, the international guidelines, particularly regarding skin manifestations, lack details on potential variations in clinical features. Recently, a clinical score has been proposed based on three main presentations of erythroderma: erythematous, infiltrative, or melanodermic. Retrospective analyses have hinted at an association between the pattern of erythroderma and disease outcome.

Materials & Methods: Patients with Stage IV SS were prospectively treated and followed at a single-center university-based institution from January 1st, 2017, to November 2023. Demographic, clinical, histological, and flow cytometry data were recorded according to clinical practice. Patients were classified based on different patterns of clinical erythroderma (i.e., E0 sub-erythroderma, E1 erythematous, E2 infiltrative, E3 melanoderma) according to the recently proposed classification. Kaplan-Meier method and Cox regressions were employed to assess overall survival differences ($p<0.05$ considered statistically significant).

Results: After a median follow-up of 52 months, data on 21 stage IVA1 patients were available. The cohort displayed a male prevalence (66.7%), with a median age of 73 (range 28-88). Eighteen out of 21 patients (85.7%) had at least one other comorbidity, and 5/21 (23.8%) had a previous diagnosis of patch/plaque mycosis fungoides. Pruritus was present in 18 patients (85.7%). The median CD4+CD26-/CD7- count value at diagnosis was 3337 (range 100-14500). Four out of 21 patients (19.0%) showed large cell transformation. The mean total number of lines of therapies was 5 (range 2-9), with oral retinoids (85.7%), ECP (81.0%), and mogamulizumab (42.9%) being the most common. In the initial assessment, 12 patients were categorized as E0 (57.1%), 8 as E1 (38.1%), and 1 as E2 (4.8%). Over the follow-up period, 6 patients (28.6%) transitioned from sub-erythroderma (E0) to erythematous erythroderma (E1). Additionally, 6 patients (28.6%) developed melanoderma (E3), comprising 3 initially classified as E0 and the remaining 3 as E1. The sole E2 patient maintained consistent clinical features throughout the follow-up duration. According to the log-rank test, patients with melanoderma (E3) exhibited significantly inferior survival rates compared to non-melanodermic patients, with 48-month survival rates of 67.1% versus 25.0% ($p=0.027$). Cox regression analysis underscored the negative association between melanoderma (E3) and survival (3.72 HR, 95% CI 1.06-13.02, $p=0.040$), irrespective of other variables in the study (Figure 1).

Conclusion: Patients manifesting melanoderma (E3) demonstrate compromised overall survival, substantiating the adverse influence of melanoderma on prognosis. Despite the study's limited scale, the prospective data yield valuable insights applicable to clinical practice. Robust validation via larger-scale studies is imperative to establish conclusively the significance of melanoderma as a prognostic determinant in Sézary syndrome.


Overall Survival
1.00
0.75
0.50
0.25
0.00
p=0.027
0
10
20
30
40
50
60
70
80
Months
E0-E1-E2
E3
Number at risk
E0-E1-E2 15 15 14 13 12 6 5 5 0
E3 6 6 5 4 2 1 1 0 0



Abstract N°: 283

Multiple Primary Melanoma and Bilateral Retinoblastoma – Case Report of a Rare Clinical Association

Luana-Andreea Nurla*[1, 2], Mariana Aşchie[3, 4, 5], Mădălina Boşoteanu[3, 4]

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Introduction & Objectives:

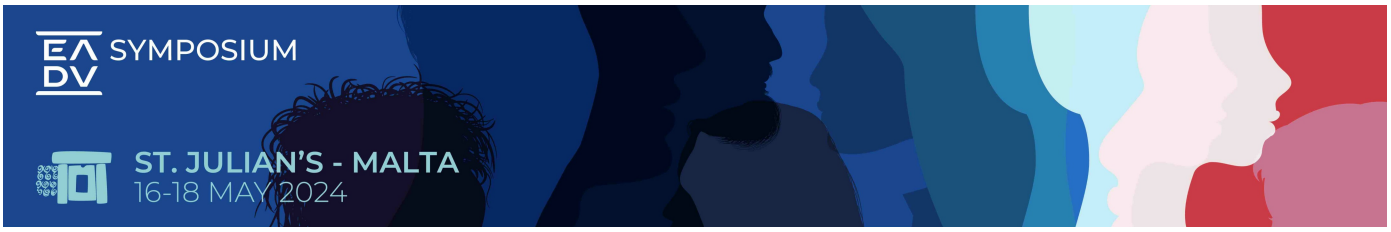
Retinoblastoma (Rb), initially identified by Benedict, is a rapidly progressing childhood cancer originating from immature retinal cells in one or both eyes. It can manifest from fetal development to the age of 5, constituting approximately 3% of cancers in children under 15. In one-third of cases, Rb occurs bilaterally. The incidence rate per 100,000 is 0.5 for children up to 5 years old. Notably, individuals with retinoblastoma, especially those diagnosed with the inherited form (RB1 genetic mutation), and their relatives face an elevated risk of other cancers, particularly melanoma, accounting for 7% of second primary malignant tumors in retinoblastoma survivors.

Case Presentation:

We present the rare case of a 43-year-old Caucasian woman with inherited bilateral retinoblastoma and multiple cutaneous melanomas. Hailing from a family with a history of complex malignancies, her great-grandmother and elder sister were diagnosed with retinoblastoma, the latter succumbing to it at the age of 4. The patient underwent enucleation for the right-eye retinoblastoma at age 1, with subsequent radiotherapy for bone relapse. At 9, the left-eye retinoblastoma was conservatively treated via tumor chemoreduction with systemic chemotherapy and radiotherapy. Later, at 18, a suspected vertebral tumor was excised, and thyroidectomy occurred at 20 due to a left-lobe malignant nodule. At 40, excision was performed for a frontal cutaneous melanocytic lesion, identified as achromic melanoma (pT2b), followed by re-excision with 1 cm margins. Presently, the patient was referred to the dermatology clinic for a left axillary subcutaneous mass and a hyperpigmented nodule on the right posterior hemithorax. The pathology report of the excised left axillary tumor suggested lymph node metastasis with microscopic features that pointed towards an undifferentiated carcinoma. Immunohistochemical analysis, comprising 14 markers and positive for p16, PAN-MELANOMA, SOX10, and PRAME, oriented towards a different histogenesis, that of lymph node metastasis from an achromic melanoma, specifically the small-cell type. Additionally, the histopathological evaluation and genetic testing of the cutaneous nodule on the right posterior thorax revealed a BRAF-negative superficial spreading melanoma in the vertical growth phase. The patient underwent re-excision for the second primary cutaneous melanoma and is currently undergoing immunotherapy, dermatological and videodermoscopic follow-up at 3-month intervals.

Conclusion:

Despite the positive survival outcomes for retinoblastoma survivors, this case emphasizes the consensus-driven recommendations for ongoing skin cancer screening in this group. Suggested practices include pre-puberty examinations to identify dysplastic nevi and post-adolescent annual skin exams with dermoscopy when feasible. The increased melanoma risk in hereditary retinoblastoma patients with a family history, as observed in this case, suggests potential involvement of highly penetrant RB1 mutations. Nevertheless, additional research is necessary to clarify genotype-phenotype relationships.



Abstract N°: 288

real-life effectiveness of adjuvant therapy in stage 3/4ned melanoma: results at 4 years

Gabriele Roccuzzo[1], Eleonora Bongiovanni[1], Umberto Santaniello[1], Paolo Fava[1], Simone Ribero[1], Pietro Quaglino[1]

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Introduction & Objectives: Melanoma, an aggressive form of skin cancer, has witnessed a surge in incidence, prompting the incorporation of systemic therapy in the adjuvant setting to reduce recurrence risks. This retrospective study focuses on real-world outcomes, safety profiles, and recurrence patterns of melanoma patients receiving adjuvant therapy at an Italian melanoma-specialized tertiary referral center.

Materials & Methods: A retrospective analysis of melanoma patients treated with adjuvant therapy at the Turin University Hospital, Italy, from September 2017 to April 2023 was conducted. Patient information was sourced from the hospital's database. Inclusion criteria comprised age ≥ 18 years, histologically confirmed melanoma diagnosis, stage IIIA-D or IV-NED according to AJCC 2017, and no evidence of distant metastasis before adjuvant therapy initiation. Adjuvant regimens were chosen based on a multidisciplinary approach. Endpoints included relapse-free survival (RFS), distant metastasis-free survival (DMFS), and overall survival (OS).

Results: Overall, 82 patients (50.3%) were treated with TT dabrafenib + trametinib, whilst 81 patients (49.7%) underwent adjuvant treatment using anti-PD-1. The cumulative RFS rate over a 48-month period was recorded at 54.9% (95% CI, 45.0% to 63.7%). This breaks down to 55.6% (95% CI, 42.0% to 67.2%) in the TT group and 55.4% (95% CI, 41.9% to 67.0%) in the IT group. No statistically significant differences emerged between the two treatment categories (p=0.532) nor among the three different drug types used (p=0.754). Regarding the 48-month DMFS rate, it stood at 58.4% (95% CI, 48.0% to 67.3%) for the entire cohort. More specifically, within the TT group, the rate was 58.2% (95% CI, 44.1% to 69.9%) while it reached 59.8% (95% CI, 45.5% to 71.5%) in the IT group. Similar to RFS, the differences in DMFS between the two treatment categories (p=0.761) and the three drug types did not show any statistical significance (p=0.666). At last, the overall 48-month OS rate was calculated as 66.5% (95% CI, 55.5% to 75.3%). This further breaks down into 62.4% (95% CI, 44.6% to 75.9%) in the TT group and 69.5% (95% CI, 55.0% to 80.1%) in the IT group. Consistently, there were no statistically significant differences between the two treatment categories (p=0.889) or the three drug types (p=0.989). Overall, 123 patients (75.7%) completed the one-year cycle of adjuvant treatment, whereas 17 patients (10.4%) interrupted the therapy beforehand due to disease progression and 21 patients (12.9%) due to adverse event. Whilst temporary therapy suspension was more common in TT-treated patients compared to IT-treated ones (68.3% vs 13.6%, p<0.001), therapy discontinuation secondary to adverse events was comparable in both groups (11.1% vs 14.8%, respectively, p=0.464). In total, 38 patients (23.3%) died, 19 of them received TT and 19 IT (16 nivolumab, 3 pembrolizumab)

Conclusion: Real-world outcomes align with clinical trial results, emphasizing the importance of investigating real-world scenarios at long follow-ups. Safety profiles showed comparable rates of treatment suspension and discontinuation in TT and IT groups. Clinical stage remains a crucial predictor across outcomes, whilst completion lymphadenectomy impact on relapse and survival was insignificant.

Figure 1. *Relapse-Free-Survival at 48 months*

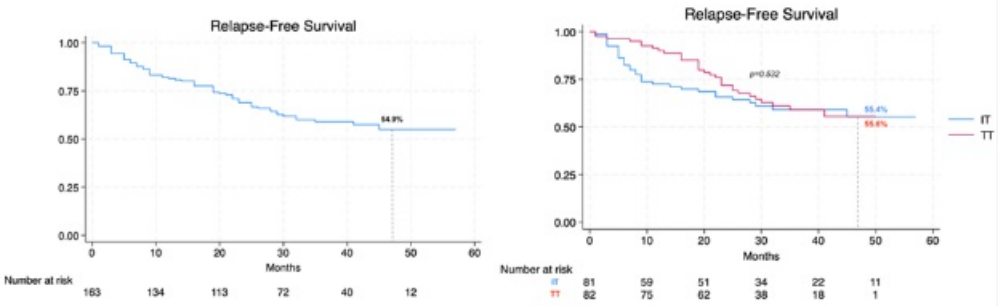


Figure 2. *Distant-Metastasis-Free-Survival at 48 months*

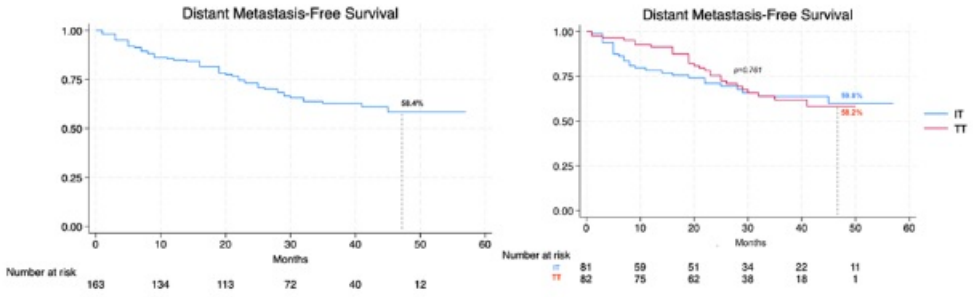
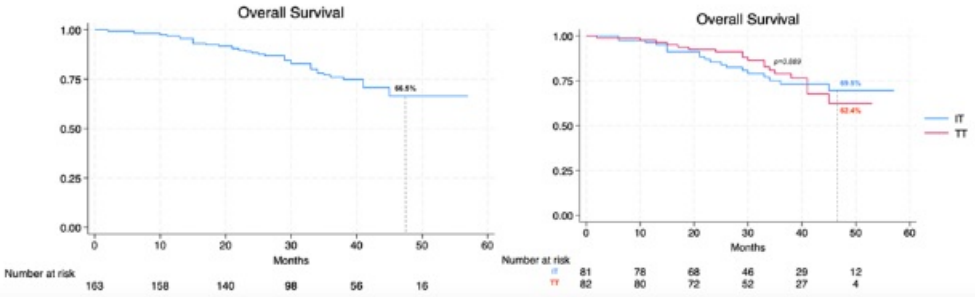
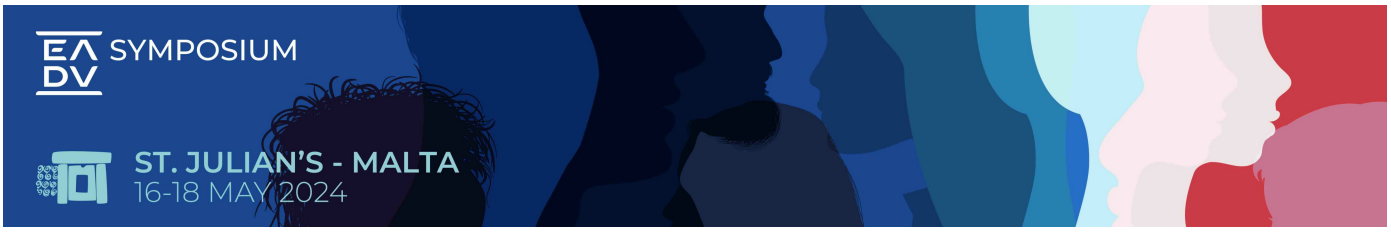


Figure 3. *Overall-Survival at 48 months*



		Univariate			Multivariate		
Outcome	**Predictor**	**HR**	**95% CI**	**p-value**	**HR**	**95% CI**	**p-value**
RFS	Age	1.02	1.01-1.04	0.035		-	
	Stage IIID	3.54	1.13-11.03	0.030	4.43	1.36-14.33	0.013
	Stage IV	2.40	1.03-5.55	0.042		-	
	Unknown Primary	2.99	1.35-6.64	0.007	2.67	1.06-6.67	0.036
	Breslow Thickness	1.05	1.01-1.10	0.026		-	
	Ulceration	2.29	1.25-4.20	0.007		-	
	Number of Mitosis	1.06	1.01-1.11	0.023	1.07	1.01-1.13	0.028
	Vascular Invasion	2.30	1.14-4.63	0.020	2.37	1.17-4.79	0.017
	No. of Positive Sentinel LNs	1.46	1.04-2.06	0.032		-	
DMFS	Stage IIID	4.32	1.34-13.87	0.014	5.49	1.63-18.40	0.006
	Stage IV-NED	2.85	1.19-6.87	0.019	2.52	1.04-6.15	0.042
	Unknown Primary	3.54	1.59-7.92	0.002	3.10	1.21-7.92	0.018
	Ulceration	2.57	1.31-4.99	0.005		-	
OS	Age	1.04	1.01-1.06	0.004		-	
	Stage IIID	7.65	2.14-27.36	0.002	11.12	2.91-42.43	<0.001
	Unknown Primary	3.30	1.28-8.52	0.014	3.80	1.16-12.41	0.027
	Ulceration	2.80	1.26-6.22	0.011		-	
	Vascular Invasion	2.67	1.16-6.13	0.021		-	
	No. of Positive Sentinel LNs	1.60	1.06-2.42	0.026		-	
	Distant Relapse	43.72	10.51-181.68	<0.001		-	
	Brain Relapse	2.25	1.10-4.63	0.028		-	



Abstract N°: 407

Efficacy of Long-Pulse Neodymium-Doped Yttrium–Aluminum–Garnet Laser for Kaposi Sarcoma: A Dermatoscopic Study

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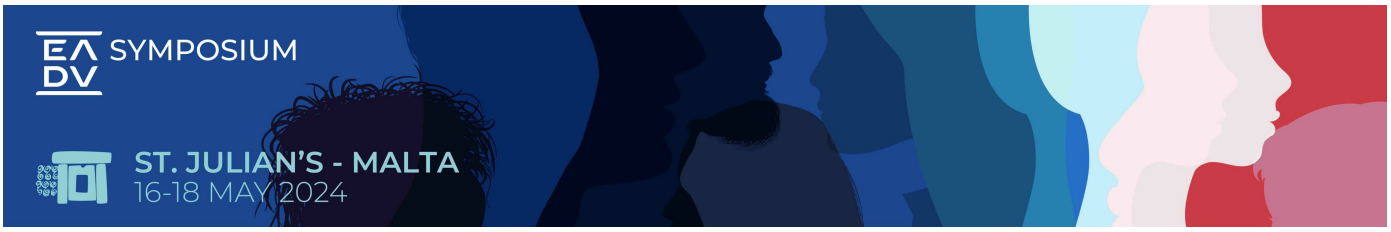
[1]Ankara University, Dermatology Department, Ankara, Türkiye, [2]New York Medical College/Metropolitan Hospital Center, Dermatology Department, New York, United States

Introduction & Objectives: Various types of lasers have been reported as a treatment option in classic Kaposi sarcoma (CKS) in the literature. We aimed to investigate the outcomes of neodymium-doped yttrium-aluminum-garnet (Nd: YAG) laser treatment in three CKS patients.

Materials & Methods: We evaluated a total of 42 lesions from three CKS patients who visited our clinic between March 2018 and January 2020. The mean age and disease duration of the patients were 70 (57–78) years, and 6.6 (5–8) years, respectively. All three patients had multiple KS lesions on the upper and lower extremities. The lesions were treated with long-pulse Nd: YAG laser with a spot size of 3-12 mm, a fluence of 200-250 j/cm2, pulse duration of 10-20milliseconds. 1-2 sessions of long-pulse Nd: YAG laser treatment was administered at 4-week intervals. Dermatoscopic and clinical images were recorded before, immediately after, and after the procedure at the 1st, 6th, and 12th months.

Results: All patients exhibited clinical and dermatoscopic improvement. Following the treatment, a crust formed in the treated area, which subsequently healed with mild atrophic scarring in 2 to 3 weeks. A notable clinical improvement of lymphedema was observed in one patient. No recurrence was detected in any of the patients during the 1-year follow-up. None of the patients experienced any treatment-related complications including local wound infections, hypertrophic scarring/keloids, pigmentation, and hemorrhage at the treatment site.

Conclusion: Nd: YAG laser treatment is a valuable therapeutic option for both early and advanced-stage CKS, particularly in cases of resistant skin lesions or patients receiving systemic therapy. The treatment is well-tolerated, yielding rapid improvement within 2–3 weeks. Nd: YAG laser therapy may also be beneficial for HIV+ patients due to its immunosuppression-free nature, ease of application for recurrent lesions, and overall effectiveness and safety.



Abstract N°: 415

Acral lentiginous melanoma: A single centre retrospective review from 2011-2023

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[1]University Hospital Limerick, Dermatology, Ireland, [2]University Hospital Limerick, Ireland

Introduction & Objectives:

Acral lentiginous melanoma(ALM) is an aggressive subtype of melanoma arising on acral skin. ALM is the rarest subtype of melanoma overall and is associated with poorer outcomes.

Objective: Collect data related to demographics, clinical presentation, tumour characteristics and disease course of patients with ALM.

Materials & Methods:

We conducted a retrospective review of patients diagnosed with ALM between 2011-2023 in a cancer centre in the mid-west Ireland. Patients were identified by searching a dermatology clinical database.

Results:

We identified 20 patients(11 females,9 males), all Caucasian, diagnosed with ALM from 2011-2023. The median age at diagnosis was 63.5years(range 43-86).

Fifteen(75%) ALMs were on the foot and five on the hand.

The median time from development/change of the lesion to diagnosis was 18 months(range 4-36). Initial misdiagnosis was documented in six patients and included ulcer(n=2), trauma(n=2), fungal infection(n=1) and callus(n=1).

The median Breslow thickness(BT) was 2mm(mean 3.46mm,range 0.4mm-19mm). Six were amelanotic with higher BT(median 1.5mm-pigmented vs 6.85mm-amelanotic). Four of six amelanotic lesions were initially misdiagnosed. Ulceration was present in nine patients(45%). Fifteen patients(75%) had stage 1B disease or greater. Fourteen of these had sentinel lymph node biopsies(SLNB) and one patient with clinical stage III disease(in-transit metastases). Two of fourteen (14.3%) SLNBs were positive.

Of 20 patients, six(30%) relapsed. Five had locoregional recurrences, two of these had distant metastases on imaging and one later progressed to metastatic disease. All relapses presented clinically with a median time to relapse of 42.5 months(range 7 – 108) for all relapses and 52.5 months for distant metastases.

Molecular status was available for four ALMs with Stage III & IV disease. None were BRAF/NRAS mutated. Two had c-kit mutations, both patients had brain metastases. Four patients received immunotherapy.

Overall 30%(n=6) patients died during the study period and 83%(n=5) of these were melanoma-specific deaths. Of these five patients, the median time from diagnosis to death was 41.5 months(range 12-110).

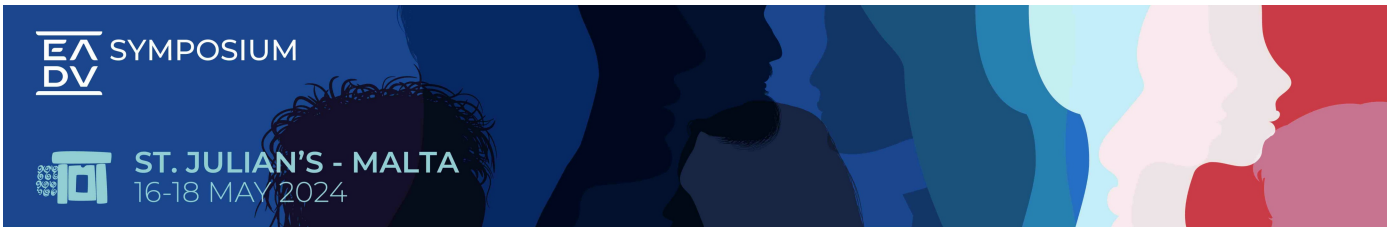
Conclusion:

In this review, we noted a long duration between noticing a lesion and diagnosis, particularly for amleanotic lesions, which unsurprisingly were associated with higher BTs.

Most relapses presented clinically with locoregional disease. Of interest, two of four with distant metastatic disease

presented with brain metastases and were c-kit positive, reinforcing the importance of brain imaging in surveillance.

In our small cohort, 20% of patients died from ALM in a median follow-up time of 36 months (range 4-110months), compared to 12.2% at 5-years & 13.9% at 10-years for all subtypes of melanoma nationally from 2010-2014. Furthermore, the most up-to-date survival data from the NCRI pre-dates widespread use of immunotherapy. We plan to explore this difference in survival further by looking at national data on ALM from the NCRI.



Abstract N°: 439

Diving into the complexity of Bazex Syndrome: A pair of case reports

Gyula Laszlo Fekete[1], Laszlo Fekete[2], Alexandra Maria Țiplic[3]

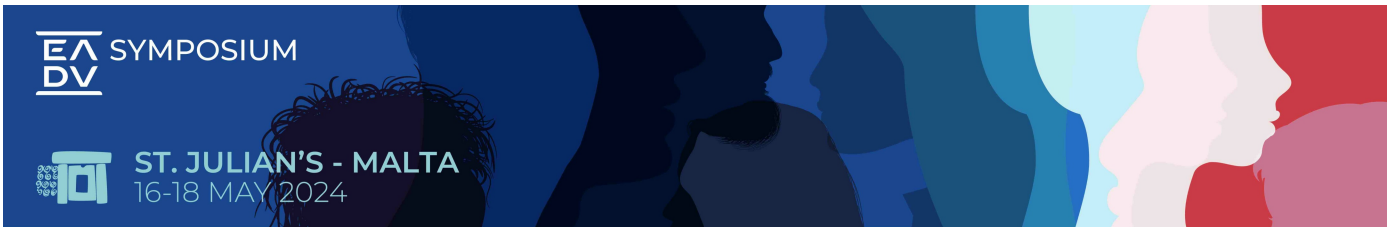
[1]University of Medicine, Pharmacy, Science and Technology George Emil Palade , Dermatology , Targu-Mures, Romania, [2]CMI DermaMed, Dermatology , Targu-Mures, [3]Mureș County Hospital, Dermatology Clinic, Dermatology , Targu-Mures

Introduction & Objectives: Bazex syndrome, also known as paraneoplastic acrokeratosis, is defined by the appearance of scaly plaques, especially on the hands and feet, ears, and nose, but also in other locations. Usually, there are poorly demarcated red-violet plaques covered with dry, yellow-gray scales, and most of the cases are accompanied by nail dystrophies (paraneoplastic onycholysis). It appears more frequently in male patients, and it is underlined by a series of malignancies, allowing the diagnosis of cancer at an early stage. It mostly appears before the diagnosis of cancer, but also during the presence of the malignancy and after the treatment for them. No subjective symptoms are associated with the eruption. They don't hurt, and rarely can ich. The most frequently associated cancers are squamous cell carcinomas (SCC) of the aerodigestive tract, followed by malignancies in the neck and head area. Histopathologically, no specific elements are highlighted, only an ortho-keratotic hyperkeratosis with small parakeratotic nests, moderate papillomatosis, and a perivascular lymphohistiocytic infiltrate in the superficial dermis.. The evolution is parallel to that of neoplasia.

Materials & Methods: The first case, of a 51-year-old male smoker who came to our clinic for the appearance of erythematous-violet plaques with poorly demarcated edges, covered with white-yellowish scales, painless for about 2 months, without producing a sensation of pruritus, located at the distal extremities of the hands and feet, respectively, at the level of the auricular pavilions, associated with onychodystrophy. The otorhinolaryngology consultation performed for dysphonia and adenopathy confirmed metastasizing hypopharyngolaryngeal neoplasia, which was later confirmed histopathologically. A second case is a 75-year-old man who developed white-yellowish scales on the hand and feet for about 3 months, along with nail discoloration, concluding a preliminary diagnosis of Bazex syndrome. Due to urinary difficulties, we determined the PSA levels, which were higher (> 25 ng/mL). A neurologic consult and an ultrasound-guided prostatic biopsy puncture confirmed the diagnosis of prostatic adenocarcinoma at an early stage.

Results: Both of the cutaneous lesions of the patients have healed after the surgical and oncologic treatment of the tumors. The patients are in dermatological and oncological follow-up. Bazex syndrome is considered a paraneoplastic dermatosis, implying a correlation between an internal malignancy and a cutaneous disorder, as postulated by Curth et al. in 1976. Because sometimes this disease can mimic the clinical appearance of psoriasis, the diagnosis may often be missed. In the case of Basex syndrome, the differential diagnosis can also be made with pityriasis rubra pilaris, palmoplantar keratoderma, eczema, lupus erythematosus/lichen planus overlap, and pityriasis rosea.

Conclusion: In the case of the appearance of acrokeratotic skin lesions in men, we must think about malignant processes and facts that will allow the diagnosis of cancer at an early stage. Paraneoplastic acrokeratosis is a new cutaneous marker of malignancy. Usually, Bazex syndrome appears in patients who suffer from malignancies of the upper digestive tract, but the particularity of our second case is the appearance in a patient with of prostatic adenoma, which is rarely mentioned in the literature.



Abstract N°: 449

Cutaneous metastasis of breast cancer : multiple patterns in one patient

Sara Ben Salem[1], Mounia Benkaraache[1], Nassiba Zerrouki[2], Nada Zizi[2], Siham Dikhaye[2]

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Introduction & Objectives:

Cutaneous metastasis is a rare complication of internal malignancies, reported in only 0.7-9% of cases (1). Breast cancer is the most commonly involved tumor, representing more than 60% of cases of cutaneous spreads, followed by colon carcinoma (2). Various clinicopathologic types of cutaneous metastasis occur in breast carcinoma and, sometimes, different forms may develop in the same patient.

Materials & Methods:

We report the case of a female patient who presented a cutaneous metastasis of breast carcinoma with multiple patterns.

Results:

A 70-year-old woman consulted for a maculo-papular rash involving the left breast and extending to the back evolving 6 months ago.

The patient had been diagnosed 1 month earlier with a metastatic ductal carcinoma of the left breast and was planned for surgery, radiotherapy and chemotherapy.

On physical examination, skin lesions had several morphologies. Her entire left breast was firm and indurated, covered by multiple infiltrated papules crusted and necrotic plaques with fissures filled with pus. The peripheral skin was erythematous and macular extending to the left arm, the back and the abdomen mimicking cellulitis-like carcinoma erysipelatoides. Under the left breast, we found two other patterns. On the left, pseudo-vesicular papules and nodules, occupying multiple consecutive dermatomes extending to the back realizing a zosteriform cutaneous pattern ; and on the right, the skin was telangiectatic

with violaceous papulovesicles, representing the telangiectatic pattern.

Histopathology revealed pleomorphic tumour cells with an irregular and atypical nuclei and abundant cytoplasm accompanied by some eosinophils

The diagnosis of a cutaneous metastasis of her breast carcinoma was established

and the patient was given palliative care.

Every tumor may occasionally cause cutaneous metastases, but some of them, as the breast cancer, do so more frequently. In the vast majority of cases, it represents a sign of disease progression and is characterized by a wide array of clinical presentations.

The morphology of metastatic skin lesions from breast carcinoma is various. The most common presentation are nodules on the ipsilateral chest wall and breast.

Four classic patterns associated with breast cancer have been described : carcinoma erysipelatoides, carcinoma

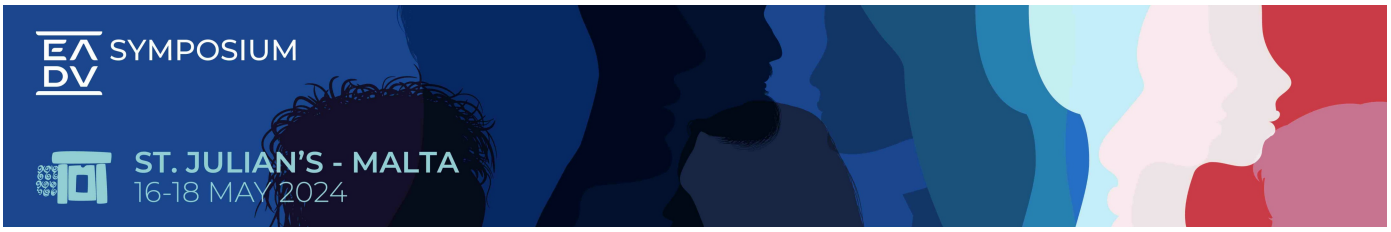
telangiectoides, carcinoma en cuirasse (morphea-like) and carcinoma hemorrhagiectoides.

Carcinoma erysipelatoides generally appears at the site of the primary tumor as an erythematous patch and/or plaque. Carcinoma telangiectoides appear as red and purple patches and papules usually located on the chest wall with prominent telangiectasias secondary to dilated blood vessels. Furthermore, zosteriform metastases are lesions that are indurated, red to violaceous, papular, nodular, or pseudo-vesicular that appear in a dermatomal distribution, which also represents a cutaneous metastasis pattern that is highly unusual. Patients with isolated zosteriform cutaneous metastasis are often misdiagnosed and treated for herpes zoster which will delay the diagnosis and the treatment.

In our case, the lesions of the cutaneous metastasis developed 3 different patterns.

Conclusion:

Sometimes, the skin metastasis could be the first sign of the cancer and reveal it. The morphology of metastatic breast cancer skin lesions is variable and can mimick different skin pathologies. A skin biopsy is necessary to confirm the diagnosis.



Abstract N°: 466

A case of a giant congenital nevus with a high risk of malignancy

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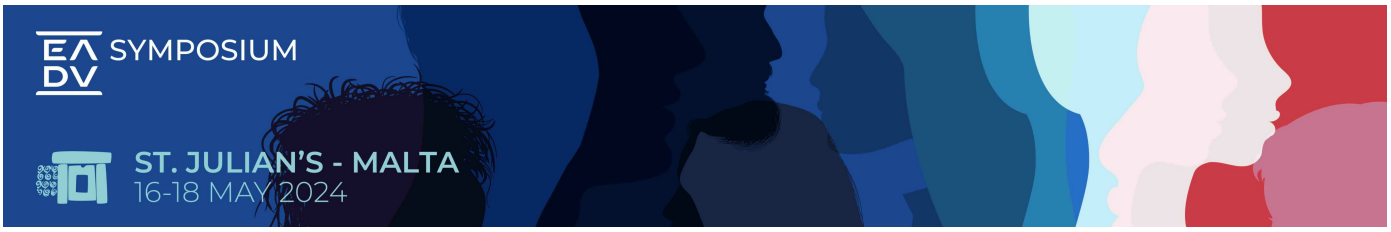
Introduction & Objectives: A giant congenital melanocytic nevus is defined as a congenital melanocytic neoplasm that reaches at least 20 cm in adulthood. Its incidence is estimated about 1 case in more than 20,000 newborns. Giant nevus is often associated with severe complications, such as malignant melanoma, proliferation of melanocytic cells in the central nervous system (neurocutaneous melanosis), as well as psychosocial aspects and a decrease of the quality of life in patients and in their families. Children with congenital melanocytic nevus have an increased risk of developing aggressive melanoma, a malignant tumor that arises from melanocytes. According to various estimates, the lifetime risk of developing melanoma in such patients ranges from 5 to 10%. When melanoma develops in children with giant congenital melanocytic nevus, the prognosis is poor.

Materials & Methods: Patient S., 4 months from birth, entered to the Department of Pathology of Newborns and Infants with a giant brown-black cutaneous neoplasm on the back, 30 cm in diameter.

Results: In the scapular, subscapular, vertebral, and lumbar regions visualized a black-brown melanocytic giant nevus with clear, uneven boundaries, with a bumpy surface and hypertrichosis. Along the midline of the nevus there was pink-yellow mushroom-shaped hyperplasia 5.0 x 5.0 cm, the stalk extends into the thickness of the soft tissues. In the clinical blood test, all indicators were within the reference values. In the biochemical blood test, C-reactive protein, alpha-FP and LDH were increased. An MRI examination of all parts of the spinal cord showed no pathological changes, there were MRI signs of giant congenital nevus of soft tissues of the back. Histologically, atypical proliferative nodes were detected in congenital melanocytic nevus. The patient has high risk of developing melanoma.

Conclusion: In this patient, immediate removal of the nevus is impossible due to its size and location, as well as the lack of a skin flap. Because melanocytes can penetrate deep into underlying tissues, including muscle, bone, and the central nervous system, removing the outer part of the nevus still leaves the risk of developing melanoma.



Abstract N°: 524

Unusual Presentation and Rapid Response to Chemotherapy in a Case of Hypopigmented Mycosis Fungoides with CD8 Dominant Infiltrate

Evangelia Vetsiou[1], Shaheen Haque Hussain[1], Kate Fife[2], Pamela Todd[1], Vanessa Vandevelde[2]

[1]Addenbrooke's Hospital, Dermatology, Cambridge, United Kingdom, [2]Addenbrooke's Hospital, Oncology, Cambridge, United Kingdom

Introduction & Objectives: A 38-year-old Asian male presented with a one-year history of an atypical eruption characterized by patches, plaques, and indurated lesions with hypo and hyperpigmentation localized to the axillae and neck. Initial biopsies were inconclusive, and treatment with topical antifungals and steroids provided limited relief. Latent tuberculosis was also treated with rifampicin and pyridoxim. The disease rapidly progressed several months later, manifesting as nodular pink hypopigmented lesions spreading over 80% of the body. Cutaneous T-cell lymphoma (hypopigmented mycosis fungoides with CD8 dominant infiltrate) was confirmed via skin biopsy. Radiotherapy successfully treated ulcerated nodules in the groin and suprapubic area, but subsequent treatment with Methotrexate yielded little improvement and skin involvement worsened. Doxorubicin chemotherapy initiated upon multidisciplinary team discussion led to rapid improvement with repigmentation noted days after treatment initiation. However, chemotherapy was halted due to sepsis, resulting in quick relapses. Prophylactic antibiotics were initiated, and a stem cell transplant is being planned.

Materials & Methods:

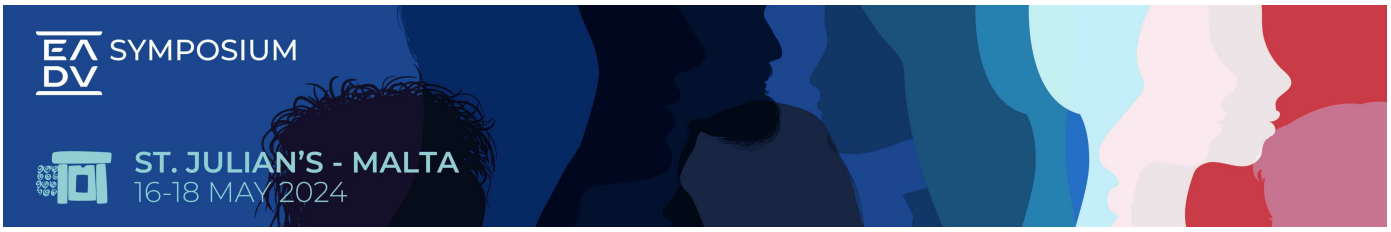
Primary cutaneous lymphomas, the second most common extranodal non-Hodgkin lymphomas, present a clinically distinct group from systemic lymphomas despite similar histology. Mycosis fungoides, the most common type of cutaneous T-cell lymphoma, exhibits an indolent course over years or decades. Higher rates of cutaneous T-cell lymphoma are observed in Asia, with hypopigmented mycosis fungoides being a common presentation. Early stages may mimic other dermatoses, including pityriasis versicolor, vitiligo, and postinflammatory hypopigmentation. Hypopigmented mycosis fungoides lacks epidermal atrophy histologically and often expresses CD8.

Results:

The pathogenesis of hypopigmented mycosis fungoides remains unclear, possibly involving the cytotoxic effect of T suppressor lymphocytes on melanocytes. Electron microscopy suggests melanosome transfer defects and melanocyte degeneration, reversible with treatment. Hypopigmented mycosis fungoides typically responds well to therapy, with perifollicular repigmentation observed, though the repigmentation timeframe is poorly established.

Conclusion:

This case demonstrates an unusual rapid evolution to an advanced lymphoma stage and provides insight into the timeframe for repigmentation following chemotherapy, an area with limited literature.



Abstract N°: 527

Unusual presentation of malignant melanoma

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Introduction & Objectives:

Melanoma is the fifth most common cancer in the UK. It is estimated around 16,700 people are diagnosed with melanoma annually in the UK. Increased number of people diagnosed with melanoma has been noticed over the last few decades. (1)

We present an unusual presentation of upper limb malignant melanoma and its associated management challenges.

Materials & Methods:

An 80-year-old gentleman presented with 2 weeks history of rapid eruption of pigmented papillomatous lesions associated with occasional itchiness and bleeding on his left forearm extensively. He had no history of skin cancer. He was not on any immunosuppressive medications at the time of presentation. He is a smoker and worked as a builder. There was no family history of skin cancer.

Results:

A punch biopsy was performed and the histopathology report demonstrated sheets of malignant cells exhibiting prominent and marked nuclear hyperchromasia with pleomorphism. Multi-nucleated tumour giant cell forms are frequent. Mitotic figures are frequent and abnormal. The tumour cells are positive for S-100 and Melan-A. All were in keeping with malignant melanoma. BRAF:V600K mutation has been detected from his skin biopsy. His staging CT scan of the brain, thorax, abdomen and pelvis showed few prominent small volume lymph nodes within the left axilla, which warranted close monitoring.

The diagnosis of locally advanced inoperable stage III malignant melanoma with inoperable metastases left arm and left axillary lymph nodes was made. Patient was referred to oncology team and started on Dabrafenib (BRAF:V600K mutation detected). He continues to improve with Dabrafenib and is under regular clinical and radiological follow up.

Typically, malignant melanoma propose a diagnostic challenge due to the variable presentation however they require early diagnosis for optimal outcomes. Excision biopsies are typically sent for diagnostic confirmation of a suspicious lesion. Punch biopsy is not typically recommended on pigmented lesions to diagnosis melanoma. This is due to the risk of sampling, diagnostic errors and the challenges of sampling a limited section of the pigmented lesion. (2) In relation to our patient, the Breslow's depth could not be obtained, which is vital for prognosis and guiding treatment options.

Conclusion:

Our patient had a very unusual presentation of metastatic malignant melanoma. Multidisciplinary team (MDT) including dermatologists, skin cancer specialist nurses and oncologists played a very important role in the management of this challenging case of malignant melanoma.

We have no conflict of interest to disclose. Many thanks.

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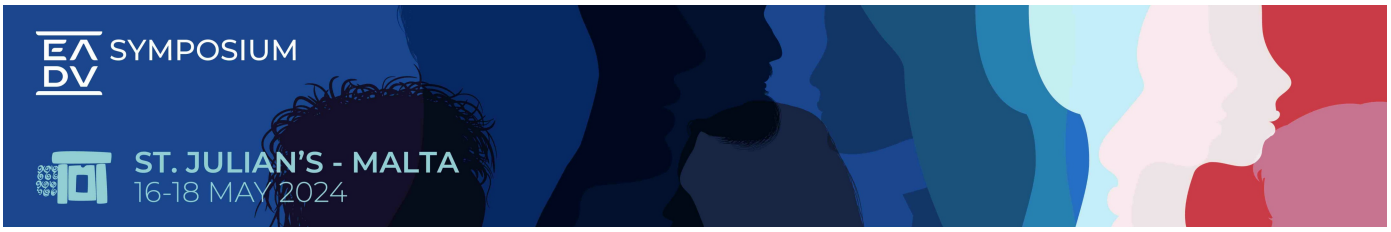

Abstract N°: 604

Carcinoma en cuirasse of breast cancer : About an historical presentation

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Introduction & Objectives:

Carcinoma en cuirasse (CeC), also known as scirrhous carcinoma, is a rare form of cutaneous metastasis of breast cancer. It appears as diffuse cutaneous and subcutaneous carcinomatous infiltration of the mammary region that may invade the chest wall and abdomen.

We report a case of an historical presentation of Carcinoma en cuirasse

Materials & Methods:

72 years old patient, followed since 2014 for breast carcinoma of the right breast treated with patey, chemotherapy, radiotherapy and hormone therapy, with a recurrence in the left breast in 2018 and metastasis of the lung and bone put for the second time under surgery, radiotherapy and chemotherapy, currently she is in palliative care

Admitted in our structure for skin lesions of the trunk and back evolving since 2018, clinical examination found infiltrated erythematous papules on chest wall and abdomen, These papules are confluent in erythematous and erosive placard on the chest wall and the back and surrounded by black crusts.

A punch biopsy showed cutaneous localization of a carcinomatous proliferation.

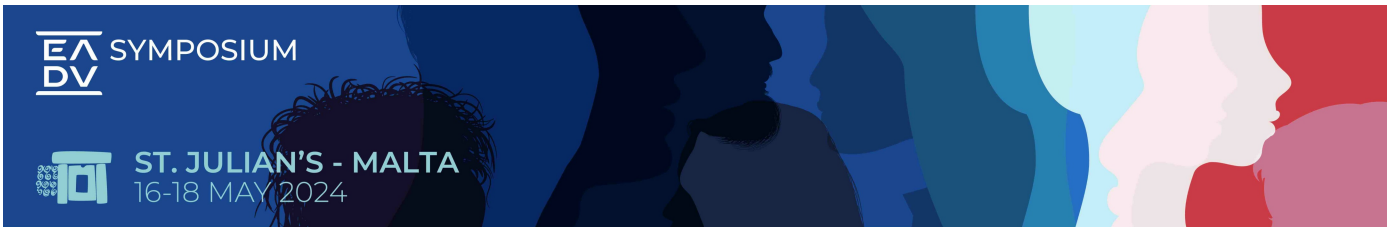
Conclusion:

The particularity of our case lies in the rarity of this type of cutaneous metastasis which represents only 3% of the cases of cutaneous metastasis of breast carcinoma, and in the extensive and ulcerated aspect of the lesions.

Carcinoma en Cuirasse is a rare clinicopathologic type of skin metastasis with a few cases reported to date. This name was given to it by Velpeau in 1838 on the basis of its resemblance to the steel pectoral of the cuirassier.

It is more common in patients with tumor recurrence after mastectomy, radiation, or chemotherapy and characterized by diffuse sclerodermoid induration of the skin. It prognosis is poor with a median survival of 13.8 months with a 3.1% 10-year survival rate.

Although rare, early detection, diagnosis, and intervention of CeC are critical for dermatologists in order to quickly identify a local recurrence or a primary tumor most often of the breast.



Abstract N°: 626

The basal cell carcinoma- a clinical indicator of immunodeficiency

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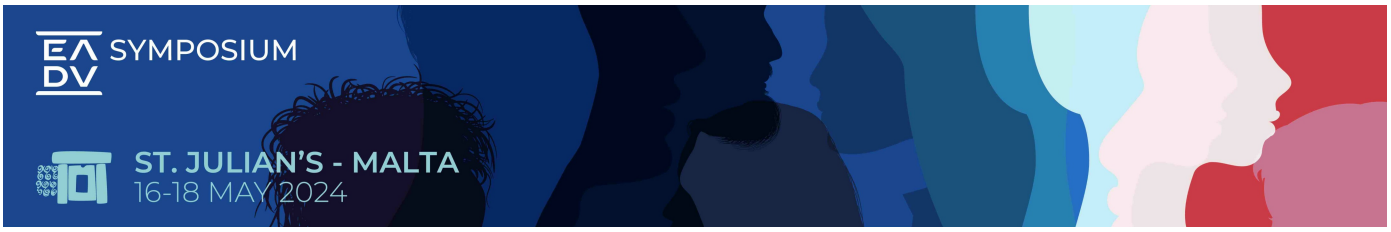
Introduction & Objectives: Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are skin-derived carcinomas. The literature strongly connects SCC with acquired immunosuppression. Current data regarding BCC's association with immunosuppressive comorbidities are vague. The primary objective of this study was to establish the correlations between BCC and immunosuppressive comorbidities of patients.

Materials & Methods: We conducted a retrospective cohort study on 275 patients with a histopathological proven diagnosis of BCC from October 2019 to October 2023. Demographic data, BCC characteristics, and patients' comorbidities were analyzed. Comorbidities were classified as non-immunosuppressant and immunosuppressant (primary and secondary immunodeficiencies).

Results: We recorded 292 BCCs from 275 patients (142 females, 133 males). The skin phototypes II and III were equally distributed. 66.44% of the BCCs were detected in patients with various comorbidities ($p<0.001$), of which 81.44% had immunosuppressive comorbidities ($p<0.001$). All the immunosuppressive comorbidities were secondary and included diabetes mellitus (47.55%), history of solid or hematogenous cancer (26.57%), chronic kidney disease (8.39%), chronic infections (9.09%), and antirheumatic immunosuppressive therapies (8.39%) ($p<0.001$). Multiple BCCs were more frequent in patients with secondary immunodeficiencies ($p=0.027$). Patients with immunosuppressive comorbidities did not develop larger BCCs ($p=0.2577$) or more aggressive histopathological subtypes ($p=0.4269$) and BCC did not arise earlier in their life ($p<0.001$). BCC on the nasal pyramid was most frequent in cancer history patients ($p=0.008$). The ulcerated form of BCC was more confined to patients with chronic kidney disease ($p=0.006$).

Conclusion: BCC represents a clinical indicator of secondary immunodeficiency. Further research should establish if cancer screening campaigns may be beneficial in BCC patients.



Abstract N°: 719

A rare case of skin metastasis of Burkitt's lymphoma

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Introduction & Objectives:

Burkitt's lymphoma is an aggressive mature B-cell lymphoma induced by a translocation causing the overexpression of the *c-myc* oncogene. Despite the subtypes, metastasis to extranodal sites occurs relatively commonly. However, very few cases of skin involvement of Burkitt's lymphoma have been reported.

Materials & Methods:

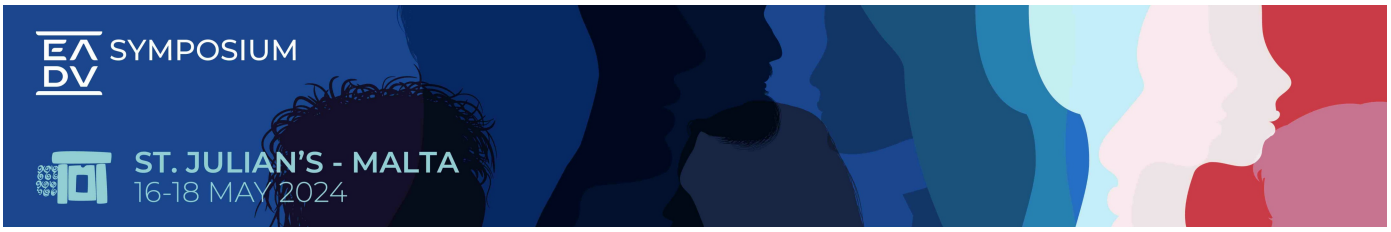
A 62-year-old woman was hospitalized for chemotherapy after a recent diagnosis of Burkitt's lymphoma. The diagnostic laparoscopy and subsequent omental biopsy, including fluorescent in situ hybridization analysis, were consistent with Burkitt's lymphoma. Whole body positron emission scan showed active tumor lesions in the peritoneum, retroperitoneum, abdominal wall, and multiple lymph node groups. Four months after diagnostic laparoscopy, the patient presented with a painful indurated mass with central ulceration on her pubic area.

Results:

Punch biopsy of skin lesion showed dense infiltration of atypical intermediate-sized CD10+, CD20+ lymphoid B-cells forming sheets with marked mitotic activity. Histologic features were identical to those seen in the initial omentum specimen. Both skin and omentum showed the same immunohistologic features of diffuse positivity of c-myc and high Ki-67 index (>99%). Based on these findings, she was diagnosed with cutaneous metastasis of Burkitt's lymphoma. The patient underwent further palliative cycles of chemotherapy without significant improvement.

Conclusion:

In general, skin metastasis is thought to occur via hematogenous or lymphatic spread, direct invasion, and tumor seeding during surgical interventions. While hematogenous spread is common in leukemia and lymphomas, cases of local invasion of cutaneous Burkitt's lymphoma after surgical interventions have previously been described, raising the possibility of invasive procedures as a possible seeding route. However, as our patient suffered from rapid widespread multiorgan metastases, cutaneous involvement in our case could have occurred through any one or more of the routes described. Herein, we report a case of a patient with metastatic cutaneous Burkitt's lymphoma.



Abstract N°: 720

A rare case of primary cutaneous eccrine carcinoma in a young woman

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Introduction & Objectives:

Eccrine carcinoma is a rare type of skin cancer arising from sweat glands, representing less than 0.01% of all cutaneous malignancies. Both clinical and histopathologic diagnosis of eccrine carcinomas pose difficulties due to morphologic and histologic heterogeneities and are one of the most challenging areas of dermatopathology.

Materials & Methods:

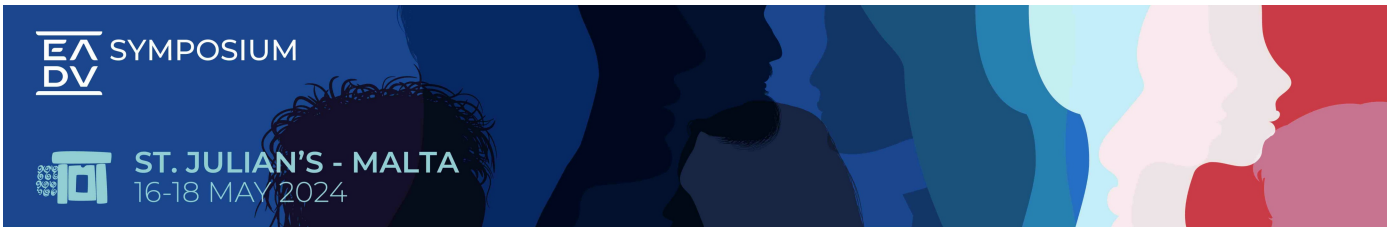
A 30-year-old female presented with a 2-year history of an asymptomatic, skin-colored to pinkish nodule with a surrounding brownish hue on her right upper arm, which gradually increased in size. She had been treated with adalimumab for ankylosing spondylitis.

Results:

Histopathological examination revealed a dermal, non-encapsulated, well-circumscribed neoplasm composed mainly of multiple aggregations of round and basophilic pleomorphic tumor cells seated throughout the entire dermis. Tumor cells aggregated into small nests with ductal formation showing papillary and cribriform appearance adjacent to dermal eccrine ducts. Tumor cells showed strong positivity for epithelial membrane antigen, focal positivity for estrogen receptor, and negativity for progesterone receptor and PAX8. The proliferation index Ki-67 was positive in more than 10% of cells. To rule out the possibility of secondary metastasis, a positron emission tomography scan was conducted, confirming the absence of systemic involvement. No abnormal findings were detected during the gynecological examination. The diagnosis of primary cutaneous eccrine carcinoma was established, and she has been undergoing continuous surveillance following wide local excision.

Conclusion:

Because eccrine carcinomas are relatively rare and exhibit strong histopathological resemblance to secondary cutaneous metastasis of adenocarcinomas from other origins, clinicopathologic correlation and systemic radiologic workup are critical for accurate diagnosis and proper management. Herein, we present a rare case of primary cutaneous eccrine carcinoma in a young female patient, emphasizing the importance of systemic evaluation to exclude metastatic tumors.



Abstract N°: 723

Proliferating trichilemmal cyst: an uncommon dermal neoplasm

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Introduction & Objectives:

Proliferating trichilemmal cyst is a rare adnexal tumor, mainly found on the scalp of elderly women. Usually benign in evolution, only around fifty cases with malignant transformation have been reported in the literature. These tumors are still under-diagnosed, the real challenge being to distinguish benign from malignant forms. We report a case of this rare skin tumor.

Materials & Methods:

We report the case of a 71-year-old female patient, hypertensive on treatment, who presented to the dermatology outpatient department for a scalp lesion that had been evolving for 10 years.

Clinical examination revealed a subcutaneous tumour with erythematous skin on the surface, measuring 10 cm in diameter, located in the occipital region with central ulceration and focal alopecia. There was no regional lymphadenopathy.

Results:

The patient had undergone surgical excision. Histological examination showed a cystic formation with trichilemmal differentiation, limited by a thickened and proliferating orthoplastic squamous epithelium with abrupt keratinization, with the presence of focal necrosis and calcifications, devoid of granular layer. Architectural disorganizations were not noted, mitoses were rare and cyto nuclear atypia were moderate, all suggesting a proliferating trichilemmal tumor.

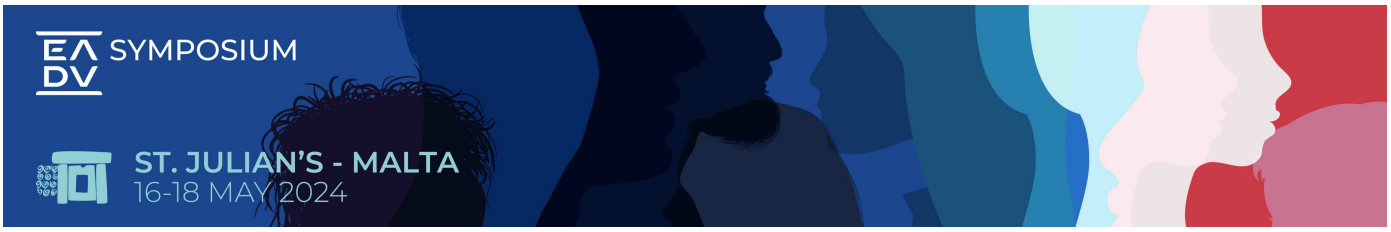
Conclusion:

Proliferating trichilemmal tumor (PTT) is a rare adnexal tumor derived from the outer sheath of the hair follicle and may arise from a pre-existing pilar cyst following trauma and/or inflammation in the latter.

It is benign in most cases, but can become malignant, recurring locally, invading adjacent tissues and metastasizing distantly. It often presents as a solitary, soft nodular lesion, 1-10 cm in diameter, on the scalp of elderly women, and may be associated with an area of alopecia. More rarely, it may affect other areas such as the neck, trunk, groin, pubis, vulva, buttock region and base of skull.

While trichelmmal cysts account for around 20% of epithelial cysts, PTTs and malignant trichelmmal tumours are rare. That said, some researchers classify all PTTs as malignant. Suggested management of PTTs includes total excision with adequate margins.

There are currently no clear guidelines, as only a few cases have been reported in the literature; however, radiotherapy in the case of local recurrence or chemotherapy in the case of metastatic disease have been described as therapeutic options.



Abstract N°: 742

Highly necrotizing angioinvasive lymphomatoid papulosis

Francisco Jose Rodriguez Cuadrado[1], Mercedes Hospital Gil[1], Elena López-Negrete Arenal[1], Marta Liébana Villela[2], Gaston Roustan Gullón[1], Laura Nájera Botello[3], Dolores Suárez Massa[3]

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Introduction & Objectives:

Lymphomatoid papulosis is a CD30 cutaneous lymphoma characterized by papules and nodules with a self-limiting and recurrent course in the form of outbreaks. There are several variants, although the prognosis is similar in all of them. The angiocentric/angioinvasive variant, or type E, is notable for its often necrotizing nature.

Materials & Methods:

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Results:

A 40-year-old woman, with no relevant medical history, came to the emergency department for painless lesions of 1 month's evolution. Physical examination revealed highly infiltrated erythematous plaques on the lower limbs, together with a crusted ulcer on the left knee and a 4 cm erythematous plaque with a necrotic center on the dorsum of the left foot. She had no fever or systemic symptoms.

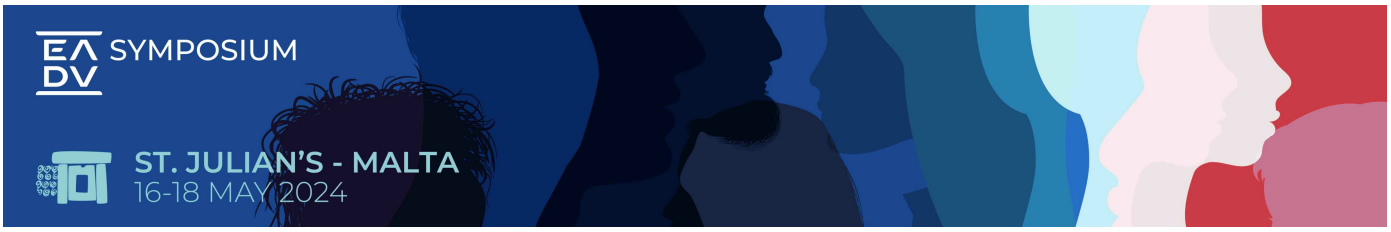
The patient reported having presented similar outbreaks since 2017. She had undergone up to 3 biopsies, with findings of lobular panniculitis with lymphocytic vasculitis, deep ulcer with vascular thrombosis, perivascular and vacuolar interface dermatitis with hyperplasia of nerve fibers. In 2019 she underwent a thoracoabdominopelvic CT scan (no alterations) and laboratory tests (positive ANA 1:160, mixed pattern with nucleoli staining).

A new deep biopsy of one of the infiltrated plaques was performed. The result of this biopsy was dense nodular infiltrates in dermis and hypodermis, consisting of pleomorphic lymphoid cells, with large nucleus, hyperchromatic, some of them in mitosis. This infiltrate showed a remarkable angiotropism with necrosis of the walls of the affected vessels. Immunohistochemically, these lymphocytes expressed CD3, CD4 and, to a lesser extent, CD8. Most also expressed CD30. CD20, CD56 and TIA1 were negative. Molecular study showed monoclonal rearrangement of TCR gamma.

With the diagnosis of lymphomatoid papulosis type E, a PET scan was performed which ruled out the presence of distant involvement and the patient was started on methotrexate 15 mg subcutaneously weekly (and folic acid 48 hours later), with a very good response in the re-evaluation at 4 weeks.

Conclusion:

Lymphomatoid papulosis type E is a recently described entity that histologically may pose a diagnostic challenge by simulating more aggressive lymphomas, mainly those with angiocentrism such as nasal-type cutaneous NK/T lymphoma or cutaneous gammadelta T-cell lymphoma.



Abstract N°: 754

Eccrine porocarcinoma: a series of nine cases.

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Introduction & Objectives:

Eccrine porocarcinoma (EPC), described by Pinkus and Mehregan in 1963, is a rare malignant adnexal neoplasm (0.005 to 0.01% of all skin tumors) that originates from the ductal portion of eccrine sweat glands. It is most commonly located on the lower limbs followed by the head and neck. It predominantly appears between the sixth and eighth decades of life, with no clear sex predilection. While most cases arise de novo, between 20 and 40% of published cases develop alongside a previous eccrine poroma. Our objective is to conduct a descriptive study of all cases of EPC diagnosed in our hospital.

Materials & Methods:

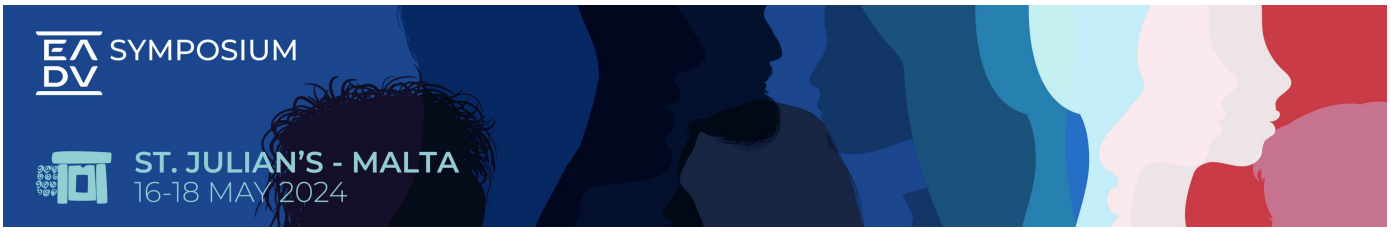
A retrospective, descriptive study of EPC cases diagnosed between 2011 and 2023 was conducted at the University Hospital Complex of Cartagena (Murcia). Patient medical records and biopsy slides were reviewed to characterize epidemiological, clinical, diagnostic, and therapeutic features.

Results:

Nine cases of EPC were identified. The median age at presentation was 77 years, with a range of 43 to 89 years, and it predominated in females (77.7%). The most common location was the face (6 cases), specifically the malar region (3 cases), followed by the lower limbs and trunk. The mean size of lesions was 7.4 mm (3-15 mm). The most common clinical presentation was a pink papule, with a size less than 2 cm at the time of diagnosis, which is consistent with literature reports (66.6%). A total of 6 cases had a history of skin cancer: 2 patients had basal cell carcinoma (BCC), 2 had squamous cell carcinoma (SCC), and another 2 had melanoma in situ. The most frequent suspected diagnosis was BCC (55.5%); other differential diagnoses included SCC, amelanotic melanoma, Merkel cell carcinoma, or atypical fibroxanthoma. Only one case was PCE in situ, the rest presented a mean tumor thickness of 4.4 mm. The most frequent growth pattern was expansive (66.6%). The infiltrative pattern was present in 33.3% of the cases, with poorly delimited tumor nests entering the dermis.There was no lymphovascular infiltration in any case. Conventional surgical excision with clear margins was the chosen treatment in all patients. There were no findings of benign component (poroma) in any biopsy. However, one patient had a poroma in the same location 2 years earlier. Four patients underwent clinical follow-up and imaging revisions, with no local recurrence recorded in any of them.

Conclusion:

The results of our study are similar to those described in previous case series in the literature. According to the main publications, the lower limbs constitute the most frequent location for this type of tumor. However, the majority of cases in our study were located on the face. Infiltrative and/or pagetoid growth patterns have been associated with an increased risk of local recurrence. On the other hand, tumor thickness equal to or greater than 7 mm, a high mitotic count, and the presence of lymphovascular invasion have been associated with a higher risk of distant metastasis. In our study, no histological factors of poor prognosis were found, so conventional surgery with clear margins was sufficient in all cases, not requiring selective sentinel lymph node biopsy.



Abstract N°: 783

An Atypical Presentation of Dermatofibroscarcoma Protuberans: A Case Report

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Introduction & Objectives:

Dermatofibrosarcoma protuberans (DFSP) is a rare soft tissue tumour originating from the dermis. It typically presents as a slow-growing, locally aggressive lesion with a high rate of recurrence if not adequately treated. Atypical presentations of DFSP can pose challenges in diagnosis and management. This case report aims to present an unusual case of DFSP in terms of appearance, mimicking an epidermal cyst.

Materials & Methods:

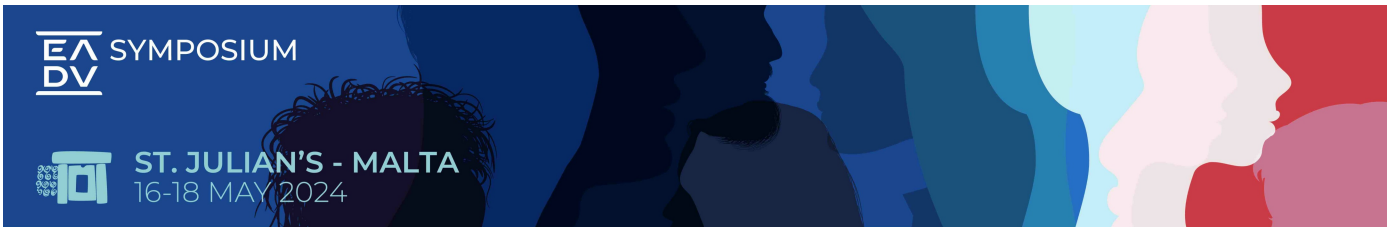
Results:

A 40 year old Chinese male, with past medical history of hypertension, was referred to the dermatology clinic for left flank nodules for over 10 years. He reports them becoming more noticeable in the past 2-3 years. He also reports a history of loss of weight and appetite in the past 1 month. Clinical examination revealed 3 subcutaneous nodules over the left flank with no overlying skin changes, with the largest measuring about 1cm. A diagnosis of possible epidermal cyst was made and the patient was offered excision of the 2 largest nodules. Histopathological examination revealed the diagnosis of DFSP and the patient was urgently recalled to the clinic.

Magnetic Resonance imaging of the abdomen did not reveal any extension into the muscles, peritoneum or bone. PET scan did not reveal any distant metastasis. The patient underwent wide local excision of the flank masses and made good recovery.

Conclusion:

DFSP can commonly resemble benign skin lesions such as epidermal cysts on appearance and its asymptomatic, slow growing nature – serving as a diagnostic challenge. Clinicians should retain a high level of suspicion, especially if lesions present with atypical features or are associated with other systemic symptoms. Prompt evaluation and intervention is vital in the management of DFSP.



Abstract N°: 789

Color Analysis of Merkel Cell Carcinoma: A Comparative Study with Cherry Angiomas, Hemangiomas, Basal Cell Carcinomas, and Squamous Cell Carcinomas

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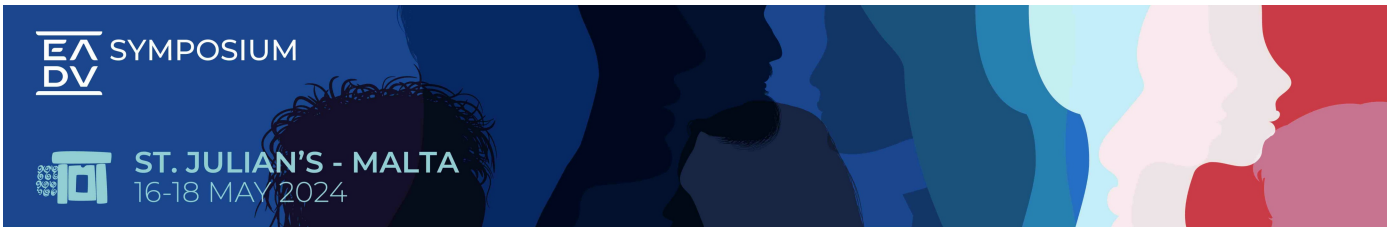
Introduction & Objectives: Merkel cell carcinoma (MCC) is recognized as one of the most malignant skin tumors. Its rarity might explain the limited exploration of digital color studies in this area. The objective of this study was to delineate color alterations in MCCs compared to benign lesions resembling MCC, such as cherry angiomas and hemangiomas, along with other non-melanoma skin cancer lesions like basal cell carcinoma (BCC) and squamous cell carcinoma (SCC), utilizing computer-aided digital color analysis.

Materials & Methods: This was a retrospective study where clinical images of the color of the lesion and adjacent normal skin from 11 patients with primary MCC, 11 patients with cherry angiomas, 12 patients with hemangiomas, and 12 patients with BCC/SCC (totaling 46 patients) were analyzed using the RGB (red, green, and blue) and the CIE Lab color system. The Lab color system aided in estimating the Individual Typology Angle (ITA) change in the skin.

Results: It was demonstrated that the estimation of color components can assist in the differential diagnosis of these types of lesions because there were significant differences in color parameters between MCC and other categories of skin lesions such as hemangiomas, common skin carcinomas, and cherry hemangiomas. Significant differences in values were observed in the blue color of RGB ($p = 0.003$) and the b* parameter of Lab color ($p < 0.0001$) of MCC versus cherry angiomas. Similarly, the mean a* value of Merkel cell carcinoma (MCC) compared to basal cell carcinoma and squamous cell carcinoma showed a statistically significant difference ($p < 0.0001$).

Conclusion: Larger prospective studies are warranted to further validate the clinical application of these findings.



Abstract N°: 793

Clinical potential of the combined course of epidermal skin dysplasias

Olena Oshyvalova[1]

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Introduction & Objectives: According to the modern theory of carcinogenesis, cancer begins with multiple cumulative epigenetic and genetic changes that contribute to the sequential transformation of cells or a group of cells in a particular organ. Subsequent genomic changes in some of these cells lead them to a malignant phenotype. A population of daughter cells with early genetic changes remains in the organ, demonstrating the concept of a field carcinization (FC). Applying the FC theory to the formation of epidermal skin dysplasias (ESD), should be noted that exposed to sunlight skin areas have both existing foci of ESD and subclinical lesions (FC), which can give rise to clinically formed neoplasms over time. The objective was to determine the clinical potential of FC in patients (pat.) with combined course of ESD.

Materials & Methods: During 3 years, 22 pat. with a combined course of ESD were under our observation. We used clinical examination, dermoscopy, excisional biopsy and pathological examination.

Results: The most frequently was diagnosed the combined course of actinic keratosis (AK) and intraepidermal carcinoma (SCCis) (in 9 pat., 40.9%), AK and cutaneous squamous cell carcinoma (cSCC) (in 6 pat., 27.3%), the combined course of AK, SCCis, cSCC and SCCis, cSCC was diagnosed less often (in 4 pat., 18.2% and in 3 pat.,13.6%).

The vast majority of pat. (77.3%) were men (versus 22.7% of women) in the age group of 75 years and older (72.8%). The average age of pat. was 77.0±16.9 years.

At the beginning of the observation, 65 lesions (les.) were diagnosed in pat. with combined course of ESD (from 2 to 5 in 1 pat.), which amounted to 2.95 les. per 1 pat. Among the 27 (41.5%) les. of AK, the predominant location was on the face skin (21.7%) and trunk skin (10.8%); among the 20 (30.8%) les. of SCCis, the predominant location was on the trunk skin (24.1%); among the 18 (27.7%) les. of cSCC, the predominant location was on the face skin (20.1%) and trunk skin (7.7%).

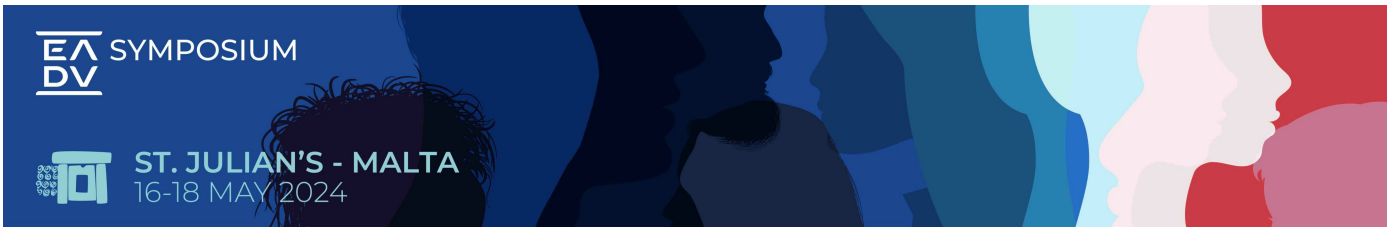
During the 3-year follow-up period, 64 new les. were diagnosed in pat.: 23 (35.9%) AK les., 24 (37.5%) SCCis les., and 17 (26.6%) cSCC les., which amounted to 49.6% of the total number of les. (129) at the end of the observation period (tab. 1).

Table 1

Distribution of new foci of AK, SCCis and cSCC lesions depending on their localisation in patients with combined ESD

ESD type	indicator	Skin localization of the lesion	Total number of skin lesions
		face	scalp, neck
AK	абс	5	4
	%	7,8	6,2
SCCis	abc	7	1
	%	10,9	1,6
cSCC	abc	3	3
	%	4,6	4,6

Conclusion: The annual rate of clinical progression of FC in the group of pat. with combined course of ESD was 16.5%. As a result, the target for monitoring and treatment should be the detection of all clinical and subclinical AK and SCCis in order to prevent the development of cSCC.



Abstract N°: 802

Two cutaneous and hematological proliferations linked to the HHV8 virus

Sabrina Malya Belateche[1], Mounia Slaouti[1], Mohand Ouali Ait Si Ali[1], Aïcha Salhi[1], Assya Djeridane[2]

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Two cutaneous and hematological proliferations linked to the HHV8 virus .

Introduction & Objectives:

Kaposi's disease (KD) is a multifocal condition with cutaneous and visceral manifestations. It has a multifactorial origin, with HHV8 being the etiological agent for all forms of KD. The association of Kaposi's disease (KD) with lymphoma is rarely encountered, even though the involvement of HHV8 in several lymphoid pathologies is known. We report a case of Kaposi's disease associated with HHV8-positive non-Hodgkin lymphoma in an HIV-negative patient.

Materials & Methods:

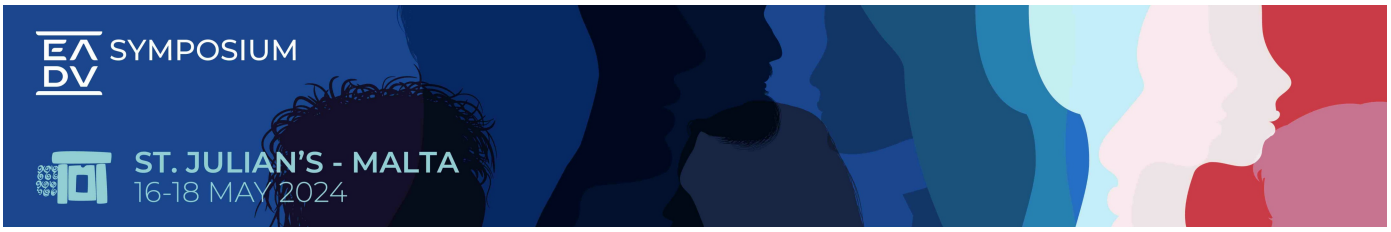
A 72-year-old patient with a history of nodal non-Hodgkin lymphoma treated with 24 cycles of R-CHOP followed by 6 cycles of rituximab had been in remission for 1 year. Clinical examination revealed painful, violaceous, angiomatous-appearing plaques and papulonodular lesions with infiltration on the legs, accompanied by edema. The diagnosis of Kaposi's disease was confirmed histologically, showing neoformed capillary proliferation, some spindle cells, lymphoplasmacytic inflammation, extravasation of red blood cells in the reticular dermis, and positivity for CD34 and HHV8 in spindle cells. HIV1 and HIV2 serologies were negative. A lymph node biopsy conducted during this examination revealed a CD20-negative, CD79a-positive large B-cell lymphoma with HHV8 immunostaining. Chemotherapy with vinblastine at 4 mg/m2 every 15 days, along with rituximab, was initiated for lymphoma treatment

Results:

HHV-8 belongs to the gamma herpesvirus group. While known for causing Kaposi's disease, it can also lead to various hematologic pathologies. The association between Kaposi's disease and hematologic conditions is not well understood and is mainly observed with myeloma. Kaposi's disease, considered an hyperplasia composed of spindle or vascular cells, normal dermal cells, and inflammatory cells rather than a true sarcoma, is among virus-induced tumors. Regardless of its form, it is always associated with chronic viral infection by HHV-8. HHV8 is implicated in multicentric Castleman disease, large B-cell lymphomas, and serous lymphomas, highlighting the importance of immunostaining at the nodal level that confirmed the link between lymphoproliferation and the virus in our patient. The etiology, pathophysiology, evolution, prognosis, and management are still poorly understood. Broader studies are desirable to identify the oncogenic role of this virus.

Conclusion:

We have reported a case of Kaposi's disease associated with non-Hodgkin lymphoma. This is a rare association that requires viral immunostaining at the nodal level to confirm the pathogenic role of HHV8 in lymphoma development.



Abstract N°: 807

Squamous cell carcinoma of the frontal sinus

Teodor Aleksiev[1], Zlatina Ivanova[2], Donka Brambarova[2], Desislava Nocheva[2], Nina Vutova[2], Hristo Dobrev[2]

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Introduction & Objectives:

Primary frontal sinus carcinoma is extremely rare, with an incidence of 0.3-1% of all paranasal sinus carcinomas. It occurs more often in adults over 50, mostly men. Its symptoms are vague and nonspecific, making early diagnosis difficult. The predominant histological type in over 50% of cases is squamous cell carcinoma. Treatment includes total surgical resection followed by radio- and chemotherapy.

Materials & Methods:

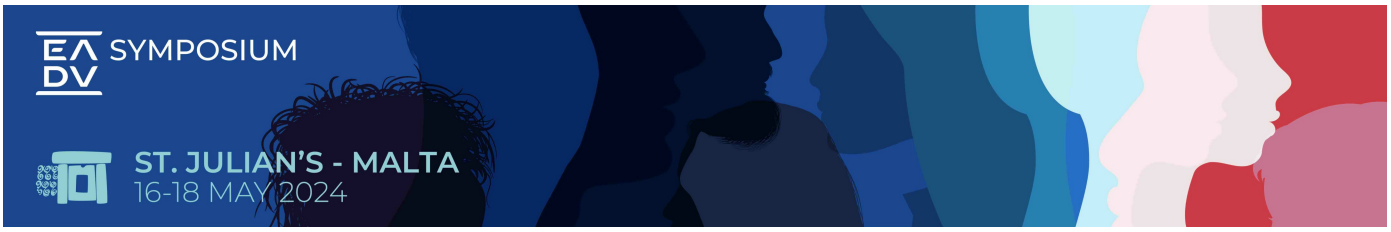
We present an 84-year-old woman who, about a month ago, developed erythema and edema of the skin of the upper eyelids and glabella, accompanied by eye discharge and slight tenderness to touch.

Results:

We performed X-ray and CT examination of paranasal cavities which found no pathological changes. After consultation with an allergologist, treatment with antihistamines was started, but due to lack of effect, the patient was referred to the clinic for diagnostic clarification. Additional paraclinical examinations and specialized consultations did not confirm the suspicions of dermatomyositis, trichinellosis and an acute inflammatory process. Treatment with antibiotics and corticosteroids remained ineffective. Due to the growth of edema and the formation of a dense lesion at the base of the nose and frontal sinus, a repeat CT examination of the paranasal cavities was performed, which established the presence of a soft tissue oval lesion frontally in the area of the glabella with dimensions of 38/36/40 mm, which infiltrates and lyses the upper part of the right nasal bone, anterior ethmoid cells, medial wall of the right orbit, and anterior wall of the frontal sinus. The patient was referred to an ENT clinic, where a diagnosis of low-differentiated squamous cell carcinoma (NSE - negative, p63 - positive, cytokeratin 34be12 - positive) was made with the help of biopsy and immunohistochemical examination. Due to the judgment of inoperability, definitive large-fractionated percutaneous radiotherapy was performed according to a scheme of 10x3 Gy (equivalent to 38 Gy).

Conclusion:

The presented case illustrates the need for broad differential-diagnostic thinking in cases with edema in the head region.



Abstract N°: 815

Dermatofibrosarcoma of Darrier et Ferrand and Cutis Verticis Gyrata: association or coincidence?

Maha El Maati[1], Kenza Khachani[1], Syrine Hamada[1], Laila Benzekri[1], Meriam Meziane[1], Nadia Ismaili[1], Karima Senoussi[1]

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Introduction & Objectives:

Cutis Vertisis Gyrata (CVG), or vorticellate pachydermia of the scalp, is a rare skin disorder of the scalp and/or face, characterized by cutaneous hypertrophy and hyperlaxity.

A distinction is made between primary CVG (essential and non-essential) and secondary CVG. Primary CVG is said to be non-essential when associated with neurological and/or ophthalmic abnormalities. The essential form, being rarer, is characterized by an isolated CVG.

CVG can also be secondary to chronic pathologies such as metabolic, inflammatory, cardiac, endocrine or even neoplastic diseases. The association with both benign and malignant tumors has been reported in the literature. We discuss by reporting a case of Dermatofibrosarcoma of Darrier et Ferrand, in a patient with Cutis Vertisis Gyrata on the skin scalp, the cause-effect relationship between the two affections, and the probable genesis mechanisms.

Case report:

We report a case of a 65 year old male patient who developed a large tumor of the right skin shoulder evolving for 4years. Histological examination confirmed the diagnosis of Dermatofibrosarcoma of Darrier et Ferrand. General examination revealed a Cutis Vertisis Gyrata on the skin scalp without any associated inflammatory symptoms.

Discussion:

Dermatofibrosarcoma of Darrier et Ferrand or Dermatofibrosarcoma Protuberans (DFSP) is a fibroblastic tumor of intermediate malignancy. It accounts for 0.01% of all malignant tumors.

Mimicking benign tumors, it is highly locally aggressive, justifying extensive surgical excision.

Few theories have been proposed to explain the pathogenesis of CVG. Some have suggested that it is due to lymphatic abnormalities leading to lymphedema and the formation of skin folds. Others have hypothesized that mutations in the fibroblast growth factor receptor 2 gene contribute to dermal hypertrophy.

The predominance of the male sex suggests X-linked inheritance or hormonal factors.

In other hand, high levels of GH and IGF-1 are thought to play a crucial role in the pathogenesis of CVG. IGF-1, stimulated by GH, leads to hyperplasia of dermal fibroblasts.

For neoplastic-associated conditions, pathogenesis is thought to be linked to inappropriate secretion by tumors of growth factors (EGF, TGFa) or anti-insulin receptor antibodies.

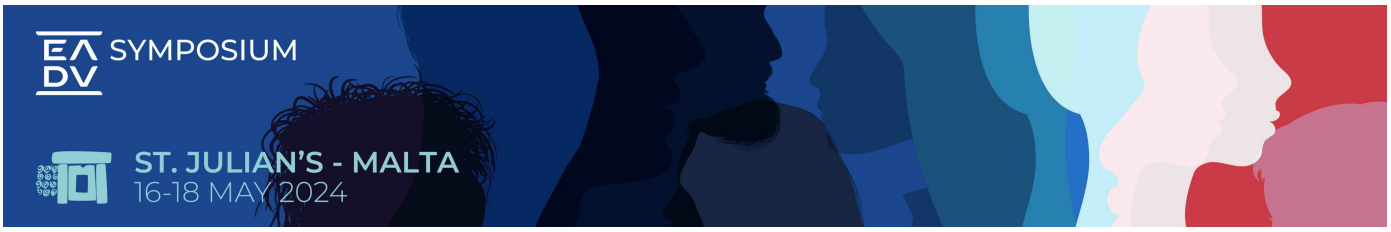
Since TGFa and EGF are structural analogues, they act on the same receptor located on the surface of cell targets, inducing epidermal cell proliferation referring for the endocrine mechanism.

Conclusion:

Cutis verticis gyrate is an unusual dermatological condition of the scalp observed during a variety of conditions. Its

presence should prompt the clinician to look for systemic conditions such as acromegaly, diabetes, or underlying neoplasia.

To our knowledge, our CVG case would be the first associated with a Dermatofibrosarcoma of Darier Ferrand.



Abstract N°: 818

Topical 5-fluorouracil in multiple acral Bowen's diseases: a particular clinical form and difficult treatment

Sabrina Malya Belateche[1], Mounia Slaouti[1], Mohand Ouali Ait Si Ali[1], Aïcha Salhi[1], Assya Djeridane[1]

[1]Hospital Central Army Dr Mohamed Seghir, Kouba, Algeria

Topical 5-fluorouracil in multiple acral Bowen's diseases: a particular clinical form and difficult treatment

Introduction & Objectives:

Bowen's disease (BD) is a rare, intraepithelial carcinoma with a risk of invasive carcinoma evolution estimated between 3 and 5%. The various treatment modalities include physical destruction using electrocautery, cryotherapy, curettage, laser therapy or surgical excision, intralesional interferon alpha and noninvasive methods like photodynamic therapy.

Here we report its successful use in multiple acral Bowen's diseases.

Materials & Methods:

71-year-old Patient, without specific medical history presented with persistent, occasionally itchy, progressively enlarging, irregularly shaped, multiple erythematous eczematous lesions of the dorsal surface of both hands of nine months' duration measuring 2×2 cm.

It had not responded to topical steroids, salicylic acid, and antifungal treatment. A skin biopsy was done and it revealed the features of Bowen's disease. She was started with topical 5-fluorouracil applied to the plaque on five alternate days in a week, the lesions progressively decreased in size and thickness. At the two-months' follow-up after starting topical 5-fluorouracil, the lesions had flattened with persisting pigmentary changes.

5-fluorouracil was stopped at this stage. A repeat biopsy at eight months revealed a normal epidermis, and the patient was advised to use topical emollient and regular follow-up every month. After 10 months, the lesion had completely cleared with mild atrophy and pigmentation .The patient is still under follow-up at six monthly intervals, but there has been no recurrence of the lesion. During treatment with topical 5-fluorouracil, patient did not show any side effects except mild irritation and pruritus which were not bothersome to the patient.

Results:

Bowen's disease clinically presents as a solitary, slowly enlarging, erythematous, scaly papule or plaque on sun-exposed or non-sun-exposed skin. Kossard and Rosen reported that the most common site of Bowen's disease was head and neck (440 among 1,001 cases of Bowen's disease), and that the least common site was the torso (65/1001). It is especially rare for Bowen's disease to develop on acral region.

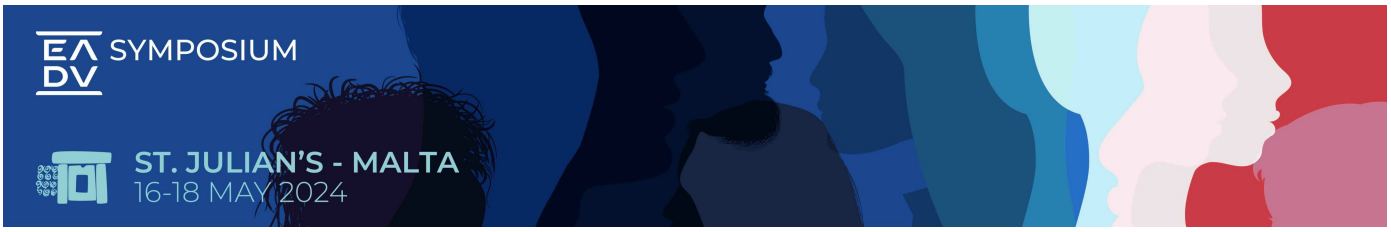
5-fluorouracil is a potent antitumor agent. It was found to be beneficial in a number of cutaneous disorders including many malignant as well as premalignant conditions, including Bowen's disease.

Various regimes of topical treatment of cutaneous malignancies with 5-fluorouracil include alternate nights to twice daily application from a minimum of six weeks to a maximum of 12 weeks. The more frequent the application, the greater the chance for application site reactions, which occur at a frequency of 1% and include pruritus, burning, soreness, erythema, scabbing, flaking, erosion, crusting, edema and induration, which are usually mild-moderate and are dose-dependent.

Conclusion:

We preferred 5-fluorouracil cream over other modalities of treatment because of the easy availability, ease of self-

administration, lack of pain, and lack of need for hospitalization and the encouraging reports published in the last few years.



Abstract N°: 893

Malignant peripheral nerve sheath tumor located in the foot's heel : a rare tumor and exceptional localisation !

Asmaa Elkissouni[1], Hali Fouzia[1], Mounia Diouri[2], Soumia Chiheb[1]

[1]Chu ibn rochd, dermatology, CASABLANCA, Morocco,[2]Chu ibn rochd, plastic surgery, CASABLANCA, Morocco

Introduction :

Malignant peripheral nerve sheath tumour (MPNST) is a rare form of soft tissue sarcoma that arises from peripheral nerves , accounting for less than 5% of cases. It is commonly associated with neurofibromatosis type 1 (NF1) (40%-50%) . These tumours arise from the nerve sheath rather than the nerve itself. There are very few cases reported in the literature of MPNST . In this article we report an observation of MPNST located in the heel of the foot

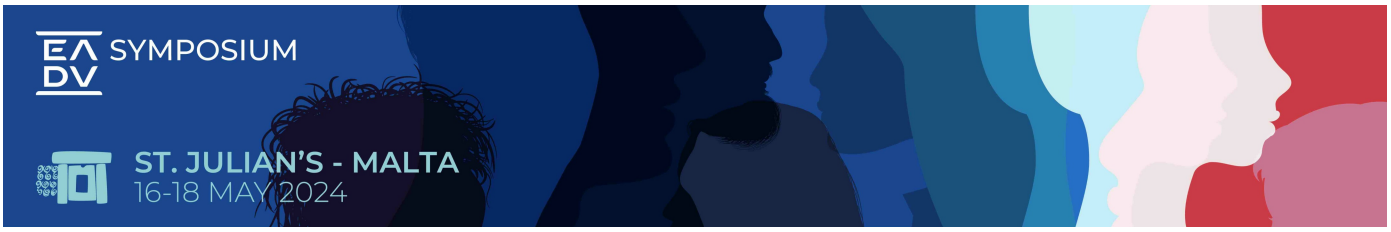
Observation:

48 years old patient , having as antecedents a neurofibromatosis type 1 with plexiform neurofibroma on the foot evolving since childhood undiagnosed, who presented 6 months before her admission after a trauma on the heel a nodular lesion budding on the plexiform neurofibroma progressively increasing in size, painful, bleeding on contact . A skin biopsy was carried out and showed a benign tumour of the nerve sheaths, but in view of the heterogeneous contrast on MRI with the presence of a zone of necrosis, a surgical biopsy of the lesion was carried out and came back in favour of an MPNST, the extension assessment showed that the tendons of the foot were included without any other distant lesions, the decision of the multidisciplinary consultation meeting was to complete the operation with a mid-leg exeresis

Conclusion:

half of all MPNSTs arise in the context of NF1 syndrome, usually in association with pre-existing plexiform neurofibromas. The lifetime risk of developing MPNST in a patient with NF1 syndrome is 8%–13% . Patients present with a rapidly enlarging mass that may be painful or cause local neurological symptoms such as weakness or paresthesias.The development of new, worsening, or persistent pain in the neurofibroma of a patient with NF1 is an important symptom that should always be conscientiously evaluated,. Themost common sites of involvement include the nerve roots, particularly the sciatic nerve. unlike our patient who developed the tumour in the heel of the foot , In most instances, the size of the mass is greater than 5 cm at presentation), and up to 50% of patients present with metastatic disease, usually to the lung. Magnetic resonance imaging is the most useful imaging modality for characterizing the anatomical extent of the tumor for surgical planning.. Histologic features of MPNST are rather nonspecific Indeed, a skin biopsy may not show signs of malignancy and may be falsely reassuring, as in the case of our patient. In any doubt, one should not hesitate to perform a deep surgical biopsy or an exeresis with an histological study

complete surgical extirpation with clear margins is the treatment of choice. , although MPNST is known to have high metastatic potential and poor prognosis. Reported long-term outcomes vary widely across multiple series, with 5-year survival ranging between 15% and 50%



Abstract N°: 902

Extensive Scalp Melanoma in an Elderly Male : A case report

Asmaa Elkissouni[1], Hali Fouzia[1], Mounia Diouri[2], Soumia Chiheb[1]

[1]Chu ibn rochd, dermatology, CASABLANCA, Morocco,[2]Chu ibn rochd, plastic surgery, CASABLANCA, Morocco

Introduction :

Scalp melanoma is a rare and aggressive form of skin cancer. Its occurrence in the elderly population poses unique challenges due to factors such as delayed diagnosis and comorbidities. We present a case of extensive scalp melanoma in an elderly male

Observation :

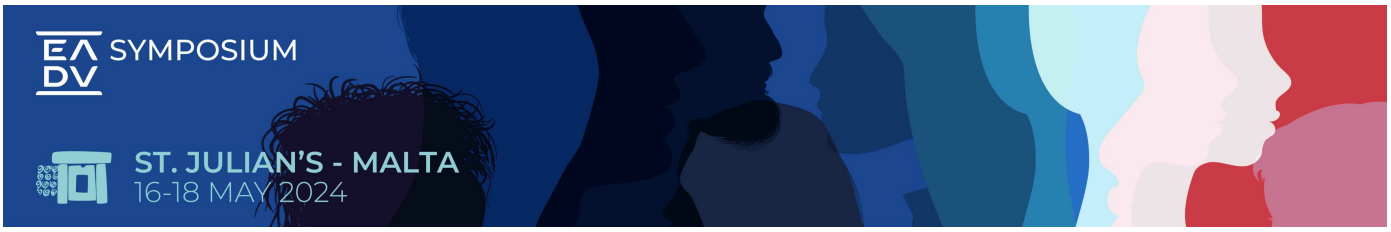
An 84-year-old patient, hailing from a rural background and working as a farmer, presents with rapidly enlarging pigmented lesions on the scalp for the past 3 months, with a history of manipulation of these lesions. Clinical examination reveals bleeding pigmented nodular lesions on the scalp upon minimal contact, with dermoscopy showing irregular pigmentation and a blue-white veil appearance. Cervical lymphadenopathy was noted on examination. A biopsy confirmed the diagnosis of melanoma. A PET scan revealed cervical lymph node involvement. The multidisciplinary team decided on surgical excision for local control and adjuvant chemotherapy.

Conclusion:

Melanoma of the scalp, particularly prevalent among the elderly, especially men, often correlates with androgenetic alopecia and sun exposure. Clinical manifestations include extensive dark lesions, blue-grey or dark brown macules, papules, and nodules. Dermoscopic examination may reveal color and structural asymmetry, a multicomponent global pattern, irregular dots and globules, bluish-white color, and atypical networks or pseudo-networks in thin melanomas. Thick scalp melanomas may display a bluish-white veil, an unspecific pattern, and irregular black blotches or dots.

The management of scalp melanoma can be complex due to its aggressive nature and late detection. Surgical excision remains the primary treatment. In cases where surgery isn't feasible, alternative therapies like topical imiquimod and brachytherapy have demonstrated efficacy in controlling in-transit metastases (ITMs) and eliciting a systemic antitumor immune response. Combining local treatments such as electrochemotherapy (ECT) with systemic immunotherapy, like anti-PD-1 agents, may overcome primary immunotherapy resistance and boost tumor immunogenicity. Scalp reconstruction post-melanoma excision is vital, with options including skin grafting, local flaps, and free flaps. The choice of reconstruction should prioritize the patient's overall health and aesthetic outcomes.

Scalp melanoma carries a poorer prognosis compared to melanomas in other locations, often presenting with more aggressive behavior and frequently diagnosed at advanced stages. Risk factors such as advanced age and the presence of the IRF4-rs12203592 gene variant are associated with an elevated risk of scalp melanoma.



Abstract N°: 903

Immunotherapy in Cutaneous Oncology: Revolutionizing Treatment Approaches

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[1]A.T. Still University School of Osteopathic Medicine, Mesa, United States,[2]Ohio University Heritage College of Osteopathic Medicine, Warrensville Heights, United States, [3]Nuvance Health Vassar Brothers Medical Center, Poughkeepsie, United States, [4]The Voluntary Health Services Multispeciality Hospital & Research Institute , Chennai, India, [5]VCOM-Virginia, Blacksburg, United States, [6]Wyckoff Heights Medical Center, United States

Introduction & Objectives:

The broadening field of immunotherapeutic strategies within the scope of cutaneous oncology has revolutionized treatment approaches for malignancies affecting the skin. Existing studies emphasize the impact of immune checkpoint inhibitors, adoptive cell therapies, and emerging immunotherapies and their crucial role in enhancing treatment outcomes for patients diagnosed with melanoma, squamous cell carcinoma, and basal cell carcinoma. A current research gap lies in optimization of combination therapies, absence of standardized frameworks necessary due to patient-specific responses, and comprehensive investigations of novel immunotherapeutic agents, necessitating a thorough exploration to inform tailored interventions and improve patient outcomes in patients with cutaneous oncologic diseases.

Materials & Methods:

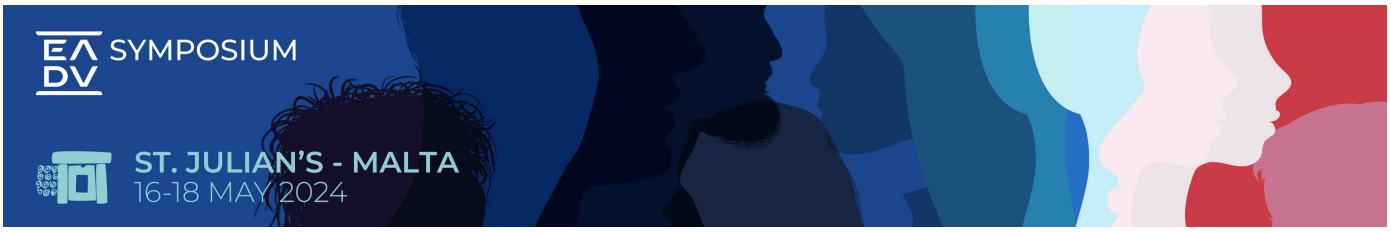
To address the research gap, a literature analysis was conducted utilizing a systematic approach. Relevant databases were systematically searched for studies focusing on the efficacy, limitations and potential synergies of immunotherapies within cutaneous oncology. The search encompassed keywords including “immunotherapy” AND any of the following: “cutaneous oncology” OR “melanoma” OR “squamous cell carcinoma” OR “basal cell carcinoma.” Inclusion criteria comprised studies investigating critical evaluation of the mechanisms underlying immunotherapeutic modalities for cutaneous oncology.

Results:

The literature analysis revealed a wealth of studies highlighting the evolving landscape of immunotherapy in cutaneous oncology, emphasizing its transformative potential in reshaping conventional treatment paradigms. Numerous studies have highlighted the role of immune checkpoint inhibitors and adoptive cell therapies in melanoma and hematologic cancers respectively. Current research focuses on the promising role of combination therapies and novel immunotherapeutics in helping to provide an individualized treatment plan for patients.

Conclusion:

In conclusion, the analysis emphasizes the importance of a comprehensive research agenda to expand treatment modalities for patients with cutaneous malignancies. The identified future areas of research focusing on optimization of combination therapies, the exploration of novel immunotherapeutic agents and targets, and a deeper understanding of patient-specific responses were identified and lay the groundwork for future investigations aimed at advancing and refining immunotherapeutic interventions in the context of cutaneous malignancy. This research agenda aims to inform healthcare practices and policies, ultimately improving treatment options within the field of cutaneous oncology.



Abstract N°: 964

Adult-Onset Atopic Dermatitis versus Mycosis Fungoides – Case Report of a Peculiar Clinical Evolution

Luana-Andreea Nurla*[1, 2], Mărgăritescu Irina[3], Dobre Alexandra[1, 4], Tudorache Gabriela[1], Forsea Ana-Maria[1, 5]

[1]"Elias" Emergency University Hospital, Department of Dermatology, Bucharest, Romania,[2]"Ovidius" University of Constanţa, Institute of Doctoral Studies, Doctoral School of Medicine, Constanta, Romania, [3]Onco Team Diagnostic, Pathological Anatomy Laboratory, Bucharest, Romania, [4]"Carol Davila" University of Medicine and Pharmacy, Pathophysiology Department, Bucharest, Romania, [5]"Carol Davila" University of Medicine and Pharmacy, Department of Oncological Dermatology, Bucharest, Romania

Introduction & Objectives:

Mycosis fungoides (MF), a common T cell-originating cutaneous lymphoma (CTCL), is often misdiagnosed as atopic dermatitis (AD) in early stages, but it may also progress after prolonged AD. The rise in MF diagnoses due to the advent of new immunomodulating therapies, prompts the need to differentiate between previously misdiagnosed MF unmasked under Dupilumab and potential MF-like changes in AD patients post-Dupilumab initiation. We present a case highlighting the challenges in this differentiation, emphasizing available tools and potential pitfalls to avoid.

Case Presentation:

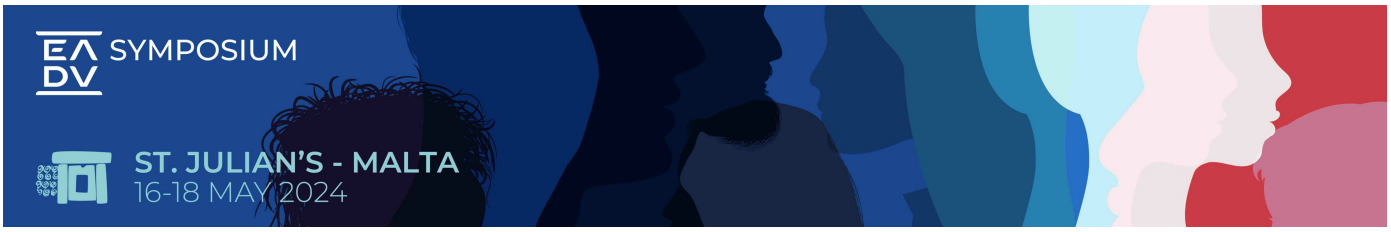
A 51-year-old male patient, diagnosed in 2016 with Arsenic chronic intoxication, alopecia areata, ashy dermatosis, that was reinterpreted as late-onset AD in 2020, and treated with Dupilumab (2022), presented subsequent aggravation of the clinical aspect. Thus, therapy was switched to a JAK inhibitor (2023), followed by the occurrence of disseminated ulcerative cutaneous lesions. In May 2023, the patient was referred to our clinical department for treatment of recurrent AD, refractory to long-term corticosteroid (CS) use, presenting hyperpigmented teguments, xeroderma, associated with generalized ichthyosiform desquamation, ill-delineated, eczematiform plaques with symmetrical dissemination on the trunk, upper and lower extremities, associated with post-grattage scars and chronic pruritus. The two biopsies were histopathologically characterised as thrombosing vasculopathy, treated with an association of CS and Methotrexate systemic therapy. After 3 months, the clinical aspect improved significantly, but with eczematiform, erosive, pruriginous plaques recurring during the reduction of CS doses. Thus, the histopathological examination of the newly obtained cutaneous fragment revealed MF, the patch stage, with a profile of a CD4+ and CD5+ mature T helper lymphocytes combined with frequent small CD8+ lymphocytes, while CD30 was expressed in some activated lymphocytes. The patient is currently undergoing specific haematological investigations and CT scans to characterize the disease and establish the necessity and type of systemic treatment.

Discussions and Conclusion:

CTCL presents a diverse range of skin manifestations, from several erythematous patches and plaques to severe exfoliative erythroderma, often leading to complications. Adult-onset AD displays atypical lesion distribution and morphology, making it challenging to diagnose using classical criteria, and is less associated with atopy compared to early-onset forms. Dupilumab-associated CTCL is usually diagnosed about 7.8 months after treatment initiation, exhibiting a CD4+ T-helper-cell-predominant immunophenotype, increased cellular density and prevalent lichenoid pattern. Dupilumab may also cause a reversible and benign lymphoid reaction resembling CTCL but with distinct histopathologic features, patients exhibiting fewer squamous lesions, but more maculopapular exanthema with lichenification in the lower trunk/upper thighs.

This case highlights Dupilumab's potential in unveiling the diagnosis of MF after unfavourable evolution of cutaneous lesions firstly associated with adult-onset AD, findings that suggest the impact of IL-4/13 antagonists on MF

microenvironments, advocating the need for further exploration into their biological effects. The case emphasizes the importance of considering adult-onset AD as potentially indicative of MF.



Abstract N°: 1009

Spontaneous regression in Merkel cell carcinoma: A Case report

Amel Chabbouh[1], Soumaya Gara[1], Karama Sboui[1], Ines Chabchoub[1], Mariem Jones[1], Litaiem Noureddine[1], Faten Zeglaoui[1]

[1]Charles Nicolle Hospital , dermatology, Tunis

Introduction & Objectives:

Merkel cell carcinoma (MCC) is a rare neuroendocrine skin tumor presumed to originate from Merkel cells in the basal layer of the epidermis. This tumor is aggressive, often progressing rapidly to metastasis. Paradoxically, cases of complete spontaneous regression (CSR) of MCC have been rarely reported.

Materials & Methods:

In this report, we present a case of complete regression following a biopsy in a 77-year-old male.

Results:

A 77-year-old man with no past medical history, presented with a 1-month history of pink tumor located on the scalp with a progressively increasing size. Physical examination revealed an ulcerated erythematous tumor measuring 3cm located in the left parietal region. The examination of the lymph node areas did not reveal any adenopathies. An incisional biopsy was performed, and histology confirmed the lesion to be a MCC, with positive staining for chromogranin A and negative for TTF-1 on immunohistochemistry.

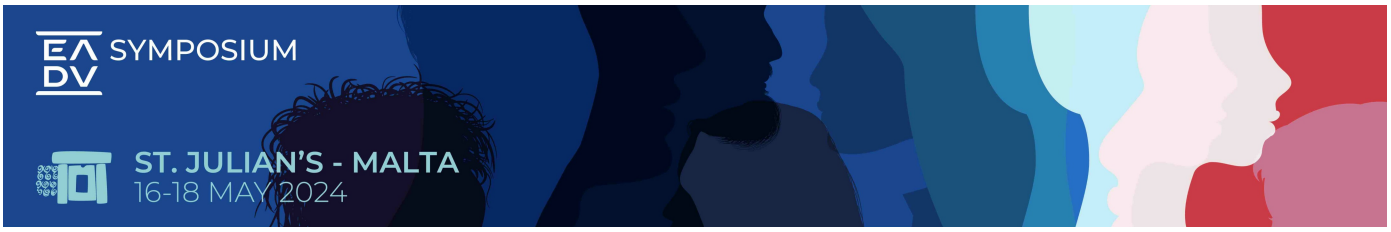
Approximately 1 month after the biopsy, the tumor started to decrease in size spontaneously. A staging CT scan was performed, revealing no suspicious lesions.

Despite the complete clinical remission within 2 months, we decided to perform a wide excision. The histological examination failed to reveal any residual tumor tissue. The patient is on continued follow-up with no sign of recurrence at 4 months following the surgical resection.

Conclusion:

CSR of MCC is exceedingly rare, with a predicted occurrence rate of 0.0013%. To date, less than 30 cases of complete MCC regression after incisional biopsy were described. Most CSR cases of MCC have been documented in the head and neck region, predominantly involving lesions sized 2 cm or smaller. A noteworthy gender difference was observed, with females exhibiting a higher prevalence. Once initiated, regression typically persisted for a duration ranging from 1 to 5 months. The findings in our case correspond closely to those in the literature with the exception that the patient was male, and the tumor size exceeded 2 cm.

The mechanism of CSR remains unclear. The involvement of T cell-mediated immunity seems to be pivotal in tumor regression. This may be ascribed to the initial biopsy, which potentially initiated tumor regression by activating the immune system. CSR of MCC carries a favorable prognosis. Nevertheless, complete excision of the regressing lesion is still the most exact way to confirm spontaneous regression of the tumor.



Abstract N°: 1013

Unexpected Tumor Regression: A Case Report

Amel Chabbouh[1], Chamli Amal[1], Bouzid Sana[1], Majdoub Arwa[1], Frioui Refka[1], Houda Hammami[1], Zaouak Anissa[1], Fenniche Samy[1]

[1]Habib Thameur Hospital, Dermatology, Tunis

Introduction & Objectives:

Merkel cell carcinoma (MCC) is a rare neuroendocrine skin tumor presumed to originate from Merkel cells in the basal layer of the epidermis. This tumor is aggressive, often progressing rapidly to metastasis. Paradoxically, cases of complete spontaneous regression (CSR) of MCC have been rarely reported.

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In this report, we present a case of complete regression following a biopsy in a 77-year-old male.

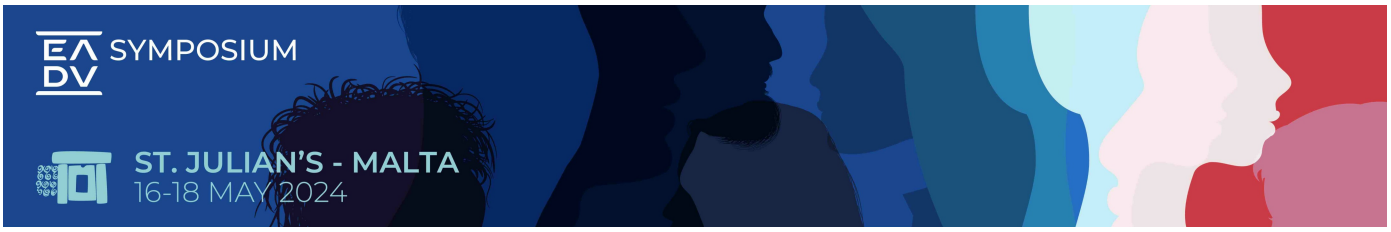
Results:

A 77-year-old man with no past medical history, presented with a 3-month history of pink tumor located on the calf with a progressively increasing size. Physical examination revealed an ulcerated erythematous tumor measuring 4cm. The examination of the lymph node areas did not reveal any adenopathies. Dermoscopic examination showed polymorphous vessels vascular structures with enlarged branching, linear irregular vessels curved narrow vessels, milky pink areas and white structureless areas. An incisional biopsy was performed, and histology confirmed the lesion to be a MCC, with positive staining for chromogranin, CD56, synaptophysin and demonstrated dot-like paranuclear staining for cytokeratin 20 and negative staining for TTF-1, CD45, PS100 and HMB-45 on immunohistochemistry. Approximately 1 month after the biopsy, the tumor started to decrease in size spontaneously. A staging CT scan was performed, revealing no suspicious lesions. Despite the complete clinical remission within 2 months, we decided to perform a surgical excision with a 1-cm margin. The histological examination failed to reveal any residual tumor tissue. Thus, post-operative adjuvant RT on the tumour bed was not performed. The patient is on continued follow-up with no sign of recurrence at 9 months following the initial biopsy.

Conclusion:

CSR of MCC is exceedingly rare, with a predicted occurrence rate of 0.0013%. To date, less than 40 cases of complete MCC regression after incisional biopsy were described. Most CSR cases of MCC have been documented in the head and neck region, predominantly involving lesions sized 2 cm or smaller. Once initiated, regression typically persisted for a duration ranging from 1 to 5 months. The findings in our case correspond closely to those in the literature with the exception that the tumor size exceeded 2 cm and was located on a different region. To the best of our knowledge, only one previous case of spontaneous regression on MCC of the lower limbs has been described.

The mechanism of CSR remains unclear. The involvement of T cell-mediated immunity seems to be pivotal in tumor regression. This may be ascribed to the initial biopsy, which potentially initiated tumor regression by activating the immune system. CSR of MCC carries a favorable prognosis. Nevertheless, complete excision of the regressing lesion is still the most exact way to confirm spontaneous regression of the tumor.



Abstract N°: 1017

Primary cutaneous mucinous carcinoma: Report of two cases

Amel Chabbouh[1], Ines Chabchoub[1], Karama Sboui[1], Soumaya Gara[1], Litaiem Noureddine[1], Mariem Jones[1], Faten Zeglaoui[1]

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Introduction & Objectives:

Primary cutaneous mucinous carcinoma (PCMC) is an exceedingly rare, low-grade malignant tumor that histologically resembles mucinous carcinoma from other primary sites, such as the breast, gastrointestinal tract, and lungs.

Materials & Methods:

In this report, we present two cases of PCMC.

Results:

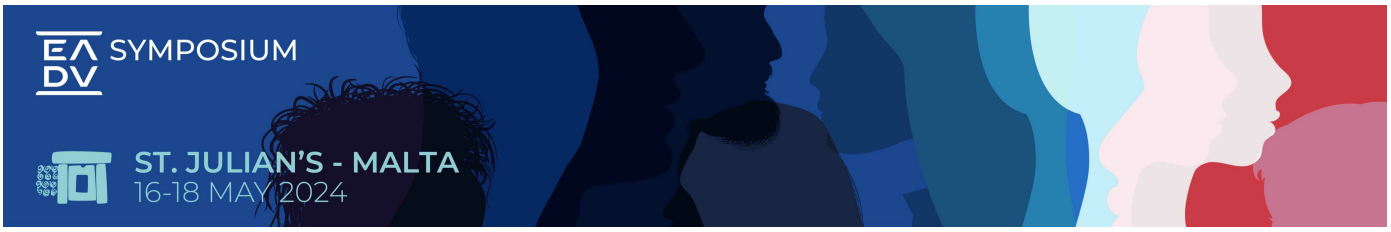
Observation 1: A 74-year-old female patient with no past medical history, presented with a 1-month history of tumor located on the scalp with a progressively increasing size. Physical examination revealed a pedunculated erythematous nodule measuring 2 x 3 cm, both situated on the occipital region.

Observation 2: A 78-year-old man with no past medical history, presented with a 3-month history of pink tumor located on the calf with a progressively increasing size. Clinical examination showed an ulcerated erythematous tumor measuring 6 cm situated on the left parietal region.

In both cases, there was no history of gastrointestinal symptoms (diarrhea, constipation, alteration of bowel habits), hematemesis or melena, long-term fever, cough, shortness of breath and weight loss, or decreased appetite. Incisional biopsies were performed, and histology confirmed the lesions to be a mucinous carcinoma, with negative staining for CK20. The examination of the lymph node areas did not reveal any adenopathies. Staging CT scans were performed, revealing no suspicious lesions. The diagnosis of PCMC was established. We decided to perform a wide excision with a 1 cm margin followed by secondary intention healing in the first case, and a full-thickness skin graft in the second patient. The patients are undergoing regular follow-up with no sign of recurrence at 4 and 9 months following the surgical resection.

Conclusion:

PCMC usually appears on the periocular region and mimics metastatic skin carcinoma. Internal malignancies should be ruled out since the subcutaneous lesion could represent a metastatic skin tumor. PCMC has a relatively good prognosis with lower rates of distant metastases (9.6%, commonly to regional lymph nodes), but local recurrence rate is higher at 29.4%. Immunohistochemically, PCMC, like in our case, are CK20 negative. Treatment is wide excision of the lesion because of high recurrence risk. Follow-up is essential to detect any recurrence.



Abstract N°: 1019

Syringocystadenoma Papilliferum Masquerading on the Auricle: A Rare Presentation in an Elderly patient

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Introduction & Objectives:

Syringocystadenoma Papilliferum is a rare benign adenexal tumor arising from mature apocrine, eccrine or undifferentiated pluripotent cells. SCAPs have three clinical types: plaque (verrucous or crusted), linear (confluent reddish-brown papules), and solitary nodular (dome-shaped, 5-10 mm nodules with crusted or friable surface). It commonly presents in infants and children (50% of cases), and less commonly in adolescents (15%- 30%) with 75% of cases' presentation in the head and neck. Other unusual locations were reported such as the buttocks, vulva, scrotum, ear pinna, eyelid, outer ear canal, postoperative scar, nipple, thigh, axilla, arms, back and abdomen.

Materials & Methods:

We present a rare presentation of Syringocystadenoma papilliferum in an elderly patient on the right ear pinna as it can be misdiagnosed due to unusual presentation in terms of location and age group.

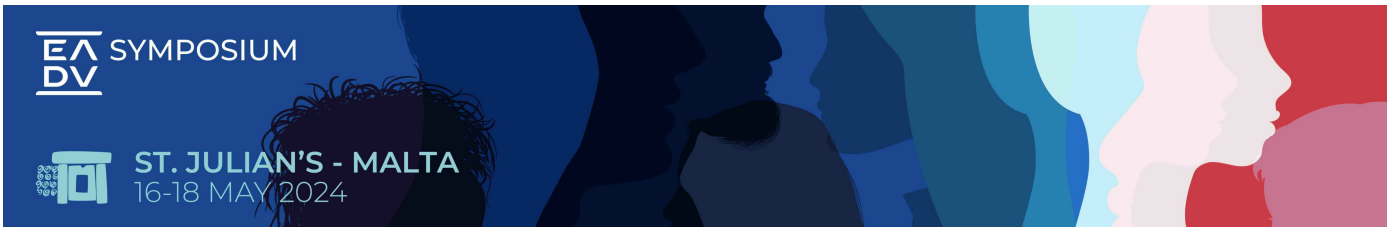
Results:

A 70-year-old patient, in overall good health, presented with a four-year history of a nodule on the external aspect of his right ear, accompanied with mild itching. Upon examination, a rounded nodule measuring 7 mm in diameter with a crusted surface was identified on the helix of the right ear pinna, just above the helical crus. Additionally, minimal bleeding and superficial erosion were noted upon removal of the crust. The clinical differential diagnosis considered chondrodermatitis nodularis helicis, basal cell carcinoma, and wart. Subsequently, a biopsy was performed.

Histopathological examination revealed findings that were consistent with a diagnosis of syringocystadenoma papilliferum showing papillomatosis in the epidermis, featuring several cystic invaginations into the dermis and numerous villous papillary projections. Both the invaginations and papillary projections were lined by two layers of glandular epithelium. The outer layer comprised small cuboidal cells with basophilic nuclei, while the inner layer consisted of tall columnar cells with decapitation secretions. The inflammatory infiltrate primarily consisted of plasma cells and lymphocytes.

Conclusion:

Although SCAP is considered a childhood tumor, with most cases occurring before puberty, it has also been reported in adult or elderly patients either denovo or on top of an old nevus sebaceous. The current case is the first reported case of SCAP occurring denovo on the ear pinna of an elderly patient. SCAP rarely occurs in the external ear, with approximately 14 reported cases in the external auditory canal. There have been only 2 documented cases on the ear pinna, affecting an adolescent and a child patient. The rare occurrence of syringocystadenoma papilliferum (SCAP) on the ear pinna in an elderly patient challenges the conventional understanding of this lesion as primarily pediatric, which makes it important to include it as a differential diagnosis even in older patients. Surgical excision is the treatment of choice particularly in older patients.



Abstract N°: 1031

Nail Unit Melanoma: Uncommon Presentations to Keep in Mind

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Introduction & Objectives:

Nail unit melanoma (NUM), also known as subungual melanoma, is a variant of acral melanoma (AM). It can arise from both the nail matrix and the adjacent periungual tissue. Although most cases originate in the nail matrix; to our knowledge, no cases of NUM starting in the hyponychium and nail bed have been reported.

Materials & Methods:

We describe 3 cases; two of hyponychium melanoma and one of nail bed melanoma

Results:

Case 1

A 38-year-old woman with a 0.5mm melanocytic lesion on the left fourth toe, affecting the hyponychium. It was an irregular pigmented lesion with varied black-brown tones, asymptomatic with an unknown time of progression. Dermatoscopy revealed a brownish-black color and fibrillar pattern. An excisional skin biopsy without margins confirmed AM in situ, after the results, we performed surgery with a 5 mm margin which ended with an *en block* excision, and covered with an inguinal skin graft. In 1-year follow-up, there has been no melanoma recurrence.

Case 2

A 72-year-old woman presents with a melanocytic lesion located on the hyponychium of her left first toe. It was characterized by the presence of a hyperpigmented lesion with heterogeneous distribution, irregular borders, and approximately 1.2 x 0.6 cm in diameter, along with distal pseudo-melanonychia and unknown progression. Histopathology of an incisional biopsy confirmed AM (Breslow thickness 0.75 mm). In surgery, the entire nail apparatus, with a 5 mm margin, was excised, and an inguinal skin graft was applied. In 7-year follow-up, there has been no melanoma recurrence.

Case 3

A 46-year-old male presented with a lesion affecting the first finger of the right hand. He had a history of trauma one month earlier in the same site. The lesion was characterized by a serosanguinous subungual collection involving the entire nail plate. The patient presented a "brown" lesion on the nail plate a year prior, which was asymptomatic and exhibited slow growth. Biopsy confirmed invasive spindle cell melanoma. He was referred to the National Cancer Institute for staging and multidisciplinary approach.

Discussion

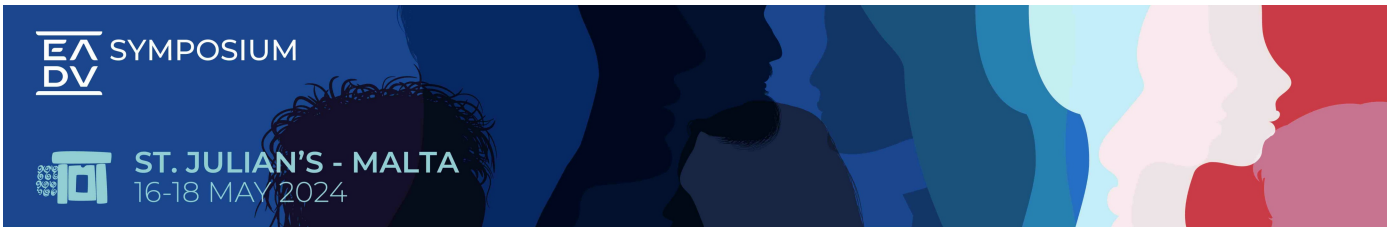
Melanocytes population in nail bed and hyponychium is small, (50/mm2) and remain dormant, thereby, the onset of melanoma in these locations is extremely rare. Although hyponychial melanoma is primarily associated with trauma as a risk factor.

To our knowledge, there are no reports in the literature of this clinical presentation. NUM lesions follow the ABCDE rules

for melanoma and dermoscopy plays a significant role for conducting the physical examination, identifying a transitioning pattern characterized by a brown-black network associated with parallel furrows or a lattice-like pattern, with mostly a multicomponent dermoscopic pattern. Early detection presents a noteworthy challenge. While bleeding, hyperpigmentation of the nail bed or longitudinal melanonychia may act as an early indicator of NUM, not all cases presented them. These features were indeed absent in all of our reported cases. The patient's concern must initiate our clinical suspicion, following "Garbe's rule". Finally, the surgical excision method remains controversial and should be assessed case-by-case.

Conclusion:

Melanoma occurrences in the nail bed and hyponychium are extremely rare and require special attention because they may sometimes go unnoticed. It also presents a distinctive clinical feature, making patients' concerns about a new lesion and dermoscopy findings crucial for early detection.



Abstract N°: 1043

Leser-Trelat syndrome and mycosis fungoides: a rare association

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Introduction & Objectives:

Leser-Trélat syndrome associates the rapid appearance of numerous seborrheic keratoses, it is considered a paraneoplastic sign often revealing an underlying malignant tumor. We report a rare case of a male patient with Mycosis fungoides associated with Leser-Trelat syndrome.

Materials & Methods:

A 64-year-old patient, with a medical history of hypertension, presented to the dermatology department for red and scaly lesions on his thighs and abdomen. The eruption was non-painful, itchy, and has been evolving for 6 months.

Skin examination revealed the presence of well-defined oval scaly purple erythematous plaques on the abdomen with predominance on the lower limbs, particularly on the thighs. As well as older plaques with irregular shapes, brown contours, and central healing one of which is 8cm x 4cm in size. The overall skin surface area assessment revealed an mSWAT score of 20/400.

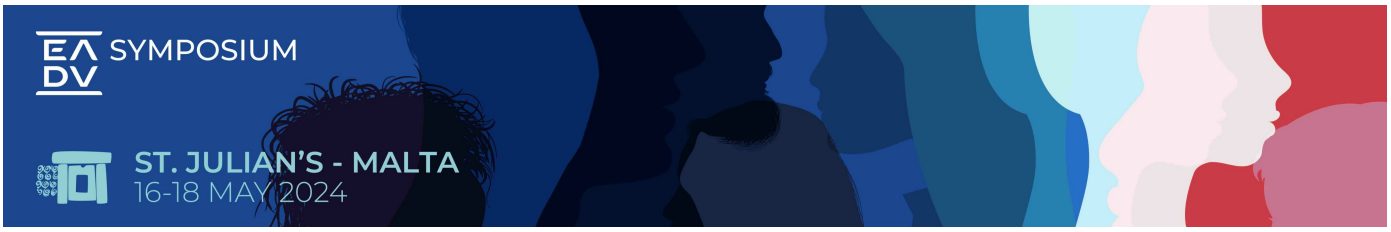
We also noted, on the back, papular lesions with a brownish rough surface. Dermoscopy examination showed comedo-like openings, milia-like cysts, hairpin vessels as well as cerebriform appearance. All these signs were clear indicators of a seborrheic keratosis eruption. The examination of lymph nodes, as well as the rest of the organs, was normal. Histological study of the red plaques revealed epidermal spongiosis with atypical lymphocyte epidermis infiltration. Immunohistochemistry studies revealed: antiCD20 antibodies, antiCD4, and antiCD3 antibodies. No Sézary cells were found. A full check-up, including a chest and abdomen scan, was completely normal. The treatment was based on high-potency topical corticosteroid application as well as PUVA therapy with a satisfying evolution within 6 months.

Results:

Edmund Leser and Ulysse Trélat were the first to report the development of skin lesions in cancer patients. This sign is characterized by an abrupt and swiftly spreading seborrheic keratosis manifestation. It is known as the Leser-Trélat syndrome when it is connected to an underlying malignant process. It is regarded as one of the cutaneous symptoms of paraneoplastic diseases that is less frequently documented in the literature. The literature indicates that adenocarcinomas of the lung or digestive tract are the most commonly related tumors, with hematological malignancies—particularly cutaneous T-cell lymphoma—occurring less frequently.

Conclusion:

This observation sheds light on one of the less common paraneoplastic lesions associated with mycosis fungoides in particular and with malignancies in general. Although seborrheic keratoses are common in the elderly, the extensive and fast-growing nature of these lesions, along with the presence of pruritus, may raise the potential of an accompanying paraneoplastic disease.



Abstract N°: 1051

Sarcoma Kaposi

Inna Popova[1], Valeria Mateeva[2], Toma Tomov[1], Slavyan Tamnev[1], Lyubka Miteva[1], Grisha Mateev[1]

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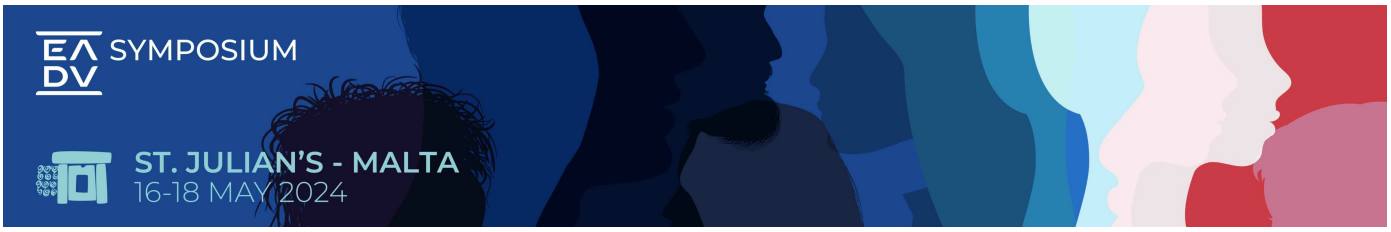
Introduction & Objectives: Kaposi sarcoma (KS) is defined as a multifocal angioproliferative disorder that originates from endothelial cells. Generally, KS may present as a red, violet, or black nodule especially on the skin, respiratory, and gastrointestinal tract. Further, KS mainly affects mucocutaneous sites rather than visceral organs. KS is more common in men.

Materials & Methods: A 56-year old man was admitted to the Department of Dermatology and Venereology, Alexandrovska University Hospital with history of the lesions present for more than a year. The lesions start from left hand, and then spread to other parts of the body. On the glans penis there are firm lesion on a broad basis.

Results: Routine laboratory parameters were within normal ranges. The histopathological examination revalas a dermal proliferation of of interlacing bundles of spindle cells abd intimately cell infiltrate consisting predominantly of lymphocytes and plasma cells is visible predominantly at the periphery oft he spindle cell infiltrate. Extravasated erythrocytes. The IHC staining with podoplanin highlights the wall of the irregular lymphatic vessels.

Conclusion: We presented classic form of Kaposi's sarcoma. The lesion on glans penis is atypical, as our expectations were Squamous cell carcinoma under the Cutaneous horn, but it turn out to be Kaposi's sarcoma. From the literature review there aren't similar case.



Abstract N°: 1055

case report : a rare case of cutaneous desmoid-type fibromatosis

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[1]University Hospital Mohamed Vi, dermatology, tanger, Morocco

Introduction & Objectives:

Desmoid-type fibromatosis is a locally aggressive, nonmetastasizing, well-differentiated, unencapsulated monoclonal myofibroblastic proliferation with a tendency for local invasion and recurrence. The tumor is intermediate between a fibroma and fibrosarcoma. Without a well documented etiology.This case report presents the clinical features, diagnosis, and management, of a patient with desmoid fibromatosis. The report emphasizes the challenges associated with the management of this rare tumor and highlights the importance of a multidisciplinary approach for optimal patient outcomes.

Case Presentation:

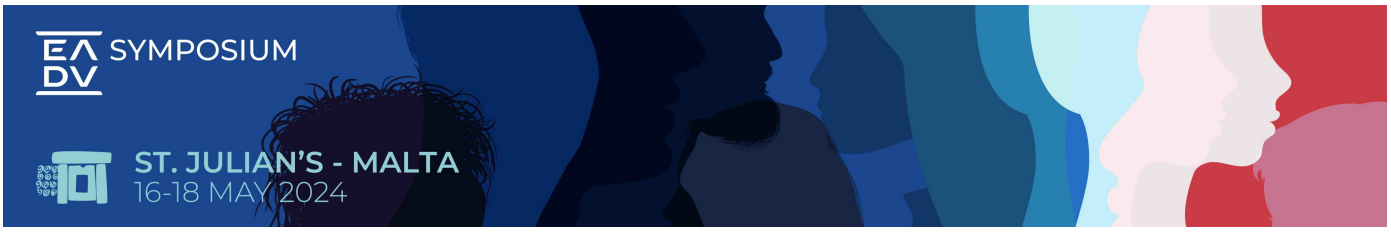
We present the case of a 30-year-old male patient who presented with a painless, firm mass in his left shoulder region. The mass had been gradually increasing in size over the past six months. Physical examination revealed a palpable, non-mobile mass measuring approximately 5 cm in diameter. Further investigations, including biopsy demonstrate a proliferation of uniform spindle cells resembling myofibroblasts, in the back- ground of abundant collagenous stroma and vascular network , and immunohistochemistry, objective the presence of the C 121A> G mutation in exon 3 of the CTNNB1 gene, suggestive of desmoid fibromatosis.Based on the clinical presentation , biopsy , immunohistochemistry and imaging findings, a diagnosis of desmoid fibromatosis was made. A multidisciplinary team comprising surgeons, oncologists, was involved in the management plan. Due to the size and location of the tumor, a conservative approach was initially adopted, with regular clinical and radiological monitoring. The patient was enrolled in a surveillance program, including regular imaging studies to monitor tumor growth and potential signs of recurrence.

Results:

Desmoid-type fibromatosis is a rare, locally infiltrative, mesenchymal neoplasm that is asso- ciated with high rates of local recurrence but lacks the potential to metastasise. The disease affects younger individuals, with a peak age of 30 years. These rare tumours have a widely variable clinical presentation and unpredictable natural history, it poses unique challenges in terms of diagnosis and management. Treatment options range from surgery with or without radiation therapy which was the principle treatment. More recently, several series have reported spontaneous regression or prolonged indolent disease without treatment, with many institutions proposing a “watch and wait” policy .This strategy enables identification of those patients who will remain asymptomatic with stable disease or undergo spontaneous regression , radiation therapy, and medical interventions such as nonsteroidal anti-inflammatory drugs (NSAIDs) or targeted therapies. The choice of treatment depends on various factors, including tumor location, size, symptoms, and patient preferences.being a rare and complex condition, Desmoid-type fibromatosis has been the subject of various case reports and studies in the medical literature.**

Conclusion:

This case report highlights the clinical presentation, diagnosis, management, of a patient with desmoid fibromatosis. It underscores the importance of a multidisciplinary approach and regular surveillance in optimizing patient outcomes. Further research and collaboration among experts are necessary to establish standardized treatment guidelines and improve long-term outcomes for patients with desmoid fibromatosis.



Abstract N°: 1072

Langerhans-cell histiocytosis revealed by an isolated perineal involvement

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[1]Ibn Rochd Hospital Center, University Hassan II, dermatology, casablanca, Morocco,[2]Ibn Rochd Hospital Center, University Hassan II, pediatric hematology , casablanca, Morocco

Introduction

A clonal proliferation of non-functional Langerhans cells characterizes Langerhans cell histiocytosis (LCH). Clinical presentations vary depending on the extent of the disease. In this report, we present two cases of isolated perineal ulcerations as the initial manifestation of systemic LCH.

Case reports

Case 1:

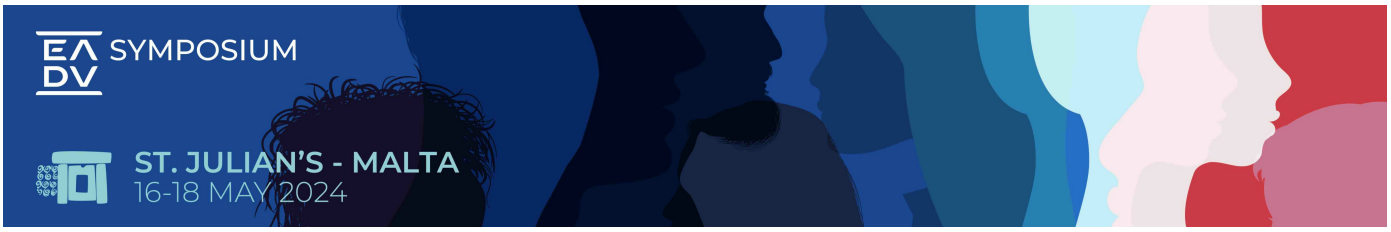
A 3-year-old patient presented with painful perineal lesions evolving over 2 months. Clinical examination revealed vulvar and perianal ulcerations, along with erosive inguinal and intergluteal intertrigos. Additionally, yellowish scales were observed on the scalp, and hepatomegaly was noted, with a liver span measuring 11 cm. The histological study confirmed LCH with a diffuse expression of the anti-CD1a antibody. Cerebral and abdominal-pelvic CT scans revealed osteolytic lesions of the skull bones along with homogeneous hepatomegaly. The patient was treated with dermo corticoids and systemic corticosteroids, with consideration for chemotherapy following bone biopsy.

Case 2:

A 39-year-old female presented with chronic perineal ulceration accompanied by diarrhea, constipation, and polyuro-polydipsia syndrome. Clinical examination revealed a 15 cm perineal ulceration and hepatomegaly, with a liver span measuring 14 cm. Histological examination showed a Langerhans cell infiltrate with strong positive CD1a and PS100 staining. A colonoscopic biopsy revealed minimal histiocytic infiltration of the colonic wall. Further investigations revealed central diabetes insipidus through a water restriction test, while cerebral MRI findings were normal. The patient was treated with systemic corticosteroids in combination with vinblastine-based chemotherapy, resulting in partial healing of the lesions after one month of treatment.

Conclusion

Our observations highlight two rare cases of LCH presenting with perineal ulceration in a child and an adult. This atypical presentation underscores the clinical heterogeneity of LCH. The spectrum of LCH ranges from self-limiting to fatal, emphasizing the importance of early multidisciplinary management. In cases of persistent perineal ulceration, consideration should be given to the possibility of LCH.



Abstract N°: 1143

Disseminated Pseudomyogenic Haemangioendothelioma – An unusual case of a rare condition

Raaisa Islam*[1, 2], Vivek Bhadri[3, 4], Kenneth Wong[5], Karen Cheung[6, 7]

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Disseminated Pseudomyogenic Haemangioendothelioma – An unusual case of a rare condition

Introduction & Objectives:

Pseudomyogenic hemangioendothelioma (PHE) is a rare intermediate-grade (rarely metastasising), vascular neoplasm that most often presents as distinct, solitary nodules on the lower limbs. PHE is a relatively new condition, having only recently been included in the World Health Organisation's (WHO) Classification of Soft Tissue and Bone Tumours in 2013. It more commonly affects young adult males with approximately two-thirds of cases presenting as multifocal tumours that involve different tissue depths in the same anatomic region, such as the dermis, subcutis, muscle and bone. Its presentation can mimic a variety of clinicopathologically similar conditions, one of which is epithelioid sarcoma.

On immunohistochemistry staining, PHE is positive for cytokeratin AE1/AE3, CD31 and ERG but negative for CD34. PHE diagnosis is characterised by FOS-B gene reaarangements in particular (with the partners being SERPINE1 and ACTB).

While PHE can be difficult to distinguish from other high grade malignant tumours, its unique clinical and histopathological appearance can help distinguish it amongst other differentials. It's clinical presentation has been commented on in the literature, however to our knowledge, multuple cutaneous lesions across the body have rarely been described. In this report, we present a rare case of widespread disseminated PHE.

Materials & Methods (Case):

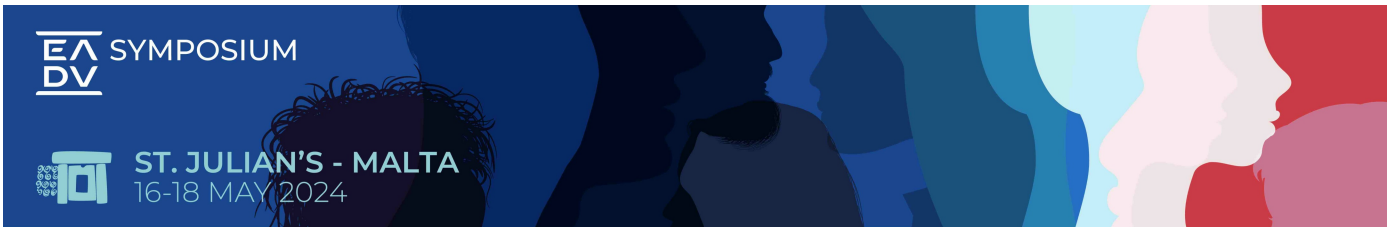
An otherwise-healthy 23-year-old male presented with an unresolving right arm papule which evolved over one month into multiple widespread, intermittently painful, erythematous papules, nodules and plaques with associated myalgia but no other systemic symptoms. On examination, these were distributed in the upper and lower limbs, hands, feet, trunk, neck and face. PET/CT scan confirmed widespread hypermetabolic cutaneous and subcutaneous lesions as well as multiple intramuscular lesions, and multiple destructive lytic lesions in the skull, axial and appendicular skeleton. MRI brain demonstrated a large lytic frontal bone lesion extending into the dura. There were no solid organ or lung lesions.

Histology from right arm and right knee skin punch biopsies showed an infiltrating undifferentiated epithelioid cell tumour. Immunohistochemistry demonstrated vascular differentiation with a pattern consistent with PHE. Staining was positive for ERG and CD34. Diagnosis was confirmed by next generation sequencing molecular study identifying ACTB-FOSB fusion.

There is currently no established standard of care for PHE. For multifocal involvement, systemic therapies have been described including cytotoxic chemotherapy, bone antiresorptive agents, mammalian target of rapamycin (mTOR) inhibitors, tyrosine kinase inhibitors (TKIs) and vascular endothelial growth factor (VEGF) inhibitors. Our patient was treated with combination sirolimus and zoledronic acid with resolution of symptoms and complete regression of several lesions, but ongoing fluctuating PET hypermetabolism in most lesions elsewhere.

Conclusion:

PHE is a uncommon vascular tumour that most often presents as multiple discontiguous nodules in the same anatomical region, most often on the legs of young adult men. This a rare case of widespread disseminated PHE with minimal symptomatology on mTOR inhibitor and bone antiresorptive agent, which should be distinguished from high-grade malignancy.



Abstract N°: 1170

A Case of Primary Cutaneous Marginal Zone B-cell Lymphoma diagnosed on both Periauricular Area

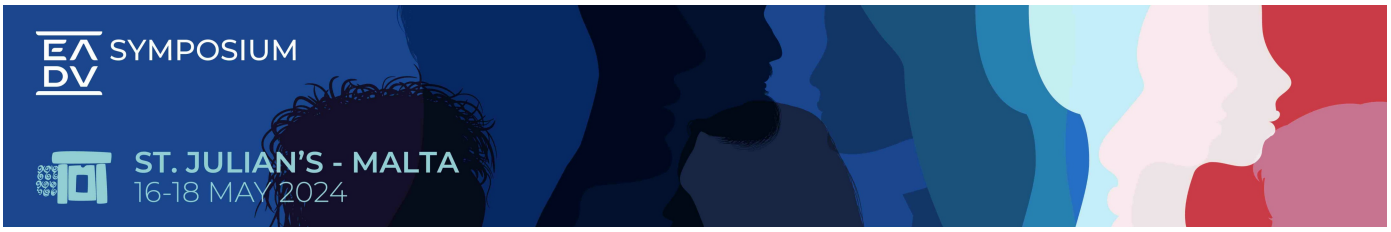
Sae Hee Kim[1], Ji Won Lim[1], Yina Yoon[1], Jaeyoung Sung[1], Hyungseok Son[1], Changyong Kim[1], Da-Ae Yu[1], Yangwon Lee[1], Yongbeom Choe[1]

[1]Konkuk University School of Medicine, Department of Dermatology, Seoul, Korea, Rep. of South

Results:

Primary cutaneous B-cell lymphoma (PCBCL) is a type of lymphoma that originates in the skin, and one of its subgroups, primary cutaneous marginal zone B-cell lymphoma (PCMZL), manifests as reddish or purplish papules, plaques, or nodules. PCMZL is known as a cancer with a very good prognosis, with a 5-year survival rate reaching 99%. The incidence rate in Korea is low, and lesions mainly occur on the eyelids and other areas of the head and neck. Although PCMZL may occur in multiple lesions, symmetric involvement of both earlobes, as in this case, is very rare. Herein, we report a rare case of PCMZL showing symmetric lesions involving both earlobes and the surrounding areas.

A 66-year-old male patient presented with multiple erythematous papules, plaques and nodules with ill-defined borders on both earlobes and the surrounding area, which had been recurring despite topical steroid application for a year. The lesions accompanied pruritus and tenderness. A punch biopsy was done for further diagnosis. The histology slide showed dense infiltration of cells in the dermis; cells with irregularly shaped nuclei, lymphocyte-like cells, and some cells undergoing division were observed. Immunohistochemistry showed positive in CD20 and bcl-2, while immunoglobulin heavy chain gene rearrangement test showed B-cell monoclonality and kappa, lambda chain polytypic expression. The whole body PET-CT confirmed positive F-18 fluorodeoxyglucose uptake in the left earlobe. Considering various test results, the final diagnosis was made as PCMZL.



Abstract N°: 1196

Ruxolitinib as Alternative Therapy for Chronic GvHD of the Skin: A Case Report

Marta Prtajin[1], Lana Desnica[2], Dražen Pulanić[2], Ivana Ilić[3], Romana Ceovic*[1]

[1]University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Department of Dermatology and Venereology, Zagreb, Croatia, [2]University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Division of Hematology, Department of Internal Medicine, Zagreb, Croatia, [3]University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Department of Pathology and Cytology, Zagreb, Croatia

Introduction & Objectives:

Graft-versus-Host Disease (GvHD) is the most severe complication following allogeneic hematopoietic stem cell transplantation. GvHD usually presents in acute form within 100 days after transplantation, and chronic form more than 100 days after transplantation. Skin is frequently affected by GvHD, showing diverse changes that vary with GvHD phase. Sclerotic features resembling lichen sclerosus et atrophicus or scleroderma are typical for chronic GvHD, with lichen planus-like lesions, eczematoid eruption and dyspigmentation contributing to poikilodermatic skin appearance. Hair loss, nail dystrophy and mucosal changes are also common.

Materials & Methods:

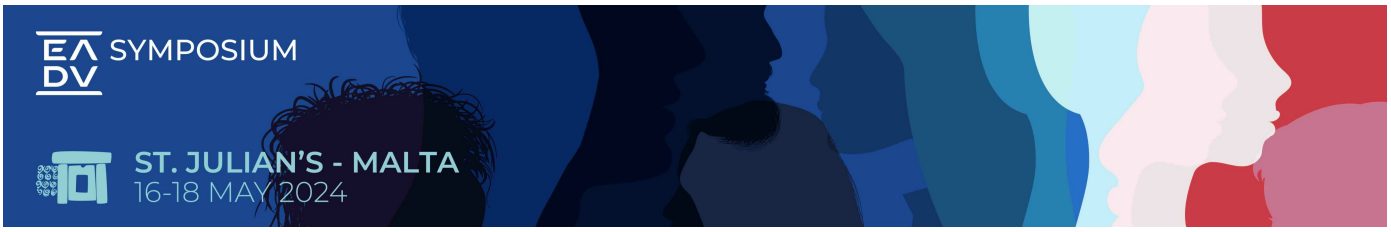
We present a case of a patient with severe chronic GvHD of the skin, treated with ruxolitinib as a first-line therapy.

Results:

A 53-year-old male patient was referred to Dermatology due to atrophic, shiny skin lesions that started to appear few months ago on his trunk. Five years ago, he underwent unrelated allogeneic hematopoietic stem cell transplantation because of the primary myelofibrosis. Within 100 days after transplantation, he developed symptoms of skin, oral mucosa and liver GvHD. He did not tolerate systemic corticosteroid therapy which was introduced in the first episode of maculopapular skin rash. Immunosuppressive therapy with cyclosporine was discontinued two and a half years after transplantation and he did not have GvHD symptoms for almost two years. Alongside new skin changes, he developed ocular GvHD and presented with worsening of oral chronic GvHD. Clinical examination of the skin revealed yellowish infiltrated patches on upper parts of his trunk, with grey-brown lichenoid changes on the back and laterally on abdomen. Forearm skin was indurated and wrists mobility reduced. All nails on upper extremities appeared dystrophic. Biopsy of abdominal skin change confirmed the diagnosis of chronic GvHD of the skin, morpheaform type. After severe chronic GvHD by National Institutes of Health (NIH) consensus criteria was established, the patient was started on ruxolitinib that resulted in improvement in skin, oral and ocular lesions. At three-month check-up cutaneous lesions presented smaller and less indurated.

Conclusion:

As our patient did not tolerate systemic corticosteroid therapy in acute phase of GvHD, with progression to severe chronic GvHD, we introduced ruxolitinib, a selective Janus kinase (JAK) 1 and 2 inhibitor to therapy. In this case ruxolitinib showed very good therapeutic results as an alternative to first-line systemic therapy with corticosteroids. Multidisciplinary approach and collaboration between hematologists, dermatologists, pathologists and other health care practitioners is imperative in managing patients before and after hematopoietic stem cell transplantation, especially those who develop chronic GvHD.



Abstract N°: 1250

darier-ferrand dermatofibrosarcoma: an exceptional localization

Hajar El Bokhari[1], Fouzia Hali[1], Bouchra Baghad[1], Soumia Chiheb[1]

[1]ibn rochd university hospital, dermatology and venerology, casablanca

Introduction:

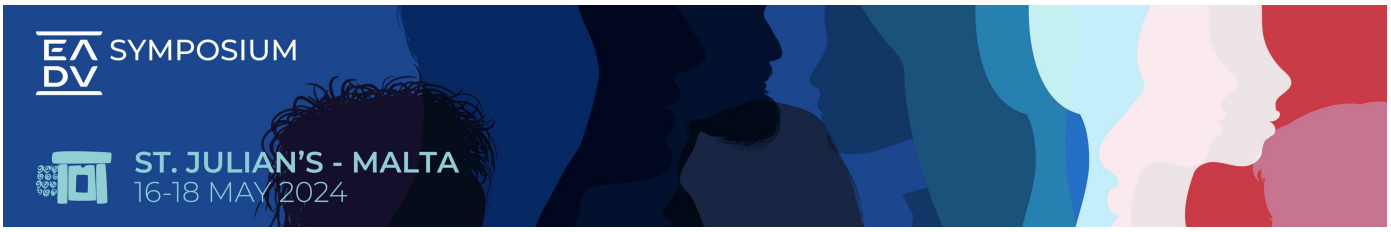
Darier-Ferrand dermatofibrosarcoma (DFSP) is a rare low- to intermediate-grade soft-tissue sarcoma characterized by a slow evolution with a major risk of recurrence, it usually occurs in the trunk and extremities. breast location is rare. We report a breast localization in a man.

Case report:

A 65-year-old patient, presented with a left breast mass for which he had undergone two prior surgeries. Clinical examination revealed an erythematous nodular lesion measuring 8cm in its axis. The lesion was firm and slightly painful to palpation, well limited, mobile in relation to the deep plane and adherent to the superficial plane, with no retraction, nipple discharge or orange-peel appearance. The lymph nodes were free. Breast MRI revealed a left parietal mass with extensive central necrosis and infiltration of both pectoral muscles, with no bone signal abnormalities. PET SCAN showed no secondary lesions and LDH levels were normal. Pathology was consistent with Darier-Ferrand dermatofibrosarcoma, with a positive CD34 marker. The patient underwent tumor resection with 3 cm superficial margins, pectoral muscle resection, skin graft coverage and adjuvant radiotherapy, which is still ongoing.

Conclusion:

We report a rare localization of Darier-Ferrand dermatofibrosarcoma in men. The clinical diagnosis of DFSP of the breast is not easy. The main differential diagnosis is ductal carcinoma of the breast. Clinical evolution, breast MRI and histology supplemented by immunohistochemical studies help confirm the diagnosis. Treatment options include surgery (the gold standard), radiotherapy and targeted therapy. Given the risk of local extension and recurrence after surgery, early diagnosis is essential.



Abstract N°: 1253

atypical darier-ferrand dertamofibrosarcoma: about 3 cases

Hajar Elbokhari[1], Fouzia Hali[1], Bouchra Baghad[1], Soumia Chiheb[1]

[1]ibn rochd university hospital, dermatology and venerology, casablanca

Introduction:**

Darier-Ferrand dermatofibrosarcoma is a fibrous skin tumor with slow growth, high local malignancy and a high risk of recurrence. It usually occurs on the trunk and extremities and presents clinically as a firm reddish plaque or nodule. We report 3 patients with atypical clinical form of Darier Ferrand dermatofibrosarcoma.

Case reports

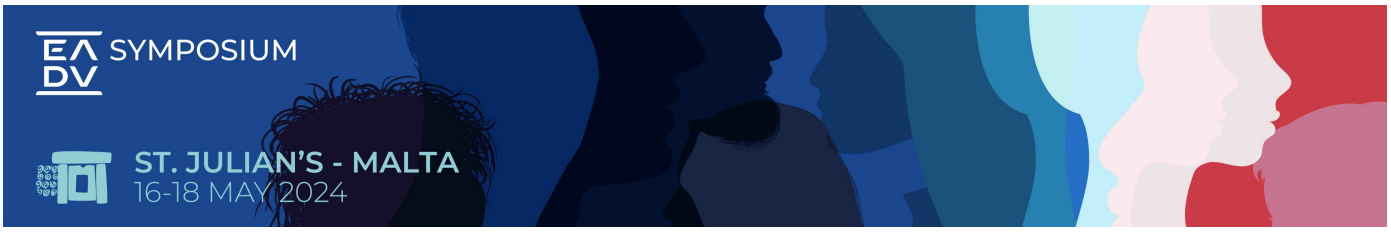
Case 1: A 65-year-old patient, presented a left breast mass for which he had undergone two prior surgeries. Clinical examination revealed an erythematous nodular lesion, firm and slightly painful to palpation, measuring 8 cm, with no retraction, nipple discharge or orange-peel appearance. Breast MRI revealed a left parietal mass with extensive central necrosis and infiltration of both pectoral muscles, with no bone signal abnormalities. PET SCAN showed no secondary lesions, and LDH levels were normal. Pathology confirmed Darier-Ferrand dermatofibrosarcoma, with a positive CD34 marker. The patient underwent tumor resection with 3 cm superficial margins, pectoral muscle resection, skin graft coverage and adjuvant radiotherapy, which is still ongoing.

Case 2: A 32-year-old patient, chronic smoker, presented with a multi-nodular tumoral mass on the scalp, gradually increasing in size over 10 years, accompanied by chronic headaches. Clinical examination revealed a firm, multi-nodular, erythematous-violaceous tumor mass, measuring 20 cm, located at the center of the vertex. Brain CT scan revealed a hyper vascularized tumor encroaching upon the outer table of the left parietal bone without evidence of bone lysis or intracranial extension. Further assessment for metastasis did not reveal secondary lesions. Histology and immunohistochemistry confirmed a Darier-Ferrand dermatofibrosarcoma protuberans. The patient underwent wide excision of the tumor, removal of the outer table, and skin grafting, with good recovery observed after an 8-month follow-up period.

Case 3: A 47-year-old patient consulted for a painful tumoral lesion in the abdomen over18 months, accompanied by a decline in overall health. Upon clinical examination, a nodular, polylobed, ulcerating mass of 15 cm was identified, which was firm and bled upon contact. The mass was located on the left flank and hypochondrium, extending to the umbilicus. It was surrounded by an infiltrated papulo-nodular plaque and associated with multiple bilateral inguinal lymphadenopathies. A thoraco-abdomino-pelvic CT scan revealed several subcutaneous masses on the anterior parietal left flank, infiltrating the right abdominal muscle without evidence of secondary lesions. Pathological analysis confirmed the diagnosis of Darier-Ferrand dermatofibrosarcoma protuberans, and the patient was initiated on palliative chemotherapy.

Conclusion:

The originality of our patients lies in the exceptional location in the breast in the first case, which may suggest a breast cancer with cutaneous extension, and in the scalp in the second case, where the main differential diagnosis is a malignant proliferating trichilemmal tumor. In the third case, the exception lies in the unusual size and lymph node involvement. The diagnosis of Darier-Ferrand protuberans in these cases is not easy. Histological examination leads to the diagnosis. Wide surgical excision is the standard treatment. Given the risk of local extension, early diagnosis is essential for appropriate treatment.



Abstract N°: 1287

Pleomorphic appearing discoid lupus-like secondary breast cancer cutaneous metastases: a case report

Tijana Orlic[1], Snezana Minic[2], Igor Kapetanovic[1]

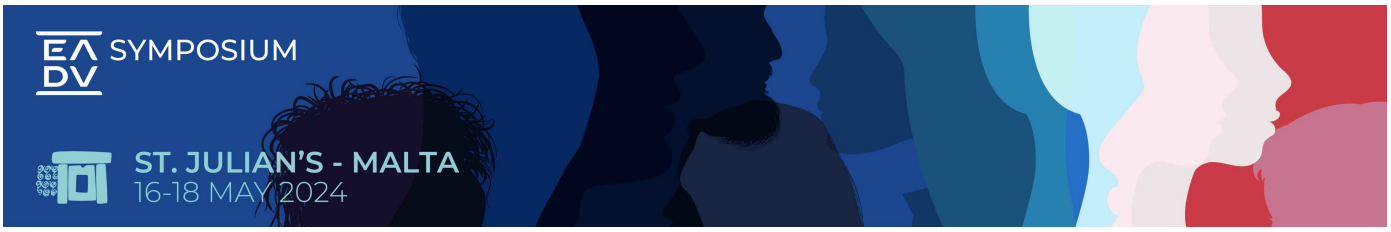
[1]Clinic of Dermatovenereology (Clinical Center of Serbia), Beograd, Serbia,[2]University of Belgrade - Faculty of Medicine, Beograd, Serbia

Introduction & Objectives:

Materials & Methods:

Results: Skin changes, visible and transparent,** might be the first cause of concern for many patients, motivating them to ask for dermatological help. In some cases, cutaneous lesions are a sign of more internal processes and diseases, especially secondary metastasis to the skin. We report a case of an 83-year-old women who presented to our clinic with a 3 year history of an erythematous to violet annular sclerotic plaque with peripheral telangiectasias and atrophy, 9x8 cm in diameter, localized on her chest. She was previously diagnosed as systemic lupus erythematosus (SLE) by a reumatolgist and treated with hydroxychloroquine 200 mg and azathioprine 100 mg daily. Blood tests showed no pathological results. Her skin lesions were attributed as a cutaneous manifestation of lupus. Pathohistology was performed and showed round and atypical medium-sized and well-demarcated tumor cells that were linearly organized in the dermis. Tumor cells were CK7, BerEP4, GATA3 and ER positive, as well as CK210, TTF-1 and p40 negative. Immunohistochemistry was performed and confirmed the diagnosis of a dermal metastasis of an extracutaneous carcinoma, mostly likely the breast. The patient was immediately directed to a pulmologist and an oncologist for further investigation and treatment. Skin metastasis of visceral tumors may come up as polymorphic and atypical lesions, presenting a diagnostic challenge for clinicians. Pathohistology might solve the dilemma and we should perform it in cases of uncertainty or long standing lesions. In this case, not all skin lesions in SLE patients should be assumed to be a manifestation of lupus and should be redirected to the right medical specialities.

Conclusion:



Abstract N°: 1312

miR-146a-5p and miR-21-5p as Potential Biomarkers of Malignant Melanoma

Federico Venturi*[1], Manuela Ferracin[2], Emy Dika[1]

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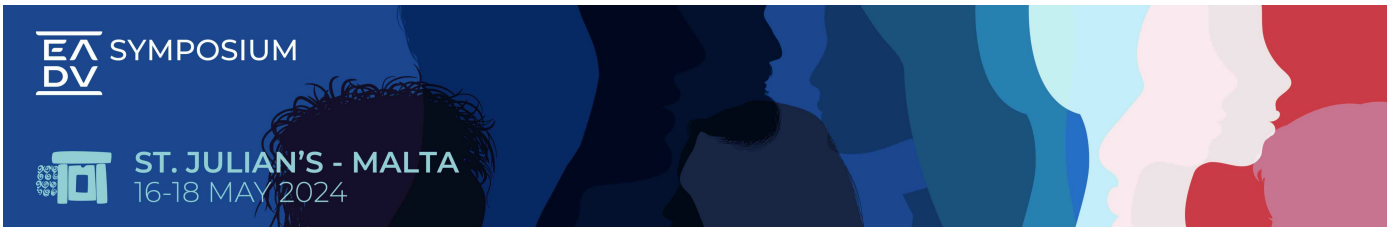
Introduction & Objectives: Cutaneous melanoma (CM) is the most lethal tumor among skin cancers and its incidence is rising worldwide. Recent evidences support the role of microRNAs (miRNAs) in melanoma carcinogenesis and as potential biomarkers.

Materials & Methods: We quantified the expression of miR-146a-5p and miR-21-5p in 170 formalin-fixed paraffin embedded (FFPE) samples of CM. We further correlated the results with specific histopathologic features such as Breslow thickness (BT), histological subtype, ulceration and regression status and mitotic index.

Results: miR-146a-5p and miR-21-5p are statistically significantly higher in nodular melanoma (NM) compared to superficial spreading melanoma (SSM) and lentigo maligna melanoma (LMM). The strong positive correlation between miR-146a-5p and miR-21-5p expression and BT was confirmed for both miRNAs. Considering the ulceration status, we assessed that individual miR-21-5p expression was significantly higher in ulcerated compared to non-ulcerated CMs. The combined expression was also higher in ulcerated samples compared to them without ulceration (p=0.0093). Moreover, a significant higher miRNA expression was described in CM with higher mitotic rate (≥1/mm2) (p=0.005). Overall survival (OS) and time to relapse (TTR) were statistically significant lower in NM subtype (p<0.0001). Interestingly, CMs with BT≥0.8mm and miRNA expression ≥1.5 have lower OS and TTR compared to those with BT≥0.8mm and miRNA expression <1.5, confirming the prognostic role of miRNAs.

Conclusion: The combined miRNA expression could be used in addition to BT and ulceration status for patient prognostication, especially among those with BT≥0.8mm and without ulceration. Our findings provide further insights for the characterization of CM with specific adverse prognostic features.



Abstract N°: 1329

High-risk versus low-risk assessment of keratinocyte carcinomas among patients in an Eastern European country

Ioana Simona Popa[1], Isabela Iancu[1], Iulia-Elena Negulet[1, 2], George Sorin Tiplica[1, 2], Alexandra-Irina Butacu[1]

[1]Colentina Clinial Hospital, 2nd Department of Dermatology, [2]UMF Carol Davila University of Medicine and Pharmacy

Introduction & Objectives:

Squamous cell carcinoma (SCC) and basal cell carcinoma (BCC) are grouped as keratinocyte carcinomas and represent the two most frequent skin cancers encountered in humans. Both SCC and BCC can arise in sun-damaged skin and the head and neck are the most affected areas. Once diagnosed, both carcinomas are classified by the risk factors for recurrence in low risk and high risk for BCC and low, high and very high risk for SCC. This step is important for determining the most suitable therapeutic option.

Materials & Methods:

We conducted an analysis of keratinocyte carcinomas between April and December 2023, including BCC and SCC, in patients presenting to a single dermatologist in a public hospital in Romania. The analysis included 27 patients with BCC and 4 patients with SCC, of which 7 patients presented multiple tumors. These lesions were excised with classical surgical excision and histopathologically analyzed. Stratification based on clinical and histopathological criteria, following NCCN guidelines, provided insights into risk groups.

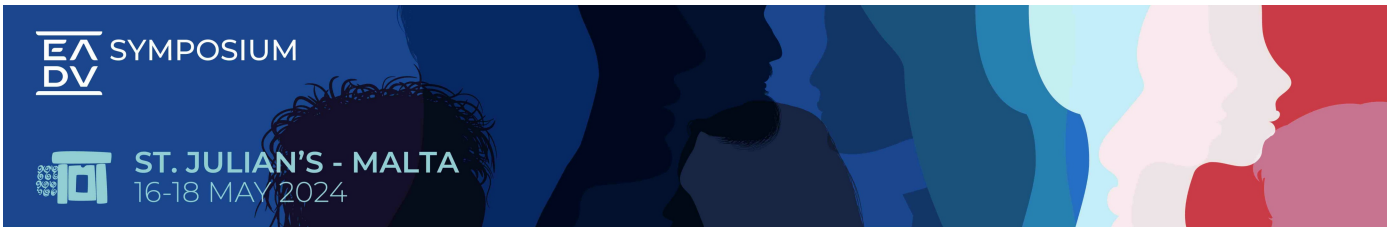
Results:

Out of a total of 35 BCCs analyzed, 82.86% (29 out of 35) were classified as high risk, while 17.14% (6 out of 35) were low risk (Figure 1). Regarding the SCCs, 80% (4 out of 5) were identified as high risk, while 20% (1 out of 5) were classified as very high risk and none was low risk (Figure 2).

Conclusion:

The analysis highlights a concerning trend, as more than 80% of the tumors identified pose a high risk of recurrence post-treatment. These findings are even more concerning keeping in mind the lack of access to Mohs surgery in any of Romania's public hospitals, which is considered the gold standard of treatment for high-risk keratinocyte carcinomas. Furthermore, addressing delayed patient presentations at hospitals is crucial. Therefore, it is important to implement proactive

measures in the diagnosis, treatment, and management of keratinocyte cancer to mitigate the potential risks associated with delayed presentation and progression. Further research and ongoing surveillance are warranted to refine strategies for early detection including public awareness, healthcare access, and regular screenings, in order to improve the outcomes for patients affected by these conditions and to reiterate the necessity of implementing Mohs surgery in Romania’s state hospitals.



Abstract N°: 1334

Primary extramammary paget's disease in the inguinal fold: An unusual clinical presentation

Dalel Kemicha[1], Mouna Korbi[1], Ben Hamouda Saifeddine[2], Belhadj Ali Hichem[1], Zili Jameleddine[1]

[1]Fattouma bourguiba, monastir, dermatology department, monastir, Tunisia,[2]Fattouma bourguiba, monastir, Anatomopathology Department

Introduction & Objectives:

Extramammery paget disease (EMPD) is a rare intraepithelial adenocarcinoma, most commonly affecting women and located in the axilla, more rarely on the shaft, pubis, and inguinal folds, the diagnosis can be challenging as it mimics benign inflammatory dermatological conditions. Herein, we report a case of primary EMPD in the inguinal fold.

Materials & Methods:

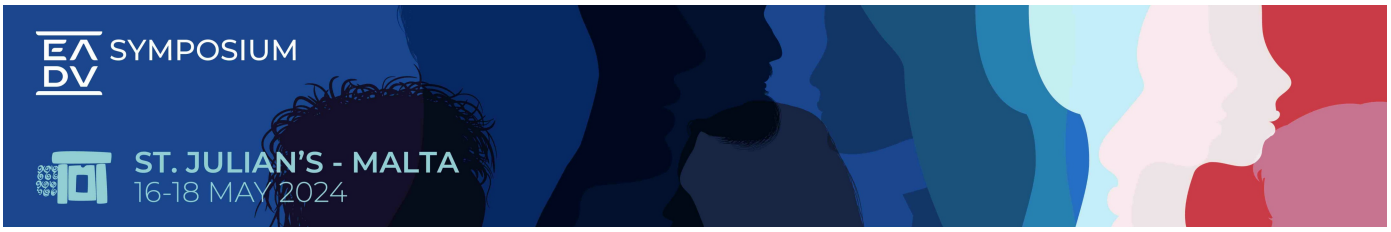
A 75-year-old man, with a medical history of cardiopathy and a pacemaker implant, presented with an intertriginous itchy rash evolving for four years, resistant to anti mycosis treatment. On examination, there was an erythematous eroded, scaly and well-demarcated plaque located in the right intertriginous area and involving the scrotum and perineum, measuring about 6*5cm. Histology examination showed epidermal infiltration by large cells with abundant clear cytoplasm, moderately atypical nuclei and few mitoses. These Paget's cells, were cytokeratin 7 (CK7)-positive, PS100-negative, and P63 negative, and were surrounded by a chronic inflammatory infiltrate. The epidermis showed orthokeratosis and parakeratosis. There was no evidence of dermal infiltration. The diagnosis of EMPD was made. CT scan and colonoscopy yielded negative results.

Results:

EMPD is an intraepithelial neoplasm affecting areas rich in apocrine glands, usually presents as a slowly expanding, sharply demarcated erythematous plaque that can be eczematous, crusting, scaling, or ulcerated. EMPD in the inguinal folds can be misdiagnosed as mycosis or chronic eczema. The common presenting symptoms are pruritus and pain. It predominantly affects postmenopausal women, in the vulva and penoscrotal area of men, most often on the scrotum, and more rarely on the shaft, pubis, and inguinal folds. Primary EMPD is the most common form. It consists of an adenocarcinoma developing initially in the epidermis or cutaneous appendages in the intra-epidermal stage, which may subsequently invade the dermis and cause nodal or visceral metastasis thereafter. Secondary inguinal EMPD occurs due to the infiltration of the epidermis by a tumor originating from the underlying cutaneous appendages. Alternatively, it more commonly results from a tumor of urological origin, or less frequently digestive. After histopathological confirmation of the diagnosis, it's crucial to explore potential linked neoplasms. Wide surgical excision is the first line treatment and a long-term follow-up is needed considering that relapses may occur even several years after surgery.

Conclusion:

The diagnosis of inguinal EMPD is generally delayed by the clinical characteristics of the disease, which mimics benign inflammatory dermatological conditions. Once it is diagnosed, an underlying cancer should be ruled out. When present, the associated cancer typically affects an adjacent organ, commonly manifesting as prostate cancer.



Abstract N°: 1351

Incidence and Mortality of Cutaneous Squamous Cell Carcinoma

Justine Galambus*[1], John Meisenheimer VII[2], Michael Wilkerson[1]

[1]University of Texas Medical Branch,[2]University of South Florida

Introduction & Objectives:

Keratinocyte carcinoma (KC), which includes basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (cSCC), is the most common type of cancer in the United States (US), accounting for approximately 5.4 million cases annually. Despite the high incidence rate of these cancers, historically, the mortality from these cancers has been considered low. Estimates of annual mortality range from 2,000 for cSCC and BCC combined up to go as high as 15,000 for just cSCC in the US. It is estimated that this mortality is largely owing to cSCC rather than BCC, despite cSCC comprising approximately 20% to 50% of the overall KC incidence. These wide-ranging estimates are a byproduct of equally wide-ranging estimates cSCC of incidence and mortality rate.

Materials & Methods:

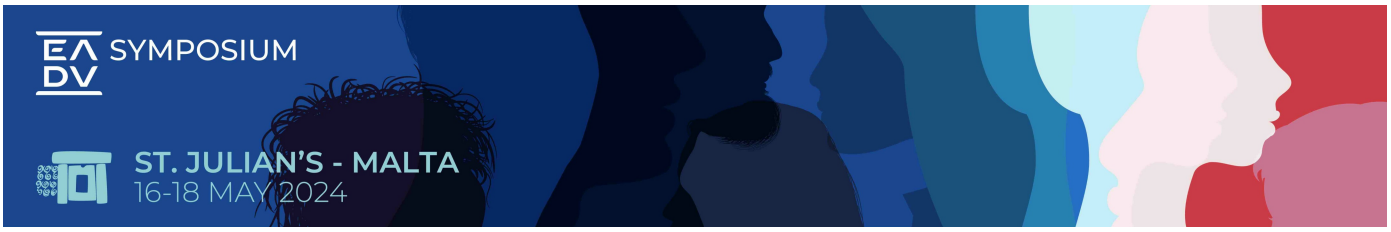
TriNetX, a national database, was queried for incidence of cSCC based on ICD-10 coding across numerous national hospital systems throughout the US. TriNetX calculated the daily incidence rate, from which we calculated the annual incidence. We then extrapolated this to the known population of the US. Additionally, we ran similar queries for BCC to generate an incidence ratio between the two pathologies. Finally, we queried TriNetX for all-cause mortality among patients diagnosed with cSCC at least once any point during their life versus those that had never been diagnosed with cSCC.

Results:

In this study, we estimate the incidence of cSCC primaries to be approximately 500,000 per year in the US. We were unable to assess for disease-specific mortality, but we found there to be a significant association with increased all-cause mortality in patients diagnosed with cSCC

Conclusion:

Incidence of cSCC is likely underestimated in the United States, which suggests the need for better reporting and tracking. Additionally, cSCC may a marker of generally poorer overall health status, which may explain the increased association with all-cause mortality as compared to individuals that do not develop cSCC.



Abstract N°: 1373

Cutaneous Metastases Revealing Pulmonary Carcinoma

Bouchra Amine[1]

[1]CHU IBN ROCHD, Dermatology, casablanca, Morocco

Introduction :

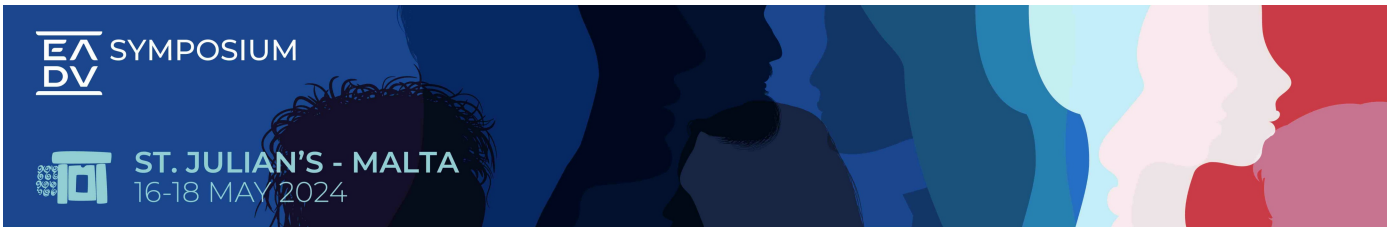
Lung cancer is one of the most common malignant tumors, with high mortality rates. It can metastasize to almost any organ, but most commonly invades the hilar lymph nodes, liver, adrenal glands, bones, and brain. There are various data on the incidence of cutaneous metastases from lung cancer. Cutaneous metastases are developed in 1 to 12% of lung cancer patients. Cutaneous metastases can be the first sign of lung cancer.

Case report:

A 62-year-old man, chronic smoker of 43 pack-years, alcoholic, and consumer of cannabis and hashish, presented with multiple skin nodules located on the abdomen and back. The nodules measured 1 to 2 centimeters in their largest axis and were round, firm, and skin-colored. They appeared as an eruptive lesion about two months before his consultation. Additionally, the patient had signs of weight loss, anorexia, and general deterioration. A skin biopsy was performed on one of the lesions. Histopathology confirmed the metastatic nature of the lesion, namely a poorly differentiated and invasive carcinoma. Chest X-ray and computed tomography revealed a left apical mediastino-pulmonary process with bullae formation on an emphysematous lung. Staging revealed brain, liver, and bone metastases. The patient was referred to the oncology department for further treatment.

Conclusion:

Cutaneous metastases can be the first sign of lung cancer. Although appearing rarely, suspicion should be raised in the presence of atypical skin lesions not only in smokers but also in non-smokers. Metastatic skin lesions are often described as painless, fixed or mobile, hard or flexible, single or multiple nodules. Cutaneous metastases from lung carcinoma are an indicator of poor prognosis.



Abstract N°: 1378

Cutaneous B-Cell Lymphoma of the Chin: Unusual Localization

Bouchra Amine[1]

[1]CHU IBN ROCHD, Dermatology, casablanca, Morocco

Introduction & Objectives: ** Primary cutaneous lymphomas are non-Hodgkin lymphomas defined by the absence of extra-cutaneous involvement at diagnosis. This is a very rare entity, posing a major diagnostic challenge. Cutaneous B-cell lymphomas are even rarer and represent only 25% of all primary cutaneous lymphomas.

Haut du formulaire

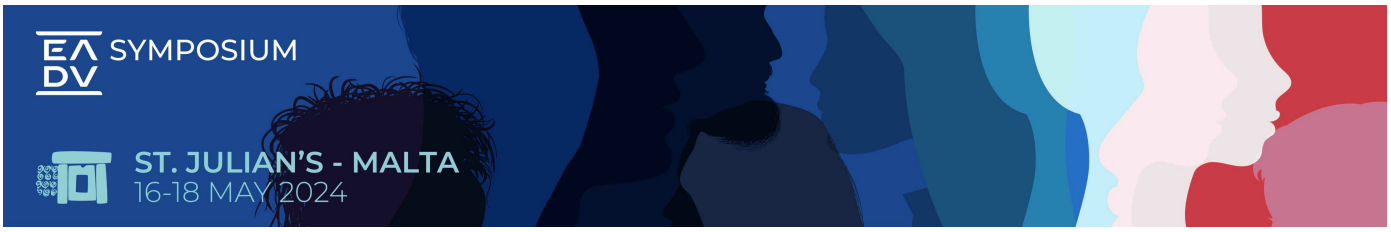
Case report:

We report the case of a 47-year-old patient, with a history of alcohol and tobacco use. Originally from an endemic area for leishmaniasis, he was admitted to the hospital for an ulcerated and budding lesion on the chin, with spontaneous tooth loss, evolving for 4 months. A first endo-oral biopsy had shown lesions suggestive of leishmaniasis. Parasitological study had shown the absence of leishmania. Thoraco-abdomino-pelvic computed tomography had revealed bronchopneumopathy without mediastinal lymphadenopathy. Sputum bacteriological study had shown pulmonary tuberculosis. A second biopsy with immunohistochemical study had revealed a cutaneous B-cell centrofollicular lymphoma.

Haut du formulaire

Conclusion:

The incidence of cutaneous B-cell lymphomas varies and appears to be higher in certain specific regions of the world. The association with a Borrelia-specific infection in endemic areas may partly explain this disparity in incidence. In our case, the lymphoma was associated with pulmonary tuberculosis. Primary cutaneous B-cell lymphomas are grouped into three main subtypes according to the 2016 EORTC-OMS classification: Centrofollicular, marginal zone, and large cell. Staging must be performed to rule out cutaneous involvement of systemic lymphoma. In our observation, the tumor involvement was primarily cutaneous without associated visceral involvement. Primary cutaneous B-cell lymphoma is a rare entity among all cutaneous lymphomas. This diagnosis should be considered in any rapidly evolving budding skin lesion.



Abstract N°: 1381

Rapid progression of Cutaneous T-cell Lymphoma after COVID-19 mRNA-based vaccine- case report and systematic literature review.

Berenika Olszewska[1], Anna Zaryczańska[1], Roman Nowicki[1], Malgorzata Sokolowska-Wojdylo*[2]

[1]Medical University of Gdansk, Dermatology, Venereology and Allergology, Gdansk, Poland,[2]Medical University of Gdansk, Department of Dermatology, Venereology and Allergology, Gdansk, Poland

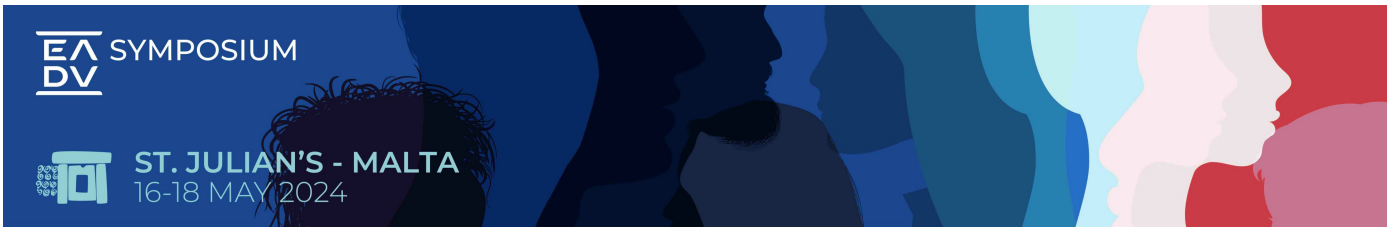
Introduction & Objectives: Published reports of primary cutaneous lymphomas (CLs) following COVID-19 vaccines are extremely rare, nevertheless, physicians should be aware of the possible link between these events.

Materials & Methods: We performed a systematic literature search on PubMed, EBSCO and Scopus. Studies were analyzed based on determined eligibility criteria and the PRISMA protocol.

Results: We present a case of 75 -year-old female who developed disseminated MF plaques and patches shortly after receiving the first dose of the SARS-CoV-2 mRNA vaccine and additionally experienced rapid progression following the second dose of mRNA vaccine.

Revised literature showed a total of 24 cases . Majority of CLs were indolent cutaneous T-cell lymphomas (CTCLs) (74%) with the most common type: Lymphomatoid papulosis (LyP) (36%). We found a high prevalence (81%) of CD30+ antigen as a predominant feature of T-cell phenotype. The majority (78%) of patients developed lesions after receiving the COVID-19 mRNA-based vaccines. The presented cases of CLs showed a tendency to exacerbate following second and subsequent COVID-19 vaccinations, at the same time, having a favorable course usually leading to remission.

Conclusion: We want to drive the clinicians' attention to the rare side effects of COVID-19 vaccines . The proposed hypothesis revolves around shared signaling pathways that are enhanced by SARS-CoV-2 mRNA vaccines, thus driving the MF pathogenesis.



Abstract N°: 1408

Granulomatous mycosis fungoides and classic mycosis fungoides: an exceptional coexistence

Billel Merrouche[1], Djennane Nacima[1], Houria Sahel[1]

[1]Chu Maillot, Dermatolgy, ALGIERS

Introduction & Objectives:

Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. It is characterized by the multiplicity of its clinical and histological forms. The concomitant presence of more than one variant in the same individual is very rare. We report the case of a patient with classic MF associated with granulomatous MF.

Materials & Methods:

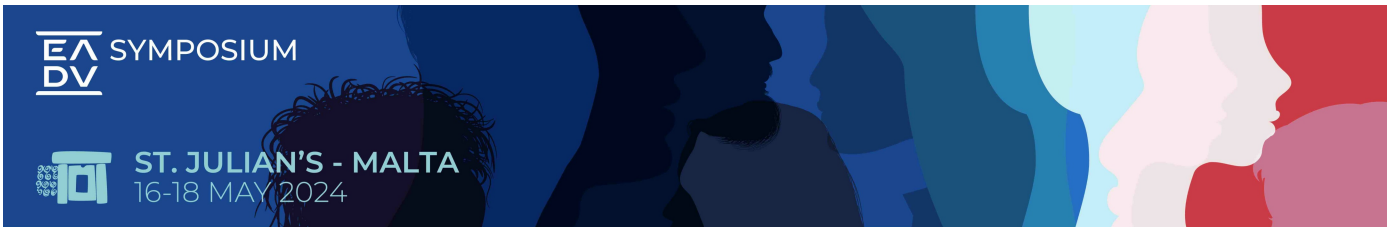
A 40-year-old woman had psoriasiform lesions on her arms and thighs since the age of 12, responding partially to topical corticoids. For the past 3 years, she had developed an inflammatory nodular plaque on the inner surface of her right arm. Dermatological examination revealed erythematosquamous, infiltrated lesions measuring 2 to 3 cm, with little pruritus, located on the trunk, arms and thighs. An indurated placard measuring 6 cm long on the right arm; the surrounding skin was erythematous and centred by two small ulcerations. The rest of the clinical examination was unremarkable, notably the absence of palpable adenopathy. Skin biopsies of the erythematosquamous lesions and the inflammatory placard were taken. Histopathological and immunohistochemical studies supported the diagnosis of classic and granulomatous mycosis fungoides respectively. Biology, blood smear and thoraco-abdomino-pelvic CT scan were normal. The patient was classified as T3N0M0B0, stage IIB. Treatment with methotrexate 15 mg/week was started, in combination with corticosteroid therapy at a dose of 0.5 mg/kg/d, resulting in marked improvement of the skin lesions in 3 months.

Results:

Our patient's case is unusual in that two forms of MF, classic and granulomatous, coexist. Such an association is very rarely reported in the literature. The classic variant accounts for over 70% of MF cases. It typically takes the form of finely scaly, erythematous plaques on non-photoexposed areas. Subsequently, these lesions may infiltrate and form true tumors. Histologically, it is characterized by a banded subepidermal and epidermotropic T lymphocytic infiltrate. The prognosis is favorable in the majority of cases. Granulomatous MF is rare. It was first described in 1970 by Ackerman, and few cases have been reported since. Its clinical presentation is variable and non-specific. Diagnosis is histopathological, with lymphohistiocytic epithelioid dermal granulomas without necrosis. The prognosis of this form remain poorly understood and controversial.

Conclusion:

Our observation describes an unusual case of classic MF associated with granulomatous MF, highlighting the great polymorphism of this type of cutaneous lymphoma.



Abstract N°: 1416

Marjolin's ulcer : A modern study of 40 cases

Hind Majdoul*[1], Fouzia Hali[1], Bouchra Baghad[1], Soumiya Chiheb[1], Mounia Diouri[1], Abdeljabbar Messoudi[1]

[1]Ibn Rochd University Hospital Center, Dermatology and Venerology Department, Casablanca, Morocco

Introduction & Objectives:

The term "Marjolin's ulcer" refers to all malignant degeneration of unstable scars, regardless of the histological type and etiology of the initial lesion, although it is essentially assimilated to squamous cell carcinomas on burn scars. It is a relatively rare condition, but its incidence is directly correlated to the level of medicalization in the country.

Our work aims to determine the epidemiological, etiological, clinical, therapeutic and evolutionary aspects of this condition, through a review of the literature and a series of dermatologically-referred cases, in order to improve its management and, above all, to establish preventive measures.

Materials & Methods:

We conducted a retrospective descriptive study, over a 22-year period, from January 2000 to December 2022, at the Dermatology and Venereology Department of our University Hospital.

We initially recorded all cases of histologically confirmed malignant cutaneous tumours of all types; we then included only cases arising from chronic ulceration or scarring of various aetiologies, and excluded cases arising spontaneously or from a documented pre-cancerous lesion.

Results:

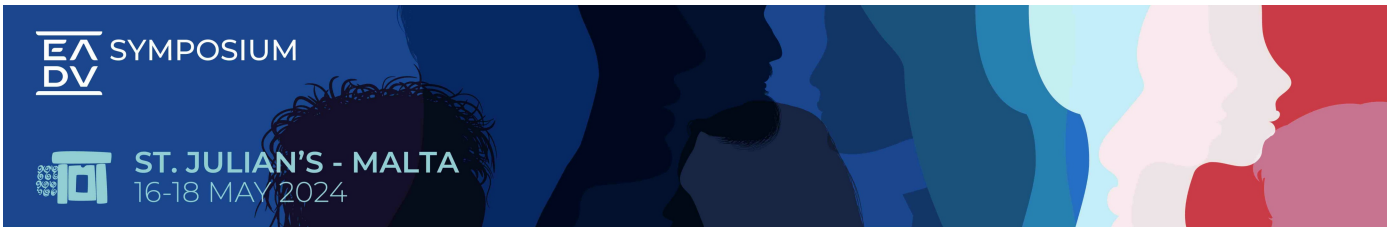
A total of forty cases were compiled. The mean age of our patients was 59.54 years, with an M/F sex ratio of 2.33. Burn scars were the main etiology found in 37.5% of cases, closely followed by post-traumatic causes in 35%. The mean latency period was 30.18 years, with a mean consultation delay of 2.05 years. The clinical lesion was ulcerative and bulging in 85% of cases, located in the lower limbs in 65% of cases, and accompanied by clinically palpable adenopathy in 72.5% of cases. On histological grounds, 95% of the cases included were squamous cell carcinomas. Surgical treatment was indicated in all our patients, although surgery was refused or contraindicated in 7. Treatment was conservative in 67% of cases and radical in 33%; lymph node dissection was not systematic, being performed in only 57.57% of operated cases. Progression was difficult to assess, due to the high rate of patients lost to follow-up surgery, corresponding to 65% of cases.

Conclusion:

This work highlights the severity of scar tissue cancers, which are clearly more aggressive than primary cancers, due to their unique and dramatic evolution, characterized by an increased risk of recurrence and high metastatic potential, mainly in the lymph nodes.

It is therefore imperative to emphasize the key role of prevention, both primary, through appropriate management of the initial lesion, and secondary, through early diagnosis of these neoplasms by means of multiple and iterative biopsies, or biopsy-exeresis from the outset at the slightest doubt, in order to reduce the incidence of late-presenting clinical forms, diagnosed at very advanced stages of extension and to this day remaining a real therapeutic challenge.

A great deal of work remains to be done in this regard, both in terms of raising public awareness about the importance of early consultation, and in training general practitioners to deal with this condition.



Abstract N°: 1419

Subcutaneous Panniculitis-Like T-Cell Lymphoma Following Adalimumab Injection for Psoriasis

Shang-Ian Tee*[1]

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Introduction:

Adalimumab has been approved for treatment of psoriasis since 2008. Long-term severe side effects, including malignancy risks are rare but need to be considered. We report the case of a patient with newly diagnosed subcutaneous panniculitis-like T-cell lymphoma while receiving adalimumab therapy for psoriasis.

Case Report:

A 30-year-old Malay female has a history of psoriasis vulgaris for 5 years. Her condition was recalcitrant to to topical therapy, phototherapy and oral immunosuppressive therapy. She commenced treatment with adalimumab 40mg fortnightly with good response (achieving PASI 75).

After 2 months of therapy, the patient complained of painless nodules over her arms and legs. Examination revealed multiple subcutaneous firm nodules overlying her psoriatic plaques, and not involving the adjacent normal skin. Lymph nodes were not palpable.

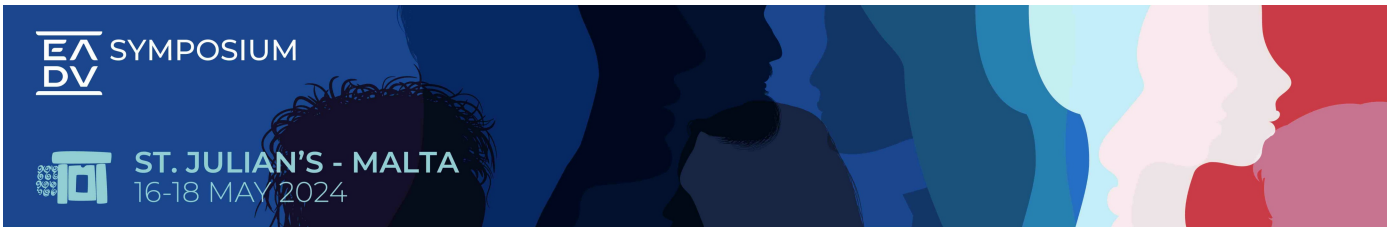
Investigation Results and Outcome:

Punch biopsy revealed a subcutaneous lobular infiltrate comprising atypical, medium-sized lymphocytes with rimming of adipocytes. The cells express CD3, CD8, TIA-1 and beta-F1. The overlying epidermis also showed typical psoriatic changes including hyperkeratosis, parakeratosis, subcorneal pustules, hypogranulosis, psoriasiform hyperplasia and thinned suprapapillary ridges.

The patient was diagnosed with subcutaneous panniculitis-like T-cell lymphoma. Additional workup including CT scan and flow cytometry did not reveal systemic involvement. Adalimumab was stopped in view of the temporal relation, and the patient was treated with ciclosporin 150mg daily. There was resolution of the skin nodules, along with partial control of her psoriasis.

Conclusion:

The rate of lymphomas in patients treated with adalimumab has been estimated to be 0.1 per 100 person-years, about 4 times greater than in an untreated population. Previously reported cutaneous lymphomas following adalimumab include mycosis fungoides, lymphomatoid papulosis, CD30+ anaplastic large cell lymphoma and adult T-cell leukemia / lymphoma. Adalimumab is an anti-TNFα monoclonal antibody which may potentially promote carcinogenesis via inhibition of apoptotic pathways and cell-mediated immunity. This case reminds us to include a discussion of malignancy risks when counselling patients for biologic therapy.



Abstract N°: 1423

Merkel cell carcinoma: A rare skin tumor of atypical location.

Salma Zakaryaa[1], Fouzia Hali[1], Bouchra Baghad[1], Soumiya Chiheb[1]

[1]Ibn Rochd university hospital center, Dermatology and venereology, Casablanca

Introduction & Objectives:

Merkel cell carcinoma (MCC) is a rare, highly aggressive skin tumor. It is a neuroendocrine tumor found mainly in elderly subjects and occurs preferentially in light-exposed areas, especially the head and neck.

It is associated with a high rate of recurrence and metastasis, leading to a high mortality rate.

Results:

The 66-year-old patient, a chronic smoker with 20 Pack years' smoking history, presented with multiple nodular lesions on the left leg that had been evolving for 1 year.

Examination revealed an angiomatous ulcerating mass bleeding on the slightest contact on the outside of the left leg, associated with multiple angiomatous nodular lesions arranged in a linear line on the inner side of the left leg, with a mass of homolateral inguinal adenopathies on examination of the lymph nodes.

Histological examination revealed a proliferation of tumors in the middle and deep dermis, arranged in sheets with irregular hyperchromatic nuclei, with no vascular emboli or nerve sheaths.

The immunohistochemical study revealed expression of anti-CK AE1/ AE3, anti-chromogranin and anti-synaptophysin antibodies, with 100% ki67 and no expression of anti-HHV8, CD34, PS100, HMB45 or TTF1 antibodies. All of the above elements led to the diagnosis of Merkel cell carcinoma.

The CT scan revealed multiple bilateral lumbo-aortic, inferior mesenteric, iliac and inguinal adenopathies, suggesting a secondary location.

The patient underwent chemotherapy immediately and died a week later.

Conclusion:

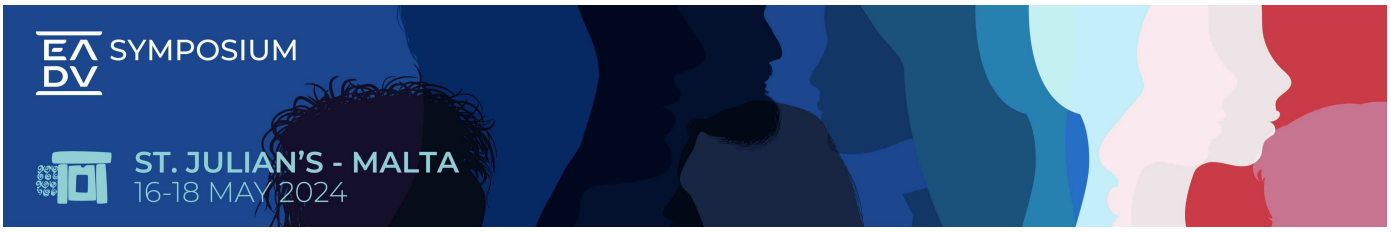
Merkel cell carcinoma is a malignant neuroendocrine skin tumor that develops from Merkel cells in the basal layer of the epidermis.

The main risk factors are sun exposure, oncogenic viral infections, in particular the Polyomavirus, immunosuppression and autoimmune diseases.

The preferred site is the cervico-cephalic extremity, followed by the upper limbs. It should be noted that localization in non-photo exposed areas has been correlated with a poorer prognosis.

In case of localized MCC, treatment is based on surgery or radiotherapy if there are risk factors.

Non-photo exposed Merkel cell carcinoma must be treated as soon as possible because of its poor prognosis, with the risk of locoregional and distant extension and a high mortality rate.



Abstract N°: 1435

Pigmented skin metastasis mimicking a melanoma revealing a breast cancer

Khaoula Jaatar[1], Maryem Aboudourib[1], Said Amal[1], Ouafa Hocar[1]

[1]MOHAMMED VI UNIVERSITY HOSPITAL, dermatology and venerology, MARRAKECH

Introduction & Objectives:

Cutaneous metastases of breast cancer cancers can take on different clinical and histopathological aspects, sometimes constituting a diagnostic challenge.. Pigmented cutaneous metastasis of breast cancer is a rare cutaneous manifestation of an underlying mammary carcinoma that can be confused clinically, dermoscopically, and histologically with a primary cutaneous melanoma.

We report a case of extensive pigmented cutaneous metastasis revealing a breast cancer.

Observation:

A 50-year-old female with no significant medical history was admitted to the cardiovascular surgery department for management of a large pericardial effusion of unknown etiology.

The clinical examination of the patient revealed the presence of a pigmented, heterogeneous and extensive plaque covering her breasts with areas of healthy skin, resting on a sclerotic skin extending to the right axillary cavity and the right arm. The presence of meliceric crusts in the peri-areolar area was noted.

Dermoscopy showed features suggestive of cutaneous melanoma, including heterogeneous pigmentation with blurred borders, a blue-gray veil, pepper-like granularity, areas of regression, and some polymorphic vessels.

A skin biopsy with histopathological examination revealed giant carcinoma cells suggestive of metastasis from lobular breast carcinoma, which was confirmed by immunohistochemical analysis. Mammography was performed, and the patient was referred to gynecologists for further management

Discussion:

Pigmented cutaneous metastases of breast cancer are uncommon. The first description was reported by Azzopardi and Eusebi in 1977.

There is limited litterature on the dermoscopic features of cutaneous metastases, especially pigmented ones, which remain one of the rarest forms.

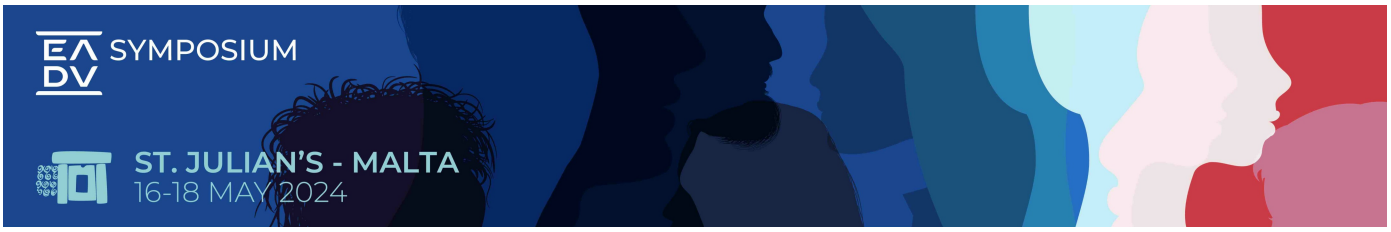
Recently, hypopigmentation, peripheral pigmentation, small globules, and a bluish tint mimicking a blue-gray veil have been reported as dermoscopic signs in pigmented breast metastases. Our patient exhibited all these dermoscopic signs.

In rare cases of pigmented metastases from breast cancer, melanoma should always be considered as a differential diagnosis. Clinically, melanomas are usually raised compared to the skin surface, while pigmented metastases are aligned with the skin level. However, the diagnosis should always be confirmed by histopathological examination and immunohistochemical analysis.

In our case, the pigmented presentation in a patient with no previous medical history raised clinical suspicion for a breast cancer, which was confirmed by histopathological examination, allowing the targeted search for the primary tumor and appropriate management despite the poor prognosis associated with late tumor diagnosis.

Conclusion:

The presence of skin metastasis is generally associated with an advanced stage of the disease indicating a poor prognosis. The role of the dermatologist is to early recognize a skin metastasis which can be the first sign revealing the tumor or its recurrence leading to the acceleration of the treatment.



Abstract N°: 1445

Scalp melanoma with Peritoneal metastasis : a new case

Hajar Tahiri[1], Fouzia Hali[1], Mounia Diouri[2], Farida Marnissi[3], Soumiya Chiheb[1]

[1]Ibn rochd university hospital , Dermatology, Morocco,[2]Ibn rochd university hospital , Burns and Reconstructive Surgery department, Morocco, [3]Ibn rochd university hospital , pathological anatomy, Morocco

Introduction & Objectives:

Scalp melanoma is a subgroup of melanomas on the head and neck, historically associated with worst prognosis. The main cause of death in melanoma patients is widespread metastasis as it can metastasize to almost every organ, The most common clinically apparent sites of distant metastases are skin, lung, brain, liver, bone, and intestine However, carcinosis melanoma are exceptional, and only a few cases of melanoma with Peritoneal metastasis have been previously described.

We report a case of scalp melanoma with peritoneal metastasis.

Materials & Methods:

A 75-year-old woman, with medical history of type 2 diabetic, and ganglionic tuberculosis, was admitted to our establishement for nodules of the scalp involving since 4 years, associated to abdominal pain, and weight loss.

Clinical examination found a phototype 3 patient , with 2 left parietal nodules of the scalp, the largest one measuring 4 cm in long axis, flesh-colored, bleeding on contact with firm consistence,Painless and fixed to the deep planes. phanera and mucosa were normal. The rest of clinical examination found bilateral cervical adenopathy. The skin biopsy showed a melanoma nodule with a Breslow index of 17 mm with ulceration, without vascular emboli or nerve invasion.

Positron emission tomography (PET) and Cerebral MRI showed respectively, multiple hypermetabolic hepatic and peritoneal nodules , hypermetabolism at the anorectal junction without brain metastasis. A colonoscan followed by a colonoscopy with biopsy of the anorectal junction, showed nodules of carcinosis without secondary localization at the anorectal jonction. liver biopsy was performed in favor of secondary location of melamona. Patient was classified stage 4, BRAF mutation done in blood and biopsy was negative.

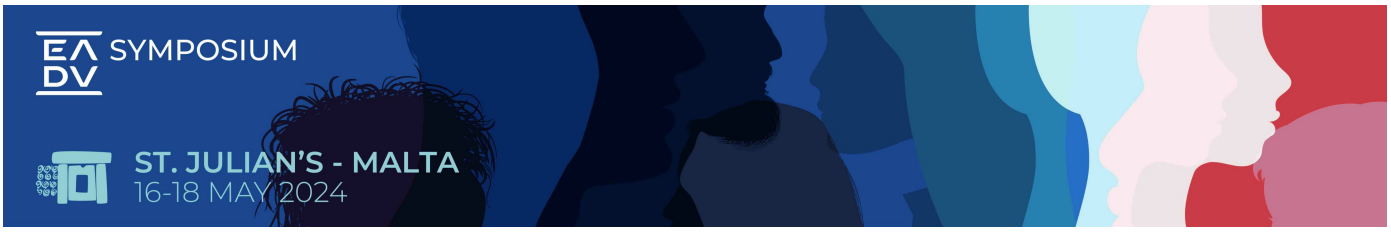
The patient underwent tumor resection, with skin flap. and received immunotherapy with pemprolizumab. A Positron emission tomography (PET) was done after 7 cures of pemprolizumab showed a progression of the metastasis, with extension to lung and spleen. currently the patient is still alive pemprolizumab was interrupted and combinaison of ipilimumab and nivolumab is envisioned

Conclusion:

Scalp melanomas are responsible for 5% of all melanomas, and represent 35% of cases of head and neck melanomas. They occur in older patients like our case, and characterized by a poor prognosis, and higher risk of death than that of tumors located in the extremities .

the poor prognosis, is justified by several hypothesis such as, higher blood and lymph flow in the scalp allowing the irrigation of the tumor and the propagation of the tumor cells, hair coverage hiding the lesions…

Gastrointestinal tract, is one the site of predilection for Melanoma metastasis, especially small intestine, stomach and large intestine. Peritoneal metastasis are uncommon in Melanoma even less in melanoma of the scalp, in these cases an exhaustive check up should be carried out to eliminate another localization of melanoma or another tumor at the origin of Peritoneal metastasis.



Abstract N°: 1472

Unveiling the artistry of dermatological challenges in Mycosis Fungoides: Clinical presentation and treatment perspectives

Mihaela Paula Toader[1], Daciana Elena Branisteanu[1], Catalina Anca Munteanu[1], Catalina Cojocaru[1], Cristina Colac-Botoc[1], Alexandra Starica[1], Andreea-Caterina Rusu[1]

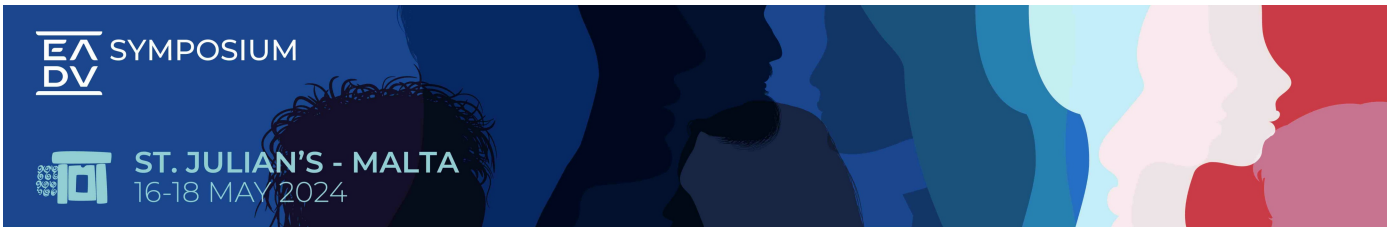
[1]Railway Clinical Hospital Iasi

Introduction & Objectives: Mycosis fungoides (MF) is the most common type of cutaneous T-cell lymphoma, originating in the peripheral epidermotropic T- cells. MF primarily affects the skin and presents with a diverse range of clinical appearances that vary according to the stage of the disease. The literature highlights the significant impact of this disease on the patient's quality of life, with pruritus being the most bothersome symptom reported, usually difficult to alleviate, followed by impairments in physical appearance.

Materials & Methods: In this report we present the case of a Caucasian female who was diagnosed with mycosis fungoides, manifested with finely scaling red patches, plaques, and infiltrated lesions distributed mostly on sun-protected areas such as the breasts, buttocks, but also on arms and legs, covering more than 60% of her body surface.

Results: An 84-year-old female patient was referred to our dermatology department due to intense pruritus, poorly defined, finely scaling red patches of variable size, plaques, along with reddish-brown well-demarcated thick, deeply infiltrated, indurated lesions larger than 1cm in diameter consistent with the diagnosis of HS. The lesions first appeared in 2012 as a macular eruption on her abdomen. Initial consultations suggested a drug allergy, but two years later, due to the persistent nature of the lesions and the lack of response to previous treatments, two biopsies were performed. The histopathological findings confirmed the diagnosis of MF. From 2014 onwards, the patient followed a treatment regimen consisting of topical steroids and phototherapy, which resulted in a relatively favorable evolution of the disease. However, with the implementation of pandemic lockdown measures and the long distance to the hospital, the patient discontinued the treatment. Moreover after receiving COVID vaccinations the lesions exacerbated. The patient's medical history is notable for multiple cardiovascular pathologies (sinus bradycardia, hypertension, cardiac insufficiency, chronic anticoagulant use), moderate pulmonary hypertension, and kidney disease stage G3b. In 2023 the patient was admitted to our dermatology department for the first time where a thorough physical examination, blood tests, chest X-ray and abdominal ultrasound were performed to exclude systemic involvement. Based on the clinical presentation and multiple investigations we concluded that the patient was in stage IIB of the disease. Treatment was initiated, which included potent topical corticosteroids, phototherapy, antihistamines and moisturizers to alleviate pruritus. Narrowband UVB courses were chosen to suppress neoplastic T cells instead of PUVA for its superior safety profile. We also collaborated with the oncology department to ensure optimal disease management.

Conclusion: Mycosis fungoides is an incurable disorder with a complex and multifactorial pathogenesis, a poor prognosis, influenced by factors such as age, disease stage, and the presence of extracutaneous involvement. However, meticulous management can enhance the patient's quality of life and impede disease progression. Although the patient had an advanced stage of MF, which usually suggests systemic therapy, in our case, considering the age, multiple comorbidities and medications, lack of visceral involvement or enlarged lymph nodes, we initiated skin-directed therapies such as potent corticosteroids and phototherapy, with favorable results.



Abstract N°: 1547

Nevoid melanoma

Ioana Ditu*[1], Raluca Popescu[1], Catalin Mihai Popescu[1], Bianca-Alexandra Moise[1], Elena Rotariu[1], Ionuț Răzvan Popescu[1], Sonia Monica Barbu[1], Anastasia Stoian[1]

[1]Colentina Clinical Hospital, Dermatology I

Introduction & Objectives:

Nevoid melanoma is a rare variant of melanoma with “deceptive” morphologic features reminiscent of a benign melanocytic nevus and behavior similar to other melanomas (may recur or metastasize).It usually presents as dome shaped papule, nodule or verrucous lesion. On histology it resembles ordinary compound or dermal nevus at low power magnification but with high power magnification one can observe relatively bland and monomorphic cells resembling classic nevus or epithelioid cells in Spitz nevus with multiple dermal mitoses with atypical mitoses, subtle pleomorphism and impaired maturation with depth.

Materials & Methods:

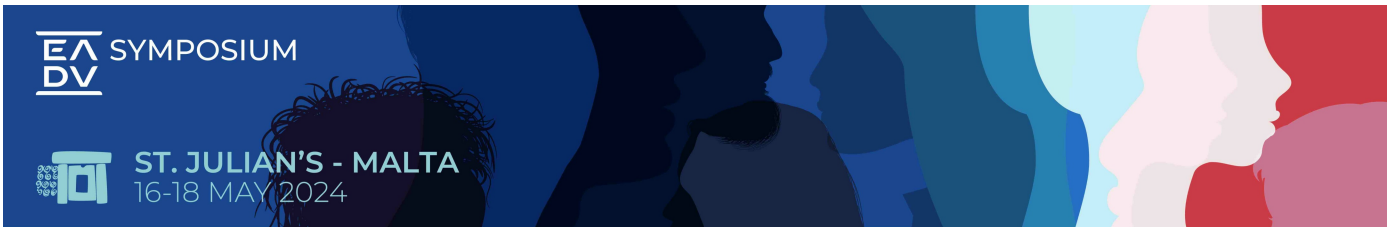
We present a case of a 61-year-old female patient with a slow growing pigmentary lesion with central hypopigmentation, located on the heel of the left foot , measuring 3 cm. The lesion was evolving for more than 2 years. On dermoscopy one can identify: parralel ridge pattern, assimetry, difuse pigmentation with central regression.

Results:

Even though there was regression on clinical examination, histopathology report described a 1 mm Breslow thickness nevoid melanoma, without regression, ulceration, lymphovascular or neural invasion. Immunohistochemistry was melan A positive with Ki-67 index of 20-25% and Real-Time Polymerase Chain Reaction positive for BRAFV600E mutation. The melanoma was managed as follows: surgical excision with 1 cm margin and combined rotation and advancement flap reconstruction with split-thickness skin graft from lateral thigh. Clinical examination and ultrasonography for regional lymph nodes were negative and whole body and brain contrast enhanced computer tomography scans were negative. It was classified as a stage IA melanoma and surveillance consisted of: routine physical exam, including total-body skin examination and clinical evaluation of regional lymph nodes every six months for the first two years, then annually.

Conclusion:

Our presentation illustrates a rare case of nevoid melanoma with atypical localization and large dimensions, but with good prognosis despite its relatively long evolution.



Abstract N°: 1553

Clinical characteristics of cutaneous angiosarcoma in Korean patients, with prognostic correlation

Hajeong Kim[1]

[1]South Korea, Department of Dermatology, Seoul, Korea, Rep. of South

Introduction & Objectives:

Cutaneous angiosarcoma (cAS) is a rare soft tissue sarcoma, presenting with an aggressive course, early propensity for metastasis, and poor prognosis. Information on the disease is limited, providing a clinical dilemma for physicians. Information on the disease in Asian patients is even more rare.

To objective of this study was to understand the clinical characteristics of cAS in Korean patients, and isolate potential characteristics with prognostic correlation.

Materials & Methods:

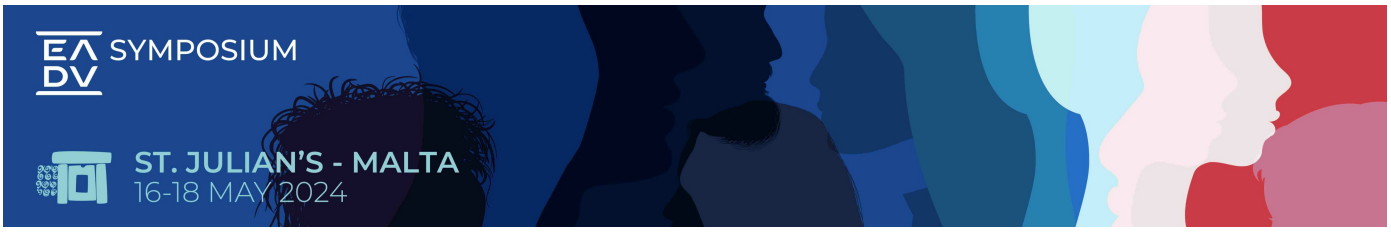
We retrospectively reviewed patients diagnosed with cAS since 2005. We gathered data from electronic records and patient recall.

Results:

A total of 50 patients were included. 40 were male, and 10 were female. The mean age at diagnosis was 73.71 years. The majority of patients (84%) presented with cAS on the head or neck. 12 patients presented with underlying primary cancers, while 10 patients had metastasis at presentation. Radiotherapy was the preferred primary modality of treatment, used in 23 (46.0%) patients. Mean duration of follow up was 23.96 months. Local recurrence was seen in 16 (32.0%) patients, with mean time of 16.25 months. Distal metastasis was seen in 18 (36.0%) patients, with mean time of 14.4 months. Finally, death was confirmed in 12 patients (24.0%), with a mean time of 17.16 months.

Conclusion:

This study represents the largest known cohort of cAS patients of Asian heritage. Further research is necessary to isolate the potential correlation of these characteristics with prognosis.



Abstract N°: 1581

Atypical plantar dermatofibroma: A rare presentation.

Anass Abbour[1], Fatima Zahra Elfatoiki[1], Mohamed Amine Wannassy[2], Mounia Diouri[2], Fouzia Hali[1], Soumiya Chiheb[1]

[1]Ibn Rochd UHC, Dermatology, Casablanca, Morocco, [2]Ibn Rochd UHC, Plastic Surgery, Casablanca, Morocco

Introduction & Objectives:

Dermatofibroma is a common benign histiocytic neoplasm that occurs in the skin as a firm, indolent nodule. It occurs anywhere on the body surface, with a propensity for the extremities, usually the lower legs. However, occurrences on the palms and soles are infrequently reported in the literature.

Herein we report a case of an atypical dermatofibroma on the sole.

Materials & Methods:

Results:

A 38-year-old male presented to our department for 3 months history of a painful, enlarging nodule on the plantar surface of his left foot that had been slowly increasing in size. Examination revealed a 2 cm size red-colored nodule with keratotic surface. The center of the lesion was elevated. At palpation, the lesion was hard and fixed to the overlying skin but freely movable over underlying tissue. No other cutaneous lesion was observed and the lymph nodes examination showed no abnormalities. The dermoscopic evaluation revealed a white ring around an ulceration with a pink bluish pigmentation associated with dotted vessels and comma-like vessels.

A biopsy specimen revealed a horny, hyperkeratotic epidermal surface stretched by a benign tumor proliferation consisting of spindle-shaped, fibroblastic cellular elements arranged in short, intersecting, richly cellular bundles underlined by collagenous bundles, with a deep, fibrous involution component and a highly cellular appearance in the superficial dermis, with a few mitoses. In the periphery, there are a few unremarkable adnexal glands. These pathologic findings were consistent with dermatofibroma.

The patient underwent a total excision of the dermatofibroma, no tumor recurrence was observed after two months of post-operative follow-up.

Conclusion:

Dermatofibroma is one of the most common types of benign, cutaneous, soft tissue tumors. It is most often found in the middle-aged adults and it has a slight female predominance. Although the majority of lesions are located on the limbs or the trunk, it can be rarely detected on the hand or foot.

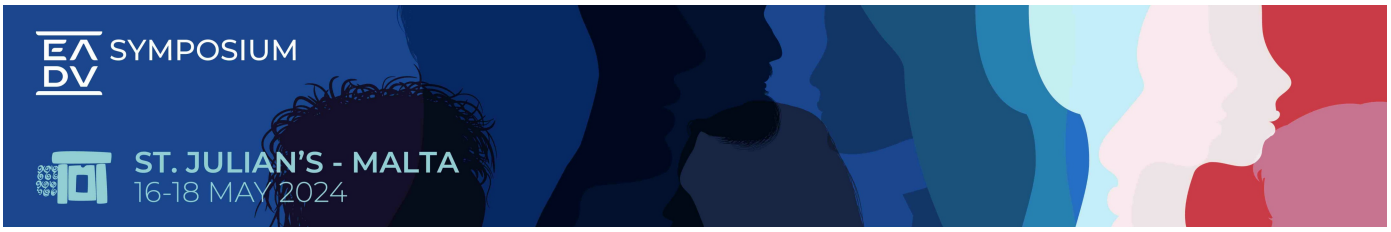
The pathogenesis of dermatofibroma remains a controversial topic, some authors suggest this tumor to be caused by an inflammatory proliferation of histiocytes cells following trauma, rather than being a neoplastic growth.

The clinical diagnosis is usually quite easy, it usually appears as small, raised, hyperkeratotic, cutaneous nodules <1 cm in diameter with a red-brown surface. The lesions are most often solitary, but 2-5 lesions are present in approximately 10% of individuals.

In some cases, diagnosis may be more difficult because the lesion occurs at unusual sites, or appears as multiple lesions.

Its treatment is based on surgical excision. In excisional biopsies with cellular or atypical variants, re-excision may be recommended to ensure clear margins because of the documented, albeit low, rate of local recurrence.

We present our case to highlight the possibility of acral locations for dermatofibromas. These lesions may be symptomatic, and the clinical differential diagnosis likely includes adnexal neoplasms, particularly poroma.



Abstract N°: 1586

Mycosis fungoides disguised as psoriasis vulgaris: an intriguing diagnostic conundrum

Daciana Elena Branisteanu[1], Catalina Anca Munteanu[2], Antonia Clivet[3], Roxana-Paraschiva Ciobanu[3], Mihaela Paula Toader[1], Gabriela Stoleriu[4], Laura Statescu[1], Cristina Colac-Botoc*[2]

[1]"Gr.T. Popa" University of Medicine, Dermatology, Iași, Romania,[2]Railway Clinical Hospital , Dermatology, iasi , Romania, [3]Railway Clinical Hospital, Dermatology, Iasi, Romania, [4]"Dunarea de Jos" University of Medicine and Pharmacy, Dermatology, Galati, Romania

Introduction & Objectives:

Mycosis fungoides, a rare form of cutaneous T-cell lymphoma, manifests with a diverse array of clinical and histopathological characteristics. Its initial stages often mimic common dermatoses, leading to misdiagnosis and consequent inappropriate treatment strategies. This case report seeks to illuminate an atypical presentation of mycosis fungoides resembling psoriasis vulgaris, highlighting the diagnostic complexities inherent in such cases.

Materials & Methods:

We present a case involving a caucasian male initially diagnosed with psoriasis vulgaris and medicated accordingly, which developed erythroderma and mycosis fungoides.

Results:

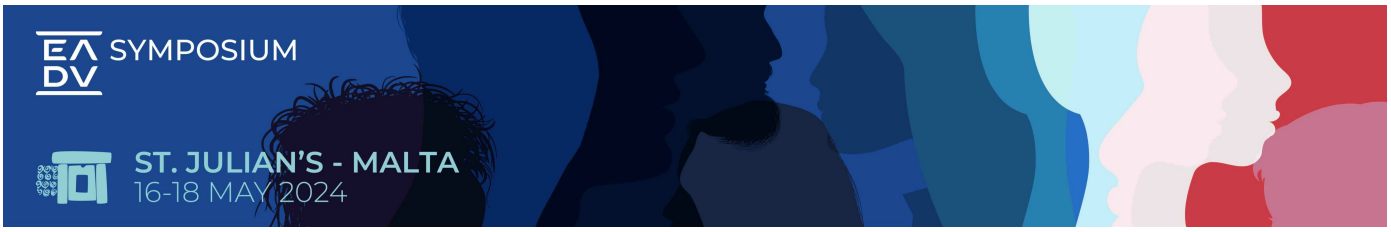
A 52 years old male was admitted to our dermatology department with erythroderma and well-circumscribed erythematous plaques covered with silvery scales.

A thorough medical history revealed the onset of the disease four years prior, with multiple visits to dermatology departments. In 2021, a clinical diagnosis of psoriasis vulgaris was initially made and later confirmed by biopsy results. Treatment with methotrexate was initiated, resulting in no improvement over several months. Subsequently, a biological agent was administered, with minimal improvement over the course of a few months.

Due to the limited response of the lesions to treatment, an extensive differential diagnosis was undertaken during his first admission to our department, encompassing paradoxical atopic dermatitis, cutaneous T-cell lymphoma, drug reactions, and paraneoplastic syndrome. The administration of the biologic agent was discontinued, and a multidisciplinary approach was adopted, yielding negative results except a persistent abnormality in biological parameters (namely, leukocytosis and lymphocytosis persisting in the absence of infection). This aspect prompted suspicion of an associated hematological disorder, leading to referral to a specialized department. In the hemato-oncology department, a subsequent biopsy was performed, ultimately confirming the diagnosis of mycosis fungoides. Subsequent chemotherapy was initiated, resulting in favorable outcomes.

Conclusion:

During the initial phases of mycosis fungoides (MF), histopathological findings may occasionally resemble those of psoriasis vulgaris, particularly when epidermotropism is absent. Patients diagnosed with psoriasis who exhibit minimal or no response to conventional therapy should undergo thorough investigation for possible MF, even if the initial biopsy results suggest a diagnosis of psoriasis vulgaris. This case report underscores the necessity of promptly identifying uncommon dermatological pathologies, even in seemingly straightforward situations, to prevent delays in receiving appropriate treatment.



Abstract N°: 1597

Vesicular and necrotic eruption mimicking Monkeypox

Inmaculada Balaguer Franch[1], Raquel Carrascosa[1], Kevin Díez Madueño[1], Ana Simón Gozalbo[1], Maria Gamo Guerrero[1], Pablo De la Cueva[1]

[1]Hospital Universitario Infanta Leonor, Dermatology, Madrid, Spain

CLINICAL CASE:

A 39-year-old male patient presented to the Emergency Department. He has no relevant medical history except occasional consumption of alcohol, cocaine, and hashish. He came in with asymptomatic lesions on the genital area, trunk, and face, which started less than a month ago. He reported a risky sexual encounter with an unknown female partner in the preceding 10 days. He was previously treated at another hospital with empirical intramuscular penicillin G and serologies were requested. However, he returned due to persistent symptoms and new lesions, denying fever or systemic symptoms.

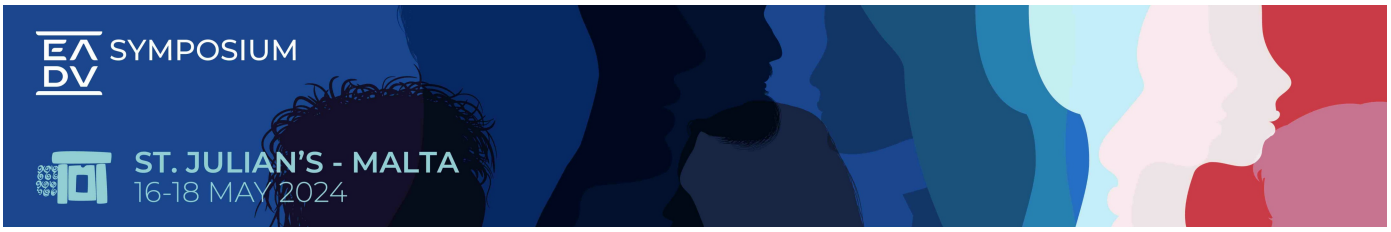
Physical examination revealed grouped necrotic papules on the face, upper limbs, and trunk, as well as pseudo-vesicular lesions on the penis. There were no signs of superinfection. Laboratory tests showed neutrophilia and mild elevation of C-reactive protein. A skin biopsy was performed with suspicion of Monkeypox infection vs. necrotizing vasculitis vs. other conditions. Samples for Monkeypox PCR were negative. Histopathology revealed a CD30-positive T-cell lymphoproliferative disorder, suggestive of lymphomatoid papulosis. Immunohistochemical studies showed large neoplastic cells positive for CD2, CD3, CD4, CD5, mum1, and partially CD30. Aberrant cells were negative for CD20, CD7, CD8, CD56, and ALK. Immunofluorescence studies detected C3 (+) deposition in the walls of some superficial and deep vessels.

The patient returned for a follow-up visit reporting improvement of lesions and denying the appearance of new ones. Staging studies including chest X-ray and cervical-abdomino-pelvic ultrasounds showed no abnormalities. Laboratory tests revealed only mild neutrophilia and elevated LDH at 253.

DISCUSSION:

Lymphomatoid papulosis (LyP) is a very rare disease that belongs to the group of CD30+ lymphoproliferative skin diseases. It presents with lesions that look like small red or red-brown bumps only a few millimeters in diameter, and they usually evolve into larger nodules and/or plaques and/or papules; they may go into spontaneous remission.

The course of the disease is in most cases mild, with spontaneous remission of the lesions, and they present in episodes. However, it sometimes is associated or even progress to lymphoma, significantly reducing the survival rate and prognosis. The most common lymphomas associated are micosis fungoides, primary cutaneous anaplastic cell large cutaneous lymphoma and Hodgkin´s disease. The histological characteristics vary widely and usually overlap with other benign or malignant conditions. Additionally, approximately 40%, even up to 100%, of LyP patients show clonal rearrangement of TCR genes. Complete blood counts, biochemistry, and peripheral blood tests are required. In cases of visibly enlarged and palpable lymphadenopathy, imaging tests, such as computed tomography or positron emission tomography, are recommended. Because of the risk of malignancy, these patients must be carefully monitored for years.



Abstract N°: 1613

Chronic ulceration of the hand revealing distal epithelioid sarcoma

Chemsy Fadoua[1], Elfatoiki Fatimazahra[1], Hali Fouzia[1], Chiheb Soumiya[1]

[1]ibn roched university hospital, dermatology and venerology, casablanca, Morocco

Introduction & Objectives:

Skin ulcerations are a frequent reason for consultation, and may reveal several malignant pathologies. In this case, we report a case of Epitheloide Sarcoma presented by a chronic ulceration of the hand in a young woman, constituting a real diagnostic and therapeutic challenge.

The objective of our work is to recall this rare tumor entity.

Case report

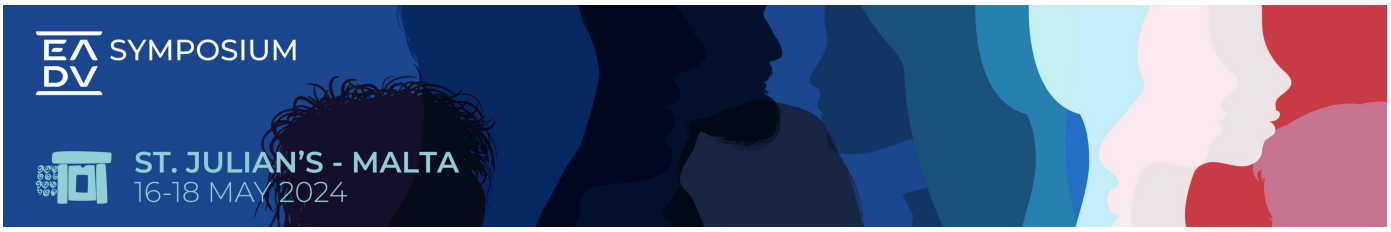
A 29-year-old woman with a family history of neoplasia consulted for a non-healing ulcer accompanied by stiffness in the right palm that had been evolving for 9 years. Clinical examination revealed an ulcero-nodular, deep-lying placard with a fibrino-purulent background and irregular border measuring 7x4 cm, covering the entire thenar space, with retraction of the thumb. Mycological and bacteriological samples were negative. A skin biopsy revealed epithelioid mesenchymal tumor proliferation, with diffuse and intense expression of cytokeratin AE1-3, EMA, ERG, FLI1 and INI1 on immunohistochemistry, confirming a classic epithelioid sarcoma. An extension work-up revealed tissue infiltration of the thumb muscles, the flexor of the 2nd finger, and homolateral axillary lymph node involvement. The patient was presented at a PCR and the therapeutic decision was to amputate the hand with lymph node curage. The originality of our observation lies in the rarity of this entity, as well as its occurrence in a woman.

Conclusion

Epithelioid sarcoma is a rare (≤1%), indolent and highly lymphophilic soft-tissue sarcoma, preferentially affecting young adult males. The presenting lesion is an ulcerating nodule, most commonly affecting the extremities of the limbs.

Epitheloide Sarcoma is often mistaken for a benign lesion, leading to delayed diagnosis.

Any ulceration that does not improve with treatment should be considered a tumoral cause.



Abstract N°: 1626

Sézary syndrome without erythroderma

Meryem EL Moustaoui[1], Syrine Hamada[1], Meriam Meziane[1], Nadia Ismaili[1], Laila Benzekri[1], Karima Senoussi[1]

[1]CHU IBN SINA, dermatology venerology, rabat, Morocco

Introduction & Objectives:

Sezary syndrome (SS) is an aggressive form of cutaneous T-cell lymphoma characterized by the classical triad: predominant erythroderma, peripheral lymphadenopathies, and presence of circulating atypical lymphocytes (Sezary cells).

Materials & Methods:

We present the case of a 76-year-old female patient who initially did not exhibit erythroderma but presented erythematous-violaceous, edematous, and pruritic plaques on her legs and forearms, accompanied by facial erythema

Results:

This concerns a 76-year-old patient with a medical history of type II diabetes treated with insulin, and hypertension managed with angiotensin II receptor antagonists, who has been experiencing generalized pruritus for the past year. Additionally, the patient reports thermoregulation disturbances for the past 3 months.

The patient has consulted with several dermatologists and has undergone various treatments without improvement. Subsequently, she was hospitalized in the dermatology department of Ibn Sina Hospital. Upon admission, clinical examination revealed erythematous infiltrated lesions in the form of plaques on the face, upper limbs, and legs, with some achromic macules on the trunk. The examination also revealed palmoplantar keratosis, axillary and pubic depilation.

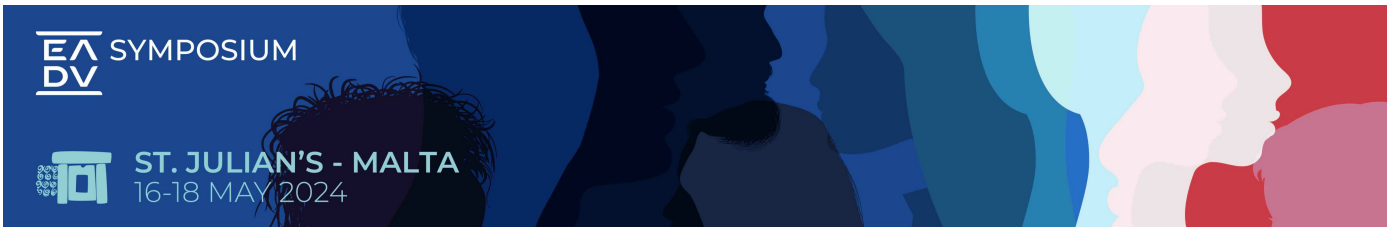
Skin biopsy revealed a lymphocytic infiltrate with clear epidermotropism. The lymphocytes were small, with reduced cytoplasm and atypical nuclei. Immunohistochemical analysis showed a T lymphocyte population expressing CD3, CD4, CD5, and CD7. In the dermis, there was a higher proportion of CD4+ cells compared to CD8+ cells.

Laboratory tests revealed leukocytosis with a predominance of lymphocytes, which were 10,000 in number out of a total white blood cell count of 15,300. The percentage of Sezary cells was 17%, corresponding to an absolute value of 1700. Flow cytometry of peripheral blood showed a CD4/CD8 ratio of 95.

As part of the staging workup, a cerebral-thoraco-abdomino-pelvic CT scan was performed, which was normal, and an ultrasound of the lymph node areas revealed multiple bilateral axillary and inguinal adenopathies. Bone marrow biopsy showed no involvement, and lymph node biopsy revealed reactive lymphadenitis. These results led to the diagnosis of Sezary syndrome (T2a N1 M0 B2 Stage IVA1).

Conclusion:

In summary, we present a unique case of SS that did not initially present with erythroderma. After reviewing the literature, non-classical symptoms of SS were identified such as palmoplantar keratoderma, onychodystrophy, alopecia, and excoriation. Further research is needed to elucidate the mechanisms of erythroderma and provide clarification on the prognosis of SS without erythroderma



Abstract N°: 1706

Exploring The Use of Teledermoscopy for Skin Cancer in Regional Australia

Miranda Wallace*[1], Philip Tong[2]

[1]The University of Sydney, Camperdown, Australia,[2]University of New South Wales, Sydney, Australia

Introduction & Objectives:

Australia is a country with a large land mass and geographically disperse population, with 20-30% of the population living in rural and remote areas. Australians living in rural locations have shorter life expectancies, higher burden of disease, and poorer access to health services compared to their metropolitan compatriots. This geographical divide poses a challenge for access to health care, particularly for specialist dermatology services in rural locations, with the majority of Australian dermatologists located in metropolitan areas. The incidence of melanoma in Australia is the highest in the world, with high levels of ambient UV radiation, and a fair-skinned population thought to be contributing to the incidence. Skin cancer in skin of colour, which is often underrepresented in registry and research data, is increasing in prevalence as more reports become available that include Indigenous Australian data. Cancer outcomes are often poorer in this population, with access likely a significant contributing factor. Teledermoscopy offers an alternative referral route for remote access to specialist dermatologist advice via digital dermatoscopy, and has shown promise internationally.

Materials & Methods:

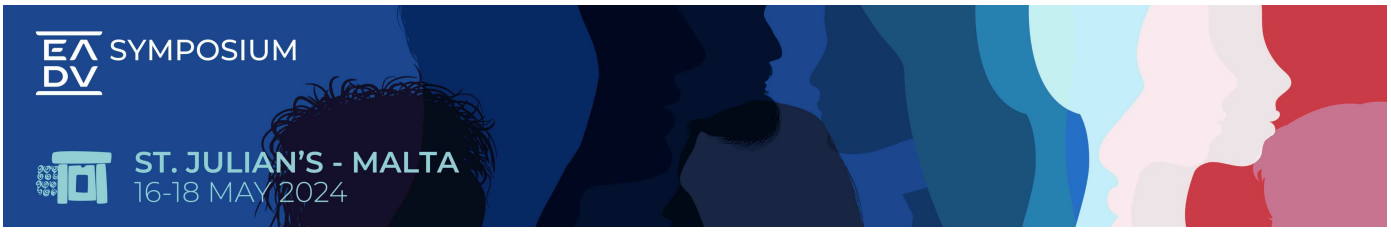
A literature review was conducted using Cochrane, Embase and Ovid databases on teledermoscopy in regional and rural Australian and international settings. The review formed the basis of the background literature relevant to the planning of a protocol to conduct a study in regional Australia.

Results:

Studies reported that teledermoscopy was as accurate and reliable as face-to-face clinical diagnosis and relatively well received by both general practitioners and patients when used for dermatology referral, and self-examination, respectively.

Conclusion:

Teledermoscopy provides a useful clinical adjunct to improve access to specialist dermatology services and may help improve the outcomes of rural populations where access to skin cancer services is an issue. The service may provide a cost-effective alternative, and could improve the time to diagnosis and time to treatment in populations that are required to travel significant distances to access diagnosis and treatment of skin cancer and other skin conditions.



Abstract N°: 1720

Pleomorphic Dermal Sarcoma: A Case Report with Clinical, Dermoscopic and Histopathological Features

Sezgi Sarıkaya Solak[1], Hande Yelgen*[1], Berke Caner Kızmaz[1], Aynur İsaoğlu[2], Fatma Nur Koyunlu[2]

[1]Trakya University Faculty of Medicine, Dermatology and Venereology,[2]Trakya University Faculty of Medicine, Medical Pathology

Introduction & Objectives: Pleomorphic dermal sarcoma (PDS) is a rare cutaneous sarcoma characterized by the presence of neoplastic spindled cells. It is predominantly seen in elderly patients and men are more commonly affected. Patients with PDS have a poor prognosis. Herein, we present a 55-year-old female diagnosed with PDS.

Case Presentation: A 55-year-old female presented to our outpatient clinic with a complaint of a growing mass on her back. The lesion was present since she was born but had been growing over the past two years. Dermatological examination revealed a solitary, dome-shaped, erythematous nodule approximately 2x2 cm in size in the right scapular region. Dermoscopy showed white streaks, dense polymorphic vessels, homogenous peripheral red/brown border, orange homogenous areas and a pore-like ulcerated opening (Figure 1). Histopathological findings has been shown in Figure 1. Immunohistochemical panel were performed (Figure 2). A diagnosis of PDS was established and the patient was referred to the plastic surgery for wide reexcision.

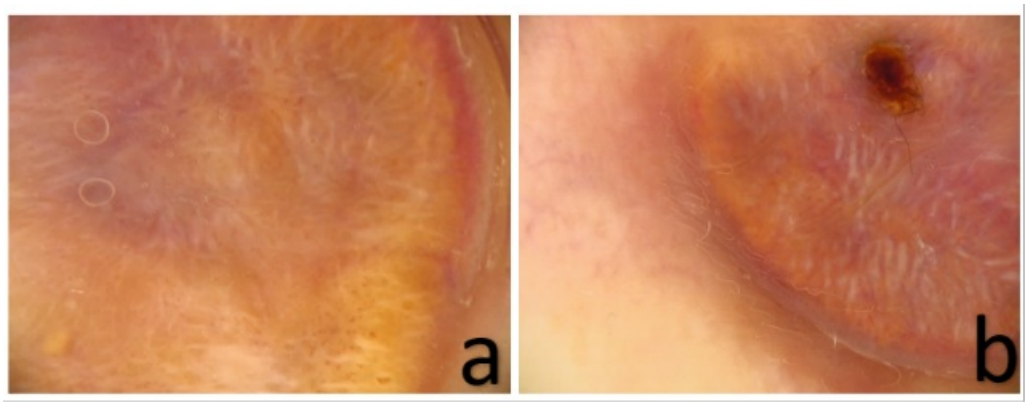


Figure 1. White streaks, white structureless areas, dense polymorphic vessels, homogenous peripheral red/brown border, orange homogenous areas and a pore-like ulcerated opening in the middle of the lesion in dermoscopic examination (a,b).

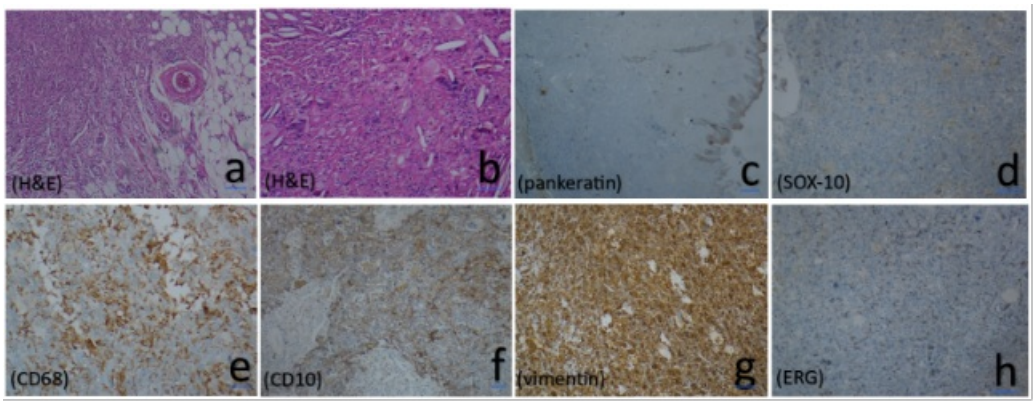


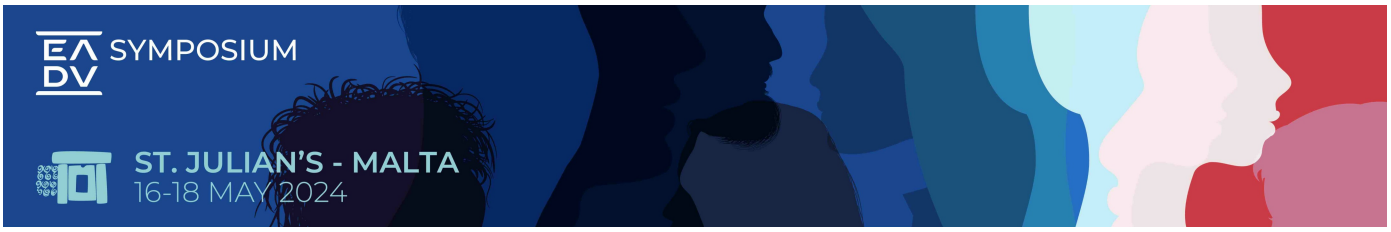
Figure 2. (a) Tumor cells extending into subcutis (H&E, x100), (b) occasional cholesterol clefts and xanthoma cells (H&E, x200), (c)negative pankeratin staining (x40), (d) negative SOX-10 staining (x100), (e) heterogenous intense expression of

CD68 in tumor cells (x200), (f) heterogenous intense expression of CD10 in tumor cells (x100), (g) vimentin staining in tumor cells (x100), (h) negative ETS-relating gene (ERG) staining (x100).

Results: Atypical fibroxanthoma (AFX) and PDS are located within the dermis, composed of spindled cells without epidermal collarette or epidermal connection. Neoplastic cells have large, pale eosinophilic, vacuolated cytoplasm; irregularly bordered distinct pleomorphic vesicular nuclei; and prominent eosinophilic nucleoli. In terms of clinical features recurrence and metastasis are rare in AFX, however PDS has a more aggressive course. In the present case, a diagnosis of PDS was made based on the presence of necrosis and involvement of subcutis. In our case we used immunohistochemistry staining to exclude melanoma, leimyosarcoma, spindle cell SCC.

Dermoscopy, which is a tool used to assist the clinicians in skin tumors and strengthen preliminary diagnosis, is rarely emphasized in the literature for DPS and the reported dermoscopic findings are not conclusive. In our case white streaks, dense polymorphic vessels, homogenous peripheral red/brown border, pore-like opening and orange homogenous areas were identified. In the literature there are limited cases defining dermoscopic features similar to our case including shiny white-red structureless areas with crystalline structures, rosettes, white small dots in follicular openings with thick, linear and irregular vessels.

Conclusion: PDS is a rare type of cutaneous sarcomas with high local reccurence rate and may have a poor prognosis if there is a delay in the diagnosis. Therefore PDS, should be differentiated from other cutaneous tumors such as other cutaneous sarcomas, SCC or melanoma. There are limited dermoscopic descriptions of DPS in the literature which are non-specific. Histopathological and immunohistochemical examinations are mandatory for the diagnosis of PDS.



Abstract N°: 1726

Extra-nodal NK/T-cell lymphoma, nasal-type, revealed by cutaneous involvement : Rare cas report

Fatima Zahra El Fetoiki[1], Afafe Jei[1], Fouzia Hali[1], Soumia Chiheb[1]

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Introduction & Objectives:

Nasal type T/NK cutaneous lymphoma is an aggressive lymphoma associated with Epstein- Barr virus, more prevalent in Asia, Central, and South America than in Europe. While the nasal cavity is the primary site, isolated cutaneous presentation is feasible.We present a rare case of systemic nasal-type T/NK lymphoma, initially manifested by cutaneous involvement

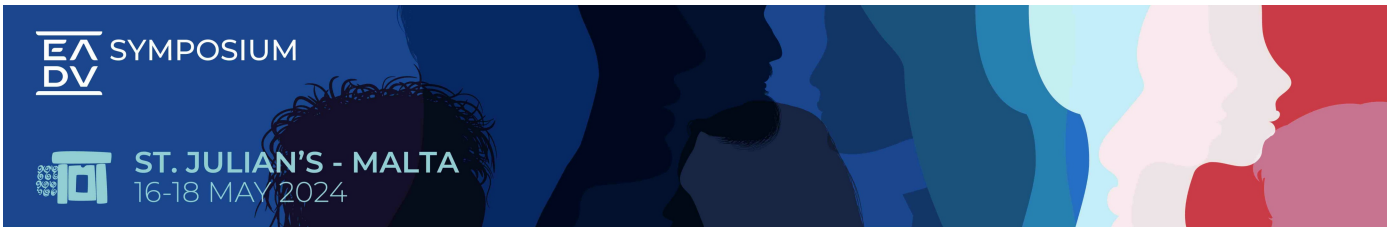
Case description:

A 50-year-old non-Caucasian female, with no notable medical history, presented with diffuse pruritic nodular lesions evolving over 8 months, accompanied by constitutional symptoms such as fever, sweats, anorexia, and a weight loss of 15 kg. Clinical examination revealed erythematous-violaceous dermo-hypodermic nodules of variable size on the trunk and lower limbs, some coalescing into ulcerated-necrotic plaques. Concurrently, the patient reported flu-like symptoms, dry cough, and dysphonia over the previous week. Laboratory findings demonstrated normochromic normocytic anemia and an elevated sedimentation rate. Skin biopsy confirmed a cutaneous presentation of a large-cell undifferentiated malignant tumor, suggesting primarily nasal-type T/NK lymphoma. Immunohistochemical analysis supported the diagnosis, indicating angiocentricity and intense, diffuse expression of CD3, CD30, CD56, and EBV, with a high proliferation index (Ki-67: 100%) and negativity for CD8, CD4, CD5, and CD23. PET scan revealed metabolically active lymphomatous involvement in lymph nodes above and below the diaphragm, nasal cavity, lungs, skin, and muscles. Additional investigations, including bone marrow biopsy and nasoendoscopy, yielded no positive results.

Chemotherapy was indicated for this patient, the evolution therefore was lethal within 2 months of diagnosis

Conclusion:

Primary nasal-type T/NK cutaneous lymphoma is a rare entity, predominantly affecting middle-aged males. Cutaneous involvement often presents as firm, dark violet nodules due to the angiocentric and angio-invasive nature of this lymphoma. Diagnosis relies on anatomopathological and immunohistochemical results, with in situ hybridization frequently employed to diagnose Epstein-Barr virus-related infections, serving as an important adjunctive method for extranodal NK/T-cell lymphoma diagnosis. Rhino-pharyngeal evaluation is crucial initially and during follow-up. Optimal therapeutic strategies, such as cisplatin-etoposide-ifosfamide or L-asparaginase-based polychemotherapy with or without radiotherapy, are discussed in multidisciplinary hematology meetings. Despite these therapeutic efforts, the median survival is only 5.3 months, with a 5-year overall survival rate of 49.9%.



Abstract N°: 1735

Rare association of MALT-type marginal zone pulmonary lymphoma with paraneoplastic Pemphigus

Yosra Ben Kraiem[1], Hyba Taounza[1], Nadia Ismaili[1], Laila Benzekri[1], Mariam Meziane[1], Syrine Hamada[1], Karima Senouci[1]

[1]Mohamed V University of Rabat, Ibn Sina University Hospital, Department of Dermatology, Rabat, Morocco

Introduction:

Paraneoplastic pemphigus (PNP) is a rare autoimmune disease that is almost always associated with an underlying malignancy. It accounts for only 3-5% of all pemphigus cases, with a generally poor prognosis and mortality rate of 90%.

Observation:

This 71-year-old patient was being followed for pulmonary MALT-type marginal zone lymphoma with positive anti-CD20 and anti-CD23 antibodies in immunohistochemistry. A gastric biopsy showed a marginal zone lymphoma with symptoms dating back 5 months to his hospitalization. The patient was a candidate for chemotherapy. Four months after the discovery of the pulmonary and gastric lymphoma, he presented with generalized bullous dermatosis. Clinical examination revealed multiple post-bullous erosions surmounted by symmetrically distributed hemorrhagic crusts, tense bullae with clear contents resting on healthy skin on the abdomen, as well as flaccid bullae on the limbs. Four days later, the patient developed oral mucosal lesions, followed by genital and conjunctival mucosal involvement. Skin biopsy showed acanthosis of the epidermis, with supra-basal deep intraepidermal cleavage and a few eosinophilic and neutrophilic polynuclei, with epidermal IgG deposition DIF. The intercellular substance antibody level was positive at 640, but the basement membrane antibody level was negative. The panel was not performed.

The diagnosis of PNP secondary to a marginal zone lymphoma of the MALT type was made and the patient was treated with corticosteroids at a dose of 1 mg/kg/d. He was then transferred to the haematology department for further treatment of the lymphoma. The treatment protocol chosen was R-CHOP chemotherapy. The patient had received two courses of chemotherapy one week apart and died two days after the 2nd course of chemotherapy, suffering from major neutropenia.

Discussion:

Clinically, PNP presents with a variety of lesions with different morphologies, ranging from flaccid bullae to generalized lichenoid eruptions. However, all patients share the presence of generalized and often severe mucosal lesions, which may be the first symptom of the disease. Diagnosis of PNP is based on clinical criteria, histopathological examination and direct or indirect immunofluorescence.

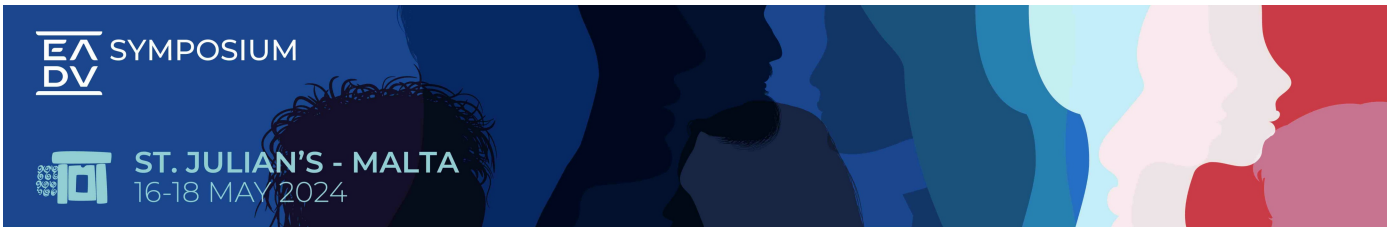
Lymphoproliferative neoplasia such as non-Hodgkin's lymphoma and chronic lymphocytic lymphoma are the most commonly identified underlying diseases in the development of PNP, accounting for up to 84% of cases. Non-hematological neoplasia accounts for 16% of cases. Cases of MALT-type pulmonary lymphoma are rare, accounting for less than 1% of lung malignancies. Bronchiolitis obliterans is the most frequent and serious complication, and is an irreversible and often fatal cause of lung failure.

Treatment of primary tumors is the mainstay of PNP therapy, with clinical improvement of mucocutaneous lesions in the majority of cases. R-CHOP is the first-line chemotherapy regimen.

Three cases of small-cell non-Hodgkin's lymphoma have been described in the literature. All three patients were treated with R-CHOP in combination with other drugs. One patient died of bronchiolitis obliterans, one patient progressed well on treatment and one patient was lost to follow-up due to lack of resources.

Conclusion:

Primary pulmonary lymphoma is a rare, slowly progressing disease. Its association with PNP is even rarer. The diagnosis should not be delayed, and should be considered in the presence of inaugural mucosal involvement.



Abstract N°: 1748

Efficacy of MEK inhibition for advanced NRAS mutant cutaneous melanoma: A systematic review and meta-analysis

Brandon Tan[1], James Pham[2]

[1]Wollongong Hospital, Department of Dermatology, [2]Liverpool Hospital, Department of Dermatology, Australia

Introduction & Objectives:

Few treatments have shown to be active in advanced cutaneous melanoma which progress on immunotherapy (IO) and lack activation BRAF gene mutations. For patients with NRAS mutant (NRASm) disease MEK inhibitors may be considered, however data is limited to studies with varying size, cohort demographics and design. We sought to benchmark the activity of MEK inhibitors in advanced NRASm cutaneous melanoma to guide clinical decision making and further research.

Materials & Methods:

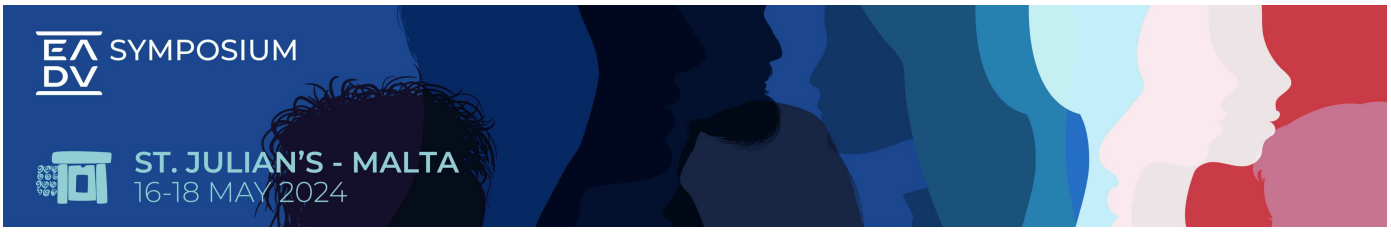
A systematic review and meta-analysis was conducted to PRISMA guidelines. Studies reporting on MEK inhibitor efficacy in >10 patients with NRASm cutaneous melanoma were identified. Logit-transformed overall response rates (ORR) were pooled using a random effects model and the inverse variance method. Kaplan-Meier curves for progression-free survival (PFS) were digitised and pooled using a multivariate extension of the Dersimonian-Laird random effects method. Overall survival was not analysed due to limited data reporting.

Results:

Seven studies were identified encompassing 680 patients – including eight prospective clinical trials (2 Phase I, 3 Phase II and one Phase III) and one retrospective analysis. At baseline 36% of patients had previously received IO, 95% had stage IV disease and 67% had a performance status of 0. Pooled ORR was 21% (95%CI 14 – 25) with high heterogeneity (I^2 = 67%, $P < 0.01$). Median PFS was 4.3 months (95%CI 2.8 – 5.5) and the 6 month PFS rate was 32% (95% CI 21.6 – 48.3).

Conclusion:

Our analysis identified that MEK inhibition is associated with modest activity in patients with advanced NRASm cutaneous melanoma. Although pooled ORR and PFS rates were low, the majority of patients had not received prior IO and thus it is unclear if this reflects activity in the current treatment sequencing paradigm. The heterogeneity of ORR despite largely homogenous cohort characteristics suggests differing efficacy of MEK inhibitors in NRASm melanoma, warranting further research.



Abstract N°: 1774

Management of recurrent basal cell carcinoma involving orbital invasion with radiotherapy: A case report

Maria Alexandra Timofte*[1], Mara Mihai[2], Beatrice Balaceanu-Gurau[1], Andrei-Wilhelm Anghel[3], Calin Giurcaneanu[2]

[1]Elias Emergency University Hospital, Oncologic dermatology, Bucharest, Romania, [2]Carol Davila University of Medicine and Pharmacy, Oncologic dermatology, Elias Emergency University Hospital, București, Romania, [3]Elias Emergency University Hospital, Radiotherapy, Bucharest, Romania

Introduction & Objectives:

Basal cell carcinoma (BCC) is the most common type of skin cancer, mainly affecting areas exposed to the sun. This malignant condition has significant clinical and public health implications, requiring a comprehensive understanding of possible treatment strategies, essential for optimizing patient care and achieving outcomes. Although often indolent, BCC can present with various clinical manifestations, including local recurrence and potential invasion of adjacent structures.

Materials & Methods:

We present the case of an elderly female patient with a history of operated basal cell carcinoma, who presented to our clinic for the recurrence of the lesion, reporting a progressive growth, located at the level of the entire frontal region, with left orbital extension. The tumor represented a difficult clinical scenario, causing concern for potential complications, including visual impairment due to the orbital invasion.

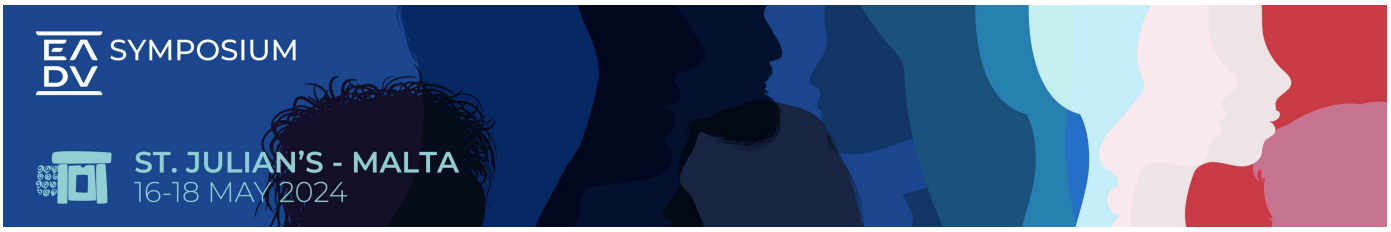
Given the complex anatomical location and potential morbidity associated with surgery, a multidisciplinary approach involving dermatology and radiotherapy was adopted.

Results:

The patient underwent radiotherapy, without significant complications and tolerated the treatment well. Clinical and radiological evaluations demonstrated substantial regression of the lesion and no substantial toxicities were observed.

Conclusion:

Radiotherapy is emerging as a valuable treatment option for recurrent basal cell carcinoma with difficult anatomic locations. Careful monitoring and rigorous treatment planning are essential to achieve favorable outcomes while minimizing adverse effects. Further research and long-term follow-up are needed to elucidate the role of radiation therapy in the management of similar cases.



Abstract N°: 1789

Modulation of the retinoid pathway through all-trans retinoic acid induces anti-proliferative and differentiating effects in Merkel cell carcinoma cells

Chiara Mazziotta*[1], Giampaolo Morciano[1], Christian Felice Cervellera[1], Giada Badiale[1], Giulia Tonnini[1], Milena Oimo[1], Paolo Pinton[1], Antoine Touzé[2], Mauro Tognon[1], Fernanda Martini[1], John Charles Rotondo[1]

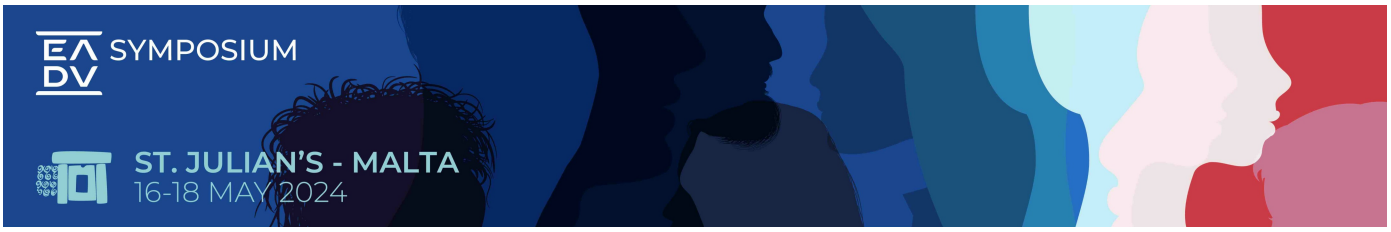
[1]University of Ferrara, Medical Sciences, Ferrara, Italy,[2]University of Tours, ISP "Biologie des infections à polyomavirus" Team, UMR INRAE 1282, Tours, France

Introduction & Objectives: Merkel cell carcinoma (MCC) is a rare but aggressive skin cancer. About 80% of MCCs, are linked to oncogenic Merkel cell polyomavirus (MCPyV). The currently available MCC therapeutic options are unsatisfactory, therefore novel therapeutic approaches are required. The biological activity of all-trans retinoic acid (ATRA) is mediated by RAR/RXR receptors that activate genes crucial for cell differentiation. Dysregulations of RAR/RXR receptors lead to carcinogenesis. ATRA displays a strong *in vitro/in vivo* antitumor activity in different carcinoma types, but its effect in MCC is currently unknown. Herein, we investigated cell death effects of ATRA in MCC cells.

Materials & Methods: For this purpose, *in vitro* in MCPyV-positive (MCCP), i.e., PeTa and WaGa, and -negative (MCCN), i.e., MCC13 and MCC26, MCC cell lines and control, normal human lung fibroblasts MRC5 were tested with ATRA. The effect of ATRA was evaluated by testing MCC cell proliferation, migration and colony formation abilities. Apoptosis/cell death were evaluated *via* Annexin-V/P.I. assays. Apoptosis was evaluated by RT2 Profiler PCR mRNA array and by western blot (WB) analysis. Retinoid pathway was evaluated by RT2 Profiler PCR mRNA array.

Results: ATRA treatment* led to a significant reduction in MCC cell proliferation, migration and clonogenicity, while increasing apoptosis/cell death in MCC cell lines compared to untreated cells. MCCP cells were slightly more ATRA-sensitive compared to MCCN cells. No significant effects have been found in the ATRA-treated control cell line. Gene expression array indicated a significant overexpression of several pro-apoptotic genes in MCC cells. Consistently, high levels of pro-apoptotic proteins have been found following ATRA treatments in MCC cells, while being almost undetectable in untreated cells. Pro-apoptotic markers were almost undetectable in ATRA-treated MRC-5. Numerous retinoic signaling genes were differentially expressed in ATRA-treated MCC cells compared to untreated cells.

Conclusion: Overall, *in vitro* data indicate that ATRA is effective in reducing MCC cell growth, while presenting strong pro-apoptotic effects and favoring cell death, by modulating the retinoic receptor pathway. These results, for the first time, point to ATRA as a potential novel effective antineoplastic drug for the MCC therapy.



Abstract N°: 1790

DNA methyltransferases inhibitor guadecitabine exhibits anti-proliferative and pro-apoptotic activity in Merkel cell carcinoma cells through methylome modulation

John Charles Rotondo[1], Giulia Tonnini[1], Giada Badiale[1], Tommaso DI Mambro[1], Paolo Pinton[1], Christian Felice Cervellera[1], Milena Oimo[1], Mauro Tognon[1], Antoine Touzé[2], Chiara Mazziotta[1], Fernanda Martini[1]

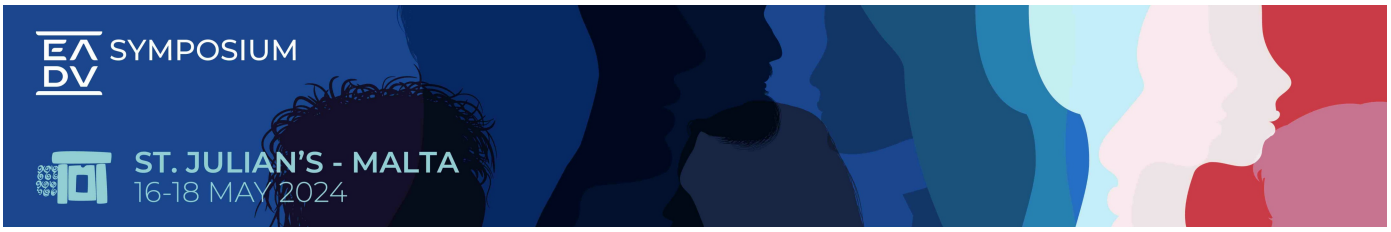
[1]University of Ferrara, Italy, Department of Medical Sciences,[2]ISP "Biologie des infections à polyomavirus" Team, UMR INRAE 1282, University of Tours, Tours, France

Introduction & Objectives: Merkel cell carcinoma (MCC) is a rare, but aggressive skin cancer. Nearly 80% of MCCs are Merkel cell polyomavirus-positive (MCCP), while the remaining cases are UV-induced and virus-negative (MCCN). Currently, available MCC therapies are limited. Since impaired DNA methylation is common in MCC, epigenetic-based antitumor therapies should be successfully employed in clinical practice. Guadecitabine (gDAC) is a novel DNA methyltransferases inhibitor whose antitumor activity has been demonstrated in skin cancers, and potentially effective in MCC. This study aimed to evaluate the efficacy of gDAC in MCC cells.

Materials & Methods: gDAC activity was evaluated by testing proliferation, viability, migration, and colony forming abilities in MCCN cells MCC13 and MCC26, and MCCP cells PeTa and WaGa and in the fibroblast control cell line HDFa. Apoptosis was investigated *via* western blot by evaluating the expression of apoptotic markers. Upon gDAC treatment, the whole genome methylation of each gDAC-treated MCC cell line was evaluated using the Infinium MethylationEPIC v2.0 Kit.

Results: Results indicate that gDAC can significantly reduce MCC cell proliferation, migration, and colony formation abilities, while increasing apoptosis/cell death in MCC cells compared to untreated cells/controls. Increased levels of pro-apoptotic proteins, paralleled to decreased levels of anti-apoptotic proteins, were determined in gDAC-treated MCC cells. An extensive hypomethylation of the methylome was detected in gDAC-treated MCC cells. gDAC demonstrated to be effective in reducing cell proliferation, migration, colony formation, inducing apoptosis and modulating the DNA methylome in MCC cells.

Conclusion: gDAC can be considered a novel candidate for MCC antitumor therapy.



Abstract N°: 1827

Unraveling the Nexus Between Cutaneo-Mucous Sclero-Atrophic Lichen and Squamous Cell Carcinoma

Daciana Elena Branisteanu[1, 2], Roxana-Paraschiva Ciobanu[1], Cristina Colac-Botoc[1], Catalina Anca Munteanu[1], Carina-Andreea Bazon[1], Antonia Clivet*[1]

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Introduction & Objectives:

Cutaneo-mucous sclero-atrophic lichen (SAL) is a rare dermatological condition characterized by sclerotic and atrophic changes affecting the skin and mucous membranes epitomizes an acquired, chronic inflammatory dermatosis, predominantly afflicting the vulvar and perianal regions. Intriguingly, while LSA itself does not hold premalignant attributes, it is intricately associated with an augmented susceptibility to vulvar cancer. This case report discusses the presentation of a painful tumoral formation in the genital area of a 70-year-old woman with a personal history of SAL, emphasizing the importance of timely dermatologic follow-up.

Materials & Methods:

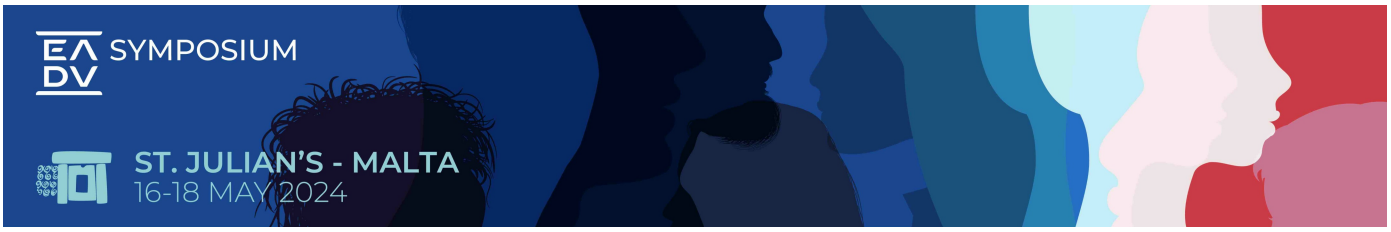
A 64-year-old woman, previously diagnosed with cutaneo-mucous SAL, presented 7 years after her last dermatologic check-up with a painful tumoral formation on her labia minora. Additionally, it is pertinent to note that the patient had been utilizing alternative medicine treatments comprising various herbs, herbal ointments, and teas, which she substituted for conventional Western medicine treatments as recommended by her healthcare providers. Unfortunately, these alternative treatments are inherently ineffective for treating cutaneo-mucous SAL. Consequently, the patient disregarded the doctor’s recommendations and postponed her dermatologist check-ups until the development of the squamous cell carcinoma occurred on one of the lesions. A thorough examination revealed marked atrophy in the entire genital area, indicative of advanced and untreated sclero-atrophic lichen, but the most alarming finding was that of a mucosal tumor of considerable dimensions, whose clinical aspect was highly suggestive of a scuamo-cellular carcinoma. Bacteriological and fungal investigations were conducted to assess potential infections, yielding negative results.

Results:

Given the severity of the condition, the patient was promptly referred to an oncology institute for surgical intervention. She will undergo surgical excision of the clinically suspicion lesion and will undergo thorough investigations in order to assess the eventual spreading of the disease.

Conclusion:

This case underscores the need for regular dermatologic follow-up in patients with cutaneo-mucous sclero-atrophic lichen, particularly in the elderly population. The development of squamous cell carcinoma on an old SAL lesion highlights the potential for malignant transformation in untreated cases. Early detection and intervention are crucial to prevent the progression of the disease. Negative results in bacteriological and fungal investigations emphasize the importance of considering neoplastic transformation in cases of tumoral formations associated with chronic dermatological conditions. Timely referral to specialized oncology care is essential for the appropriate management and surgical treatment of such lesions.



Abstract N°: 1832

Mycosis fungoides follow-up: characteristics and long-term evolution

Fatima Ezzahraa Chekairi[1], Fouzia Hali[1], Fatima Zahra El Fatoiki[1], Soumia Chiheb[1]

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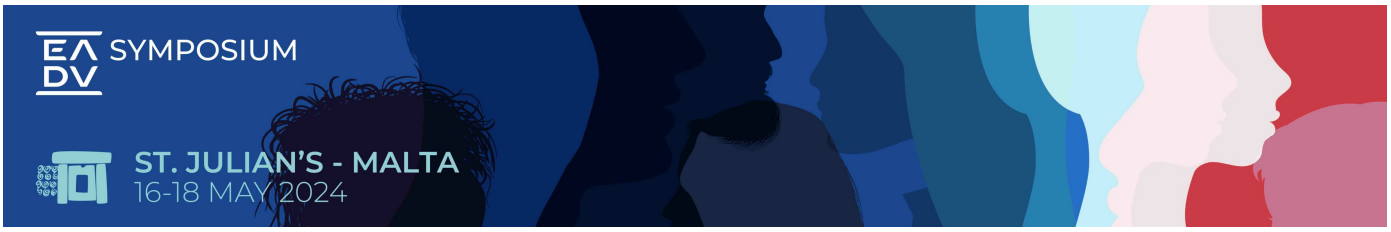
Introduction & Objectives: Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. Its prognosis is favorable when the disease is diagnosed at an early stage. The progression to skin tumors or erythroderma, darkens the prognosis. Therapeutic management of MF varies according to stage, and surveillance is mainly clinical. The aim of our study was to determine follow-up characteristics and long-term evolution of patients with MF.**

Materials & Methods: This is a retrospective study of all confirmed cases of MF hospitalized in our department over a 10-year period between 2013 and 2023.**

Results: Forty-eight cases were reviewed, with a mean age of 57.1 years [29-80 years old]. Sex ratio M/F=2. The classic incipient form was the most frequent (54.2%), pilotropic MF in 9 patients; pigmentogenic, poikilodermal and ichthyosiform in one case each. Erythroderma was described in 10 cases. At the time of diagnosis, an early stage was reported in the majority of cases (60.4%): IA (8 cases), IB (15 cases), IIA (6 cases); a tumoral or erythrodermic form was found in 39.5% of patients: IIB (6 cases), IIIA (9 cases), IIIB (3 cases) and IVA (1 case). Patients were on topical corticosteroids (35 cases), phototherapy UVA or UVB (22 cases), methotrexate (17 cases), interferon (4 cases), bexarotene (1 case), and polychemotherapy (10 patients). In early stages (IA, IB, IIA), mean period between follow-up visits was 2.9 months [0.5 – 4 months]. In advanced stages (IIB, IIIA, IIIB, IVA), average time between visits was 2.5 weeks [1 – 6 weeks]. During short-term follow-up (< 1 year): clinical improvement was observed (56.7%), new lesions (10 patients) and progression to erythroderma (2 cases). Extension studies were requested (13 patients), treatment was adapted (18 cases), and rehospitalization was required (3 cases). 45.8% of patients were lost to follow-up for a mean of 4.6 months [1.5 – 12 months], and 2 deaths were reported in patients (initial IIIB stage). Between 1- and 5-years' follow-up: a favorable evolution was noted (28.5%), a stationary clinical examination (32.4%), progressive lesions (39.1%) and transformation into large cells with lymph node involvement in 1 patient (initially IIIA). Long-term follow-up (> 5 years): 4 patients progressed favorably, 6 patients advanced to a transformed MF, 1 death was reported in a patient stage IB initially, 11 patients were lost to follow-up for a mean of 9.1 months [3 months-2.5 years], and 50% of patients no longer attended visits.

Conclusion: The follow-up procedures for MF described in our study are in line with recommendations of the literature, where the frequency of consultations essentially depends on MF's stage at the time of diagnosis and the progressive nature of the disease: more frequent in case of active disease, and less frequent if MF is stable. The patient is monitored clinically, treatment is regularly reassessed and adapted as the disease progresses. Extension work-up should only be indicated in the event of warning signs. All our patients lost to follow-up were contacted by telephone to reiterate the risk of disease progression and the need for regular long-term monitoring. 18.7% of our patients progressed to transformation or erythroderma with lymph-node invasion and 3 disease-related deaths were reported. Our work reflects the great diversity in the evolution of MF, and the different monitoring modalities depending on the stage of the disease. A large number of patients lost to follow-up, makes management difficult.



Abstract N°: 1839

Cutaneous cell b pseudolymphoma of the face : a case report.

Lamia Chalouli , Sadou Imene

Introduction & Objectives:

Pseudolymphoma is a benign, reversible, inflammatory, reactive, and polyclonal lymphocyte proliferation, which regresses spontaneously or heals after the elimination of the causal factor. It refers to a heterogeneous group of T- or B-cell lymphoproliferative processes, which clinically and histologically simulate skin lymphomas.

Materials & Methods:

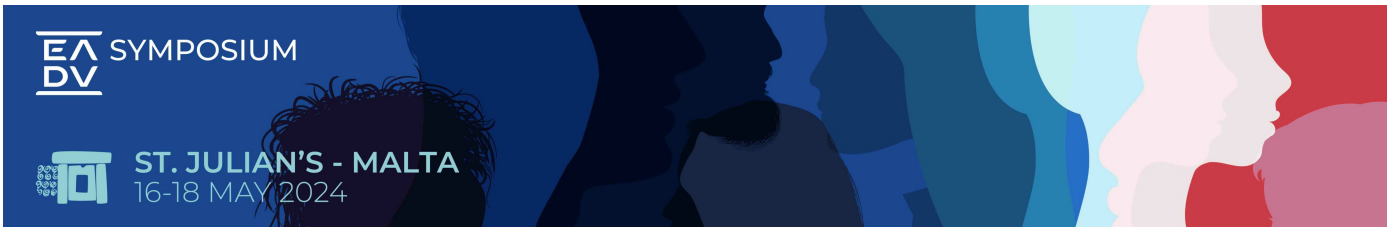
A 60-year-old woman presented to the department of dermatology with a one-year history of gradually progressing multiple nodular formations on the face. She denied insect bites and traumatic injuries. Her usual intake drugs were for hypertension. Physical examination showed multiple erythematous facial nodules of 4 mm to 2 cm in diameter located primarily on the forehead and the right cheek. These nodules were mildly pruritic. A surgical excision of the 2 nodules on the forehead was performed. histological and immunohistochemical analysis showed dermal and hypodermal lymphocytic follicular infiltrates with germinal center formation. The center of follicles was mostly composed of B cells without atypia, whereas CD8+ T cells were predominant at the periphery. Immunohistochemically, the lymphoid cells were positive for CD3, CD4, CD8, CD20, CD138, and Ki-67 was low. No light chain restriction was seen.

Results:

A diagnosis of cutaneous B cell pseudolymphoma was made based on the clinical and histological and immunohistochemical features. However, the etiology remains unknown (insect sting or bite, injections, contact with physio-chemical factors). For pseudolymphomas of known etiology, removing the cause leads to spontaneous regression within 6 to 8 weeks. Regarding idiopathic cases, like our patient , the clinical course is usually slow and chronic . After the surgical procedure performed the biopsy sites were allowed to heal by secondary intention. And the remaining lesions are being treated adequately with topical corticosteroids and will be evaluated 1 month later.

Conclusion:

Cutaneous pseudolymphomas are characterized by benign skin lesions that are difficult to differentiate clinically and histologically from malignant cutaneous lymphomas. despite a low risk of transformation into an authentic lymphoma, careful follow-up is required.



Abstract N°: 1871

Classic Kaposi sarcoma on the glans in a 43-year-old man: A case report

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[1]Central Military Universitary Emergency Hospital "Carol Davila", Dermatovenerology, București, Romania

Introduction & Objectives:

Kaposi sarcoma (KS) is an angioproliferative disorder that requires infection with human herpes virus 8 (HHV-8) for its development. KS is characterized by the appearance of purple, red-blue, or dark brown macules, papules, and nodules on the skin, that may easily ulcerate and bleed. Kaposi sarcoma is divided in four types based on the clinical circumstances in which it develops: classic (typically appears in middle or old age), endemic (described in individuals from sub-Saharan Africa prior to the acquired immunodeficiency syndrome [AIDS] epidemic), iatrogenic (a type associated with immunosuppressive drug therapy, typically seen in patients with kidney transplant), and AIDS associated (epidemic KS).

Materials & Methods:

We present the case of a 43-year-old male patient diagnosed with classic Kaposi Sarcoma located exclusively on the glans. The patient has Eastern European origin and does not have other comorbidities. He has no history of immunosuppressive therapy. Laboratory testing for HIV infection is negative.

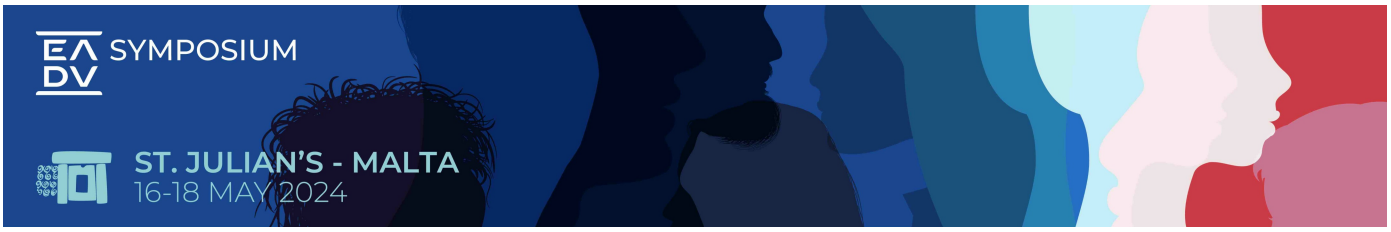
Results:

Our patient presented to our hospital in November 2023 for an eruption consisting of a few red-blue small macules and papules located on the glans, in evolution for 3 months. On palpation, the lesions were firm and painless. There wasn't any sign of local infection. The inguinal lymph nodes were not enlarged. No other similar lesions were found in other sites of the skin.

An excisional biopsy from a red papule was performed, showing dermal expansion by a circumscribed, variable cellular proliferation of spindled cells arranged in fascicles with erythrocytes contained within slit-like channels between the spindled cells. The lesional cells were relatively monomorphic. Immunohistochemical tests were positive for HHV8 and D2-40, which led to the diagnosis of Kaposi sarcoma. Several investigations for visceral involvement were negative.

Conclusion:

Classic KS exclusively affecting the glans is relatively rare and its clinical diagnosis may be challenging. The purpose of the presented case is to highlight that atypical penile skin lesions should undergo biopsy, because histopathology examination and immunohistochemistry are very useful for diagnosis, as shown in our case.



Abstract N°: 1885

A rare case of Hodgkin lymphoma in a patient with Mycosis fungoides

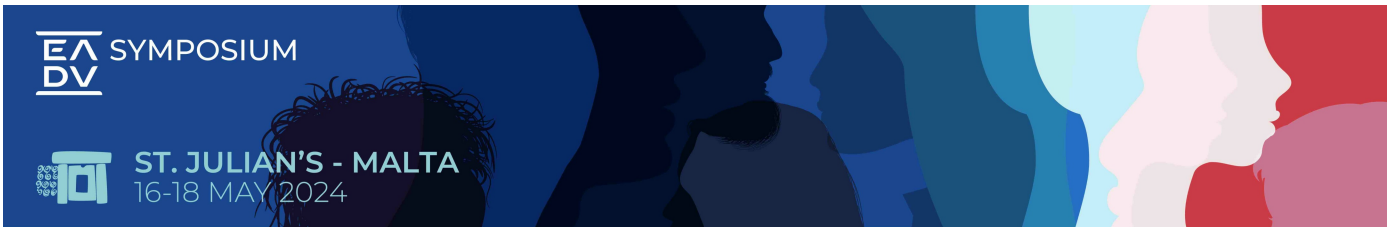
Mirjana Milinkovic[1, 2], Marija Tomanovic[1], Danijela Milcic[1, 2]

[1]University Clinical center of Serbia, Clinic of Dermatology and Venereology, Belgrade, Serbia,[2]University of Belgrade, Faculty of medicine, Belgrade, Serbia

Introduction & Objectives: Mycosis fungoides (MF) is the most prevalent cutaneous T-cell lymphoma, accounting for approximately 40% of all cutaneous lymphomas. It represents a subset of non-Hodgkin's lymphoma (NHL). While rare, there have been reported cases of both non-Hodgkin and Hodgkin lymphoma (HL) arising in patients with MF.

Results: We present a case of Hodgkin lymphoma arising in a patient with a 27-year history of Mycosis fungoides. A diagnosis of MF was established 20 years ago based on clinical findings, histopathology and immunohistochemistry. The patient was treated with acitretin, interferon alpha, and even radiotherapy for ulcerated tumors. Complete clinical remission was achieved with two episodes of recidivism, which were successfully controlled with therapy. Sixteen years later, Hodgkin lymphoma was diagnosed based on histopathology and immunohistochemistry of an enlarged axillary lymph node. HL was treated with a 6-month course of chemotherapy (doxorubicin, bleomycin, vinblastine, and dacarbazine), and all symptoms resolved. CT scan showed residual mediastinal lymphadenopathy, which was successfully treated with radiotherapy. On the other hand, after chemotherapy, there was a clear cutaneous progression of MF, with no involvement of the lymph nodes. The acitretin was re-introduced at the dosage of 0.5 mg/kg and was effective in regression achievement.

Conclusion: Individuals with both cutaneous T-cell lymphoma and Hodgkin lymphoma are at a higher risk for the development of secondary malignancies, particularly lymphoid neoplasms. Several hypotheses have been suggested to explain the co-occurrence of diverse lymphomas within an individual, including genetic predisposition to malignancies. Additionally, the mutagenic impact of cytostatic drugs has been implicated in the pathogenesis. In our patient's case, Mycosis fungoides emerged after chemotherapy. HL and CTCL can also originate from the same pluripotent stem cells, which possess a dual capability for the evolution of T and B cells. In conclusion, clinicians and pathologists must remain vigilant regarding the potential development of secondary lymphomas in patients diagnosed with Mycosis fungoides. Our case reinforces that cutaneous Mycosis fungoides and Hodgkin's disease are separate entities, supporting this hypothesis.



Abstract N°: 1905

Potential of Stilbenes Combined with Paclitaxel in CTCL: An In Vitro Model Study

Oliwia Abramczyk*[1], Tadeusz Tadrowski[1], Małgorzata Grochocka[1], Jakub Kuta[1], Rafal Czajkowski[1]

[1]NCU Collegium Medicum in Bydgoszcz, Bydgoszcz, Poland

Introduction & Objectives:

Resveratrol, a compound belonging to the stilbene group, exhibits notable anticancer properties primarily attributed to its scavenging of free radicals and inhibition of angiogenesis, critical processes in cancer progression. Furthermore, it has been demonstrated to induce apoptosis in tumor cells by upregulating key proteins such as p53, known as the guardian of the genome, as well as Bax and caspases, effectively halting the cell cycle. Additionally, resveratrol has shown promise in sensitizing various cancer cell lines, including those of cutaneous T-cell lymphoma, to lower doses of chemotherapeutic agents like paclitaxel, which exerts its cytotoxic effects by binding to proteins crucial for microtubule formation.

This study aimed to investigate whether both natural and synthetic stilbenes could enhance the susceptibility of human cutaneous T-cell lymphoma cell lines to paclitaxel-induced cell death. Furthermore, it sought to assess whether this sensitization effect extends to primary cutaneous T-cell lymphomas, which are known for their chronic nature and resistance to conventional therapies. Given the limited bioavailability of resveratrol, the study also included its synthetic analogs to explore their potential efficacy.

Materials & Methods:

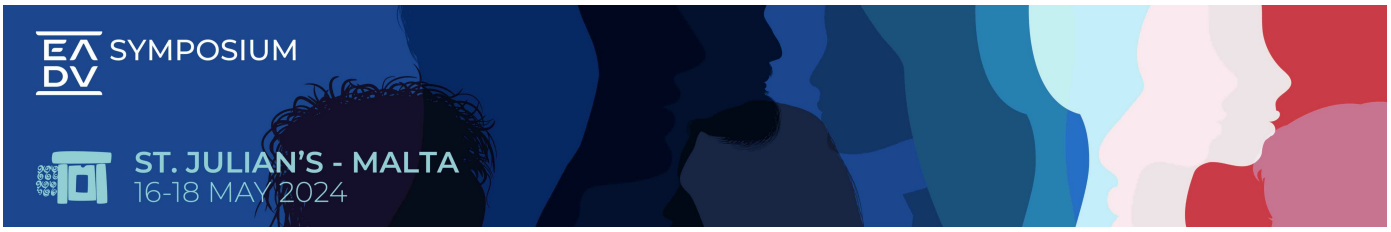
The study was conducted in vitro on the MJ [G11] cell line, which is a human cutaneous T-cell lymphoma (ATCC® CRL-8294™). It defined how stilbenes, when used in conjunction with paclitaxel, affected the survival of cutaneous T-cell lymphoma (CTCL) cells. The cells were exposed to a combination of stilbenes and paclitaxel for 24 and 48 hours. The effect of the combination of stilbenes and paclitaxel on the survival of CTCL cells was tested using an MTT assay.

Results:

1. Correlation analysis of cell survival in 24-hour and 48-hour cultures does not indicate any dependence on the concentration of resveratrol.
2. The combination of paclitaxel at a concentration of 1.922μM with resveratrol leads to an increase in cell proliferation.
3. The combination of paclitaxel (1.922μM) with Acetyl-trans-resveratrol reduces the survival of CTCL line cells. These differences are noticeable between 24-hour and 48-hour cultures, with higher survival rates occurring in shorter cultures. These differences range from 20% to 21%.
4. Paclitaxel, in combination with 4'Bromo-resveratrol, reduces cell survival. These differences are noticeable in both 24-hour and 48-hour cultures.

Conclusion:

1. Synthetic stilbenes (acetylo-*trans*-resveratrol and 4'bromo-resweratrol) sensitize cancer cells to apoptosis induced by paclitaxel.
2. The combination of paclitaxel and resveratrol *in vitro* against the CTCL line abolishes the antitumor activity of paclitaxel.
3. The combination of synthetic stilbenes and paclitaxel may represent a new approach in anticancer therapies.
4. Comprehensive education should be provided to patients treated with cytostatics (including Paclitaxel) who take dietary supplements. The resveratrol they contain may reduce the effectiveness of cytostatic therapy.



Abstract N°: 1918

Where Did It Start? Subcutaneous Metastatic Melanoma

Mariem Abdelmalek[1], Malek Ben Slimane[1], Amira Laribi[1], Faten Rabhi[1], Kahena Jaber[1], Raouf Dhaoui[1]

[1]Military hospital of Tunis, dermatology, Tunisia

Introduction & Objectives:

The warning signs of melanoma are well characterized, but in some cases these precursors are missing.

Melanoma of unknown primary (MUP) is defined as the presence of histologically confirmed melanoma in a lymph node, visceral organ, or distant skin/subcutaneous tissue without a history or evidence of a cutaneous, ocular or mucosal primary lesion.

We report a case of subcutaneous metastatic melanoma with unknown primary site.

Materials & Methods:

A 34-year-old man with a family history of neoplasia presented to our clinic. He had a 1 cm subcutaneous nodule on his right thigh and had undergone surgery. Histopathologic examination revealed either metastatic melanoma or clear cell sarcoma. Immunohistochemistry was positive for melan A (+++) and Ki67 was estimated to be 25%. Clinical examination included dermoscopic screening of 35 pigmented macules without suspicious features of primary melanoma. Paraclinically, the BRAF mutation test was negative, there is no residual or receding tissue at the surgical site on MRI, there is no metastasis on lymph node curettage, and the positron emission tomography (PET) scan was normal. Therefore, a final diagnosis of metastatic MUP was made and he was referred to the oncology department for expert management.

Results:

This entity of MUP was first proposed by Das Gupta et al2 in 1963. MUP accounts for 3.2% of all melanoma cases with a male preponderance. It has a peak incidence in the fourth and fifth decades of life, similar to cutaneous melanoma.

To establish its diagnosis, the metastatic nature of the lesion must be confirmed clinically and histologically. After lymph nodes, MUP is most commonly diagnosed in subcutaneous sites (approximately 30% of cases) and least commonly in visceral organs (approximately 20% of cases).

Such an orphan metastasis merits additional investigation. The search for the primary melanoma must then be performed using non-invasive and clinically oriented methods. In addition to a thorough skin examination, otorhinolaryngologic, ophthalmologic, and gynecologic examinations are recommended.

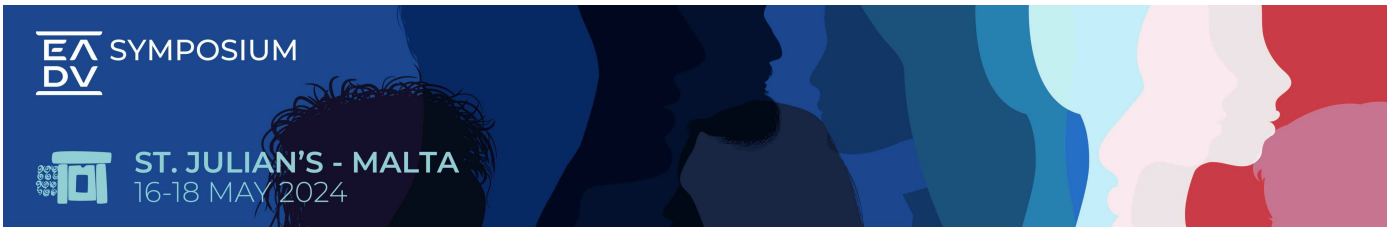
It has been postulated that primary lesions may regress completely due to a robust host immune response.

The management of metastatic melanoma of unknown primary site should be the same as that of classical forms.

A meta-analysis suggests better survival outcomes in patients with MUP than in patients with primary melanoma of the same corresponding tumor stage.

Conclusion:

MUP, defined by the presence of melanoma in distant subcutaneous sites, LNs, or visceral organs without an obvious cutaneous, ocular, or mucosal primary site, is a well-characterized entity in the literature. The search for the primary site must be guided by clinical examination in conjunction with paraclinical investigations.



Abstract N°: 1928

Folliculotropic mycosis fungoides associated with myelodysplastic syndrome : a case report

Benchekroun Lina[1], Darghal Hanane[1], Meriam Meziane[1], Nadia Ismaili[1], Karima Senoussi[1], Laila Benzekri[1]

[1]Mohamed V University of Rabat, Ibn Sina University Hospital, Morocco, Rabat, Morocco

Introduction & Objectives:

Mycosis fungoides (MF) is the most common subtype of primary cutaneous T-cell lymphoma. Its clinical presentation is highly variable, making diagnosis challenging. Among MF variants, we distinguish folliculotropic MF, which has clinical and histological specificities that differentiate it from classic MF. Patients with classic MF have already been reported to be at high risk of developing secondary malignancies, including hematological malignancies. The current study aims to present a rare case of folliculotropic MF associated to myelodysplastic syndrome.

Case report:

This is a 68-year-old patient, with no previous history, who reported the appearance of pruritic, erythematous plaques all over his body for over a year. He was treated symptomatically with no results, then the plaques improved spontaneously, and acneiform erythematous papules appeared 6 months ago, predominantly on the face, axillae and pubic region, scalp, trunk and limbs. The patient was in good general condition, with no fever or asthenia. Following the appearance of cutaneous lesions, a biological workup was required, and the results lightned up the fortuitous discovery of a myelodysplastic syndrome. A skin biopsy of the papules was performed, in favor of folliculotropic mycosis fungoides.

Discussion:

MF is a subtype of cutaneous T-cell lymphoma with a favorable outcome and a slow evolution. MF's etiopathogenesis is little-known. Although many theories have been formulated regarding the involvement in MF's pathogenesis of solvents, chemical substances and infectious agents, such as human T-lymphotropic virus type 1 (HTLV-1) that was found in peripheral blood and in cutaneous lesions in a large number of patients, none have been confirmed . Overall, it was suggested that this condition is caused by malignant transformation of T cells secondary to persistent antigenic stimulation or chronic inflammation.

Myelodysplastic syndromes (MDS) are clonal disorders of the hematopoietic stem cell, evolving into acute leukemia in a significant number of cases. MDS do not present specific signs or symptoms and approximately 50% of all patients are asymptomatic when diagnosed. The condition's etiology remains unknown, but in about 20% of the cases it results following exposure to medicine, industrial toxic substances or in the context of genetic disorders.

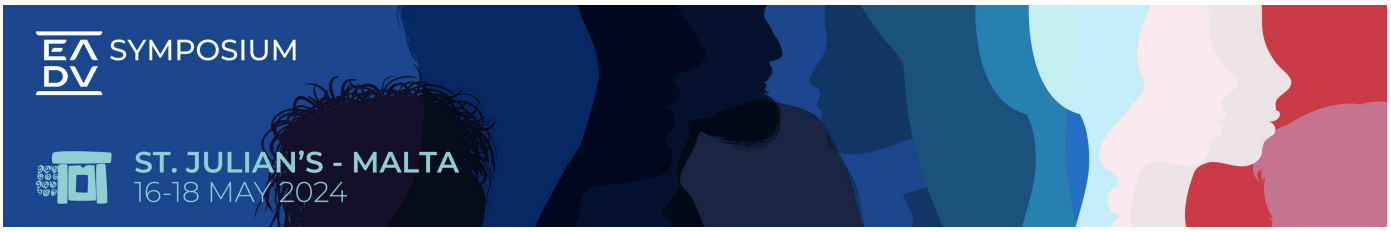
The assocation between MF and MDS has already been described in case reports, but to our knowledge this is the first description of the folliculotropic variant of MF with SMD. Based on the literature, we can consider that a common etiology (solvents, chemical substances, HTLV1) and physiopathology, represented by immunologic abnormalities caused by the dysplastic process affecting the lymphoid cell line, may explain this association.

It appears that the association between MDS and other lymphoid neoplasms is common, the two conditions being usually diagnosed simultaneously

Conclusion:

The coexistence of both MF and MDS has already been described before, but this case report highlights the association of the folliculotropic variant of MF with MDS. The possible etiology of coexistence of cutaneous lymphoma with lymphoproliferative disorders needs to be investigated, and healthcare professionals who take care of patients with

cutaneous lymphomas should be aware of increased risk of developing secondary malignancies.



Abstract N°: 1950

Adverse reactions related to Brentuximab vedotin treatment in Mycosis fungoides

Anna Zaryczańska*[1], Roman Nowicki[1], Malgorzata Sokolowska-Wojdylo[1]

[1]Medical University of Gdansk, Department of Dermatology, Venereology and Allergology, Gdańsk, Poland

Introduction & Objectives:

Mycosis fungoides (MF), the most prevalent form of cutaneous T-cell lymphoma, typically exhibits an indolent course. However, in advanced stages, median survival seldom exceeds five years. The choice of therapeutic strategy is predominantly dictated by the disease stage, the rate of disease advancement, and the antigenic phenotype of the tumor cells. In cases of CD30+ MF resistant to conventional therapeutic approaches and those with rapidly progressing disease, Brentuximab vedotin (BV), a monoclonal antibody targeting the CD30+ antigen, is recommended. BV is noted for its high efficacy and extensive range of adverse effects.

The aim of this presentation is to explore the adverse effects observed in MF patients treated with BV, in the light of the data reported in the literature.

Materials & Methods:

We conducted a retrospective analysis of CD30+ MF patients treated with BV at the Dermatology, Venereology, and Allergology Clinic of Medical University Center in Gdańsk (Poland).

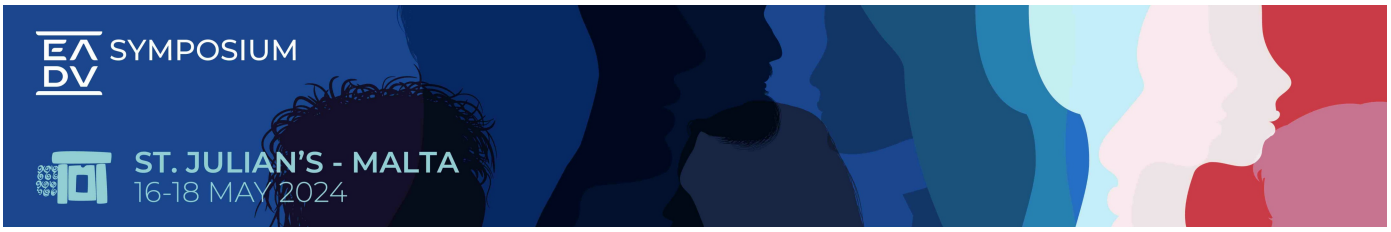
Results:

Adverse reactions with significant clinical implications have been frequently reported in MF patients undergoing BV therapy. Neutropenia has emerged as a significant adverse effect, requiring the administration of granulocyte colony-stimulating factor (G-CSF) to facilitate ongoing therapy. Peripheral neuropathy, affecting up to half of the patients treated with BV in literature as well as in our patients, has been also established as major pharmacological adverse event, forcing to postpone the BV dose because of adverse effect severity. This condition often progressed, with symptoms persisting beyond treatment cessation. Allergic reactions including widespread rash after the initial dose and angioedema after the second, have been also notable. Tumor lysis syndrome was documented in one patient with an advanced tumorous stage of MF.

Additionally, the therapeutic response was transient, despite initial significant improvement post-BV administration. Some of patients experienced a rapid worsening of their condition after discontinuing the drug.

Conclusion:

BV represents a pivotal therapeutic option for patients with CD30+ MF who are resistant to conventional treatment modalities and those experiencing rapid disease progression. The treatment with BV is characterized by a narrow, manageable safety profile. Our findings emphasize the significance of thorough risk assessment, heightened awareness, and adequate patient preparation before treatment as fundamental to determining the most effective therapeutic approach and minimizing the risk of life-threatening adverse reactions.



Abstract N°: 1963

Pagetoid reticulosis: a rare presentation on the woman's chin

Margita Mijuskovic*[1], Marija Malinić[1], Martina Bosic[2], Zoran Kozomara[3], Maja Vilotijevic[1], Snezana Minic[1]

[1]Clinic of Dermatology and Venereology University Clinical Center of Serbia, Belgrade, Serbia,[2]University of Belgrade - Faculty of Medicine, Institute of Pathology, Serbia, [3]Institute of Oncology and Radiology, Belgrade, Serbia

Introduction & Objectives:

Pagetoid reticulosis (PR), known as Woringer-Kolopp disease, is a rare cutaneous T cell lymphoma (CTCL) variant with distinctive clinicopathologic features. It typically presents as a single plaque, usually on the extremities, and has an indolent course and a favorable outcome.

Materials & Methods:

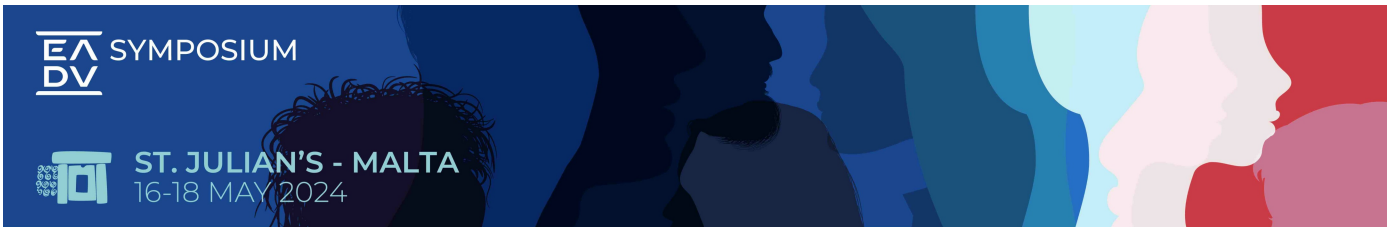
A 52-year-old woman presented with a solitary plaque on her chin that appeared four months prior to the examination. Personal and family history were unremarkable. Dermatological examination revealed solitary skin-colored to pale pink plaque with a slightly accented edge and central atrophy of the lesion in the right part of the submental region. The diameter of the lesion was around 1 cm. Dermatoscopy showed only discrete linear and dotted blood vessels. No other lesions were seen on the skin. The lesion was excised in toto, and histopathological (HP) verification was made. Immunohistochemical (IHC) staining was positive for CD2, CD3, CD4 and CD5, with Ki-67 5-10%. CD8+ lymphocytes were sparse, and CD30 expression was absent. HP examination, IHC staining, and clinical correlation indicated pagetoid reticulosis. Beta-2-microglobulin levels in the serum were within the limits of reference values. The neck, chest, abdomen, and pelvis MSCT was unremarkable.

Results:

PR represents a very rare unileasional subtype of mycosis fungoides (MF), and accounts for less than 1% of CTCL. It is more common in adults and has a male predominance. To the best of our knowledge, until now, only two cases of PR with face localization have been noted in the literature (one patient had a perioral lesion, and another had forehead localization). Various immunostaining patterns are reported. PR usually consists of CD4+ T cells, although rarer forms of CD8+ T cells and CD4-/CD8- T cells have been documented in the literature. CD30 expression is variable. In our patient, the neoplastic cells were of T-helper cell phenotype (CD4+), which is more common in adult patients. Even though the Ki-67 is usually below 10% in MF patch and plaque lesions, some authors have suggested that this proliferation index is usually >30% in patients with PR.

Conclusion:

Herein, we present a case of pagetoid reticulosis in a middle-aged woman with rare localization – on the chin. She was treated with surgical excision of the lesion, and for now, during the 12-month follow-up, no sign of relapse was noted. Diagnosing PR is challenging and can take time due to its clinical similarities with inflammatory skin disorders. Bearing that in mind, a comprehensive approach, including clinical, HP, and IHC evaluation and complete physical and radiology examination, is advised in patients with suspicion of PR. Clinicopathologic correlation is crucial in differentiating indolent over aggressive forms of CTCL, which significantly determines the treatment of choice. This form of CTCL is known for its indolent clinical behavior, however cases of dissemination and development of systemic lymphoma were registered. Therefore, long-term follow-up is advised.



Abstract N°: 1966

Sequential treatment of penile intraepithelial neoplasia

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Introduction & Objectives:

PeIN is a rare precancerous lesion of the glans penis or inner foreskin often associated with human papillomavirus infection. Early diagnosis and accurate treatment can prevent disease progression to invasive carcinoma and thus avoid partial or complete penile amputation. Due to its low frequency of occurrence, we have only limited information on the effectiveness of individual treatment modalities. The Objective of this case report is to highlight the presence of thin unusual entity and add new data to an underreported condition.

Materials & Methods:

This is a clinical case of a 51-year-old uncircumcised man who was referred to our clinic for approximately 1 year lasting suspected balanitis unresponsive to conventional topical antifungals. Objectively, the lesion was a well-defined vivid red plaque with a smooth surface on the ventral side of the glans penis. The patient is a non-smoker, does not use any immunosuppressive treatment, nor does he suffer from any chronic inflammatory skin condition. We conducted bacteriological and mycological examinations, which were negative. Subsequently, we decided to perform a skin biopsy to rule out neoplasia. Histologically, it was a high-grade penile intraepithelial neoplasia (PeIN). The dysplastic epithelium tested positive for human papillomavirus infection. Considering that from the available literature on the topic, many patients benefit from a multidisciplinary approach (involving 2 or more treatment modalities) and taking into account the patient's preference for addressing his problem less invasively, we decided on a sequential treatment plan: the first cycle of photodynamic therapy followed by cryotherapy, and then the second cycle of photodynamic therapy.

Results:

After the first cycle of photodynamic therapy, there was a visible reduction in the size of the erythematous plaque by 50%. After treating the remaining affected area with liquid nitrogen, only 3 small erythematous macules persisted, and upon completion of the second cycle of photodynamic therapy, all symptoms disappeared completely. The patient continues to attend clinical follow-ups and is currently in remission.

Conclusion:

Penile intraepithelial neoplasia mainly affects middle-aged or older men. Etiopathogenetically, we can divide it into typical, undifferentiated PeIN associated with HPV infection, which has a lower risk of progression to invasive squamous cell carcinoma, and differentiated PeIN often arising on the basis of lichen sclerosus, which has a worse prognosis. Recent studies reviewing the existing literature published on the treatment of PeIN suggest that topical treatment alone for the usual, undifferentiated subtype of PeIN may have sufficient curative potential and that many of these patients benefit more from a combination of multiple types of treatment. The case study of our patient fully supports this conclusion.