

**Abstract N°: 58****Pellagra: a case series**

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**Introduction & Objectives:**

Pellagra is a nutrition disorder, due to vitamin B3 (niacin) deficiency. Skin manifestations remain one of the most important features of this disease, leading frequently to the diagnosis.

**Materials & Methods:**

A retrospective monocentric observational study was conducted in the dermatology department of Rabta Hospital including all patients that presented with pellagra over a period of 39 years (1984 to 2023).

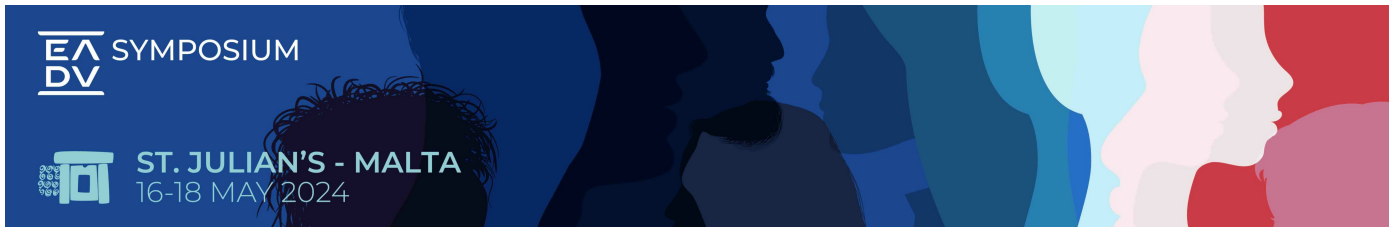
**Results:**

We included\*\* six patients 3 males and 3 females with a mean age of 30 years old (range 12-52). A past medical history of Sjogren syndrome was noted in one case, megaduodenum in one case, chronic alcoholism in three cases and denutrition in one case. Physical examination revealed a well-defined photodistributed erythema involving the face and the dorsum of the hands in all cases and associated with a scaly, thickened and hyperpigmented skin. One patient presented mucosal involvement consisting of a squamous cheilitis and an erosive stomatitis and had half-and-a-half nails. Three patients had gastro-intestinal symptoms consisting of diarrhea and vomiting. Neuropsychiatric symptoms were found in two cases. A skin biopsy was performed in two cases showing acanthosis and hyperkeratosis. A mild inflammatory infiltrate CD4+ was found in the patient with Sjogren syndrome. Parenteral supplementation with multivitamin serum rich in niacin resulted in a dramatic improvement of all symptoms within a week. A complete resolution of the dermatological signs was obtained after an average period of 2 months.

**Conclusion:**

Even though pellagra is an extremely rare nutrition condition, it should be kept in mind in patients with photodermatosis. Early supplementation with niacin concludes to a dramatic improvement, which can be lethal if untreated.





**Abstract N°: 81**

### **Training system on dermatology for medical students and residents in the wartime**

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#### **Introduction & Objectives:**

On the 24th February 2022 Russian federation unexpectedly attacked Ukraine and life for all Ukrainians has changed.

Medical Universities had to adapt medical services and education system to the new reality.

Due to the real risks to life it was impossible to continue teaching in auditorium.

At the beginning of the war, the training system was transformed into a combined one (online and offline) depending on the level of danger. Now training takes place mostly offline, but with the ability to interrupt and reschedule the lesson if there is a danger.

We also started to use the communication on Telegram, what's up and viber.

During the Covid19 pandemic we already had an experience of online education but in the war time many students ended up in different cities and countries. Moreover, due to damage to power grids by drones, electricity and, accordingly, the Internet began to disappear from time to time

#### **Materials & Methods:**

We announced a free online consultation of dermatovenereologists during the war. Also, a corresponding telegram channel was created. Patients have been contacted by video link or sent numerous photographs of their affected areas of skin of various localizations.

It was also a base for online clinical analysis of specific clinical cases with medical students who were currently undergoing a cycle of training in dermatovenereology and residents.

Taking into account that internet connection was not stable, some lectures were recorded.

We also assessed the psychological state of the students with a help of the test SF36

#### **Results:**

About 4-5 weeks after the start of the war and the forced mass immigration we faced a situation where we received more frequent requests for help from women who had left Ukraine. Our students actively participated in online consultations.

We noticed that such activity of patients is mainly due not only to the existing language barrier in communication, but also lack of understanding of why it is necessary to wait so long (sometimes up to a month) for the consultation and only because of a prior appointment with European dermatologists. In the process of this training system, we also came to the conclusion that when developing a new training program, it is necessary to assess the psychological state of students. Training should be comfortable and not cause a negative impact on the psychological state of students. Doctors at work constantly have to deal with stressful situations, so it is very important that the training process does not stipulate an additional negative impact on the psychological state.

**Conclusion:**

This forced experience helped us to understand better how vitally important is to improve the training system for future clinicians who have to study and work under the extreme conditions of the chronic military stress.

High-quality professional training of future dermatovenerologist doctors in institutions of higher medical education of Ukraine is a basic component of the formation of a competitive specialists capable of professionally providing medical services to the population.

Globalization challenges, initially mainly related to the COVID-19 pandemic, and later to the circumstances of a war, put qualitatively higher demands on health-care specialists and their professional training system in higher education institutions.

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**Abstract N°: 176****Idiopathic form of angiokeratoma corporis diffusum**

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**Introduction & Objectives:**

Angiokeratoma corporis diffusum (ACD) is a clinical variant of angiokeratoma characterized by multiple red to purple hyperkeratotic papules typically localized on the lower part of the trunk, buttocks, and thighs. For many years, the term ACD was used interchangeably with Anderson-Fabry disease (AFD), a rare multisystemic X-linked lysosomal storage disease caused by *GLA* (*Galactosidase Alpha*) gene mutations, resulting in the deficiency of  $\alpha$ -galactosidase A. Although ACD is most commonly indicative of Fabry disease, several other enzyme deficiencies that disrupt the metabolism of glycoproteins have also been associated with it. Rarely, ACD is found in patients without any enzyme abnormalities.

**Materials & Methods:**

We present a case of a 25-year-old Caucasian female with a two-year history of multiple enlarging reddish raised skin lesions on thighs. Even though the skin lesions were asymptomatic, the increase in their number and size caused her great concern, bringing her to our department. The patient had no other significant past medical history. Her family history was also unremarkable.

**Results:**

On clinical examination, multiple individual and coalescing, dark-red to purple hyperkeratotic papules, 2-5mm in diameter, were present on the patient's buttocks and thighs symmetrically. Dermoscopy revealed sharply demarcated multilobular vascular lacunae, red to violaceous in color, partially covered by a yellowish scale or a white veil. Histopathological examination showed the presence of dilated capillaries in the papillary dermis, accompanied by epidermal proliferation that confirmed the diagnosis of angiokeratoma.\* Enzyme analysis revealed a normal activity of  $\alpha$ -galactosidase A, and *GLA* gene mutations were excluded through genetic testing. Complete laboratory analyses, including differential blood count, kidney and liver function tests and urinalysis were all within normal limits. As other signs (coarse facial features, neurological disorders, mental retardation and organomegaly) of other rare lysosomal storage disorders associated with ACD were absent and due to financial and resource limitation, enzyme tests and additional genetic analyses for these disorders were not performed. The follow-up examination after 8 months was stationary - the appearance of new lesions was not verified.

**Conclusion:**

This is the case of clinically and histopathologically verified ACD, on the ground of normal activity of  $\alpha$ -galactosidase A and without evidence of any underlying systemic disorder. Since 1898 when it was first described, ACD has been used as a synonym for Anderson-Fabry disease due to their frequent association. Although there are several other lysosomal disorders associated with ACD that should not be neglected, it is important to keep in mind that idiopathic cases of ACD in otherwise healthy individuals are also possible.



**Abstract N°: 230****A study on the effect of counselling on awareness and correct usage of sunscreens among dermatology patients in a tertiary care hospital**Bikash Chingshubam<sup>1</sup>, Shikha Verma<sup>1</sup>, Anita Marak<sup>1</sup><sup>1</sup>North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences , Dermatology and STD , Shillong, India**Introduction & Objectives:**

Previous studies have highlighted the existing lacunae regarding the correct usage of sunscreens. However, the effect of proper counselling on filling this knowledge gap has not been formally studied previously. The objective was to evaluate the pre and post counselling difference in the knowledge about the protective effects of sunscreen and it's appropriate usage among dermatology patients.

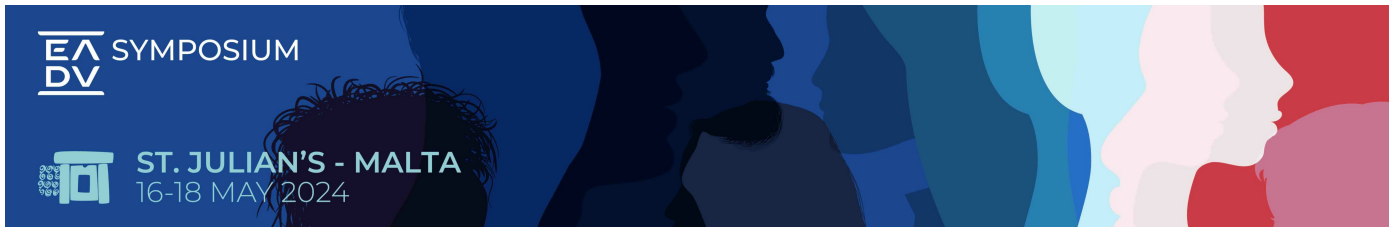
**Materials & Methods:** The consented participants were given the questionnaire printed in English, Hindi or Khasi. After completion, patients were counselled regarding the correct usage of sunscreen with the help of a patient information sheet. The same questionnaire was then given post counselling. The completed questionnaires pre and post counselling were reviewed and assessed.

**Results:**

54 participants were recruited. The mean age was 24.5 years. 68.5% were females and 31.5% were males. Majority of them were students (53%) and resided in urban areas(70%). 74% were already using sunscreen and the reasons for not using included forgetting to apply(25.9%), unawareness (11.1%), high price (9.3%), stickiness (9.3%), white cast(9.3%). 51.9% were unable to specify any particular reason and 3.7% claimed sunscreen as unnecessary. The major source of information was family and friends ( 53.7%) followed by social media (48.1%), doctors(38.9%). 72.2%, 74.1% , 35.2% and 38.9% participants were aware of the protective effects of sunscreen from hyperpigmentation, sunburn, skin ageing and skin cancer respectively. Most (64.8%) were aware that sunscreen should be applied 15 to 20 minutes before going outside but were not aware of the required quantity. 29.6% and 68.5% agreed that sunscreen must be used while indoors and in winter. The percentages increased to 100 post counselling. 68.5%, 35.2%, 7.4% and 1.9% participants agreed that sunscreen should always be applied on the face, neck, upper and lower limbs respectively. The agreement increased to 100% for face, neck and upper limbs and 96.3% for lower limbs. Only 38.5% believed that sunscreen should be applied daily which increased to 98.1% post counselling . 75.9% did not favour reapplying sunscreen and the rest claimed reapplying 1 or 2 times. 72.1 % answered 2 hourly reapplication post counselling. 69.8%, 29.6%, 20.4%, 17%, 31.5% and 35.2 % were aware of the labels SPF, broad spectrum, PA, Boot star rating, water resistant and sweat resistant respectively which increased to 98 % post counselling. Majority (59.6%) were not aware of the minimum effective SPF value. 87% were made aware (SPF 30) post counselling.

**Conclusion:**

There is an increase in the awareness of correct usage of sunscreen post counselling. Larger studies can further validate our results. A post counselling change in behaviour towards sunscreen usage can be assessed in further research.



**Abstract N°: 291**

### **Melanoma Patients' Perspectives on Biobanking: Insights into Attitudes and Perceptions**

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#### **Introduction & Objectives:**

A Biobank is a collection of biospecimens or biological samples and corresponding patient data points which are used for the purposes of medical research. Patient participation and support is imperative to biobank research.

We aim to quantitatively assess the attitudes of Irish patients attending a pigmented lesion clinic (PLC) in an Irish dermatology centre and staff working at an academic teaching hospital to biobanking.

#### **Materials & Methods:**

A questionnaire was distributed to Healthcare staff working in an Academic Hospital and members of the Irish Association of Dermatology via their hospital email address. Patients who attended PLC between January and April 2023, and patients who had previously been diagnosed with melanoma between January 2019 and January 2021 were asked to complete the questionnaire. Respondents from a market research company, Bounce insights, was sent a modified questionnaire via a survey platform.

#### **Results:**

In total there were 426 respondents of ages; <18 years=31 (7%), 18-35 years=105 (25%), 36 - 65 years=191 (45%) and > 65 years=99 (23%). There were 166 (39%) males and 260 (61%) females. Of the 426 total respondents there were 180 (42%) previous healthcare workers. The number of total participants who were aware of biobanks was 130 (31%), no = 283 (66%), not sure = 13 (3%). Over 20% (84) of participants had donated a biospecimen previously. Healthcare workers reported a positive response in 84% (102) but only 46% (72) of the Bounce marketing respondents felt similarly ( $p < 0.001$ ).

Over 60% of healthcare staff, 16% of all patients and 21% of the Bounce marketing group were aware of Biobanks.

In total 83% (352) of all respondents were willing to donate a biospecimen following a medical procedure but 78% (331) were willing to donate an additional blood sample and that number fell to 57% (242) when asked if they would donate an additional tissue sample purely for the purposes of research. The number who would encourage a family member to donate a biospecimen was; yes = 241 (56.5%), no = 41 (9.6%), not sure = 144 (34%).

Interestingly age was related to individuals' initial impression of biobanks ( $\chi^2(6, N = 426) = 32, p = < 0.001$ ), to a willingness to donate a biospecimen ( $p = < 0.039$ ) and to a desire to be informed if their specimen was disposed of ( $p = < 0.001$ ).

#### **Conclusion:**

In Ireland, the majority of patients, healthcare workers and other members of the public are willing to donate biospecimens for the purposes of research.



**Abstract N°: 323****Comparison between face-to-face and teleconsultation referral of severe skin pathology between 2018-2022 in a tertiary care hospital**

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**Introduction & Objectives:**

Teledermatology (TDA) allows patients to be evaluated remotely using images and clinical data, improving accessibility with time and cost savings. We present an observational, retrospective and analytical study of patients diagnosed with melanoma (MM) or bullous pemphigoid (BP) with the aim of evaluating whether DERCAM (our TDA platform) reduces the time to diagnosis and treatment of serious dermatologic diseases our health Area. Secondly, the impact of the delay in diagnosis and/or treatment on the main prognostic variables of MM and BP was analyzed.

**Materials & Methods:**

Observational, retrospective, analytical, retrospective study that included patients referred by their primary care physician with incident diagnosis by the dermatologist of MM or BP between January 1, 2018 through December 31, 2022

**Results:**

The mean time to diagnosis by DERCAM was faster (14 days vs. 46.5 days by conventional diagnosis). The mean time to initiation of treatment was also reduced with DERCAM (28.6 days vs. 63.1 days for conventional). These reductions are also obtained for MM and BP separately. In MM, the mean time to diagnosis was faster with DERCAM (23.2 days vs. 51.9 days by conventional referral). The mean time to initiation of treatment was also shorter (27.8 days vs. 73.7 days for conventional referral).

In BP, a reduction was observed in the mean time to diagnosis with DERCAM (4.8 days vs. 23.7 days for conventional referral).

In the case of patients with MM, the use of DERCAM allows a faster and more effective diagnosis and initiation of treatment.

However, its influence was not significant on the stage, type, location, and mortality of MM according to our findings.

DERCAM reduces the diagnostic time of BP compared to conventional referral methods, but no significant differences were found in treatment initiation, and in other measured parameters.

**Conclusion:**

The use of DERCAM has been shown to be effective in reducing the wait for severe skin pathology and specifically for MM and BP. However, we found no significant evidence that DERCAM improves prognostic factors compared to conventional bypass. It may be that increasing the sample size may make such significance appear.

**Abstract N°: 395****The Role of Dermatologists in Identifying and Advocating for those Affected by Human Trafficking: A Needs Assessment in a High-Density Region of Human Trafficking within the United States**

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**Introduction & Objectives:**

As a global public health issue, human trafficking (HT) is estimated to impact over 27 million people annually in all Member States of the World Health Organization.<sup>1,2,3</sup> As it is estimated that 50-88% of those affected seek medical care while exploited,<sup>4</sup> healthcare providers play a vital role in detecting HT. Dermatologists can recognize the skin signs of trafficking such as those of trauma or abuse, sexually transmitted infections (STI's), and tattoos and branding signifying "ownership".<sup>5</sup> In diagnosing and treating relevant skin findings, dermatologists may connect trafficked individuals with specialized care and resources.<sup>5</sup> In response to this public health problem, our research team has partnered with the Texas dermatology state society, which is identified as a high-density region for HT in the US, to conduct a needs assessment on dermatologists' readiness to recognize signs of HT.

**Materials & Methods:**

A total of 104 dermatologists in Texas responded to an anonymous survey through the REDCap survey platform. This survey gathered information to assess awareness and preparedness among dermatologists in addressing the needs of patients affected by HT. Participants were asked about their experiences with prior encounters with patients who were suspected or confirmed victims of HT.

**Results:**

Data suggests that the majority of those surveyed have some general awareness of HT, yet only 50% had any awareness that this might be occurring in their communities, and only 9 participants were aware of an encounter with a patient experiencing HT. Dermatologists aware of HT in their communities were mainly practicing in urban settings (62%). Of those who recognized HT, most cited "unusual interactions between the patient and accompanying party" and "gut instinct" as the main indicators that prompted suspicion of HT and few respondents cited skin signs of trauma, STI's, or tattoos as indicators they knew to examine. The lack of knowledge among dermatologists on the skin signs of HT such as tattoos is concerning given estimates that up to 50% of sex trafficking survivors have branding tattoos, especially in regions that are high-density for HT.<sup>5,6</sup> While relatively few dermatologists reported awareness or access to relevant resources, 94% reported they wished they had knowledge of available resources for this patient population, and >80% of dermatologists expressed interest in continuing medical education (CME) on HT.

**Conclusion:**

This study highlights awareness gaps among dermatologists in recognizing HT skin signs, specifically in a region that is high-density for HT. There is an urgent need for targeted education and resource distribution to empower dermatologists in identifying and providing care to those impacted. This study serves as a catalyst for the evolving discourse within the global dermatology community, signalling efforts to address knowledge gaps, thereby contributing to anti-trafficking global public health initiatives.



**Abstract N°: 481****A solitary pink lesion**

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<sup>1</sup>Colentina Hospital, Dermatology I, București, Romania, <sup>2</sup>Carol Davila University of Medicine and Pharmacy, Dermatology I, București, Romania, <sup>3</sup>Colentina Hospital, Pathology, București, Romania

**Introduction & Objectives:**

Poromas are uncommon, benign adnexal neoplasms with poroid or distal ductal differentiation, originating from either apocrine or eccrine lineage. Depending on the location of the tumour cells, they are classified into 4 types: poroma, hidroacanthoma simplex, dermal duct tumour and poroid hidradenoma. It can rarely undergo malignant transformation to porocarcinoma.

The exact aetiology is unknown, but it has been suggested that trauma, scars and radiation might play a role. It typically affects middle-aged to elderly patients, with no predilection according to sex or race.

Clinically, poroma appears as a solitary, well-circumscribed, skin-coloured to red papule, plaque or nodule. It is a slow-growing and asymptomatic tumour. Pigmented variants can occasionally occur. Rarely, a patient may present with multiple poromas, which is referred to as poromatosis. It is most commonly located on acral surfaces, but it can also be found on unusual anatomical sites such as the head, neck and trunk.

**Materials & Methods:**

We report the case of a male patient with an unusual localization of a poroma mimicking a nodular basal cell carcinoma.

**Results:**

A 75-year-old male, with no relevant medical or surgical history, presented with an asymptomatic cutaneous lesion located in the right submandibular region, with onset many months previously. Clinically, the lesion was a pink papule of 5/3 mm in diameter, with well-defined edges, smooth surface and a soft consistency. The clinical impression was nodular basal cell carcinoma.

Dermoscopy revealed features which were not consistent with the clinical diagnosis: polymorphous vessels consisting of "cherry blossom" vessels and glomerular vessels clustered in the centre of the lesion, as well as serpentine vessels at the periphery, distributed on a pink structureless area. Faint reticulation could also be seen at the periphery, most probably due to a collision with a solar lentigo.

A shave-biopsy was performed, followed by electrodesiccation. No complications were seen in the subsequent visits. Histology revealed the lesion to be poroma, with a proliferation of medium-sized basaloid cells having monomorphic, round nuclei, inconspicuous nucleoli, without any atypia or mitosis, organised in nests, islands and anastomosing cords with multiple connections to the epidermis. Ductular structures were also noted, as well as squamous differentiation foci. The surrounding stroma was fibrotic.

**Conclusion:**

Poroma defines a group of benign adnexal tumours originating from the sweat glands. Clinical diagnosis is often difficult because it exhibits a polymorphic clinical presentation and may mimic various skin lesions. While dermoscopy may assist in the correct diagnosis, a definitive diagnosis can only be made by histopathological examination, which is mandatory in

order to exclude the possibility of a porocarcinoma. Treatment is optional, but curative, and it consists of electrodesiccation or simple excision.

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**Abstract N°: 538****Patient and Physician Experience in the Utilization of Teledermatology in a Tertiary Government Hospital in the Philippines: A Cross Sectional Study**Jobelline Mae Fernandez<sup>1</sup>, Jacqueline Melendres<sup>1</sup><sup>1</sup>Rizal Medical Center, Dermatology, Pasig, Philippines**Introduction & Objectives:**

In the face of the pandemic, various hospitals were driven to utilize teledermatology services even with little or no large-scale planning. In this context, it is likely that the service recipients and providers alike have experienced various challenges during the first two years of its integration in various health institutions. A number of studies support its efficiency, however, the acceptability and satisfaction among users are less documented. This study aims to determine the experience in the utilization of teledermatology among patients and physicians.

**Materials & Methods:**

This study employed a single center analytical cross-sectional design. The eligible population were patients aged 19 years old and above and guardians of pediatric patients aged 19 years old and above, who had teledermatology consultations at a tertiary government hospital in the Philippines. Questionnaires administered were adapted and translated from a study conducted in India by Handa, et al. (2021). The questionnaire administered to patients included questions on sociodemographic and clinical profile, satisfaction, and preference. Descriptive statistics were used to evaluate the characteristics of the sample. The normality of the variables was assessed via the Shapiro-Wilk test. Continuous variables were expressed as mean and standard deviation (SD). Qualitative variables were presented as relative and absolute frequency distributions.

**Results:**

A total of 315 teledermatology patients and 14 dermatology residents were included. The average distance to care and travel time were at 194.61 km ( $\pm 1153$ ) and 182.87 ( $\pm 330$ ), respectively. The average direct and indirect cost saved were 672.62 ( $\pm 1474$ ) pesos and 738 ( $\pm 1432$ ) pesos, respectively. The results showed that those who reported to be satisfied with teledermatology reported farther distance from hospital, more travel time saved, and more direct and indirect costs saved. Majority of physicians were satisfied with the ease of communication and the convenience that teledermatology provided, and most were willing to continue the practice of teledermatology. However, most dermatology residents still preferred face-to-face consultations since it provided easier means to conduct physical examination as opposed to relying on pictures.

**Conclusion:**

The high acceptability and satisfaction among patients and physicians utilizing teledermatology provides evidence that this modality can be integrated to complement traditional health service delivery in developing countries where access to dermatologic care remains a challenge. Ultimately, teledermatology can help solve health disparities even beyond the COVID-19 pandemic.



**Abstract N°: 581****Cleaning and caring for the fragile skin barrier of aging skin with minimal ingredient wipes.**

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<sup>1</sup>Skin Health Alliance, London, United Kingdom, <sup>2</sup>Spire Norwich Hospital, Dermatology, Norwich, United Kingdom

**Title:** Cleaning and caring for the fragile skin barrier of aging skin with minimal ingredient wipes.

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**Introduction:**

As skin ages, it becomes thinner, drier, and consequently more fragile. Its barrier function becomes impaired leaving it more susceptible to damage and infection. The skin of adults with incontinence is even more vulnerable to this damage with increased moisture and pH from faeces/urine leading to a breakdown in the skin barrier, manifesting itself as incontinence-associated dermatitis (IAD). Specific and appropriate cleansing is therefore an essential step in damage prevention and care of aging skin. This review seeks to explore the different factors affecting aging skin and appropriate cleansing practices.

**Materials & Methods:**

A comprehensive literature review of the factors affecting aging skin, including a review of recommended cleansing methods to maintain barrier function in both aging and IAD-affected skin was performed along with an evaluation of the practice of using appropriately formulated wet wipes to care for aging skin. A nursing home trial of a minimal ingredient wipe was also conducted.

**Results:**

One of the key findings of the extensive review was the need to protect aging skin as it is more susceptible to a range of age-related conditions, diseases, injuries, and wounds. More fragile skin can allow pathogenic colonisation and infections.

Skin cleansing, an important part of any standard skincare regimen, is the removal of dirt, debris, and micro-organisms on the skin surface, usually using water in combination with skin cleansers and/or with a cloth or wipe.

The skin of incontinent patients will require more frequent and thorough cleansing to remove urine and/or faeces. Ensuring that cleansing is gentle and not damaging to the skin barrier in any way is key for fragile or compromised aging skin. Traditionally, soap, water, and a washcloth have been used to cleanse the skin. However, soap is alkaline, generally with a pH of 9 or above, and has been shown to increase skin pH, which causes damage to the skin barrier function. Surfactants in cleansers can cause solubilisation of skin components such as lipids, enzymes, and natural moisturising factors, and excessive use weakens the skin barrier function. As a result of barrier impairment, inflammation and oxidative stress occur which can then manifest as redness, dryness, discomfort, and irritation of the skin. Mild skin cleansers that are hypoallergenic and alcohol-free can be recommended as an alternative.

Full body cleansing is a key consideration for older people with limited mobility. A nursing home trial of a wipe containing only two ingredients, ultra-pure water, and fruit extract was positively received by carers. The quality of the wipe, particularly the soft texture was cited as a key attribute together with speed and convenience, especially in incontinence episodes as well as the effectiveness of cleaning.

**Conclusion:**

Cleansing wipes for aging skin should be formulated to help protect the skin barrier, with mild formulations that gently cleanse and complement the acid mantle to prevent an increase in trans-epidermal water loss (TEWL) and potential irritation. Increasingly important is the need to avoid disturbances to the healthy skin microbiota which co-participate in maintaining the barrier function of skin. Other considerations such as soft texture and without the need for drying may prevent friction and avoid further damage to the skin barrier.

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**Abstract N°: 617****Changing social media trends in skin of colour representation: The role for Canadian dermatologists**

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**Introduction & Objectives:***Introduction*

The Canadian population is becoming increasingly diverse. By 2031, 30% of Canadians will be a visible minority. Given the increasing reach and impact of social media, it is important to consider whether this diversity is also represented in social media. As patients increasingly rely on social media for education on skincare products and conditions, dermatologists must consider how well different skin tones are represented and how this may impact patient self-care.

*Objectives*

To determine the changes in skin of colour representation in social media following the August 4, 2020 *Open Letter to the Canadian Public from Dermatologists on the Reality of Race, Ethnicity, and Racial Attitudes*.

**Materials & Methods:**

We reviewed the Instagram accounts of the healthcare industry signatories of the August 4 *Open Letter to Canadian Public from Dermatologists on the Reality of Race, Ethnicity, and Racial Attitudes* to determine if there were changes in social media skin of colour representation following the letter's publication. We compared the one-year period before the letter's publication with the three-year period after the letter's publication to note these changes.

**Results:**

The cumulative analysis of Instagram posts from all healthcare industry signatories revealed that SOC representation was 24% in the year prior to the publication of the letter (period one). This representation increased to 36% in period two, coinciding with the release of the letter followed by subsequent declines to 29% and 25% in the following years. There was an overall 12% increase in SOC representation in posts when comparing periods one and two. The representation of FST IV-VI males increased by 30%, and the representation of FST IV-VI females increased by 29% when comparing periods one and two. In the pediatric population, the representation of FST IV-VI increased by 82% and the representation of the FST IV -VI geriatric population subpopulation went from less than one percent to none in period two. Pediatric and geriatric subpopulations with skin of colour had limited representation throughout the periods, with no clear trends.

**Conclusion:**

The *Open Letter* had a profound impact on improving representation of SOC, particularly in the year following its publication. However, subsequent years showed a decline in representation emphasizing the need for ongoing efforts to sustain and build upon industry's progress in SOC representation.

**Abstract N°: 639****Research and education on the role of skin care for mature xerosis: A European perspective**

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**Introduction & Objectives:**

Mature xerosis affects about half of people aged 65+ and almost all over 80, markedly decreasing quality of life.<sup>1,2</sup> Mature xerosis is associated with reduced skin barrier function, and increased susceptibility to penetration of exogenous irritants and subsequently to pruritus.<sup>2</sup> Healthcare providers' awareness of mature xerosis and patient needs remains low. This paper provides insights into mature xerosis from a European perspective, followed by considerations and tips to address the condition.

**Materials & Methods:**

A\*\* panel\*\* of seven leading European dermatologists convened to review considerations and tips for mature xerosis, drawing on clinical experience, literature, and expert opinion. The second step consisted of a post-meeting review by individual panelists.

**Results:**

The panel highlighted the following considerations and tips relevant when treating and educating patients on mature xerosis skincare.

*1) Consideration:* Xerosis is common in mature patients due to age-related skin barrier changes. Contributors to mature xerosis include intrinsic factors such as ethnicity and chronic conditions and extrinsic factors such as certain medications, climate, or overuse of heaters and air conditioners. *1) Tip:* Consider intrinsic and external factors when educating patients with mature xerosis on the causes of their skin changes, the relevance of introducing a skincare routine, and the selection of products to optimize compliance and outcomes.

*2) Consideration:* Studies have shown that age-related skin barrier changes, including a reduction in epidermal lipid synthesis, can reduce stratum corneum lipid content by >30% and impact skin barrier permeability. *2) Tip:* Product recommendations for restoring skin barrier function and improving skin condition in mature xerosis should consider skin barrier function and needs. Patients should be informed about the specific products to use, the frequency and timing of application, sufficient coverage of the body, and the purpose of using these products for treatment and prevention.

*3) Consideration:* Racial/ethnic differences in the skin barrier may contribute to variations in the prevalence and severity of atopic dermatitis, xerosis, and pruritus. Regional disparities in access to dermatologic care may also impact the reported prevalence of these conditions.

3) *Tip*: Consider racial/ethnic variations in skin physiology, disparities in access to care, and individual/cultural preferences when educating patients on skincare routines and product selection.

### **Conclusion:**

Healthcare providers often lack awareness of the mature skin patient needs, particularly considerations of racial/ethnic differences and cultural preferences. Clear guidelines for educating patients on a preventive and proactive approach to mature xerosis do not exist; shifting perspectives and behaviors will require a long-term strategy. Studying the impact of patient skin type on the presentation and management of mature xerosis is a vital research area. Patients with mature xerosis would benefit from proactive education on skin changes associated with aging and guidance for applying skincare products to challenging areas. Daily use of physiologic lipids, especially ceramide-containing skincare promoting a healthy skin barrier will optimize skin barrier function and alleviate/prevent mature xerosis.

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**Abstract N°: 641****110 years since the birth of one of the most famous eponyms in dermato-oncology - Bowen's disease**

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**Introduction & Objectives:** There are more than 8,000 eponyms in medicine, each of which has an outstanding scientific achievement behind it. So, in 1914, 110 years ago, at the suggestion of Ferdinand-Jean Darier (1856-1938), the debut of squamous cell skin cancer was named after the American dermatologist John Templeton Bowen.

**Materials & Methods:** John Templeton Bowen was born in 1857 and grew up and studied in Boston, United States of America. He received his medical education at Harvard University and then practiced in Munich, Berlin and Vienna, where he chose dermatovenereology as main specialization. Upon returning to America, Dr. Bowen began clinical practice at Massachusetts General Hospital as a doctor assistant (James White), and also began a teaching career at Harvard University.

**Results:** John Templeton Bowen's area of interest was dermatopathology. Many colleagues turned to him for help in histological verification of the diagnosis. Most of the studies published by Bowen contained histological and clinical-morphological data on skin diseases. Thus, in 1912, he managed to publish a description of the clinical and histological manifestations of squamous cell carcinoma in situ in two patients in "Journal of cutaneous diseases" under the title "Precancerous dermatoses: a study of two cases of chronic atypical epithelial proliferation". The patients presented had "localized, grouped macules and plaques on the buttocks and calves, respectively, about four inches in diameter, only slightly raised above the skin, of a moderately hard consistency and dull red color, with slight crusting on the surface in places, or with a papillomatous surface" with a tendency to merge to form areas of tumor-like masses; in other places, especially along the periphery, they were discrete or took on ring-shaped or serpiginous forms. The lesions never appeared to disappear spontaneously." In 1915 and 1920, Bowen continued to describe squamous cell carcinoma in situ, publishing articles on the topic in journal "Archives of Dermatology". Also in 1977 the term bowenoid papulosis was introduced, attaching the name of this shy man to yet another disease.

**Conclusion:** Although John Templeton Bowen's literary contribution was relatively not so grand, he remains an outstanding scholarly dermatopathologist whose name is now known to every medical student around the world through the eponym "Bowen's disease."

**Abstract N°: 642****120 years since the death of the outstanding dermatologist and scientist Heinrich Koebner**

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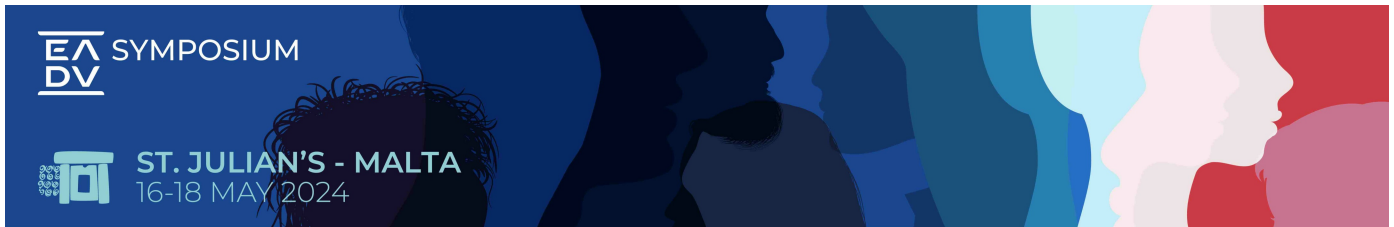
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**Introduction & Objectives:** Heinrich Koebner was one of the most remarkable German dermatologists of the 19th century. He was born 2nd of December in 1838, in Breslau that was earlier a Poland region.

**Materials & Methods:** Heinrich Koebner studied in Berlin from 1855 to 1859 and then got a Doctor degree in 1859 in Breslau. His early career steps were linked with outstanding scientists. He served in the Vienna hospital under the chief of Ferdinand von Hebra and Rudolf Virchow, thanks to whom, he decided to devote his life to dermatovenereology. He spent next working period in Breslau, where he found the first polyclinic for patients with syphilis and other skin diseases in 1861. Heinrich Koebner passed highest-ranking university exam (*venia docendi*) in 1869 in Breslaw University, which allowed him to be a teach a scientific subject. Few years later (in 1876-1877) he fought for the university clinic for skin and venereal diseases foundation. He couldn't ahead this clinic due to weak health, but his pupils Oscar Simon (1845-1882), Albert Neisser (1855-1916), Joseph (Josef) Jadassohn (1863-1936) continued scientific and clinical work there, so soon Breslau became the center of dermatologic researches. Due to the weak health Koebner had to leave his chairs and spend a long time at health resorts. After working pause he moved to Berlin where he built new polyclinic and organized educational courses for practitioners. Koebner's students noted that he was talented orator. During his lectures he had always demonstrated skin infectious on his chest or forearms, which he induced by inoculation from patient with this disease.

**Results:** During academic career years Koebner firstly described epidermolysis bullosa, conducted researches of syphilis, mycosis fungoides, leprosy, pemphigus and drug related erythematous eruption. The most known Koebner's opening is a Koebner phenomenon, which he firstly described on 3rd of May 1872 at the meeting of Silesian Society of National Culture. This phenomenon, which is known nowadays as isomorph reaction, was a result of following up the patients with psoriasis. Koebner explained appearing new lesions charactered for main cutaneous disease on their clear, but injured skin (after wound, tattoo or horse bite for example). Nowadays terms "Koebner phenomenon" or "isomorph reaction" are regularly used in dermatology for description of isomorphic lesions formation on healthy but injured skin in patients with chronic cutaneous diseases. This means that there will form new lesions charactered for main skin disease in injured areas. It takes about 10 to 20 days to Koebner phenomenon develop. Noticeable that this reaction occurs in phase of exacerbation of the disease and absent in stable or regressive phases of the disease. For today the psoriasis model is the most revealing for Koebner reaction demonstration, but it is known, that it can also occur in many other disorders including vitiligo, Darier disease, Hailey-Hailey disease and morphea.

**Conclusion:** Heinrich Koebner died in Charlottenburg in 1904, but his name alive for today's doctors in three eponyms: Koebner phenomenon, Koebner tumors (multiple papillary tumors at the stage of fatal mycosis fungoides) and Koebner's disease (the hereditary formation of blisters after mechanical trauma, the so-called epidermolysis bullosa). Although the clinical picture was described earlier by William Tilbury Fox (1836-1879) and Johannes Goldscheider (1858-1935), the latter clinical term was coined by Heinrich Koebner.



**Abstract N°: 795**

### **Choice of sunscreens and other sun protection methods among young adults**

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#### **Introduction & Objectives:**

Sun protection methods, especially sunscreens, are highly recommended because of the benefits that can be achieved. According to the literature young adults (18-25 years) are most exposed to the sun. To successfully protect skin from skin cancer, photoaging, and other sun-induced skin changes, it's very important to start protection early and choose the most convenient method for it. The main aim of this study was to determine young adult behavior in sun protection.

#### **Materials & Methods:**

The data was acquired by using a Google Forms survey during 23.12.2023.-02.02.2024. It contained questions about different sun protection methods, specifically sunscreens and behavior in the sun. The obtained data was analyzed using the IBM SPSS program.

#### **Results:**

In the survey participated 271 young adults, 240 females and 23 males. The most chosen UV protection method was the use of sunscreen (n=216; p=0.0), however, not every day (n=218; p=0.02). 173 respondents prefer physical sunscreens (p=0.8). The sun protection factor number was important for 242 responders, and proven efficacy for 182 responders. Sunglasses and headdresses were used often in the young adults' group (n=206, p=0.003 and n=163, p=0.36 respectively). The choice of sunscreens was based on bloggers' or other media persons' recommendations more commonly than on the recommendations from dermatologists or other health care specialists or pharmacists (p=0.09).

#### **Conclusion:**

Young people are aware of the possibilities and necessity of UV protection. However, the habits are not stable and completely followed. The sunscreen as the main UV protection method was observed. UV protection methods such as sunglasses and headdresses are commonly used. It is positive that the price and perfume of the product do not play a decisive role in the selection of sunscreens. The main role of sunscreen choice is the number of sun protection filters.





**Abstract N°: 828****Lipschütz ulcer: a rare report of an adult case**

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**Introduction & Objectives:** Acute genital ulcers, also known as “Lipschütz ulcers” or “ulcus vulvae acutum”, are a rare, self-limiting, non-sexually transmitted condition characterized by the sudden onset of vulvar edema along with painful necrotic ulcerations of the vulva or lower vagina. It usually occurs in adolescents or young women who are not sexually active and may be preceded by flu-like or mononucleosis-like symptoms. Acute genital ulcers are associated with acute Epstein-Barr virus (EBV) infection or other viral and bacterial infections. However, in many cases the cause cannot be determined. We aim to describe a peculiar case of an adult female with an episode of a Lipschütz ulcer.

**Case report:** A 30-year-old woman was referred to our clinic with painful vulvar ulcers suddenly onset a couple of days before. The patient reported high fever over the past days (up to 38 °C), malaise, mild headache and small with oral aphthae. These symptoms has prompted her to present herself to her family doctor first, who started her on metronidazole, but since there was no progress she was referred to our clinic. The patient had no relevant medical history, nor recurrent buccal or genital apothecosis. She didn't receive any regular medication. She was a virgin, and hadn't applied any cream or anything else on the vulva. There was no trauma nor history of sexual abuse. The clinical observation marked edema of the labia majora and a single round ulcer with a fibrin base and grayish hue halo on the right side of the vulva. The main symptom that bothered the patient the most was intense pain. Nevertheless, she didn't present other clinical, extra-genital signs (no neurologic, cutaneous, ocular or gastrointestinal symptoms). Furthermore, there was no abnormal leucorrhoea nor sign of trauma, but small adenopathies were palpated in the inguinal areas. Blood count, viral (HIV, HBV, HCV, EBV, CMV), parasitic (toxoplasmosis) and treponemal (TPHA-VDRL) serologies as well as samples for further microbiological explorations (HSV PCR, anaerobic germs and mycosis cultures) have been performed. Performed explorations only showed an isolated inflammatory syndrome (CRP up to 88 mg/L). Viral and bacterial tests were negative and serologies didn't bring any proof of recent infection. Negative Pathergy test and the absence of any other related symptoms allowed us to exclude the Behçet syndrome. In light of these results, the clinical presentation, the physical appearance of the ulcer, and the exclusion of other relevant etiologies, a diagnosis of Lipschütz ulcer was recommended. As a therapeutic option, wound care with emollients and epithelization agents was commenced, as well as systemic analgetics for the pain. The patient's condition spontaneously progressed favorably with no complications. Her pain was relieved, and the ulcer healed in the following two weeks.

**Conclusion:** The presence of an erosion or ulcer in genitalia often suggests a sexually transmitted infection. However, it is important to take a broader approach and also consider non-venereal causes. Lipschütz ulcers have been considered an uncommon and probably underdiagnosed entity. Therefore, it is crucial to recognise and include them in the differential diagnosis of vulvar ulcerations. Furthermore, increased awareness of this entity is needed to allow for proper management and to avoid unnecessary workups and incorrect treatment that may be costly and distressing for the patient.

**Abstract N°: 842****Optimisation of the dermatovenerology course teaching program for students of medical universities taking into account the experience of teaching the relevant discipline at the medical faculty of St. Volodymyr University at the end of the 19th and the beginning of the 20th century**

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**Introduction & Objectives:**

At the current time, an important place in the process of reforming the health care system belongs to the optimization of the structure and functions of the dermatovenerological service. In order to improve the quality of providing specialized dermatovenerological care to the population of Ukraine, the training of qualified dermatovenerologists, is necessary. In this regard, it is appropriate to refer to the past educational experience of teaching skin and venereal diseases at the end of the 19th and the beginning of the 20th centuries, in particular, during the period when the Kyiv Dermatology School was one of the best in Europe.

**Materials & Methods:**

During the work, the following methods were applied: extrapolation, structural and logical analysis, in particular of information sources, and semantic and bibliographic analysis.

**Results:**

On September 25, 1863, a course on skin diseases was started at the medical faculty of St. Volodymyr University in Kyiv.

Ludvig Kazimirovich Horetsky was appointed head of the dermatology clinic, which became the clinical base for the medical faculty. At the same time, he was enrolled as a junior resident of the Kyiv Military Hospital.

L.K. Horetsky compiled a detailed program of teaching about skin diseases. The entire course of skin diseases was read to students of the 9th and 10th semesters for two hours a week during the year. Ludwig Horetsky considered it necessary to combine theory with practice. All diseases were demonstrated on patients. For this, each lecture was divided into two parts: theoretical and demonstration and practical. After November 5, 1864, lectures to students in the clinic of skin diseases became regular. In 1868, skin and venereal diseases were combined into one course. But the venereological clinic still remained part of the surgical clinic. Later L.K. Horetsky also began to teach a course on syphilitic diseases

In those days, much more attention was paid to the study of dermatovenerology than now. List of textbooks for students included not only domestic and translated foreign editions, but also textbooks in the original language (most often in French, German and English).

**Conclusion:**

The conducted historical review is informative and requires analysis and possible consideration in the process of optimization of dermatovenerology programs for students of medical universities.

**Abstract N°: 863****The sunbed trend in Ireland.**Amy Long<sup>\*1</sup>, Sinead Collins<sup>1</sup><sup>1</sup>Our Lady of Lourdes Hospital, Drogheda, Ireland**Introduction & Objectives:**

Indoor tanning is a proven risk factor in the development of melanoma and non-melanoma skin cancer and represents a major global health challenge. The *Public Health (Sunbeds) Act 2014*, introduced regulatory reform on the provision of indoor tanning in Ireland. Under this Act, sunbed businesses are required by law to notify the Health Service Executive (HSE) of their intent to provide sunbeds for use, sale or hire. To our knowledge, there are no studies reporting on commercial sunbed distribution in Ireland to date.

**Materials & Methods:**

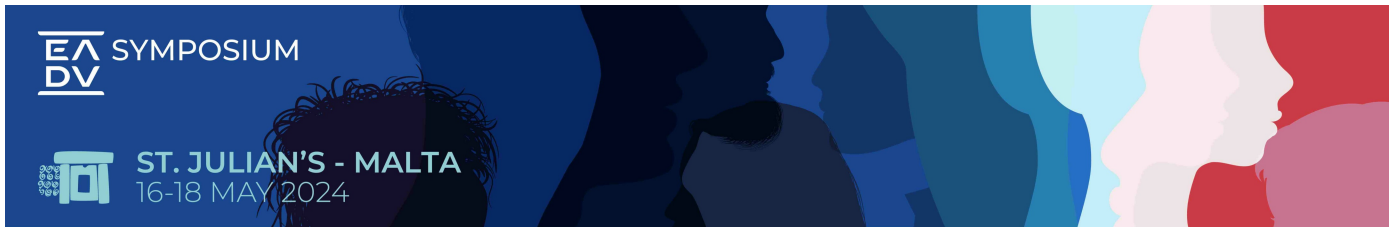
Using data from the Environmental Health Information System, we analysed the number of sunbed business registrations in Ireland. A literature search was performed for international comparison of sunbed outlet prevalence.

**Results:**

A total of 369 sunbed businesses were registered with the HSE in May 2023. According to the Irish census, the population in June 2022 was 5,123,536, extrapolating that there are approximately 0.7 sunbed premises listed per 10,000 inhabitants. County Westmeath had the highest number of sunbed outlets per capita at a rate of 1.4 per 10,000 inhabitants, followed by Longford (1.3), and Tipperary (1.1). The capital city of Dublin had a rate of 0.5 per 10,000 inhabitants. County Leitrim had the lowest rate (0.3). In addition to these official figures, a sunbed market exists on online forums. We found an additional 38 sunbeds for sale (23 on Facebook Marketplace, 15 on DoneDeal) and 3 for hire (2 on Facebook Marketplace, 1 on DoneDeal). The total number of sunbed premises listed in Ireland has declined since the registry began in 2014. In 2015, there were 476 sunbed businesses listed, compared to 379 in 2023. This equates to a reduction of 20%.

**Conclusion:**

Ireland has seen a significant reduction in sunbed prevalence, due in part to the regulatory stringency of the *Public Health (Sunbeds) Act 2014* and the success of public health campaigns. While significant strides to reduce avoidable UV exposure have been made, there is still a significant prevalence of sunbed outlets in Ireland, and an online market which may not be subject to the legislative processes. Our data has shown that there is considerable variation of sunbed outlets per capita amongst the counties of Ireland, and further studies are needed to explain this. Future targeted interventions are needed to inform and discourage against indoor tanning. Our findings add to the body of information available to focus future public health initiatives.



**Abstract N°: 868**

**A revolutionised journal club—dermatology journals on social media.**

Amy Long<sup>1</sup>

<sup>1</sup>St James's Hospital, Dublin, Ireland

**Introduction & Objectives:**

Social media are rapidly growing digital technologies used for the creation and sharing of ideas, content, interests and other expressions through virtual communities. In recent years, dermatology educators have harnessed their powers for the benefit of patients and physicians alike. Leading dermatology journals now maintain social media platforms to capture an online audience, where readers are encouraged to be interactive and collaborative, creating heightened interest in the journals' materials.

**Materials & Methods:**

We analysed the presence of the top 4 dermatology journals on social media platforms. According to impact factor, these journals were the Journal of the American Academy of Dermatology (JAAD), JAMA Dermatology, British Journal of Dermatology (BJD) and the Journal of the European Academy of Dermatology and Venereology (JEADV).

**Results:**

The top dermatology journals all held a strong presence on Facebook, Instagram and X (formerly Twitter). Additionally, BJD had a YouTube account, as did JAMA Dermatology which was also present on LinkedIn and Pinterest. Instagram held the most followers for the BJD (20k), while Facebook had the largest followership for JAAD (84k). X had the lowest followership of all social media accounts for the top dermatology journals, except for the JEADV which had a lower followership on Instagram (7.5k vs 1k). The influence of social media on the readership of articles published via online dermatology journals is apparent when viewer numbers of articles promoted on social media were compared with those that were not. When matched medical dermatology articles from BJD were compared, an article posted to the BJD's Instagram received 844 views and 2 citations, when an article not shared on social media received 233 views and 0 citations. A similar trend was seen for research letters, 539 versus 124 views when publicised through social media and when not. Previous studies have shown that increased social media engagement also increases the impact factor of medical journals.<sup>1</sup>

**Conclusion:**

While social media has had a positive effect on expanding the dissemination of medical information, the majority of articles published by dermatology journals are not on social media, and so print or online journal subscriptions are by no means redundant. Still, social media provides a huge new space for medical education and continued professional development. A revolutionised "journal club", these digital platforms offer global exposure and the unparalleled benefit of creating an interactive network involving a wider audience, defying traditional physical and geographical constraints.

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**Abstract N°: 943****Management of ulceration associated with recurrent diffuse dermal angiomas of the abdomen with topical glyceryl trinitrate**Nandini Roy<sup>1</sup>, Alphonsus Yip<sup>1</sup>, Narin Shareef<sup>1</sup>, Janakan Natkunarajah<sup>1</sup><sup>1</sup>Kingston Hospital, Dermatology, London, United Kingdom**Introduction & Objectives:**

We present a case of diffuse dermal angiomas of the abdomen complicated by ulceration, which has been successfully managed with topical glyceryl trinitrate (GTN) spray. A 44-year-old woman presented with a recurrence of diffuse dermal angiomas of the abdomen, in the site of a longstanding paraumbilical hernia, which had previously resolved following surgical hernia repair. The objective of this study was to evaluate the efficacy and safety of the use of topical GTN in treating diffuse dermal angiomas of the abdomen.

**Materials & Methods:**

A clinical diagnosis of diffuse dermal angiomas of the abdomen was made, likely secondary to poor skin perfusion due to abdominal distension from the hernia, stretching the cutaneous lesions leading to ulceration. A punch biopsy revealing ectatic vessels was consistent with this, although histology of redundant skin from the hernia repair did not identify any significant spindle cell proliferation. The patient's history of hypertension, smoking, and high body mass index (38) were in keeping with diffuse dermal angiomas. The patient applied topical GTN spray once daily to the affected areas of the abdomen, and the results were reviewed.

**Results:**

On follow-up examination, clinical improvement of the lesions was noted; the ulcers had decreased in size and the topical GTN spray was well-tolerated with no adverse effects. This was continued over several months.

**Conclusion:**

Diffuse dermal angiomas is a benign vascular condition in which there is endothelial cell and microscopic capillary proliferation. The underlying pathophysiology is thought to be linked to angiogenesis due to up-regulation of vascular endothelial growth factor, secondary to chronic ischemia and hypoxia.<sup>1</sup> There has been one previous case reporting the efficacy of topical GTN in treating diffuse dermal angiomas of the breast, but positive results have also been reported with its use in diabetic and non-diabetic ulceration, and in scleroderma-associated Raynaud disease.<sup>2,3</sup> GTN is a nitric oxide donor, and its vasodilatory properties likely enable increased perfusion and adequate ulcer healing, which enables it to be utilised for the successful management of diffuse dermal angiomas.

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**Abstract N°: 974****Deciphering Aging Perception: Skin Parameters and Inflammation in Chinese Women - A 10-year study**

Pradipta Sarkar\*<sup>1</sup>, Zhen Wei Tan<sup>1</sup>, Chenjing Yu<sup>1</sup>, Hiu Fung Lau<sup>1</sup>, Min Ning Yee<sup>1</sup>, Lijuan Li<sup>2</sup>, Suet Hoay Lee<sup>1</sup>, Helen Zhao<sup>2</sup>, Gang Deng<sup>1</sup>

<sup>1</sup>The Procter & Gamble Company, Singapore Innovation Center, Singapore, <sup>2</sup>The Procter & Gamble Company, Cincinnati, Ohio, United States

**Introduction & Objectives:**

With the increase in affluence globally, coupled with the increase in skin care knowledge, consumers are paying higher attention to their skin appearance. A milieu of methods exists to detect signs of aging on skin, but most rely on instrumental measurements. Although these methods provide valuable and objective data, especially when tracking efficacies of skin care formulations, they may overlook the aspect of perceived improvement, which is arguably the most crucial factor in evaluating skincare formulations. To bridge this gap and understand the influence of skin parameters as well as inflammation on perceived aging, we embarked on a pioneering 10-year longitudinal study. This research involved recruiting naïve graders to assess the perceived aging of Chinese women, correlating their evaluations with relevant skin parameters and inflammation biomarker.

**Materials & Methods:**

This longitudinal study spanned a decade, from 2006 and 2016. Initially involving 452 participants, we successfully recalled 185 individuals, aged between 19 and 76 years, for follow-up in 2016.

We assessed aging perception by presenting side-by-side facial images from 2006 and 2016 to 104 naïve graders in a randomized and blinded manner, who were asked to identify the younger-looking image and rate it using a visual perception scale. Subsequently, we categorized the subjects into different age groups (10-20 yrs., 20-30 yrs., etc.). Within each group, those whose 2016 images received a higher than median number of votes for looking younger than their images from 10 years prior were deemed “successful agers” and the others were labeled as “unsuccessful agers.” This study also included identical biophysical and imaging measurements taken in both years along with cheek tape-strips bio-sample collection in 2016.

**Results:**

The analysis showed that naïve graders’ focus shifted across different facial regions and features when assessing aging signs, depending on the age group. Younger participants’ assessments often centered on the cheeks, highlighting concerns like acne, spots, dullness, yellowness, and pores. In contrast, evaluations of older participants tended to focus on the under-eye area, with a greater emphasis on more pronounced aging indicators such as wrinkles and sagging.

Given the critical role of inflammation in aging, we further explored its impact on these skin parameters by examining IL-8 levels in cheek tape-strip samples from 2016, searching for correlations. Our findings indicate that unsuccessful agers, particularly in the younger (20-30 years old) and middle-aged (30-40 years old) brackets, exhibited higher IL-8 levels compared to their successful aging counterparts. Moreover, individuals with elevated IL-8 levels in these age groups were more likely to have increased forehead wrinkles and more pronounced skin texture. These correlations underscore the significant influence of inflammation on skin aging and skin appearance, particularly in terms of texture and wrinkle formation.

**Conclusion:**



Visual perception of aging in this 10-year longitudinal study revealed the different facial features and zones pertinent in aging perception across different ages. Of note, elevated levels of IL-8, a major pro-inflammatory biomarker, correlated with perceived aged skin appearance, increased forehead wrinkles and pronounced skin texture in younger and middle-aged Chinese females.

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**Abstract N°: 996****A diffuse papular eruption evolving for fifteen years**

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**A diffuse papular eruption evolving for fifteen years**

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**Introduction:**

Syringomas are uncommon benign cutaneous tumors arising from the deepest portion of the eccrine excretory duct, with hypertrophy of the helical portion. There are several clinical variants, but overall they manifest as small, flesh-colored pruritic papules with no particular topography. The eruptive form is rarely described.

**Case report:**

The patient was 31 years old woman, with no particular medical or surgical history. She presented to our dermatology department with diffuse, mildly pruritic papular lesions that had been developing for 15 years, increasing in number and size over the years. Clinical examination revealed papular, flesh-colored lesions, slightly erythematous, with smooth surfaces, located on the face, neck and upper trunk. Histological study revealed regular skin tissue, the site of a benign tumour proliferation, located in the dermis, made up of channels, small nests and tubes with epithelial extensions, confirming the diagnosis of syringomas.

**Discussion:**

Eruptive syringomas were first described in 1887 by Jacquet and Darier. Friedman and Butler suggested a classification to divide syringomas into local, disseminated, hereditary and Down's syndrome-associated forms. The eruptive syringoma subtype has been proposed as a presentation of the generalized/disseminated form of syringoma. Since Kaposi's description in the 19th century, the eruptive form has been very uncommon. The diagnosis of syringomas is often clinical, but histopathological confirmation can be helpful. Clinically, the lesions are yellowish papular, smooth-surfaced, painless and non-itchy, mainly affecting adult women, with a few rare pediatric cases reported. Dermoscopically, syringoma papules can be identified by the absence of the reticulated structure, or whitish streaks known as Wickham streaks, present in lichen planus. Dermoscopic findings reveal round, bright yellow-white structures on a pale pink background, with short, linear vessels. The pathophysiological mechanisms behind this dermatosis are poorly understood. The clinical differential diagnosis of syringomas often includes milium grains, xanthomas and pseudo-xanthomas, sebaceous hyperplasia, trichoepitheliomas, lichen planus and keratosis pilaris. The management of syringomas in their eruptive form is a challenge, due to the aesthetic damage caused by potential residual scarring. Treatments include surgical removal, electrocoagulation, cryotherapy and peeling. However, when these are asymptomatic, therapeutic abstention remains the rule.

**Conclusion:**

Eruptive syringomas, or eruptive hidradenomas, are benign adnexal tumors derived from the deep intraepidermal portion of the eccrine sweat ducts. The disseminated form is uncommon and represents a therapeutic challenge.

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**Abstract N°: 1002****Post Endoscopy Facial Purpura**Carmen Hew<sup>1</sup>, Phillip Laws<sup>1</sup><sup>1</sup>Leeds Teaching Hospitals NHS Trust, Leeds, United Kingdom**Introduction & Objectives:**

A 34-year-old lady presented to us with a day history of facial rashes. She was under our care for atopic eczema and was concerned of a severe flare up. It occurred within an hour after having upper gastrointestinal endoscopy. She coughed and retched during the procedure. On examination, she has florid purpuric rashes with periorbital involvement on her face with no evidence of active eczema.

**Materials & Methods:****Results:**

Her investigations results were as follow: haemoglobin- 134g/l (115-160g/l), platelets- 311x109/l [(150-400)x109/l], prothrombin time- 13s (9-14s), activated partial thromboplastin time- 39.9s (23.5-37.5s) and international normalized ratio- 1.1 (0.8-1.2). Her facial rash resolved after 5 days. While we felt that the facial purpura is secondary to retching, urine dip and routine bloods have been arranged for completeness as we considered the differential diagnosis of vasculitis.

**Conclusion:**

Facial purpura can be caused by raised intrathoracic or abdominal pressure resulting in capillary rupture within the dermis due to the rich anastomotic vascular supply to the face. Other causes of facial purpura include emesis, vigorous coughing and childbirth. 'Mask phenomenon' has been used to describe this appearance.<sup>1</sup> Endoscopists and dermatologists should be aware of this uncommon complication to avoid misdiagnosis and unnecessary investigations.

**Abstract N°: 1003****Long term follow-up of patients with positive cryofibrinogen test during covid-19 era: a study focused on cutaneous manifestations.**

Amparo Sánchez López<sup>\*1</sup>, Carmen Lasa Teja<sup>2</sup>, Enriqueta Peiró Callizo<sup>2</sup>, Cristina Abraira Meriel<sup>1</sup>, Saray Simón Coloret<sup>1</sup>, Inmaculada Bertomeu Genis<sup>1</sup>, Monica Renuncio Garcia<sup>3</sup>, Adrian Martín Gutiérrez<sup>2</sup>, Carmen Secada Gómez<sup>2</sup>, Juan Irure Ventura<sup>3</sup>, Pablo Munguia -Calzada<sup>1</sup>, Marcos López Hoyos<sup>3</sup>, Ricardo Blanco-Alonso<sup>2</sup>, Marcos Antonio Gonzalez Lopez<sup>1</sup>

<sup>1</sup>Marqués de Valdecilla University Hospital, Dermatology, Santander, Spain, <sup>2</sup>Marqués de Valdecilla University Hospital, Rheumatology, Santander, Spain, <sup>3</sup>Marqués de Valdecilla University Hospital, Immunology, Santander, Spain

**Introduction & Objectives:**

There have been increasing reports of cutaneous manifestations during COVID-19 pandemic. An increase in awareness by physicians made them to increase the number of cryofibrinogen test solicited. Since some were related to the infectious process, they remained stable or did not reappear during follow-up.

Our objective is to assess clinical outcomes in patients with positive cryofibrinogen tests during the COVID-19 era.

**Materials & Methods:**

Unicentric, observational, retrospective study of 116 patients with at least one positive cryofibrinogen determination from December 2022 to December 2023 in a tertiary hospital in Northern Spain. CF syndrome was diagnosed according to the reported criteria, which include two positive tests plus cutaneous manifestations, or thrombotic events. Asymptomatic patients were defined by not having clinical manifestation. Rest of the patients were included in those who do not meet criteria. During that period, we collected clinical data variables, and laboratory parameters. Most of the patients had at least one more follow-up appointment prior to discharge.

**Results:**

We study 116 patients (53.4% male) (median age 39.7 years old) with positive cryofibrinogen test. Over 40.5% of the patients have any cardiovascular risk factors (CVRF). Skin was the most involved organ (Table 1). Main clinical manifestations related to cryofibrinogenemia included purpuric macules (31%), perniosis (21.6%), Raynaud (20.7%) and acrocyanosis (15.5%). Feet are the most common location, followed by hands. Skin biopsy was performed in only 12.9% of the cases. Overall respiratory symptoms occurred in up to 21% of cases.

When cryofibrinogen test were performed they were included in these groups a) CF syndrome (n= 34; 29.3%); b) Asymptomatic patients (n= 13; 11.2%); and c) Symptomatic patients who do not meet the criteria of CF syndrome (n= 69; 59.5%).

During one year of follow-up (Figure) 10/34 (29.4%) patients with CF syndrome achieved stability and 14/34 (41.2%) patients did not require follow-up. Worsening appeared in 10/34 (29.4%) of them. In the group of asymptomatic patients, 11/13 (84.6%) achieved stability and 1/13 (7.7%) of patients got worse. Finally, 46/69 (66.7%) of patients achieved clinical stability and 13/69 (18.8%) of patients did not require follow up. Worsening was observed in 8/69 patients.

**Conclusion:**

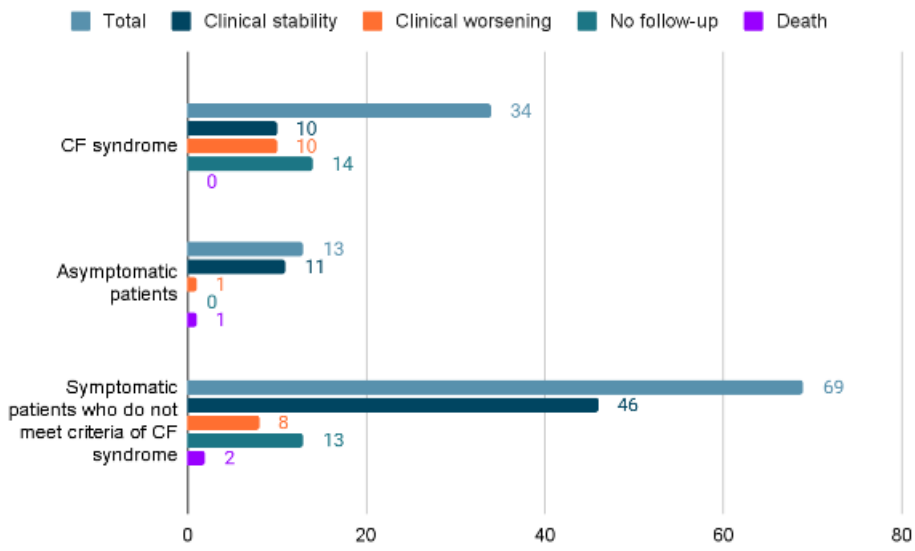
During one year of follow-up, almost a third of patients with CF syndrome worsened. By contrast, most patients asymptomatic or symptomatic without meeting the criteria of CF syndrome remain stable.

**Table 1.** General features of patients in COVID-19 era with one CF test positive.

	<b>COVID-19 Era (n=116)</b>
<b>Sex</b>	
Female, n (%)	54 (46.6)
Male, n (%)	62 (53.4)
<b>Age, years, median [IQR]</b>	39.7 [1-92.3]
<b>CVRF</b>	47 (40.5)
<b>Diagnosis of CF syndrome</b>	34 (29.3)
CF Essential, n (%)	13 (38.2)
CF Secondary, n (%)	21 (61.8)
<b>No cutaneous lesions, n (%)</b>	23 (19.8)
<b>Type of Skin lesions</b>	
Purpuric macules, n (%)	36 (31)
Perniosis, n (%)	25 (21.6)
Raynaud, n (%)	24 (20.7)
Acrocyanosis, n (%)	18 (15.5)
Distal ulceration, n (%)	8 (6.9)
Livedo, n (%)	3 (2.6)
Cold urticaria, n (%)	1 (0.9)
Ischemic necrosis, n (%)	1 (0.9)
<b>Location of skin lesions</b>	
Feets, n (%)	35 (30.2)
Hands, n (%)	28 (24.1)
Hands and feets, n (%)	23 (19.8)
Others, n (%)	7 (6)
<b>Skin biopsy</b>	15 (12.9)
<b>Respiratory symptoms</b>	25 (21.6)
<b>Neurological symptoms</b>	6 (5.2)
<b>Digestive symptoms</b>	5 (4.3)
<b>Treatment</b>	50 (43.1)

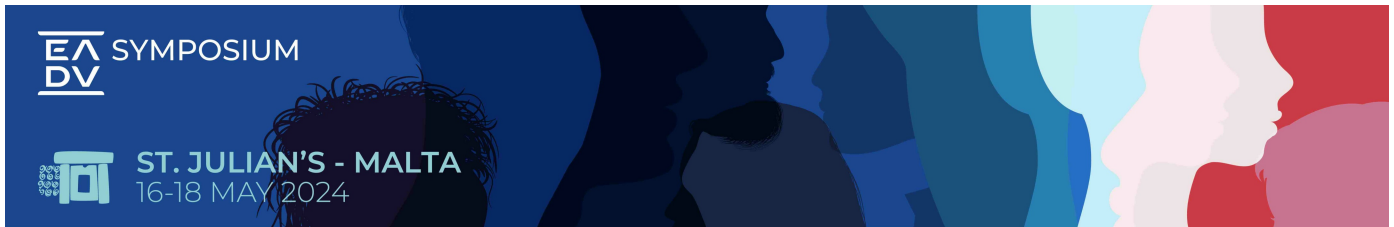
**CVRF:** Cardiovascular Risk factors

**Figure 1.** Outcome after one year of follow-up.



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**Abstract N°: 1053**

### **Skin of Colour Dermatology: A National Study on the Confidence of Irish Primary Care providers**

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<sup>1</sup>University Hospital Limerick , Dermatology, Limerick, Ireland

#### **Introduction & Objectives:**

Skin of colour (SOC), a term originating in North America, is an umbrella term used to describe individuals with 'non' white (Fitzpatrick IV–VI) skin types. In recent years, there has rightly been a focus on racial disparity within medicine with a push to diversify dermatology education and training. Several surveys in Western countries, including Ireland, have demonstrated low confidence levels amongst dermatologists in managing patients with SOC. Skin issues make up a significant proportion of a general practitioner (GP)'s workload, a lot of which are managed in the community. GPs often receive limited dermatology training, with further disparity in training on SOC.

Our aim was to assess the confidence of Irish GPs managing dermatoses in patients with SOC, and to identify opportunities to enhance SOC education.

#### **Materials & Methods:**

This was an anonymised, cross-sectional study. An online questionnaire was distributed to GP's through GPbuddy.ie, an online platform widely used by GPs in Ireland.

#### **Results:**

There were 121 responses to the questionnaire. Most respondents (95.9%) were white Irish/European. Half (47.1%) had been working for over 15 years and half (49.6%) had worked overseas. For the majority (81%), patients with SOC made up less than 10% of their patient cohort and only 13.2% had received formal teaching on SOC.

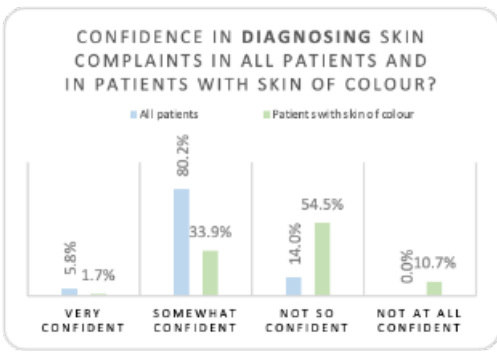
<b>Table 1 Respondent characteristics</b>
Gender
Male
Female
Age, years
< 30
30 - 45
46 - 55
> 55
Years working
< 5
5 - 15
16 - 25



**Table 1 Respondent characteristics**

Ethnicity
White Irish / British / European
White – other background
Indian or Irish / British Indian
Black / Black Irish
Estimated patients with SOC in practice
< 5%
5-10%
> 10%
Worked in medicine overseas
No
Yes -
UK / mainland Europe
Australia / New Zealand
Middle East
North America
South America
Africa
Held a hospital dermatology post
Yes, > 3 months
Yes, ≤ 3 months
No
Dermatology qualifications
Yes, Certificate
Yes, Diploma
Yes, Masters
No

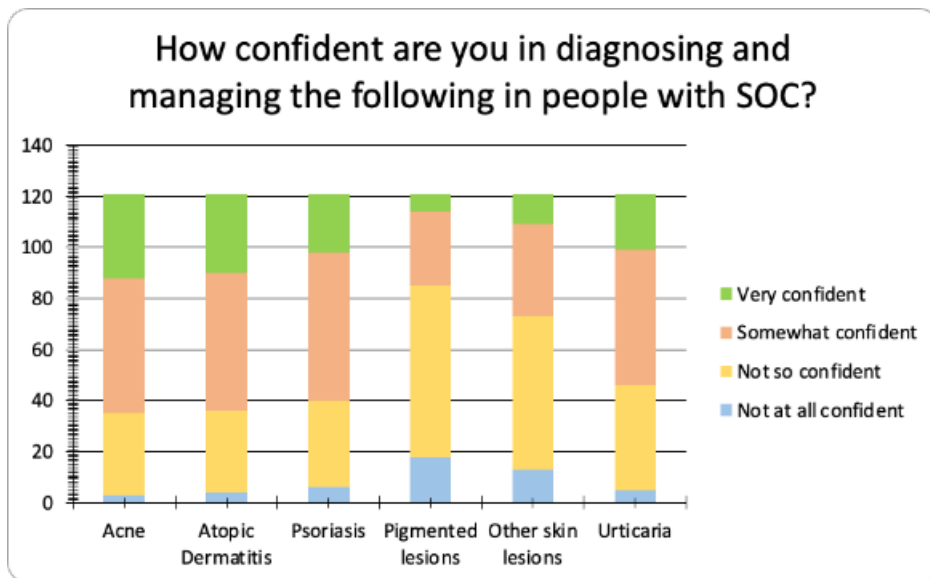
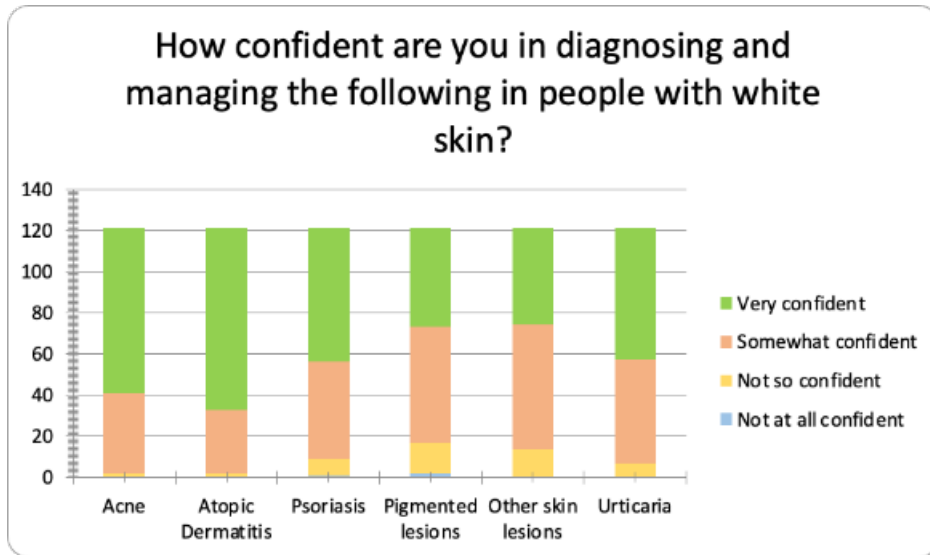
Overall, confidence levels were low amongst GPs in relation to SOC. In terms of diagnosis, 65.5% of GPs were 'not confident' or 'not at all confident' in SOC compared to 14% for all skin tones. Similarly, regarding management, 55.2% of GPs were 'not confident' or 'not at all confident' in SOC vs 13.2% in all skin tones.



A.

B.

Unsurprisingly, GP's confidence levels were lower in the diagnosis and management of common dermatoses, including acne, atopic dermatitis, psoriasis, skin lesions and urticaria, in SOC compared to lighter skin tones.



Lack of exposure, followed closely by lack of training were cited as the greatest challenges to managing patients with SOC. Online resources, education webinars, dedicated study days and teaching clinics were all cited as possible strategies to improve confidence.

#### Conclusion:

To promote health equity, familiarity and confidence in the management of patients with SOC is paramount. In recent years, there has been a heightened focus on SOC representation in dermatology education. Given the significant proportion of dermatological complaints managed by GPs, and often long waiting times to see dermatologists, they are an important group to include in this movement.

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**Abstract N°: 1081****Can social media encourage young Polish adults to visit a dermatologist? – Original study**

Zuzanna Pawlus<sup>1</sup>, Aleksandra Spyra<sup>1</sup>, Karina Polak<sup>2</sup>, Bartosz Miziołek<sup>2</sup>, Beata Bergler-Czop<sup>2</sup>

<sup>1</sup>Students Scientific Association at the Department of Dermatology, Medical University of Silesia, Katowice, Poland, <sup>2</sup>Chair and Department of Dermatology, Medical University of Silesia, Katowice, Poland

**Introduction & Objectives:**

Social media play an important role in contemporary world, influencing all areas of life, including dermatology, as people are often extracting medical knowledge from content-sharing means on the Internet. The objective of this study was to evaluate if Polish adults aged 18-30 follow dermatological news in social media, which platforms and contents they find the most interesting and to assess if the social media content can encourage them to visit a healthcare professional.

**Materials & Methods:**

Online questionnaires were distributed from January to February 2024 among young adult people (18-30 years old) from Poland. Epidemiological data concerning sex, age, place of residence (city grouped according to size/rural area), education level were collected as well as data on users' social media habits concerning skincare and dermatology: requesting skin care advice in social media, preferred applications, websites and contents, opinion on influencers competencies etc. The questionnaire also investigated if social media content could encourage visiting a dermatologist and have impact of choosing a particular doctor; the consistency of healthcare professional diagnosis with the one suggested on the Internet was also assessed.

**Results:**

Over 300 respondents answered the questionnaire, of which more than 80% were women. The majority of surveys were completed by participants at the age of £20 years (41%). 64.7% of respondents were students, with the vast majority possessing educational qualifications related to the field of medicine. The survey revealed that 41.1% of respondents follow dermatology-related content on social media; 83.5% of the participants identified Instagram as a frequently accessed source of information, indicating that it is the most widely used platform. 22% of respondents reported seeking advice on skincare using online platforms, with the most interesting content identified as skincare and skin diseases, including acne or psoriasis. 41.2% confirmed that social media content prompted them to visit a dermatologist. The main reason for visiting a specialist was the desire to improve the appearance of one's skin (54.3%) and to seek a solution of skin problems from an experienced person. In 49.2% of people, the diagnosis was consistent with what social media suggested. According to 92.9% of respondents, social media can have a positive impact on the willingness to visit a dermatologist.

**Conclusion:**

Over 40% of young Polish adults follow dermatology-related content on social media; the main areas of interest are skincare, acne and psoriasis, which remains consistent with the most common skin diseases epidemiology in this group of age in Poland. In nearly half of the respondents, social media encouraged them to visit a dermatologist, with 49.2% consistency of diagnosis made by a healthcare professional and social media user.

Abstract N°: 1097

### Does “vaping” mean “aggravating” in skin diseases? – E-cigarettes in dermatology

Paulina Rutecka<sup>1</sup>, Dawid Wolak<sup>1</sup>, Karina Polak<sup>2</sup>, Bartosz Miziołek<sup>2</sup>, Beata Bergler-Czop<sup>2</sup>

<sup>1</sup>Students Scientific Association at the Department of Dermatology, Medical University of Silesia, Katowice, Poland,<sup>2</sup>Chair and Department of Dermatology, Medical University of Silesia, Katowice, Poland

#### Introduction & Objectives:

Electronic cigarettes (e-cigarettes) that were invented in China in 2003 and then introduced to the market in 2004, have been gaining world-popularity for several years, making “vaping” a major alternative to regular tobacco smoking. Yet, the data concerning their health effects, including possible influence on the intercourse of dermatological diseases, is still lacking. The authors conducted a systemic review on the reported effects of e-cigarettes, both on healthy skin and in various dermatological diseases.

#### Materials & Methods:

We performed review of literature in EMBASE and MEDLINE databases, including keywords such as

“e-cigarettes”, “electronic cigarettes”, “vaping”, “skin diseases”, “dermatology”, “skin”. The searching was as broad as possible, including Emtree and Mesh approaches, conducted according to the PRISMA guidelines. The following inclusion criteria were applied: original trials, case reports, case series, with or without any concomitant reported treatment methods, published in English from the database inception until January 2024. 33 results were identified and given further analysis with additional manual research. 10 articles were included in the final analysis.

#### Results:

**Electronic cigarettes were identified both as an initiating and aggravating factor in several dermatological diseases, including allergic contact dermatitis, morphea, cutaneous lupus and atopic dermatitis. Vaping resulted in impaired wound healing and thermal injuries in healthy skin. All parts of the e-cigarette (case, the mechanism, the liquid filling) may be involved in causing reported effects.**

#### Conclusion:

Electronic cigarettes were reported to have some harmful effects on the skin, possibly contributing to the development of various skin diseases and being a source of thermal injuries. Lack of data from large randomized-control trials, variety of available products, poor compliance concerning reporting the side effects of vaping, short time on the market with lack of long-term follow-up concerning health impact make this topic an important issue to monitor in the future.

**Abstract N°: 1249****Photoprotective product can preserve “skin resilience” in patients undergoing cancer treatment.**

Charbel Skayem<sup>1</sup>, Anne-Laure Demessant-Flavigny\*<sup>2</sup>, Delphine Kerob<sup>2</sup>, Caroline Lefloch<sup>2</sup>, Charles Taieb<sup>3</sup>

<sup>1</sup>APHP Ambroise Paré, Dermatology, Boulogne Billancourt, France, <sup>2</sup>La Roche Posay, Direction Médicale et Scientifique, Levallois Perret, France, <sup>3</sup>European Market Maintenance Assessment, Patients Priority, Paris, France

**Introduction & Objectives:**

A healthy skin possesses the properties to resist and “rebuild” itself in the face of external aggression, such as environmental stress, inflammatory processes, or age-related damage. A new term is surging to describe this property: “skin resilience”.

A very common yet sometimes overlooked side effect for Chemotherapy, radiotherapy, or hormone therapy prescribed for the treatment of cancer for cancer is a cutaneous aggression that the skin has to cope with is the disruption of skin resilience. Skin-related side effects in patients with cancer have a major effect on their quality of life (QoL).

To assess preservation of skin resilience in patients undergoing anti-cancer treatment by applying a daily preventive topical product constituted of an invisible, fluid, that has a combination of moisturising ingredients and broad spectrum photoprotection (with anti-UVB and UVA filters, including Mexoryl 400 filter against long UVAs) properties.

**Materials & Methods:**

An observational study was conducted on patients undergoing cancer treatment who were

**Results:**

40 patients were included and 39 were considered evaluable. Among them, 76.9% women, mean age 54.9±13.1 years. Of these, 51.3% were treated with chemotherapy, 17.9% with radiotherapy and 20% with a combination of chemotherapy and radiotherapy.

76.9% reported that they had used the product on a daily basis for an average of 32.2 days, ±20.8 days.

Dermatological tests showed the product’s impact in avoiding expected skin sensations, sparing 89% the risk of irritation, 82% of desquamation, 67% of redness and 57% of burning sensation.

Skin barrier function assessed by avoidance of dryness was improved by 57%,. 97% [85.5; 99.9] of patients stated that the product met their skin needs and 89% [75.2; 97.1] reported an improvement in the condition of their skin after using the product., associated with a very good tolerance.

**Conclusion:**

There was a significant improvement in skin resilience, with over 95% of patients reporting an improvement in their skin condition. Skin fragility can have a negative impact on QoL of cancer patients. Our preliminary results highlight the role of the new anti-UVA/UVB + Mexoryl 400 filter photoprotection in preserving “skin resilience” in order to improve the cutaneous tolerability of cancer treatments.

**Abstract N°: 1261****Eruptive cutaneous xanthomas as markers of cardiovascular risk: an illustrative clinical case**

Ivânia Soares<sup>1</sup>, Inês Pereira Amaral<sup>1</sup>, Madalena Pupo Correia<sup>1</sup>, Luís Soares-Almeida<sup>1, 2</sup>, Paulo Filipe<sup>1, 2</sup>

<sup>1</sup>Hospital de Santa Maria, Dermatology, Lisboa, Portugal, <sup>2</sup>Lisbon School of Medicine, Lisboa, Portugal

**Introduction & Objectives:**

Eruptive cutaneous xanthomas develop as a result of rapid intracellular and dermal deposition of lipids and are a cardinal sign of high cardiovascular risk.

**Materials & Methods:**

Database and clinical reports from our institution.

**Results:**

We describe the case of a 55-year-old man who sought emergency care with disseminated dermatosis characterized by clusters of yellow-orange papules on an erythematous base, measuring 1 to 4 mm, predominantly located on the trunk and extensor surfaces. The lesions were pruritic and had an abrupt onset approximately 2 months prior to presentation. Past medical history included hypertension, but he was non-compliant with medication and had no medical follow-up. Further laboratory analysis showed severe hypertriglyceridemia (8000 mg/dL), hypercholesterolemia (1055 mg/dL), and hemoglobin A1c of 7.1%. Histopathological examination of an abdominal papule revealed clusters of foamy histiocytes in the dermis, confirming the diagnosis of eruptive xanthomas. The patient was referred to the endocrinology department, where he initiated treatment with fenofibrate (267 mg/day) and metformin (1000 mg/day). Subsequent evaluations showed significant improvement in the lipid profile (1000 mg/dL) and complete resolution of the skin lesions after 2 months of treatment, with no recurrence of new lesions. Investigation into familial hypertriglyceridemias yielded inconclusive results.

**Conclusion:**

This case underscores the importance of recognizing dermatological signs as potential indicators of underlying metabolic abnormalities, facilitating early diagnosis and specific therapeutic interventions that can have a profound impact on the prognosis of a patient with unknown high cardiovascular risk.

**Abstract N°: 1306****Has that patient come to clinic on horseback?!**

Abitha Illango\*<sup>1</sup>, Isabel Casas<sup>2</sup>

<sup>1</sup>Leeds Teaching Hospitals, Dermatology, Leeds, United Kingdom, <sup>2</sup>Ramón Carrillo Regional Hospital, Dermatology, San Martín de los Andes, Argentina

**Introduction & Objectives:**

This abstract focuses on a visit to the sole public sector Dermatologist covering a vast area of rural Patagonia, Argentina.

**Materials & Methods:**

The region has a population of 726,590 with European and Indigenous ancestry. Historically, the region has faced significant deprivation with poor health outcomes. Tourism and farming are important sources of occupation in a vast terrain dominated by mountains and lakes. These factors contribute to climate dermatoses as a significant proportion of the disease burden. The region's indigenous population suffer from an aggressive form of actinic prurigo on a background of high UV exposure, occupation and socioeconomic deprivation leading to difficulty accessing healthcare

**Results:**

Socioeconomic status is a pressing issue and requires prioritising cost effective-easily accessible solutions. One of the patients reviewed had evidence of erythema-ab-igne as she would turn on the oven and stand close by as the only source of heat in her home. Another patient presented with severe psoriasis requiring subcutaneous methotrexate. He was from a remote part of the region and had travelled several hours to attend his appointment. His work involved transporting animals to the top of the mountains in the spring and summer when the ice melted. This would involve long periods of time away. After several discussions with pharmacy, an agreement was reached to transport his medication to a hospital close to his home.

Various strategies are utilised to maximise productivity in this resource limited environment. Clinics are run with a one-stop approach. This is particularly important for patients presenting with suspicious lesions as biopsy samples require transportation 500km to the nearest large city for histological analysis. *Jornadas* are run in remote areas conducting educational workshops, epidemiological research and clinics for patients who struggle to access healthcare. Eye-catching and engaging posters and videos have been created with the assistance of residents and medical students to disseminate important information about preventative and management options. The videos are particularly useful as they can aid communication of important information to patients with limited literacy.

Maintaining good working relationships both within the hospital and in the region is important. Workshops on eczema and sun safety are run with patients and family invited. In addition, clinicians from other specialties, the private sector and community are invited. Everyone has the chance to learn and ask questions away from the busy clinic environment, there has been a beneficial impact in the number of referrals to Dermatology.

**Conclusion:**

I came away from the experience inspired by the impact one-person can have on their community, in the face of significant challenges. There are parts of the UK where dermatological resources are stretched trying to provide quality care in areas facing isolation, deprivation and complex healthcare needs. Increased understanding of the specific difficulties can aid us in supporting colleagues working in these tough environments.





**Abstract N°: 1360****Consensus Recommendations for the Use of Personalized and Medicalized Photoprotection Based on Results of an International DELPHI Process**

Salvador González Rodríguez<sup>1</sup>, Magdalena De Troya Martín<sup>2</sup>, Francisco Rivas Ruiz<sup>3</sup>, Andras Subert<sup>3</sup>, Alba Rodríguez Martínez<sup>3</sup>, Yvonne Arellano<sup>4</sup>, Piergiacomo Calzavara-Pinton<sup>5</sup>, Maria Victoria De Gálvez Aranda<sup>6</sup>, Yolanda Gilaberte<sup>7</sup>, Chee-Leok Goh<sup>8</sup>, Henry Lim<sup>9</sup>, Sergio Shalka<sup>10</sup>, Peter Wolf<sup>11</sup>

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**Introduction & Objectives:**

The optimization of the indication for comprehensive photoprotection (such as, type of filters, UVB/UVA/LV spectrum, sun protection factor, enhancing active ingredients, oral photoprotection) requires an accurate diagnosis of the patient's skin including skin phototype, lifestyle, exposure conditions, environmental factors (UVI levels and pollution), as well as concomitant cutaneous conditions including skin pathology, hormonal imbalances, among others. To obtain, through consensus of international experts, recommendations for the indication of personalized and medicalized photoprotection applicable at a global level.

**Materials & Methods:**

A two-round international modified Delphi study was designed to determine the degree of agreement and relevance on different aspects related to medicalized and personalized photoprotection, implemented online through SurveyMonkey. Consensus for each of the items evaluated was established at  $\geq 80\%$  response rate -agree or -completely agree on a 5-point Likert scale. Similarly, the relevance of the items was established for a response rate  $\geq 80\%$  response - very important and -extremely important. Those items with an average consensus and relevance  $\geq 80\%$  were considered accepted.

**Results:**

A panel of experts was formed made up of 8 dermatology professionals from 7 different countries, with proven track record in research into new photoprotectors. In the first round of the analysis, 15/26 (57.7%) proposed items were approved for their consensus and relevance, 9 of them were rejected and 20 comments were received by the panel of experts. In the second round of the analysis, 25 items were proposed based on the contributions of the panel of experts, of which 13 (58%) items were approved. As a final result, 28 recommendations and statements on medicalized and personalized photoprotection were approved, 9 of them with 100% consensus and relevance.

**Conclusion:**

This pioneering study, supported by the Delphi methodology, has made it possible to obtain recommendations for global application on indications for medicalized and personalized photoprotection and to identify areas of knowledge that require greater scientific and clinical evidence.

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**Abstract N°: 1405****Self-Inflicted Lesions in Dermatology: The Scars of Self-Harm**

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**Introduction & Objectives:** Non-suicidal self-injury behaviors (NSSIB) are common within the general population, and dermatologists may be the first physicians a patient would see for this condition. There is a scarcity of dermatologic literature that discusses the recognition and management of self-mutilation and suicidal self-injuries from a dermatologic perspective. This review discusses the drivers, presentations, and therapies available for NSSIB.

**Materials & Methods:** We conducted a review of the risk factors, skin-finding characteristics, approach to patient assessment, and treatment and management strategies for NSSIB.

**Results:** Co-existing medical conditions and mental health disorders increase the risk for NSSIB. Patients with NSSIB may present with a spectrum of dermatologic findings, which provide valuable insight and clues into the underlying mechanism of injury. (Table 1). Common treatment strategies include psychotherapy, lifestyle modification, support groups, medication use, and, in severe cases, inpatient care. Patients may benefit from botulinum toxin and hyaluronic acid treatments, dermabrasion and microneedling, laser therapy, surgical revision, and camouflage techniques.

**Conclusion:** Unraveling the complex layers comprising NSSIB provides a nuanced understanding of the intricate motives behind self-mutilation, allowing dermatologists to comprehend the deeper psychological dimensions of their patients' distress and tailor interventions that address both the visible skin manifestations and the underlying mental health complexities. This knowledge is invaluable for tailoring interventions that respect diversity and address the unique needs of individuals within populations.

**Table 1: Skin Finding Characteristics in NSSIB**

<b>Lesion</b>	<b>Characteristics</b>	<b>Most Common Locations</b>	<b>Common Body Parts or Tools Used</b>	<b>Complications</b>	
Self-Inflicted Linear/Geometric Lacerations	Parallel, straight cuts or geometrically shaped at distinct angles	Upper and lower extremities, abdomen, torso	Razor blades, knives, box cutters, and scissors	Infection, scarring, nerve or muscle damage, excessive bleeding	
Self-Inflicted Neurotic Excoriations and Pinching	Abrasions or excoriations caused by repetitive picking, may involve small lacerations from fingernails	Upper and lower extremities, scalp	Fingers/ Fingernails	Infection, scarring, hyperpigmentation, pain, anxiety	
Hair Picking	Broken hairs, irregularly shaped alopecia, scabs, and open wounds	Scalp	Fingers/ Fingernails	Infection, scarring, permanent hair loss, anxiety	
Self-Battery	Bruising, swelling, contusions at various stages of healing across different areas of body	N/A	Fists, head (slamming)	Scarring, hematoma, pain, bone fractures (if severe), anxiety	
Self-Burning	Wide variety of presentations. Often have distinct boundaries/patterns, and may be superficial/ partial thickness (erythema, blistering, edema) or deep/ full thickness (charred, white, leathery, areas of necrosis)	Upper extremities (in particular the hands)	Heat, electrical currents, or chemicals	Infection, scarring, nerve or muscle damage, contractures/keloids	
Self-Inflicted Bite Wounds	Oval or circular arc-like wound comprised of individual puncture wounds	Upper extremities	Teeth (incisors and pre-molars, in particular)	Severe infection, scarring, hyperpigmentation, pain, anxiety	

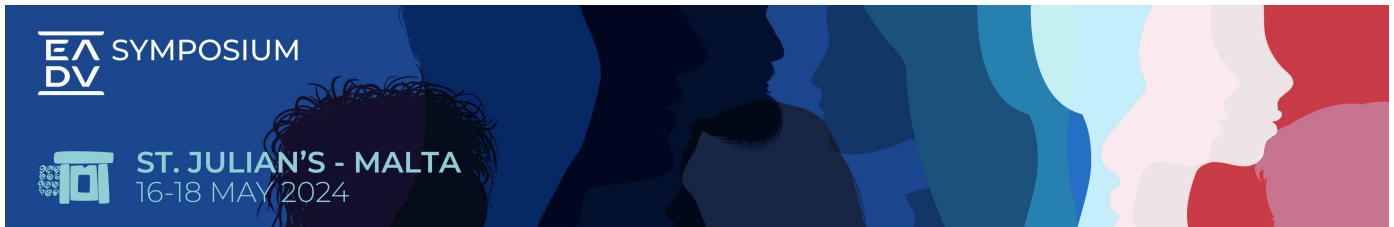


**Abstract N°: 1471****Disseminated erythema multiforme associated with recurrent HSV infection in a patient treated with adalimumab for rheumatoid arthritis: a case report**Jelena Nojner<sup>1</sup><sup>1</sup>Clinic of Dermatovenereology, University Clinical Center of Serbia, Dermatovenereology, Belgrade, Serbia

**Introduction:** Erythema multiforme (EM) is an immune-mediated acute or sometimes recurrent cutaneous and mucosal reaction presenting as distinctive targetoid papular or rarely bullous and necrotic lesions. The most common precipitating factors are herpes simplex virus (HSV), mycoplasma pneumonia, and drugs. Recurrent cases are most commonly associated with HSV. Adalimumab is a fully human, recombinant monoclonal antibody, an anti-tumor necrosis factor (TNF) agent, used for the treatment of rheumatoid arthritis. The adverse effects of anti-TNF agents may include serious bacterial, fungal, and viral infections. EM has also been reported in connection with TNF inhibitors such as adalimumab.

**Results:** We present a 57-year-old Caucasian female with a 2-month history of targetoid lesions on the trunk and extremities. In the patient's medical history, the diagnosis of rheumatoid arthritis and Sicca syndrome was noted, for which she takes methotrexate (MTX) and prednisone as a part of regular therapy. One month before the appearance of skin lesions, treatment with adalimumab for rheumatoid arthritis was started, and the patient received 3 doses. A biopsy of the targetoid lesion was made, and histopathology confirmed the diagnosis of erythema multiforme. As a trigger, adalimumab was suspected and discontinued, and the patient was treated with topical corticosteroids. One month after the suspected drug was discontinued, new targetoid lesions were still appearing. At the examination in our dermatology department, we discovered a few grouped vesicles on an erythematous base in the suprapubic region, and we suspected herpes simplex infection. The patient subsequently gave information about recurrent herpes virus infections after starting adalimumab. Serology for HSV1 IgG was positive, Mycoplasma pneumonia IgM and IgG were negative, and ENA Screen, ANA HeP-2, C3, and C4 were within normal limits. Antiviral treatment was started with acyclovir 400 mg, five times a day for fourteen days, and then continued with a prophylactic dosage of 400 mg, three times a day for one month. Potent corticosteroid ointment was prescribed for erythema multiforme lesions. We recommended the continuation of adalimumab for our patient. 3 months after the acyclovir was discontinued and adalimumab continued, the patient was still in clinical regression, with only residual hyperpigmentation in places of previous lesions.

**Conclusion:** HSV is the most common trigger for developing erythema multiforme. In the case of our patient, initially, skin lesions were misdiagnosed as an adverse reaction to adalimumab treatment. Due to the persistence of old and the appearance of new lesions, we suspected that there was another trigger, and the diagnosis of recurrent herpes simplex infection was established based on anamnestic and clinical findings. It is well known that the adverse effects of depletion of TNF by treatment with TNF inhibitors might facilitate the development or reactivation of viral infection. It is unclear whether adalimumab can increase the risk of reactivation of HSV or not. In cases like ours, we suggest a complete examination of the skin and searching for the most common trigger which is HSV, before discontinuing the drug. After HSV is diagnosed, the infection should be treated until the resolution of HSV and then continued with a prophylactic antiviral treatment. New adverse effects could be expected in an era of biological treatment, but we should not forget the most common triggers.



**Abstract N°: 1487**

**Immunobullous Diseases Among The Geriatric Population In Lagos Nigeria: Diagnostic Challenges And Management.**

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**Introduction & Objectives:** Studies from Nigeria revealed that a low percentage (2%) of geriatric individuals have immunobullous diseases probably on account of a low index of suspicion, and lack of access to quality health care. Geriatric individuals are prone to immunobullous diseases that may be linked to high morbidity and mortality, thus prompt diagnosis is required for specific drug treatment. Although immunofluorescence is the gold standard, it is expensive, requires a medium, and is done in a sophisticated laboratory. Histopathological diagnosis can serve as a useful substitute.

The objective is to document the disease patterns and the frequency of occurrence among the geriatric population.

**Materials & Methods:** A retrospective study of all patients aged 65 and above seen at Lagos University Teaching Hospital, Lagos Nigeria between January 2020 and July 2023. Case notes of all the patients were retrieved. Data was obtained and analyzed using SPSS version 25.

**Results:** A total of 236 individuals were seen during the study period; 110 males and 126 females, with a ratio of 1.1:1, the age range was 65-95 years, median age of 80. The five most common skin disorders were papulosquamous disorders in 62 patients (26%), Infections in 48 patients (20.3%), Pigmentary disorders in 32 patients (13.6%), Xerosis in 20 patients (8.5%), and Scar in 15 patients (6.4%). Immunobullous diseases were noted in 14 patients (5.9%); 6 males and 8 females, the age range was 65 years to 86 years, median age of 76 years, and bullous pemphigoid was the most common seen in 9 patients (3.8%). Patients were diagnosed with skin biopsy and histology due to the unavailability of immunofluorescence in our center, placed on corticosteroids and immunosuppressive agents, and comorbidities were also managed. Patients showed remarkable improvement after management and were discharged home with subsequent follow-up in the clinic.

**Conclusion:** Immunobullous diseases can be diagnosed clinically with a high index of suspicion with the aid of skin biopsy and histology, and can be managed successfully even in resource-poor countries where immunofluorescence facilities are lacking. Hence, improve the quality of life of the geriatric population.





**Abstract N°: 1520**

### **What a Hand Can Tell Us: Artificial Intelligence to Predict the Age of a Hand**

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<sup>1</sup>University of Iowa, <sup>2</sup>University of California Santa Barbara, <sup>3</sup>Velexi Corporation

#### **Introduction & Objectives:**

Previous age prediction research has combined facial landmarks and texture features to improve age prediction. Characterizing aging is important for both health and aesthetic reasons, but no AI study has sought to predict age based specifically on dermatological signs of aging such as reduced laxity, photoaging, irregular pigmentation, and telangiectasias. Hands provide a unique opportunity to study aging as it relates to vehicle associated sun exposure, occupational exposure, and handedness.

This study aims to analyze how the demographic differences in participants such as gender, occupation, and geographic region impacts sunscreen usage. Ultimately, this study aims to create an AI algorithm can predict a person's age within +/- 5 years from visual patterns of hand photographs in a controlled environment.

#### **Materials & Methods:**

Participants were given a survey gathering demographic and sun exposure information. Photographs were standardized using an LED photo box with a green background to control for lighting differences, and distance from target and taken using Apple iPhones and iPads. The dorsal aspect of each hand were photographed separately. Images were processed using Local Binary Patterns and combined into a histogram ultimately creating a texture "fingerprint" which is run through AutoML.

#### **Results:**

Data collection measures have sourced 312 participants, with a distribution of 40% male and 59% female. Majority of participants reported living in the Midwest Region of the United States and are Caucasian/White (70% and 78.5% respectively). Handedness of participants was 89.7% right, 8.7% left, and 1.6% both. Regarding sun exposure, 35% of participants report less than 30 minutes of sun exposure daily. Almost 44% of participants reported "never" wearing sunscreen SPF 30 or greater on their hands. Early statistical analysis demonstrated that participants who reported using sunscreen "Almost always" or "Always" on their hands were 52.3% women and only 38.6% men, demonstrating that gender predicted sunscreen use ( $X^2(4)=51.53$ ,  $p<0.001$ ). Participants in the healthcare field reported highest sunscreen (61.5%) while the occupation that reported the lowest rates of sunscreen usage on hands were participants in the service industry (33.3%). The relationship between occupation v. sunscreen usage is statistically significant ( $X^2(20)=79.14$ ,  $P<0.001$ ). Respondents in the South reported highest levels of sun exposure than counterparts in other geographic regions, with a 29% variance in average daily exposure, ( $F(3,96)=13.39$ ,  $p<0.001$ ) indicating a significant statistical association between sun exposure and geographic location. Photographs have demonstrated typical signs of photoaging including lentigines, erythematous lesions, hyperlinearity as well as swollen joints, nail changes secondary to chronic disease.

#### **Conclusion:**

Photographs of hands reveal more than just signs of aging. Texture and irregular pigmentation are often the first signs of changes, yet joint size and vascular changes were less anticipated sources of aging identification. Data sources >300 participants will be able to inform age prediction algorithms, and allow us to compare board-certified dermatologists against their computerized counterparts in the next phase of this study. We envision age prediction based on texture and



irregular pigmentation will allow us to create malignancy prediction timelines and encourage healthier skin practices.

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**Abstract N°: 1521****Evaluation of sun protection habits in renal transplant recipients**

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**Introduction & Objectives:**

*Exposure to ultraviolet (UV) rays can damage the DNA of skin cells and increase the risk of carcinogenesis. Kidney transplant recipients are a particularly vulnerable population, as immunosuppression weakens the body's ability to repair UV-induced damage. This study aims to assess how sun protection habits are practiced among this specific population.*

**Materials & Methods:**

*A total of 15 kidney transplant recipients, followed in our institution between June 2014 and May 2023, were surveyed using a questionnaire consisting of 13 questions regarding knowledge of sun exposure dangers, methods of sun protection used, and the frequency of each method's usage rated on a 4-point Likert scale (1 = rarely, 2 = sometimes, 3 = often, 4 = always).*

**Results:**

*The mean age of the surveyed patients was 36.8 years  $\pm$  13.2 years (ranging from 22 to 66 years). There was a female predominance with a sex ratio of 1.5. Three (20%) patients had undergone kidney transplantation within the 2 years preceding the study, 10 (66.7%) patients between 2 and 5 years, and 2 (13.3%) patients had undergone transplantation more than 5 years ago. A history of prolonged sun exposure was found in 33.3% (n=5) of kidney transplant recipients.*

*Although 93.3% (n=14) of respondents were informed that kidney transplant recipients are considered a high-risk group for developing skin cancer, only 33.3% knew that skin cancer development is related to sun exposure. Photoprotection was considered crucial by only 46.7% (n=7) of kidney transplant recipients. Wearing long-sleeved clothing and seeking shade were the most adhered-to methods, with 86.7% (n=13) and 73.3% (n=11) of kidney transplant recipients reporting they used them "often" or "always," respectively. Regular use of sunscreen, hats, and sunglasses was less common, with only 13.3% (n=2), 33.3% (n=5), and 20% (n=3) reporting they used them "often" or "always," respectively.*

**Conclusion:**

*The results of our study reveal limited knowledge among kidney transplant recipients regarding the relationship between skin cancer development and sun exposure. Additionally, our findings show a variable level of adherence to practical sun protection measures, which remains insufficient, aligning with existing literature. This lack of awareness emphasizes the need for educational interventions aimed at enhancing kidney transplant recipients' knowledge of sun-related risks and the importance of photoprotection. These interventions should be tailored to the specific needs of this population and integrated into post-kidney transplant follow-up protocols, particularly within regular dermatological consultations. A study by Zaw Thet et al. found that an integrated education program improved knowledge about skin cancer and the frequency of self-skin examinations. However, improved patient compliance did not extend to other sun protection practices.*

*Additional efforts are required to enhance compliance among kidney transplant patients with comprehensive sun*

*protection measures.*

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**Abstract N°: 1602****Transcatheter Patent Foramen Ovale Closure; a comparison between patients with and without nickel hypersensitivity**

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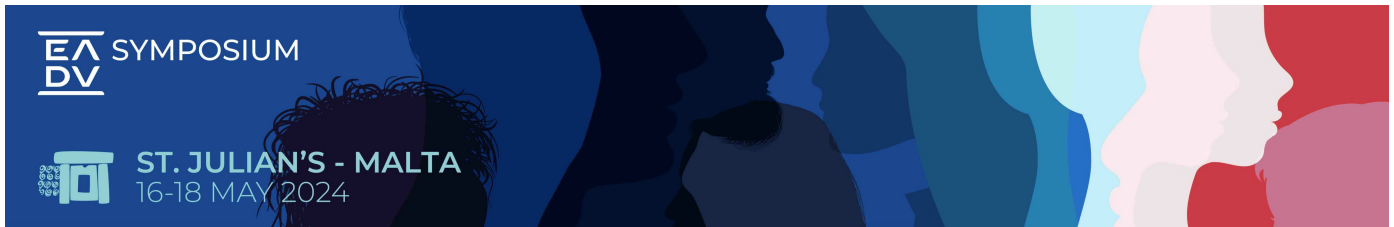
**Introduction & Objectives:** Transcatheter PFO closure has been established as a safe and effective approach for secondary prevention in well-selected patients with ESUS. The two FDA-approved devices are consisted of a nickel-titanium alloy frame. Although nickel is considered as the main cause of hypersensitivity reaction worldwide, the potential occurrence of nickel hypersensitivity following PFO closure remains debatable.

Aim of the specific study trial is to investigate if patients with nickel hypersensitivity are more susceptible to experiencing adverse events after PFO closure and to investigate the potential role of device selection.

**Materials & Methods:** We prospectively enrolled patients undergoing PFO closure in our tertiary hospital. Before the procedure, nickel skin patch tests were performed in all the patients. The patients were randomized to receive one of the two FDA approved device. During a three-month follow-up period, we evaluated the primary endpoint, which was a composite outcome including patient-reported chest pain, palpitations, headaches, and rash. We used the chi-squared test to evaluate the primary endpoint and performed multivariate binary logistic regression analysis to assess the effect of device selection on the primary endpoint.

**Results:** A total of 50 patients (50% males, 45.4±10.3 years old) were included in the current analysis. Fourteen patients (28%) were diagnosed with nickel hypersensitivity documented with nickel skin patch tests. The primary endpoint was reached in 20 (40%) of the analyzed patients. The occurrence of the primary endpoint was significantly higher in patients with nickel hypersensitivity compared to those without (71.4% vs. 27.8%, p=0.005). The half of the symptomatic patients had nickel hypersensitivity, and only 27.8% of the asymptomatic (p=0.007). Furthermore, multivariate binary logistic regression analysis presented no association between device selection and the primary endpoint (p=0.892).

**Conclusion:** Our first results show that patients with nickel hypersensitivity are more likely to develop symptoms such as chest pain, palpitations, headaches, and rash following the procedure. Completion of our study is needed to acquire more reliable and conclusive results.



**Abstract N°: 1675**

## **Developing a Locally Sustainable Dermatology Programme in a Resource Poor Setting in The South Pacific**

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### **Introduction & Objectives:**

Fiji is comprised of over 300 islands, with the main island Viti Levu (also known as 'Fiji') home to a population of over 700,000. Inadequate access to health care remains widespread in Fiji and surrounding island countries, particularly to specialist dermatology care. Prior to commencement of the Pacific Dermatology Programme, Fiji had only one dermatologist. There is a significant burden of skin disease in the South Pacific with endemic scabies, tropical dermatoses and cases of leprosy.

### **Materials & Methods:**

The Pacific Dermatology Programme is a four-year Master of Medicine (Dermatology) with an embedded Post-Graduate Diploma run out of the Pacific Dermatology Training Centre (PDTC) in Tamavua-Twomey Hospital. The enrolled doctors in the programme participate in online and face to face lectures and workshops, and work in the dermatology outpatient clinic at the hospital. Hundreds of dermatological presentations each week reinforce the learning from the programme curriculum. These patients present with a variety of common and uncommon dermatologic conditions.

Funding for the program has mostly been through Pacific Dermatology Ltd., an Australian not-for profit organisation, in partnership with Pacific Leprosy Foundation (NZ), Fiji Ministry of Health and Medical Services and FNU. Financial donations and volunteering by Australian dermatologists have been essential to the programmes' success.

### **Results:**

In the past 12 months, eleven Australian dermatologists, two international dermatologists, and five Australian dermatology trainees have volunteered for one or more weeks in the PDTC. Over twenty dermatologists and dermatopathologists have participated in online lectures and workshops to remotely located students in Fiji. The first cohort, comprising of four Pacific Island doctors completed the postgraduate diploma in dermatology in 2019, with an additional five doctors completing since. Four Fijian doctors have progressed to the Master of Medicine (Dermatology) in 2022, with course completion in 2024. Diploma graduates have travelled from areas in Fiji, Samoa, Papua New Guinea, Solomon Islands and Kiribati.

### **Conclusion:**

The purpose of the Pacific Dermatology programme is to propagate knowledge to doctors who despite seeing a high burden of skin disease in their daily practice, have limited access to specialist dermatology training or care. Looking to the future, the programme may be a stepping stone in enabling locally sustainable dermatology access in an under resourced setting.





Abstract N°: 1716

## Teledermatology for Rural Areas: Experiences and Perspectives of Australian Dermatologists and Dermatology Trainees

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**Introduction & Objectives:** Teledermatology as an outreach service has been proposed as a potential solution to address the workforce maldistribution issue and provide timely dermatological services for people in rural areas.\*\* Whilst existing research on teledermatology is largely skewed towards objective approaches using quantitative data, less is known about individual experiences. This study aims to explore the nature of teledermatology for rural areas from the experiences and perspectives of dermatologists and dermatology trainees.

**Materials & Methods:** This person-centred qualitative study was conducted within the interpretive research paradigm. Semi-structured interviews were undertaken with 15 participants recruited through the Australasian College of Dermatologists (13 fellows and 2 registrars practising across 5 Australian states and territories). Interviews lasting between 20 to 40 minutes were conducted via telephone or video call and audio recorded. Audio recordings were professionally transcribed and coded using the research data management software NVivo. Interview transcripts formed the data set that was iteratively interpreted to generate higher-level conceptual themes, consistent with the key features of philosophical hermeneutic inquiry.

**Results:** Three core themes were interpreted: *technology-shaped opportunities*, *care and connections*, and *changing circumstances*. *Technology-shaped opportunities* through a range of synchronous and asynchronous modalities of teledermatology were selectively utilised by dermatologists and trainees depending on certain clinical conditions, patient location and personal choice. By engaging with these opportunities, *care and connections* were forged in relation to the different people involved: patients, communities, the dermatologists themselves, and other healthcare workers. Underpinning this are *changing circumstances*, that can be within or beyond dermatologists' and trainees' control. This presentation will model the complex interplay between these themes and subthemes, illustrated by quotes from the interviews.

**Conclusion:** This qualitative study presents key understandings which\*\* may be used as a source of reflection to inform the future development of meaningful teledermatology services for rural communities.



**Abstract N°: 1798****Erythroderma: the daunting enigma confronting practitioners in dermatological realms**

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**Introduction & Objectives:**

Erythroderma, also known as generalized exfoliative dermatitis, represents a relatively uncommon clinical presentation within dermatology, characterized by the urgent need for medical intervention owing to potential complications. The primary aim of this report is to elucidate the diverse array of factors underpinning generalized erythroderma while accentuating the paramount importance of swift intervention to attenuate the risk of complications and ameliorate the patient's quality of life.

**Materials & Methods:**

We illustrate two cases of erythroderma with distinct etiologies and therapeutic interventions.

**Results:**

Patient 1: In 2019, a 57-year-old male sought evaluation at our dermatology department presenting with exudative erythroderma, pruritus, and hyperkeratotic plaques on the soles. Following a comprehensive assessment, including a wide-ranging differential diagnosis, histopathological analysis confirmed the diagnosis of psoriasis vulgaris. Initial treatment comprised methotrexate (MTX) administration, which yielded a notably favorable response. Following a year of treatment, the patient exhibited a loss of therapeutic response to MTX, prompting consideration of a biologic agent as the subsequent treatment modality. In november 2023, the patient returned with the recurring exudative erythroderma and pruritus. Suspicions arose regarding the presence of a cutaneous lymphoma or paraneoplastic syndrome, prompting multiple biopsies and imaging investigations, all of which yielded negative results. Atopic dermatitis was considered again, the patient exhibiting positive criteria. We opted to discontinue the administration of the biologic agent and initiate systemic corticotherapy. Encouraging improvements were observed within the initial weeks. The patient is presently undergoing the washout phase of the biologic agent, with consideration being given to the introduction of a biologic agent for atopic dermatitis as the subsequent therapeutic measure.

Patient 2: A 55-year-old male was admitted to our department with exudative erythroderma, pruritus, and bilateral inguinal lymphadenopathy. Our initial suspicion centered on cutaneous lymphoma, a diagnosis confirmed by additional investigations. The patient underwent treatment with methotrexate, phototherapy and received supportive care before being referred to an oncology department for further management. A modest improvement was observed in our second patient; however, owing to the underlying condition, significant disparities were unattainable.

**Conclusion:**

Managing generalized erythroderma presents challenges, often akin to navigating a complex labyrinth in pursuit of underlying causes. It is imperative to adopt a comprehensive approach to swiftly ascertain the etiology and determine the most suitable therapeutic strategy for each case.

**Abstract N°: 1817****Lymphocytoma cutis: Should we consider it more often?**

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Lymphocytoma cutis: Should we consider it more often?

**Introduction & Objectives:**

Lymphocytoma cutis, or Spiegler-Fendt sarcoid is a benign inflammatory, reactive, polyclonal lymphocyte proliferation. It is classified as a pseudolymphoma, which makes it difficult to distinguish from a cutaneous lymphoma. It is more commonly seen in females than males. Clinically, they present as solitary or multiple erythematous-purple nodules or plaques, which are most often localised on the face, scalp, and trunk. They are classified according to lymphocyte type as B-cell, T-cell or combined B-cell and T-cell pseudolymphomas.

The etiology includes endogenous (immunologic, genetic) and exogenous factors such as insect bite, infections with *Borrelia burgdorferi*, trauma, tattoos, medication, vaccination, but most cases do not have an identifiable cause.

When considering a differential diagnosis for lymphocytoma cutis, it is important to differentiate it from other skin conditions that may present with similar features such as: cutaneous lymphoma, metastatic melanoma, lymphocytic infiltrate of Jessner, cutaneous metastases, sarcoidosis, cutaneous histiocytosis, cutaneous lupus erythematosus.

**Materials & Methods:**

We present a clinical case of a 40-year-old white female, who presented to the dermatology department with a solitary erythematous polylobular nodule of 2.5 centimeters on the face developing over two months, near the jawline. The lesion was slightly tender on palpation, non-infiltrative. No other general symptoms were described. The patient had no other associated comorbidities.

Clinical diagnoses of a solitary tumor on the face included cutaneous lymphoma, dermatofibrosarcoma protuberans, histiocytosis, pseudolymphoma and sarcoidosis.

Laboratory tests revealed leukocytosis with neutrophilia, and slightly elevated monocytes, basophils and alanine transaminase (ALT). An incisional biopsy was performed. The histopathologic examination revealed inflammatory cells with a mixture of lymphocytes in a nodular pattern, histiocytes, plasmacytes and eosinophiles in the dermis. The immunohistochemical (IHC) findings indicated reactive lymphocyte hyperplasia of B- and T-cell lymphocytes. No potential cause was identified in the development of the lesion. A complete surgical excision of the solitary lesion was made in a second hospitalisation. A control examination after 2 months showed a flat scar, with no signs of recurrence.

**Results:**

Based on medical history, clinical presentation, histologic and immunophenotypic findings, the diagnosis of lymphocytoma cutis with mixed inflammatory infiltrate was established. The lesion was completely excised after histopathological and IHC analysis that confirmed the diagnosis.

**Conclusion:**

Pseudolymphoma is a rare entity, clinically indistinguishable from a cutaneous lymphoma or other similar solitary tumors.



With scarce evidence of reported cases, the treatment of choice remains an individual decision, but none of the variants guarantees complete remission in time.

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**Abstract N°: 1843**

**Blaschkoid Dermatitis in the Spectrum of Chronic Inflammatory Diseases: A Clinician's Challenge, Harmless for Patients**

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**Introduction & Objectives:**

Acquired blaschkoid dermatitis (ABD) is a rare skin condition of unknown etiology and pathogenesis. It was first described by Grosshan's and Marot in 1990 in Bordeaux, France. Patients present with unilateral, linear or segmental relapsing inflammatory skin lesions distributed along the lines of Blaschko. Flares of the disease have been associated with increased levels of stress. Histopathological examination of ABD is variable and nonspecific. Previous reports have indicated that topical steroid treatments were ineffective in some instances, while systemic steroid therapy yielded positive results.

This condition has been rarely described in the literature.

**Materials & Methods:**

We report the case of a 42-year-old female who presented with a linear eruption on her left side of the trunk and lower limb of two months duration.

**Results:**

Cutaneous examination unveiled slightly pruritic, small, individual and confluent erythematous macules and papules arranged in whorls and streaks corresponding to the lines of Blaschko. The lesions stopped abruptly at the midline of the torso, completely sparing the right side of the body. The patient had no significant past medical history, denied any recent exposure to new medications and there was no record of vaccinations, travel, or recent infection.

Histopathological examination of the skin lesions revealed subacute spongiotic dermatitis with lymphocytic infiltrate around the blood vessels in the dermis.

Correlating the history and clinical presentation with the histopathological findings, the diagnosis of ABD was established. The patient reported minimal improvement in symptoms after topical corticosteroids and refused systemic corticotherapy, with the spontaneous remission of lesions after 3 months.

**Conclusion:**

ABD is also known as blaschkitis, or, idiopathic dermatitis along the lines of Blaschko. Some authors consider that ABD belongs to the spectrum of blaschkolinear acquired inflammatory skin eruption (BLAISE), as the adult form of lichen striatus. In addition, investigators have also demonstrated an overlap between the clinical and histologic features of these conditions. Criteria to differentiate the two entities in adults was established in 1999.

However, several researchers challenge the classification of blaschkitis and lichen striatus as distinct diseases due to the existence of documented cases where blaschkitis has been observed in children and lichen striatus has been found in adults, suggesting an overlap in the clinical and histological characteristics of these disorders. Therefore, BLAISE is considered a unifying disease, consisting not only of blaschkitis and lichen striatus, but also other common inflammatory dermatoses rarely associated with Blaschko's lines, including lichen nitidus, lichen planus, atopic dermatitis and psoriasis.

This case report aims to create awareness about this disease and highlights the importance of considering ABD in the differential diagnosis of other blaschkoid and linear presentations of common inflammatory dermatoses with adult-onset. Diagnosis of a disease with a benign course should be considered to avoid initiating unnecessary treatment and the adverse effects of these drugs.

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**Abstract N°: 1849**

**Circumscribed acral hypokeratosis - clinical and dermoscopic aspect of the rare entity affecting acral areas**

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**Introduction & Objectives:**

Circumscribed acral hypokeratosis (CAH) is a rare, benign dermatosis of acral regions that was first described by Perez in 2002. It typically manifests as an asymptomatic, solitary, pink atrophic plaque with well-defined borders. Etiology of CAH remains unknown. Some authors suggest its potential of malignant transformation into squamous cell carcinoma (SCC). Herein, we present clinical and dermoscopic features of this rare entity.

**Materials & Methods:**

A 76-year-old female was consulted due to an asymptomatic erythematous lesion of the left thenar eminence. The lesion appeared about 4 years before and was previously treated in another medical centre with several courses of cryotherapy with no clinical improvement. Prior to the visit two punch biopsies of the lesion were performed but the results of both procedures were non-diagnostic. Clinically, a sharply demarcated atrophic erythematous area on the palmar surface of left hand was noted. Dermoscopy showed a stair-step desquamation at the periphery of the lesion, dotted vessels, white dots and rosettes over a pinkish, homogenous background. Histopathological evaluation of a biopsy sample taken from the lesion's border along with clinical correlation led to CAH diagnosis. Treatment with topical 5-fluorouracil was introduced, with observed clinical improvement.

**Results:**

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**Conclusion:**

Circumscribed acral hypokeratosis is a rare entity that should be considered in the differential diagnosis of solitary, erythematous, erosive lesions in the acral areas, among psoriasis, eczema, Bowen disease and porokeratosis. Histopathological features of this lesion are unspecific and multiple biopsies correlated with clinical aspect may be needed to confirm the diagnosis. According to the literature several treatment options have been used with variable outcomes including cryotherapy, topical 5-fluorouracil, topical calcipotriol, photodynamic therapy, ablative laser or surgery. The presented case supports clinical effectiveness of topical 5-fluorouracil.



**Abstract N°: 1908****Modulation of the Sirtuin Pathway: A Potential Therapeutic Target for Squamous Cell Carcinoma**

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**Introduction & Objectives:**

The increase in squamous cell carcinoma (SCC) incidence is associated with prolonged exposure to UV radiation, which leads to cumulative DNA damage in skin cells over time. With the steady rise in SCC incidence, there is an urgent need for innovative therapies targeting molecular pathways. Traditional approaches such as lesion removal or photodynamic therapy (PDT) often fail to ensure therapeutic success. Therefore, there is a justified focus on developing precise molecular methods. Strategies that target cell cycle checkpoints and induce apoptosis in cancer cells show promise.

Sirtuin proteins, members of the sirtuin family, play vital roles in regulating aging and cell death processes. Sirtinol, a specific inhibitor of sirtuins, selectively interacts with SIRT1, thereby modulating the cell cycle.

Sirtuins interact with effector proteins, influencing various cellular processes such as DNA repair and the induction of apoptosis. Utilizing these proteins provides an opportunity to either repair damaged cells or trigger apoptosis in cancerous cells, potentially opening new avenues for SCC therapy.

**Materials & Methods:**

Cells from the A431 squamous cell carcinoma (SCC) line were treated with varying concentrations of sirtinol (18.5µM, 37µM, 55µM, and 74µM) for 24 and 48 hours. Following this treatment, total protein was isolated from the cells. The resulting cell lysate was subjected to BCA labeling to quantify the total protein content. This labeled material was then analyzed using an ELISA.

The levels of several proteins, including BAX, Bcl2l2, p53, CDK4, and KI-67, were determined through ELISA analysis. Statistical analysis was performed on the obtained results to assess any significant differences. This analysis helps to understand the impact of sirtinol treatment on these protein levels in the A431 SCC cell line.

**Results:**

Sirtinol significantly increases the concentration of the total protein pool in samples treated for 48 hours, in comparison to those treated for 24 hours. Interestingly, both time samples exhibit a decrease in total protein concentration as the concentration of the sirtinol inhibitor increases. After 48 hours of incubation, the concentration of each analyzed protein was found to be higher at each concentration of the test compound used.

Sirtinol has the ability to increase the expression of proapoptotic proteins and decrease the concentration of anti-apoptotic proteins. This is coupled with the inhibition of the expression of the p53 suppressor protein, which is dysfunctional in Squamous Cell Carcinoma (SCC). These findings confirm sirtinol's ability to induce apoptosis in A431 lineage cells.

Despite these changes, the expression of the proliferative marker KI67 remains relatively constant. KI67 expression is negligible during the G0 phase. Additionally, the expression of CDK4, which is required for the G1/S point transition, is inhibited. These observations indicate that sirtinol induces cycle arrest in the G1 phase.

**Conclusion:**

The research indicates that the use of sirtinol in a laboratory model has a regulatory impact on both pro- and anti-apoptotic proteins involved in cell cycle control. This discovery forms the basis for the potential creation of new therapeutic strategies that could supplement current treatments. These methods could be incorporated into existing treatment plans to improve their effectiveness in fighting the disease.

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